DIRECTORATE OF HEALTH SERVICES
Andaman & Nicobar Administration

Application Form for Inclusion of ANISHI beneficiaries in the Integrated Database of AYUSHMAN BHARAT-PMJAY and ANISHI.

Sl. No	Name	Relation with head of family	Age	Sex	Mobile No.

Details of identity documents				
Sl. No	**Name**	**Ration Card No.**	**Aadhar Card No.**	**Islander's Card No.**

Category of beneficiary under ANISHI	☐	Permanent Resident with Annual Income less than Rs 3 lakhs
	☐	BPL / PHH / AAY
	☐	Pensioner of Andaman & Nicobar Administration
Place of residence		
District		
Revenue Village		
Municipal Area / Ward No		
Documents enclosed		
	☐	Islander's Card
	☐	Aadhaar Card
	☐	Ration Card
	☐	Income Certificate from Tehsildar
	☐	Pension Payment Order

Declaration:

I do hereby certify that the information submitted by me is true to the best of my knowledge. I understand that if the information furnished by me is found to be fraudulent, I am liable to be criminally prosecuted and the expenditure incurred by the government for my treatment, if any at any empanelled Hospital shall be recovered from me.

Signature

FOR OFFICE USE

Name of the Health Institution:

R&I No.:

Date: