



**Government of Goa  
Directorate of Health Services  
Campal, Panaji, Goa  
DEEN DAYAL SWASTHYA SEVA YOJANA [DDSSY]**



Form Type  
**FORM "R"**  
(Renewal)

**APPLICATION FOR RENEWAL FOR THE POLICY PERIOD SEPT 2017 - AUG 2018**

**INSTRUCTIONS**

- |   |  |
|---|--|
| 1) Fields marked with an (*) are compulsory.              | 3) In case DDSSY card has to be reprinted, old card has to be surrendered. |
| 2) Form to be filled legibly in English in BLOCK LETTERS. |  |

**FEES**

- A) Annual Renewal Fee: 1) For family of 3 or less members, Rs.200/- 2) For family of 4 and above members, Rs.300/-  
B) Concession of 50% will be considered towards OBC of non creamy layer, SC/ST & Differently abled eligible person.

**DOCUMENTS**

- 1)\* DDSSY card  
2)\* Adhar card photocopy.

**I. Applicant Details\***

Eligible Person Name*:	F	I	R	S	T	N	A	M	E											M	I	D	D	L	E	N	A	M	E								
	L	A	S	T	N	A	M	E																													
DDSSY Card No/	<input type="text"/>																																				
DDSSY Form No* :	<input type="text"/>																																				
Mobile No:	<input type="text"/>																																				

(Sign/Thumb Impression of family member registered under DDSSY)

**ACKNOWLEDGEMENT RECEIPT**

 <b>Government of Goa Directorate of Health Services Deen Dayal Swasthya Seva Yojana</b>	Card No/Form No : <input type="text"/>	<b>FORM "R"</b>
	Applicant Name: _____	
	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Sign and Stamp

## DECLARATION

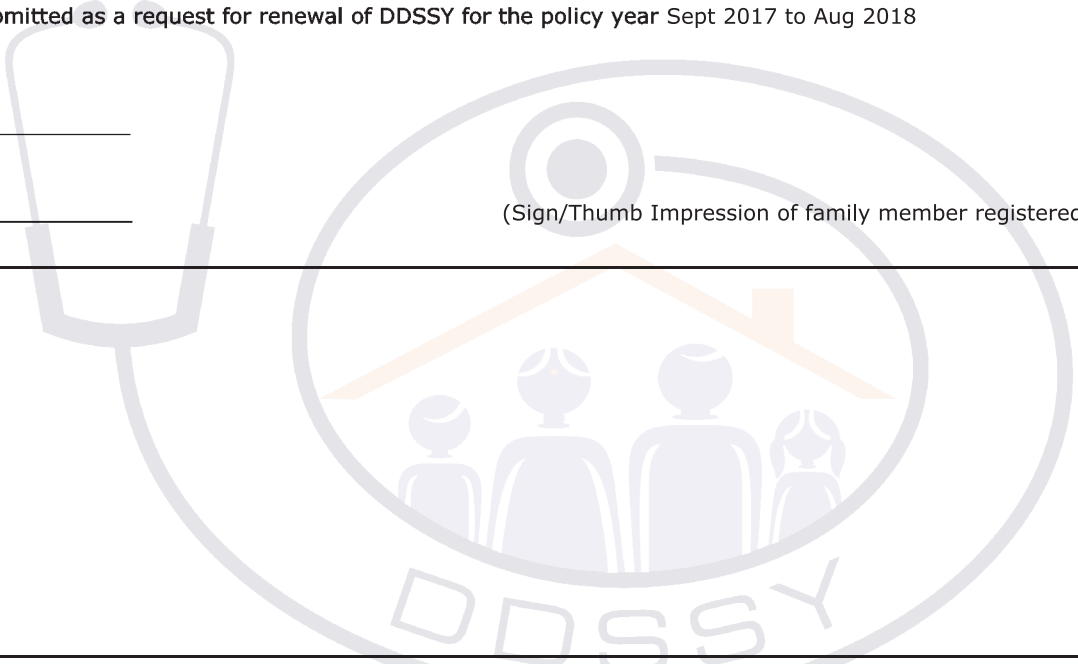
I the undersigned Shri/Smt \_\_\_\_\_ am a family member in the DDSSY card mentioned above.  
This information is complete and true to the best of my knowledge and I undertake to hold myself responsible if any part or whole thereof is found to be false. I know that to make any false declaration is an offence and liable for penalty and rejection/cancellation of DDSSY application/benefits.

This form 'R' is submitted as a request for renewal of DDSSY for the policy year Sept 2017 to Aug 2018

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Sign/Thumb Impression of family member registered under DDSSY)



For any queries/clarification/further information

CALL CENTRE - 18002332568/0832-2438844

EMAIL ID- grievance.ddssygoa@paramounttpa.com



**GOA ELECTRONICS LIMITED**

A Subsidiary of EDC Ltd. ( A Government of Goa Undertaking )



युनाइटेड इंडिया इन्शुरेंस कंपनी लिमिटेड  
**UNITED INDIA INSURANCE CO. LTD.**  
Registered & Head Office - 24, White Road, Chennai-600 014