

OPTION FORM FOR OPTING RGHS

Vide Order F.1(240)/RGHS/2021/480-84 Dt. 14.07-2021

I, (Name)
(Post and Office), hereby declare that I opt to avail medical facilities under RGHS of Government of Rajasthan.

I, authorize monthly pay bill deduction for RGHS (Fund) as per prescribed pay slab rate by State Government from time to time.

I understand that once above option is exercised, I shall not be entitled for reimbursement of expenses incurred by me on medical attendance and treatment of myself and my family members under RCS (MA) Rules, 2013; RPFM and other group mediclaim policies issued by SIFD department.

Signature of the Government Servant

Name of Employee.....

Employee Id.....

Designation.....

Department.....

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