## **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

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## **OPTION FORM FOR OPTING RGHS**

I,	(Name)	(Post and Office),
hereby declare that I or	ot to avail medical facilities under RO	GHS of Govt. of Rajasthan.
•	thly pay bill deduction for RGHS ( rnment from time to time	Fund) as per prescribed pay
reimbursement of expe	at once above option is exercised enses incurred by me on medical a members under RCS (MA) Rules, 2 ed by SIPF department.	attendance and treatment of
	Signature	e of the Government Servant
	Name of the em	ployee :
	Employee Id	
	Designation	

Department.....