



User Manual for CGHS eShushrut Card Module

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About CGHS

The Central Government Health Scheme (CGHS) is a comprehensive health care programme of the Government of India under the Ministry of Health and Family Welfare. Launched on 1st, 1954, it provides medical services and facilities to the employees, pensioners, and their dependents of the Government of India. With the growing number of beneficiaries and the increasing complexity of healthcare needs, CGHS has become a vital system for ensuring timely and efficient healthcare delivery.

Objective

The objective of this user manual is to provide detailed instructions and guidance to applicants on how to use the eShushrut Health Information Management System to apply for a CGHS (Central Government Health Scheme) Card. This manual aims to ensure a seamless application experience by describing the step-by-step process for various card types and highlighting key functionalities of the system.

Salient Features

- **Secure Login:** OTP-based authentication ensures user security and privacy.
- **Multiple Card Types:** Tailored options for retired employees, serving employees, and those nearing superannuation.
- **Comprehensive Form Sections:** Includes personal, departmental, dependent, and nominee details.
- **Dependent Management:** Easy addition and management of dependent details.
- **Preview Before Submission:** Users can preview the entire application before final submission.
- **e-Sign Integration:** Seamless Aadhaar-based e-sign functionality for final authentication.
- **User-Friendly Interface:** Intuitive design for easy navigation and completion of the application process.
- **Error Notifications:** Real-time prompts for missing or incorrect information.
- **Help Desk Support:** Integrated support for resolving user queries and issues.

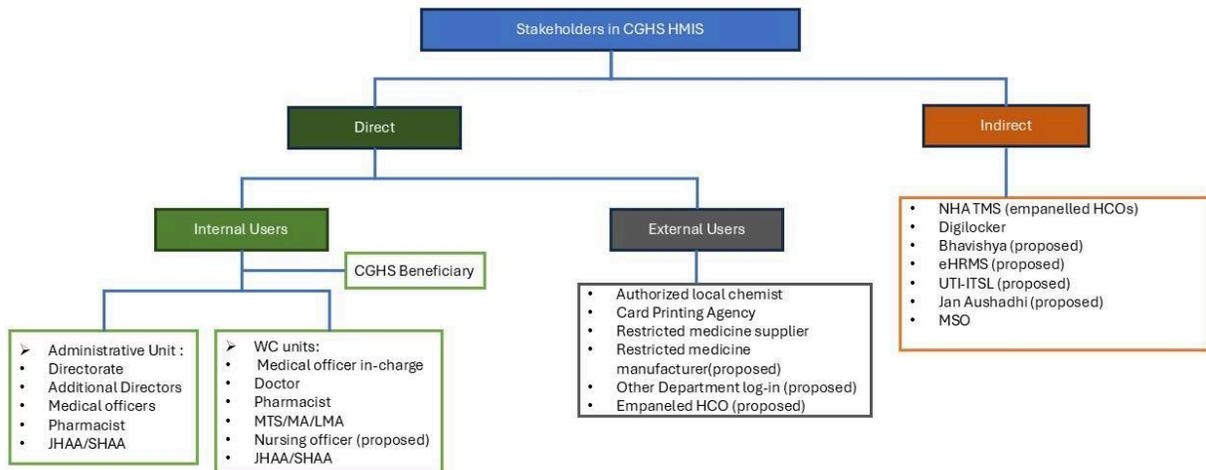
- **Status Tracking:** Users can track the status of their applications through the portal.

Stakeholders

CGHS stakeholders are broadly divided into two categories:

Direct Stakeholders: Beneficiaries (government employees, pensioners, and dependents), healthcare providers (doctors, nurses, medical staff), authorized local chemists, and CGHS administrative staff, who directly interact with the system for delivering and managing healthcare services.

Indirect Stakeholders: Empaneled healthcare organizations (hospitals and clinics), National Health Authority (NHA), government departments, external applications (like Digilocker, PHR apps, other HIS systems, etc.), and technology/service providers that support and interact with the CGHS system for claims, data management, and service delivery.

