



CHIEF MINISTER AROGYA ARUNACHAL YOJANA (CMAAY)
Enrollment Form – (Only for State Government Employees Of Arunachal Pradesh)



	Particulars	Detailed Information				
1.	Name of Employee (Block Letters)					
2.	Father/Spouse Name:					
3.	Permanent Address		Office Address			
	Address					
	Village / Town					
	Circle					
	District					
	PIN Code					
4.	Contact Number:					
5.	Name Of Department:					
6.	Designation:					
7.	Govt. Employee ID Card No:					
8.	Date of Appointment	Age of Retirement (Tick applicable)	60 <input type="checkbox"/>	62 <input type="checkbox"/>	Specify if other:	
9.	Pay Matrix Level (7CPC)					
10.	Details of Employee and eligible family dependents (as per CCS rules) for health coverage under CMAAY :					
	Name	Date of Birth/Age	Relationship with the employee	Marital Status (M/U)	Employment status (Y/N)	Aadhaar card No.*
I			Self			
II						
III						
IV						
V						
VI						

Imp. Note: - *Photocopy of Aadhar card of all members to be submitted along with this form. (In case of self-enrolment through www.cmaay.com or "AROGYA ARUNACHAL" mobile app, upload the duly filled form and along with scanned copy of Aadhar card and employee ID)
NB: Additional pages may be added for filling in family & dependent details.

Note : If the spouse is also in state Govt. Service the name can be reflected in either of the departments

I (Name of Employee) hereby declare that the above statement are true to the best of my knowledge and belief, and that I understand that this may be used as an evidence in court and is subject to penalty in case of any perjury. I hereby state & undertake that I have no objection in authenticating myself with Aadhaar based Authentication system and hereby give my voluntary consent as required under the Aadhaar Act 2016 and Regulations framed thereunder for seeding my Aadhaar number to provide benefits and services under CMAAY and PMJAY.

Checklist of documents attached (Please tick whichever is applicable)

1 Copy of Aadhaar Card

2 Copy of Govt ID card

Signature of the employee

Certified that the above details are verified with the Service Book of the Employee.

Signature & Seal of Drawing and Disbursing officer
Name:
Contact No.