



**APPLICATION FOR ENROLMENT OF DEEN DAYAL SWASTHYA SEVA YOJANA [DDSSY]**

**ABBREVIATIONS:** RC - Ration Card, FPS - Fair Price Shop, **Marital Status:** M - Married, S - Single, W - Widow/Widower, D

**INSTRUCTIONS**

- 1) Fields marked with an (\*) are compulsory.
- 2) To add more members, take a xerox of page 2.
- 3) Form to be filled legibly in English in BLOCK LETTERS.
- 4) In case of minor, parents may give consent to us

**REGISTRATION FEE**

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

**ELIGIBILITY**

- 1) Any person residing in the State of Goa for five years or more is declared eligible person under DDSSY. "Family" of eligible person is defined as his/her Spouse and Unmarried children and Dependent Parent(s) / In-Laws (Incase ill is female). This Family unit cannot be splitted.
- 2) Government employees and their family is not covered under DDSSY

**DOCUMENTS**

Following Self attested photocopies of documents to be attached along with the forms,

- 1)\*Aadhar Card / Enrolment Acknowledgement Slip of every family members above age of 5 years.(Compulsory)
  - 2)\* Residence Proof of eligible person: Passport|Residence Certificate|Election Card|Driving License issued minimum 5 years as
  - 3) Ration Card to define a family.
- In case ration card is not available enclose all the below mentioned documents:
- 1) For spouse - Marriage Certificate of the eligible person.
  - 2) For dependent child - Birth Certificate/School leaving certificate of dependent child/children of the eligible person.
  - 3) For dependent parents - Declaration stating the dependent parent/(s) are not employed.
  - a) For OBC of non creamy layer - Caste certificate issued by Deputy Collector along with Income Certificate showing income less than 10 lakhs per annum.
  - b) For SC/ST - Caste Certificate issued by Directorate of Tribal Welfare/Deputy Collectorate.
  - c) For Differently abled eligible person - Disability certificate issued by medical board.

**I. 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		

Gender (Tick Applicable)\*:  Male  Female  Others Marital Status\*:  S  M  W  D

DoB: 

D	D	M	M	Y	Y	Y	Y
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 Age\*: 

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 Mobile No\*: 

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Father's/Husband's 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		

Differently Abled (If Applicable)\*:  Yes  No

Signature ID/EPIC: 

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Aadhar No/UID\*: 

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Sign/Thumb Impression

**II. Family Details \***

Caste (Tick Applicable):  General  OBC  SC  ST Annual family Income(Incase of OBC) 

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House No: 

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 House Name: 

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Landmark: 

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Village/Town: 

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 Pincode: 

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Taluka: 

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**III. Ration Card Details**

Ration Card No: 

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 Card Type:

FPS Name: 

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**FOR OFFICE USE ONLY**

Verification  Scan and Upload Date: 

D	D	M	M	Y	Y
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 Sign: \_\_\_\_\_ Page No

**ACKNOWLEDGEMENT RECEIPT**

Government of Goa  
 Directorate of Health Services  
 Deen Dayal Swasthya Sewa Yojana

Form No: 

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 A000001

Applicant Name: \_\_\_\_\_ Sign and

Date: 

D	D	M	M	Y	Y
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