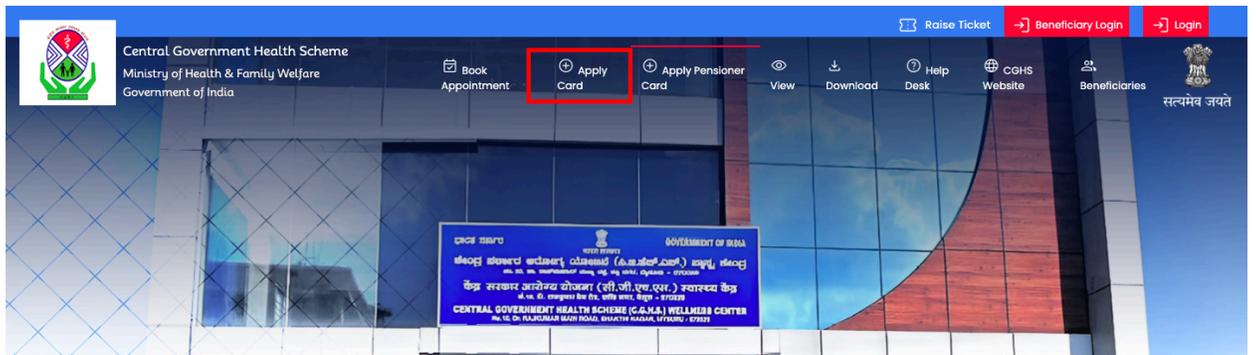


Application Process

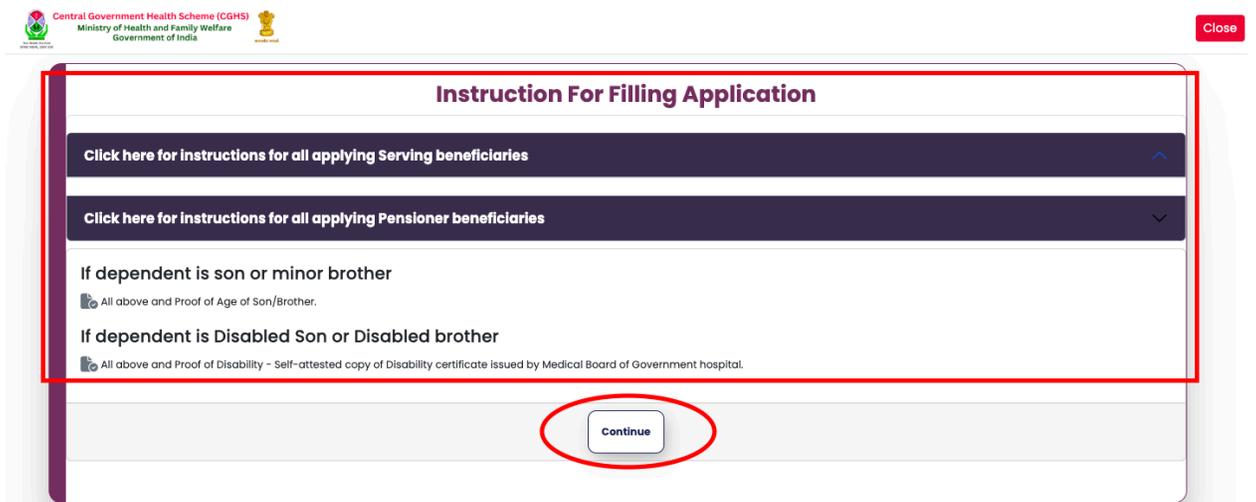
Follow the steps below to successfully apply for your CGHS Card:

Step 1: Login

1. Open the eShushrut portal (URL: _____).
2. Click on the **“Apply Card”** option.



3. Read the **“Instruction For Filling Application”** provided and click on **“Continue”**.



4. Enter your registered phone number in the **“Mobile No. of Applicant”** field and click on **“Verify”**.

Central Government Health Scheme (CGHS)
Ministry of Health and Family Welfare
Government of India

Close

Mobile Verification

Step 1.

Mobile No. of Applicant *

Enter Mobile No. 

Verify **Reset**



5. Enter the OTP received on your phone in the **“OTP”** field and click **“Validate OTP”**. In case you didn't receive the OTP, click on **“Resend OTP”**.

Central Government Health Scheme (CGHS)
Ministry of Health and Family Welfare
Government of India

Close

Mobile Verification

Step 1.

Mobile No. of Applicant *

9999999999 

OTP : *

9999  

This field is required !

Validate OTP **Reset**

Resend OTP



Step 2: Select Card Type

After logging in:

1. Choose the type of CGHS Card you wish to apply for in the **"Apply Online for CGHS Card"** page:
 - **Retired Employee applying for Pensioner CGHS Card**
 - **Serving Employee and applying for CGHS Card for the First Time**
 - **Superannuate in 6 months and applying for Pensioner CGHS Card**
2. Click the **"Apply Here"** option adjacent to the type of card you wish to apply for.

Central Government Health Scheme (CGHS)
Ministry of Health and Family Welfare
Government of India

Apply Online for CGHS Card

Retired Employee applying for Pensioner CGHS Card	Apply Here
Serving Employee and applying for CGHS Card for the First Time	Apply Here
Superannuate in 6 months and applying for Pensioner CGHS Card.	Apply Here

Close

Step 3: Complete the Application Form

The application form consists of several sections. The steps for each type of applicant are outlined separately below.

Step 3.1: Steps for Retired Employees Applying for Pensioner CGHS Card

1. Fill up the entire “Application for Pensioner CGHS Card”.
2. Complete the fields in the “Main CardHolder's Personal Information” section.

Application for Pensioner CGHS Card

Main CardHolder's Personal Information

Name : * <input type="text" value="Divyank Kargeti"/>	Name in Hindi: * <input type="text" value="दिव्यांक करगेती"/>	Date Of Birth : * <input type="text" value="16-01-1985"/>	Gender : * <input type="text" value="Male"/>
Mobile No.: <input type="text" value="9999999999"/>	E-mail Address: * <input type="text" value="divyankk.cghs@nic.in"/>	Residential Address: * <input type="text" value="East Kidwai Nagar"/>	PAN Number: * <input type="text" value="IMNPS1543I"/>
Pin Code * <input type="text" value="110111"/>	State : * <input type="text" value="Delhi"/>	District : * <input type="text" value="New Delhi"/>	CGHS Covered City * <input type="text" value="Delhi"/>
Concerned AD's Office * <input type="text" value="Delhi-NCR"/>	ID Proof Type: * <input type="text" value="Aadhar card"/>	ID Proof * <input type="text" value="16012025150033_Upload.pdf"/> Reset	Residence Proof Type: * <input type="text" value="Aadhar card"/>

(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

Residential Address Proof * <input type="text" value="16012025150051_Upload.pdf"/> Reset (Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)	<div style="border: 1px solid gray; border-radius: 10px; padding: 5px; display: inline-block;">Upload your passport size photo</div> <p style="font-size: x-small; color: blue;">Please upload photos in JPG or PNG format, with a maximum file size of 20 KB.</p>	
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- Complete the fields in the “Beneficiary Pensioner Department Details” section.

Beneficiary Pensioner Department Details

Ministry : * Ministry of Civil Aviation Department : * Airports Authority of India (AAI) Organization : * PSUs / JVs / Companies / Societies

Card Type : * Pensioner Card Category : * Pensioner Card SubCategory : * Pensioner Pay Level : * Level 8 47600-151100

Last Basic Pay (In Rs.) : * 49000 Basic pay Level : * Basic Rs.36,501/- to Rs.50,500/- Ward Entitlement : * Semi Pvt. Fixed Medical Allowances (FMA) : * I am availing FMA

Facility : * IPD Only Pension proof : * PPO Card Apply Validity : * 2 Year PPO Number : * 9999999999

Upload Pension Proof : * 16012025151729_Upload.pdf [Reset](#)

(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

- Select the toggle switch “Do You Want to Add Dependent Details?”, in case you wish to add your dependent’s details. Complete the fields in the “Add Dependent Details” section and click on the “Add Details” option. You may also delete any dependent’s entry from the “Self and Dependent’s Details” table, in case you’ve made a wrong entry by clicking on the “Delete” button in the Action column adjacent to each entry.

