

Ayushman Bharat - National Health Protection Mission
Directorate of Medical & Health Services, Daman Diu & Dadra Nagar Haveli

Registration form for Enrolment under AB-NHPM

Name of Head of the Family: _____

Address: _____

Pada Name: _____ Village Name: _____

In AB-NHPM SECC beneficiary list: Yes / No if Yes, Family HH ID No: _____

SSBY Card No: _____

(if family having two SSBY cards then both SSBY card No.)

Ration card No: _____

If Not in AB-NHPM SECC family list then mention enrollment / registration category

1. Resident Family having annual income below Rs. 1 lakh.
2. All the family having annual income above Rs. 1 lakh.

Details of the family members want to cover under AB-NHPM :-

Sr. No	Name of Family Member	Age	Sex	Relation ship with (HOF)	Aadhar Card No.	Mobile No.	E-arogya Registration No
1				HOF			
2							
3							
4							
5							
6							
7							
8							
9							
10							

(if More Family member then also can add below)

I, _____ and my family member holder of above mentioned Aadhaar Number hereby give my consent to the Ministry of Health and Family Welfare (MoHFW), GoI and Directorate of Medical & Health Service, DD & DNH for using my Aadhaar number to establish and authenticate my identity under Ayushman Bharat- National Health Protection Mission Scheme. The above information submitted by me is true as per my knowledge.

Note:

Signature of Head of Family

1. **Resident Family having annual income below Rs. 1 lakh.** – Premium will be paid by UT Administration, **Require Document:** Income Certificate issued by Mamlatdar, resident proof, Aadhaar Card of Each Member, SSBY Card.
2. **All the family having annual income above Rs. 1 lakh** – Family will bear the premium and enroll in the scheme, **Require Document:** Premium Payment Receipt, Resident proof, photocopy of Aadhaar Card of Each Member & SSBY Card.

For more information Please contact nearest Health Centre or Toll-Free No. 104.