



Rajasthan Government Health Scheme

RGHS Registration Deletion Form

1. Name :-
2. Date Of Birth :-
3. Employee ID/PPO No./Unique ID :-
4. Janaadhar No./Janaadhar Enrollment ID:-
5. Date of Joining (If Pensioner) :-
6. Date of Retirement (If Pensioner) :-
7. Category :-
8. Mobile :-
9. Valid Reason for Deletion :- 1. Wrong Category
2. Others.....
.....
.....

Date :-

(Signature)

Place :-