Do You Want to Add Dependent Details?

Add Dependent Details

Dependent Name : * Enter Name Date Of Birth : * dd-mm-yyyy [Reset](#) Relation : * Select Relation Gender : * Select Gender

[Upload dependent's passport size photo](#) Please upload photos in JPG or PNG format, with a maximum file size of 20 KB. Dependent ID Proof Type : * Aadhar card [ChooseFile](#) [Upload](#) (Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

Dependent Age Proof Type : * Driving license Dependent Age Proof : * 16012025153409_Upload.pdf [Reset](#) (Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

[Add Details](#)

Self and Dependent's Details

Sr. No.	Name	DOB	Gender	Relation	Photo	View Document	Action
1	Divyank Kargeti	16-01-1985	Male	Self		Aadhar card Upload.pdf	
2	Abhay Kargeti	01-01-2025	Male	SON		Aadhar card Upload.pdf Driving license Upload.pdf	Delete

5. Complete the fields in the “Add Nominee Details” section. The Mobile No. of the nominee is validated through OTP. In case you wish to enter any alternative nominee, you may select the toggle switch “Alternate Nominee Details (if any)” and fill the alternate nominee section.

Add Nominee Details

Nominee Name : *	Date Of Birth : *	Relation : *	Gender : *
<input type="text" value="Abhay Kargeti"/>	<input style="border: 2px solid red; border-radius: 5px; padding: 2px 5px; display: inline-block; width: 100px; height: 20px; vertical-align: middle;" type="text" value="01-01-2025"/> ⓘ	<input type="text" value="SON"/>	<input type="text" value="Male"/>
	This field is required !		
Mobile No. : *		Address : *	Nominee Proof: *
<input type="text" value="8888888888"/>		<input type="text" value="Kidwai Nagar"/>	<input type="text" value="16012025155158_Upload.pdf"/>
			<input type="button" value="Reset"/>
			(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)
<input type="checkbox"/> Alternate Nominee Details (if any)			

6. After completing all the fields in the form, click the “Next” option.

Nominee Name : *	Date Of Birth : *	Relation : *	Gender : *
<input type="text" value="Abhay Kargeti"/>	<input style="border: 2px solid red; border-radius: 5px; padding: 2px 5px; display: inline-block; width: 100px; height: 20px; vertical-align: middle;" type="text" value="01-01-2025"/> ⓘ	<input type="text" value="SON"/>	<input type="text" value="Male"/>
	This field is required !		
Mobile No. : *		Address : *	Nominee Proof: *
<input type="text" value="8888888888"/>		<input style="border: 2px solid red; border-radius: 5px; padding: 2px 5px; display: inline-block; width: 100px; height: 20px; vertical-align: middle;" type="text" value="abhay@demomail.in"/> ⓘ	<input type="text" value="16012025163018_Upload.pdf"/>
		Invalid character found !	<input type="button" value="Reset"/>
			(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)
<input type="checkbox"/> Alternate Nominee Details (if any)			
<input type="button" value="Clear"/> <input type="button" value="Previous"/> <input style="border: 2px solid red; border-radius: 5px; padding: 5px 10px; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"/> Next			

7. Read the declaration on the undertaking page. Tick the checkbox to confirm agreement to the terms & conditions and then click on the “**Preview**” option.

Undertaking by Applicant

I, _____, solemnly affirm and declare as follows:

- Select All Undertaking
- That the combined monthly income (from all sources including income accruing from house/other immovable property/ fixed deposit etc) of any of my dependents (spouse excluded) is less than Rs 9000/- plus DA.
- I shall inform the CGHS immediately of any dependent earning more than Rs 9000/- plus DA (monthly income).
- That in case of any change in the status of my dependents (due to death, marriage, employment), I will inform CGHS at the earliest and will stop use of CGHS facilities by such dependent. I will refund in full, the cost of any treatment that my dependent may have received after he/she became ineligible. I shall be liable for civil/criminal action should I fail to do so.
- That I am NOT a member of any other medical scheme funded by Central Govt, PSU or any other Govt undertaking.
- I understand that in case I have submitted any incorrect information, or if my or my dependents CGHS Card is misused or used by any unauthorized person, my membership will be cancelled without any notice or further hearing. In addition, I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorized person(s). I will also be liable for legal action by the CGHS organization. I will also immediately report the loss of my CGHS membership card to the nearest CGHS unit.
- That in case of any misuse of my CGHS card or tampering with bills or attempt to defraud, once I become a member, I will forfeit my membership automatically.
- I undertake that in case of any misbehavior, on my part with any CGHS employee, my membership may be suspended/canceled/terminated, if proven.
- I understand that the CGHS subscription/contribution I am making is not refundable even if I do not make use of any CGHS facility or opt out of the CGHS Scheme.

[Preview](#)

8. In the preview page, review the entire application to ensure all details are accurate. Click on “**Save**” to finalize your application.

Step 3.2: Serving Employee and applying for CGHS Card for the First Time

1. Fill up the entire “Application for Serving CGHS Card”.
2. Complete the fields in the “Main CardHolder's Personal Information” section.

