



GOVERNMENT OF RAJASTHAN

Office of the Project Director, State Insurance & P.F. Department

(Rajasthan Government Health Scheme)

2nd Floor, D-Block, Vitta Bhawa, Janpath, Jaipur

email: helpdesk.rghs@rajasthan.gov.in Phone 0141-2740219 website <https://www.rghs.rajasthan.gov.in>

OPTION FORM FOR OPTING RGHS

I,(Name).....(Post and Office),
hereby declare that I opt to avail medical facilities under RGHS of Govt. 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; RPMF and other group mediclaim policies issued by SIPF department.

Signature of the Government Servant

Name of the employee :

Employee Id

Designation.....

Department.....