Application for Pensioner CGHS Card

Main CardHolder's Personal Information

Name : *	Name in Hindi: *	Date Of Birth : *	Gender : *
<input type="text" value="Divyank Kargeti"/>	<input type="text" value="दिव्यांक करगेती"/>	<input type="text" value="16-01-1985"/>	<input type="text" value="Male"/>
Mobile No.:	E-mail Address: *	Residential Address: *	PAN Number: *
<input type="text" value="9999999999"/>	<input type="text" value="divyankk.cghs@nic.in"/>	<input type="text" value="East Kidwai Nagar"/>	<input type="text" value="IMNPS1543I"/>
Pin Code *	State : *	District : *	CGHS Covered City *
<input type="text" value="110111"/>	<input type="text" value="Delhi"/>	<input type="text" value="New Delhi"/>	<input type="text" value="Delhi"/>
Concerned AD's Office *	ID Proof Type: *	ID Proof *	Residence Proof Type: *
<input type="text" value="Delhi-NCR"/>	<input type="text" value="Aadhar card"/>	<input type="text" value="16012025I50033_Upload.pdf"/> <input type="button" value="Reset"/>	<input type="text" value="Aadhar card"/>

(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

Residential Address Proof *	<input type="button" value="Reset"/>	<input type="button" value="Upload your passport size photo"/>	
<input type="text" value="16012025I5005I_Upload.pdf"/>		<small>Please upload photos in JPG or PNG format, with a maximum file size of 20 KB.</small>	

(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

3. Complete the fields in the “Beneficiary Serving Department Details” section. In case you are on deputation, select the radio button for “Are you on Deputation ?” as “Yes” and enter fill in the “Expected end date of Deputation:” date field.

Beneficiary Serving Department Details

Ministry : *	Department : *	Organization : *	
<input type="text" value="Ministry of Civil Aviation"/>	<input type="text" value="Airports Authority of India (AAI)"/>	<input type="text" value="PSUs / JVs / Companies / Societies"/>	
Card Type: *	Card Category: *	Applying For: *	Offical Address: *
<input type="text" value="Serving"/>	<input type="text" value="Regular Serving"/>	<input type="text" value="For self and family"/>	<input type="text" value="Office ABC"/>
Pay Level: *	Basic Pay: *	Basic pay Level : *	Ward Entitlement : *
<input type="text" value="Level 4 25500-81100"/>	<input type="text" value="26300"/>	<input type="text" value="Basic upto Rs. 36,500/-"/>	<input type="text" value="General"/>

Are you on Deputation ?

Yes * No *

Expected end date of Deputation: *

This field is required !

- Select the toggle switch **“Do You Want to Add Dependent Details?”**, in case you wish to add your dependent’s details. Complete the fields in the **“Add Dependent Details”** section and click on the **“Add Details”** option. You may also delete any dependent’s entry from the **“Self and Dependent’s Details”** table, in case you’ve made a wrong entry by clicking on the **“Delete”** button in the Action column adjacent to each entry.

Do You Want to Add Dependent Details?

Add Dependent Details

Dependent Name : *
Enter Name

Date Of Birth : *
dd-mm-yyyy
This field is required !

Relation : *
Select Relation

Gender : *
Select Gender

Upload dependent's passport size photo
Please upload photos in JPG or PNG format, with a maximum file size of 20 KB.

Dependent ID Proof Type : *
Aadhar card

Dependent ID Proof *
ChooseFile **Upload**
(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

Dependent Age Proof Type : *
Driving license

Dependent Age Proof *
16012025153409_Upload.pdf
Reset
(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

Add Details

Self and Dependent's Details

Sr. No.	Name	DOB	Gender	Relation	Photo	View Document	Action
1	Divyank Kargeti	16-01-1985	Male	Self		Aadhar card Upload.pdf	
2	Abhay Kargeti	01-01-2025	Male	SON		Aadhar card Upload.pdf Driving license Upload.pdf	Delete

- After completing all the fields in the form, click the **“Next”** option at the bottom of the page.

Clear **Previous** **Next**

6. Read the declaration on the undertaking page. Tick the checkbox to confirm agreement to the terms & conditions and then click on the “**Preview**” option.

Undertaking by Applicant

I, _____, solemnly affirm and declare as follows:

- Select All Undertaking
- That the combined monthly income (from all sources including income accruing from house/other immovable property/ fixed deposit etc) of any of my dependents (spouse excluded) is less than Rs 9000/- plus DA.
- I shall inform the CGHS immediately of any dependent earning more than Rs 9000/- plus DA (monthly income).
- That in case of any change in the status of my dependents (due to death, marriage, employment), I will inform CGHS at the earliest and will stop use of CGHS facilities by such dependent. I will refund in full, the cost of any treatment that my dependent may have received after he/she became ineligible. I shall be liable for civil/criminal action should I fail to do so.
- That I am NOT a member of any other medical scheme funded by Central Govt, PSU or any other Govt undertaking.
- I understand that in case I have submitted any incorrect information, or if my or my dependents CGHS Card is misused or used by any unauthorized person, my membership will be cancelled without any notice or further hearing. In addition, I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorized person(s). I will also be liable for legal action by the CGHS organization. I will also immediately report the loss of my CGHS membership card to the nearest CGHS unit.
- That in case of any misuse of my CGHS card or tampering with bills or attempt to defraud, once I become a member, I will forfeit my membership automatically.
- I undertake that in case of any misbehavior, on my part with any CGHS employee, my membership may be suspended/canceled/terminated, if proven.
- I understand that the CGHS subscription/contribution I am making is not refundable even if I do not make use of any CGHS facility or opt out of the CGHS Scheme.

[Preview](#)

7. In the preview page, review the entire application to ensure all details are accurate. Click on “**Save**” to finalize your application.

Step 3.3: Superannuate in 6 months and applying for Pensioner CGHS Card

1. Fill up the entire “Application for Pensioner CGHS Card”.
2. Complete the fields in the “Main CardHolder's Personal Information” section.

Application for Pensioner CGHS Card

Main CardHolder's Personal Information

Name : *	Name In Hindi: *	Date Of Birth : *	Gender : *
<input type="text" value="Divyank Kargeti"/>	<input type="text" value="दिव्यांक करगेती"/>	<input type="text" value="16-01-1985"/>	<input type="text" value="Male"/>
Mobile No.:	E-mail Address: *	Residential Address: *	PAN Number: *
<input type="text" value="9999999999"/>	<input type="text" value="divyankk.cghs@nic.in"/>	<input type="text" value="East Kidwai Nagar"/>	<input type="text" value="IMNPS1543I"/>
Pin Code *	State : *	District : *	CGHS Covered City *
<input type="text" value="110111"/>	<input type="text" value="Delhi"/>	<input type="text" value="New Delhi"/>	<input type="text" value="Delhi"/>
Concerned AD's Office *	ID Proof Type: *	ID Proof *	Residence Proof Type: *
<input type="text" value="Delhi-NCR"/>	<input type="text" value="Aadhar card"/>	<input type="text" value="16012025150033_Upload.pdf"/> <input type="button" value="Reset"/>	<input type="text" value="Aadhar card"/>

(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

Residential Address Proof *

[16012025150051_Upload.pdf](#)

(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

Upload your passport size photo

Please upload photos in JPG or PNG format, with a maximum file size of 20 KB.



3. Complete the fields in the “Beneficiary Pensioner Department Details” section.

Beneficiary Pensioner Department Details

Ministry : *	Department : *	Organization : *	
<input type="text" value="Ministry of Civil Aviation"/>	<input type="text" value="Airports Authority of India (AAI)"/>	<input type="text" value="PSUs / JVs / Companies / Societies"/>	
Card Type: *	Card Category *	Card SubCategory: *	Pay Level : *
<input type="text" value="Pensioner"/>	<input type="text" value="Pensioner"/>	<input type="text" value="Pensioner"/>	<input type="text" value="Level 8 47600-151100"/>
Last Basic Pay (in Rs.): *	Basic pay Level : *	Ward Entitlement : *	Fixed Medical Allowances (FMA) *
<input type="text" value="49000"/>	<input type="text" value="Basic Rs.36,501/- to Rs.50,500/-"/>	<input type="text" value="Semi Pvt."/>	<input type="text" value="I am availing FMA"/>
Facility : *	Pension proof : *	Card Apply Validity : *	PPO Number: *
<input type="text" value="IPD Only"/>	<input type="text" value="PPO"/>	<input type="text" value="2 Year"/>	<input type="text" value="9999999999"/>
Upload Pension Proof: *	Date Of Retirement : *		
<input type="text" value="16012025151729_Upload.pdf"/> <input type="button" value="Reset"/>	<input type="text" value="31-12-2024"/>		

(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

- Select the toggle switch “Do You Want to Add Dependent Details?”, in case you wish to add your dependent’s details. Complete the fields in the “Add Dependent Details” section and click on the “Add Details” option. You may also delete any dependent’s entry from the “Self and Dependent’s Details” table, in case you’ve made a wrong entry by clicking on the “Delete” button in the Action column adjacent to each entry.

Do You Want to Add Dependent Details?

Add Dependent Details

Dependent Name : *
 Date Of Birth : * This field is required !
 Relation : *
 Gender : *

Please upload photos in JPG or PNG format, with a maximum file size of 20 KB.

Dependent ID Proof Type : *

(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

Dependent Age Proof Type : *

(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

Self and Dependent's Details

Sr. No.	Name	DOB	Gender	Relation	Photo	View Document	Action
1	Divyank Kargeti	16-01-1985	Male	Self		Aadhar card Upload.pdf	
2	Abhay Kargeti	01-01-2025	Male	SON		Aadhar card Upload.pdf Driving license Upload.pdf	<input type="button" value="Delete"/>

- Complete the fields in the “Add Nominee Details” section. The Mobile No. of the nominee is validated through OTP. In case you wish to enter any alternative nominee, you may select the toggle switch “Alternate Nominee Details (if any)” and fill the alternate nominee section.

Add Nominee Details

Nominee Name : *
 Date Of Birth : * This field is required !
 Relation : *
 Gender : *

Mobile No. : *
 Address : *

Nominee Proof : *

(Only .pdf, .jpg, .jpeg, .png, Files are allowed upto 200 KB)

Alternate Nominee Details (if any)

6. After completing all the fields in the form, click the “Next” option.

The screenshot shows a form with the following fields and values:

- Nominee Name: Abhay Kargeti
- Date Of Birth: 01-01-2025 (with a red border and a warning icon)
- Relation: SON
- Gender: Male
- Mobile No.: 8888888888
- Address: abhay@demomail.in (with a red border and a warning icon)
- Nominee Proof: 16012025163018_upload.pdf (with a 'Reset' button)

Below the form, there is a toggle for "Alternate Nominee Details (if any)" and three buttons: "Clear", "Previous", and "Next". The "Next" button is highlighted with a red box.

7. Read the declaration on the undertaking page. Tick the checkbox to confirm agreement to the terms & conditions and then click on the “Preview” option.

The screenshot shows the "Undertaking by Applicant" page. It contains a list of terms and conditions with checkboxes, all of which are checked:

- Select All Undertaking
- That the combined monthly income (from all sources including income accruing from house/other immovable property/fixed deposit etc) of any of my dependents (spouse excluded) is less than Rs 9000/- plus DA.
- I shall inform the CGHS immediately of any dependent earning more than Rs 9000/- plus DA (monthly income).
- That in case of any change in the status of my dependents (due to death, marriage, employment), I will inform CGHS at the earliest and will stop use of CGHS facilities by such dependent. I will refund in full, the cost of any treatment that my dependent may have received after he/she became ineligible. I shall be liable for civil/criminal action should I fail to do so.
- That I am NOT a member of any other medical scheme funded by Central Govt, PSU or any other Govt undertaking.
- I understand that in case I have submitted any incorrect information, or if my or my dependents CGHS Card is misused or used by any unauthorized person, my membership will be cancelled without any notice or further hearing. In addition, I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorized person(s). I will also be liable for legal action by the CGHS organization. I will also immediately report the loss of my CGHS membership card to the nearest CGHS unit.
- That in case of any misuse of my CGHS card or tampering with bills or attempt to defraud, once I become a member, I will forfeit my membership automatically.
- I undertake that in case of any misbehavior, on my part with any CGHS employee, my membership may be suspended/canceled/terminated, if proven.
- I understand that the CGHS subscription/contribution I am making is not refundable even if I do not make use of any CGHS facility or opt out of the CGHS Scheme.

The "Preview" button is highlighted with a red box.

8. In the preview page, review the entire application to ensure all details are accurate. Click on “Save” to finalize your application.

Post-Submission

- You can track the status of your application on the eShushrut portal.
- Notifications about the progress of your application will be sent to your registered phone number.

Payment Process

The eShushrut Portal is linked with the Bharatkosh payment gateway for processing payments. Once you receive an intimation for payment, you can complete the transaction through the following steps.

Cases where Payment is Required:

Payment is applicable for the following categories of applicants:

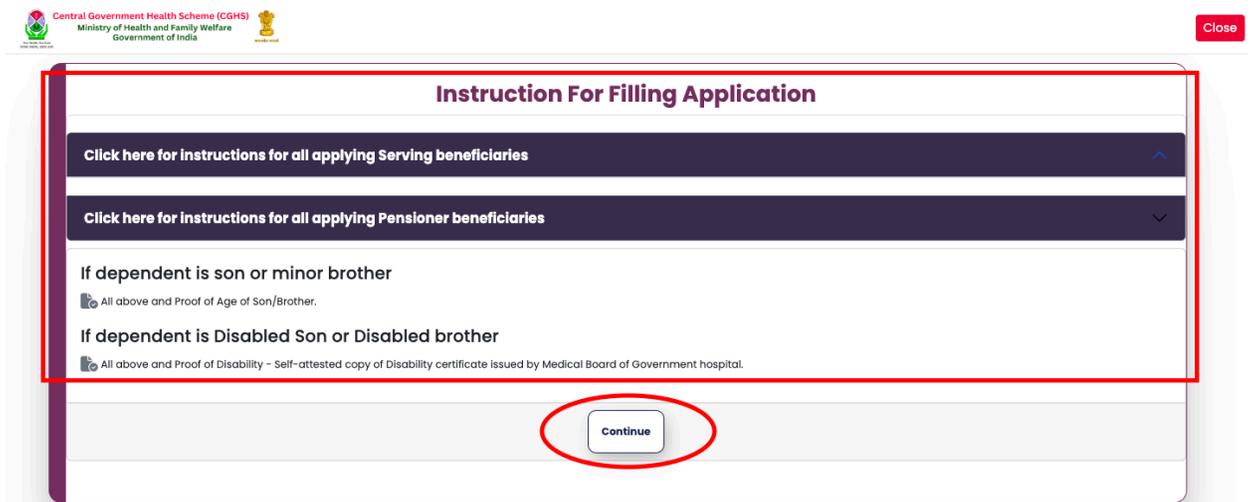
- Employees About to Superannuate
- Pensioners
- Serving and Pensioners of Central Autonomous Bodies
- Accredited Journalists
- Serving Employees of the Central Government Applying for a Family Card

Step 1: Login

1. Open the CGHS HMIS portal (URL: <https://cghs.mohfw.gov.in>).
2. Click on the “Apply Card” option.



3. Read the “Instruction For Filling Application” provided and click on “Continue”.



4. Log in using the mobile number with which the application form was filled.

Central Government Health Scheme (CGHS)
Ministry of Health and Family Welfare
Government of India

Close

Mobile Verification

Step 1.

Mobile No. of Applicant *

5. Enter the OTP received on your phone in the "OTP" field and click "Validate OTP". In case you didn't receive the OTP, click on "Resend OTP".

Central Government Health Scheme (CGHS)
Ministry of Health and Family Welfare
Government of India

Close

Mobile Verification

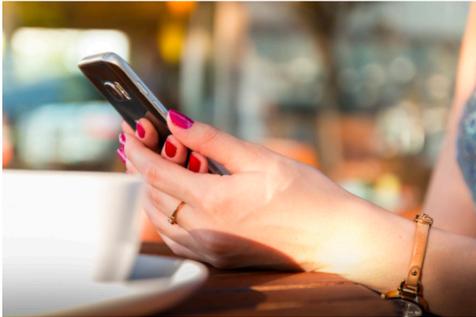
Step 1.

Mobile No. of Applicant *



OTP : *


This field is required !



Step 2: View Status Page

1. After login, the Status Page is shown.
2. Here, the applicant can track the status of the card application and proceed with payment.
3. Click on the **“Check Payment Details”** button under the Action column.

Sr. No.	Acknowledgement No.	FirstName	ApplyDate	CardType	Sub CardType	Mobile No.	Status	Action
1	25042210002	Rishabh Test A	22/04/2025	P	Pensioner	9999999991	Pending for Payment	Check Payment Details

Step 3: Payment Details Page

1. The applicant will be redirected to the Payment Details screen.
2. Verify:
 - Name
 - Card Category
 - Ministry
 - Pay Scale
 - Card Validity
 - CPC
 - Amount
3. Click on **“Proceed for Payment”**.

Sr. No.	Acknowledgement No.	FirstName	Card Category	Ministry	Pay Scale	Card Validity	CPC	Amount	Action
1	25042210002	Rishabh Test A	P	Department Of Commerce	Level 6 35400- 112400		450	21600	Proceed for Payment

Step 4: Choose Bharatkosh Payment Mode

1. Select Payment Mode:
 - Online
 - Offline (NEFT/RTGS)
2. After selection, click again on **“Proceed for Payment”**.

Central Government Health Scheme (CGHS)
Ministry of Health and Family Welfare
Government of India

Close

Payment Details

Sr. No.	Acknowledgement No.	FirstName	Card Category	Ministry	Pay Scale	Card Validity	CPC	Amount	Action
1	25042210002	Rishabh Test A	P	Department Of Commerce	Level 6 35400- 112400		450	21600	Proceed for Payment

Please select the payment mode:

- **Online:** Select this option for online payments.
- **Offline:** Select this option for offline payments, such as cheque or cash.

Bharatkosh Payment Mode Online Offline

Step 4.1: Online Mode Payment via Bharatkosh

1. Applicant is redirected to <https://bharatkosh.gov.in> with pre-filled payment details.
2. Verify the pre-filled “Depositor’s Details” and “Purpose Details” and click on “Confirm”.

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Non-Tax Receipt Portal

1 Payment Purpose 2 Depositor's Details 3 Confirm Info 4 Pay

Payment Mode Online

Depositor's Details

Name	Rohabh Test		
Address 1		Address 2	
City		District	
State	DELHI	Country	INDIA
Pincode/Zipcode		Email	
Mobile No. (+91)	999999991		
TAN		TIN	

Purpose Details

Sr. No.	Ministry	PAO Name	DDO Name	Purpose and Payment Type	Payment Period / Frequency	Amount (in INR)
1	HEALTH AND FAMILY WELFARE	PAO(CGIS), New Delhi(211029)	AO CGIS (HQ) R K Puram New Delhi(211030)	CGIS Contribution - Civil Pensioners.	One Time	21600
				INR twenty one thousand six hundred only		Total:21600

← Back Confirm →

3. Choose the payment aggregator (e.g. SBlePay).

Bharatkosh Government of India Receipts Portal

Controller General of Accounts Dept. of Expenditure, Ministry of Finance

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Non-Tax Receipt Portal

Payment Gateway

The payment can be made by a depositor using all Indian Credit Cards or Debit Cards (except Diners Club Card) and also via the Internet Banking of banks through the any Payment Gateways available below. The payment via American Express Credit Card (AMEX) can be made through SBI ePay payment gateway

of Baroda Payment Gateway Aggregators.

<input type="radio"/> FEDERAL BANK Success Rate 100.00 %	<input type="radio"/> AXIS BANK Success Rate 87.34 %	<input type="radio"/> Kotak Success Rate 66.67 %	<input type="radio"/> HDFC BANK Success Rate 66.67 %	<input type="radio"/> IndusInd Bank Success Rate 42.11 %	<input type="radio"/> SOUTH INDIAN BANK Success Rate 0.00 %
<input type="radio"/> ICICI Bank Success Rate 0.00 %	<input type="radio"/> Kankar Pragyashakti Success Rate 0.00 %	<input type="radio"/> Pay to Gov India Success Rate 0.00 %	<input type="radio"/> State Bank of India Success Rate 0.00 %	<input type="radio"/> SBlePay Success Rate 0.00 %	<input type="radio"/> SBI Credit Card Ltd. Success Rate 0.00 %
<input type="radio"/> The City Union Bank Success Rate 0.00 %					

Note: Success Rate - No. of Successful Transactions / Total No. of Transactions in a period of 30 days.

4. Choose a preferred payment channel & enter the CAPTCHA code displayed on the screen.

The screenshot shows a payment interface with two main sections. The top section, enclosed in a red box, contains four tabs: "Net banking", "Debit card", "Credit card", and "UPI". Below these tabs are three radio button options for "VISA", "MasterCard", and "Mastercard". A "View User Charge" button is located at the bottom left of this section. The bottom section, also enclosed in a red box, features two input fields labeled "Enter the letter shown" and a CAPTCHA image with the text "Vx70pT" and "Get a new Captcha" link.

5. Tick the checkbox for “I acknowledge and confirm that I have read and agree to the Terms And condition” to proceed & click on the “Pay” button.

The screenshot shows a payment interface with a checkbox labeled "I acknowledge and confirm that I have read and agree to the Terms And condition." The checkbox is checked. Below the checkbox are two buttons: "Back" and "Pay". The "Pay" button is highlighted with a red box.

6. Applicant will be redirected to their Bank’s secure payment gateway where they may complete the payment using their banking and card credentials.

The screenshot shows a mobile payment gateway interface. On the left, there is a header with a house icon and the word "Test", and a "Payable Now" amount of "₹21600". On the right, there is a "CARDS (CREDIT/DEBIT)" section with a "Back" button. The card details form includes fields for "Card Number" (0000-0000-0000), "Expiry" (12/26), "CVV" (three dots), and "Name on Card" (Test). A "PROCEED" button is located at the bottom of the form. Below the button, there is a note: "Please ensure your card is enabled for online transactions."

7. Enter the **OTP** received and Click "**Pay**".

3DS2_CYBER SIMULATOR
PLEASE ENTER THE OTP

Page will expire in 72 sec

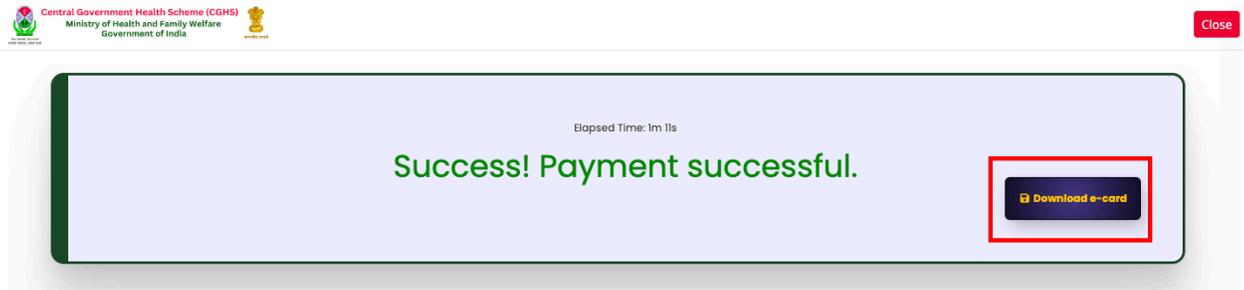
PAY CANCEL

8. Once the transaction is successful, you will be redirected back to the **Bharatkosh Payment Status** page with **Order Code**, **Status** & **UTR No.**

Application for Pensioner CGHS Card

Bharatkosh Payment Status		
Order Code	Status	UTR No.
25042210002-1745389876788	SUCCESS	2304250135567

9. The applicant can go back on the CGHS HMIS page and click on the “**Download e-card**” button to download the CGHS Card.



Step 4.2: Offline Mode Payment via Bharatkosh

1. Applicant is redirected to <https://bharatkosh.gov.in> with pre-filled payment details.
2. A pop-up window will appear asking the applicant to validate their bank account details.

Choose one of the following:

- If registered as NEFT/RTGS user: Enter your registered username and password.
- If not registered: Enter your bank account number and IFSC code.

Click **“Validate”** to proceed.

Validate Account For NEFT User/Login for advance deposit mode

If Registered as NEFT/RTGS User, Please provide your credentials to proceed further/Login for advance deposit mode

User Name

Password

[Get a new Captcha](#)

Captcha

Note :- Please login using Bharatkosh credentials to access advance deposit mode. For continuing with the selected mode, click on "x"

If you're not registered NEFT/RTGS User, Please enter your Bank Account details through which you will do NEFT/RTGS

Once you have successfully entered a valid account Number, you will receive NTRP portal login credential at the email id provided by you, Please use this credential in future.

Enter Bank Account No. :

Select Bank Name: 24-PARGANAS DIST.COOP.LAND DEV.BANK LTD.

Enter Bank IFSC Code:

Bharatkosh
Government of India Receipts Portal

Controller General of Accounts
Dept. of Expenditure, Ministry of Finance

Non-Tax Receipt Portal

Payment Purpose

Payment Mode Offline

Depositor's Details

Name

Address 1

City

State

Pincode/Zipcode

Mobile No. (+91)

TAN

Purpose Details

Sr. No.	Ministry				Mod / Frequency	Amount (In INR)
1	HEALTH and FAMILY WELFARE	PAO(CGHS), New Delhi[021029]	AO CGHS (HQ) R K Puram New Delhi[221030]	CGHS Contribution - Civil Pensioners,	One Time	1
				INR one only		Total::1

- After successful validation, you'll be redirected to the **"Confirm Information"** page. Review your details and click the **"Confirm"** button.



1 Payment Purpose
2 Depositor's Details
3 Confirm Info
4 Pay

Payment Mode Offline

Depositor's Details

Name		Sumit NA	
Address 1		Address 2	
City		District	
State	DELHI	Country	INDIA
Pincode/Zipcode		Email	
Mobile No. (+91)		9896320820	
TAN		TIN	

Purpose Details

Sr. No.	Ministry	PAO Name	DDO Name	Purpose and Payment Type	Payment Period / Frequency	Amount (In INR)
1	HEALTH and FAMILY WELFARE	PAO(CGHS), New Delhi[021029]	AO CGHS (HQ) R K Puram New Delhi[221030]	CGHS Contribution - Civil Pensioners,	One Time	1
				INR one only		Total::1

← Back
Confirm →

- You will now be taken to the **"Response Status – Offline Page"**. Click to download the **"Depositor Slip"** generated by the system.

Bharatkosh
Government of India Receipts Portal

English हिन्दी A+ A A-

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Response Status Offline

Challan No: 22103023042500135398

Amount: 1

Payment Mode: Offline

Download Depositor Slip
Quit

Note:-

Please enter the UTR no. at the track your payment page >>Enter UTR no pop up, as soon as you complete the NEFT payment and receive a UTR no. from your Bank. If you fail to do so, you won't receive the transaction receipt.

UTR No. related info:-

If the amount is paid through NEFT then the UTR will be a alpha numeric 12 / 16 digit no. and if done through RTGS then it will be a 22 length alpha-numeric character with first four characters denoting your bank name like HDFC and fifth character being the English alphabet 'R'.

- Visit your bank and submit the GAR 7 Depositor Slip. Request the bank to make an NEFT/RTGS transfer to the PAO account mentioned on the slip.

6. Once the payment is successfully verified, the applicant's CGHS eCard will be generated within 24 hours and it can be downloaded from the CGHS portal.

FAQs

1. **What if I don't receive an OTP?**
 - Ensure your phone number is registered and has network connectivity.
 - Click "**Resend OTP**" if needed.
2. **Can I edit my application after submission?**
 - No, submitted applications cannot be edited. Ensure all details are accurate before submitting.
3. **What documents are required?**
 - The system will prompt you for any document uploads if needed, based on your selected card type.
4. **How do I add dependents?**
 - In the "Dependent Details" section, click "**Add Dependent**" and fill in the required details such as name, date of birth, and relationship.
5. **What happens if I miss a required field?**
 - The system will notify you to complete the missing fields before proceeding to the next step.
6. **What is the process for e-signing?**
 - After completing all sections, you will be guided to the e-signing page. Verify your identity using your Aadhaar-linked mobile number or other required credentials.
7. **How long does it take to process my application?**
 - The processing time may vary. Updates will be provided through the portal and via SMS notifications.
8. **Can I cancel my application?**
 - Applications cannot be canceled once submitted. However, you can contact support for further assistance if necessary.
9. **Is there a fee for applying for the CGHS Card?**

- Any applicable fees will be displayed during the application process based on your card type.

10. What should I do if my application is rejected?

- Review the reason for rejection provided in the portal. Correct the issues and reapply if necessary.

Support

For assistance, contact the support team:

- **Email:** l2.cghs-noida@cdac.in
- **Help Desk:** Accessible through the portal

Thank you for using eShushrut!
