

Health Insurance Scheme for former sports person (Swasthya Sathi Scheme)

The Government of West Bengal has decided that former sports persons who have participated at International, National and State level sports competitions are brought within the coverage of "Swasthya Sathi".

Application forms are available at the (i) Office of District Youth Officer, Darjeeling at Siliguri, Kanchanjungha Stadium, Gate No. 10, Siliguri, (ii) Office of Siliguri Municipal Corporation, Siliguri, (iii) all Sub-Divisional Offices and Block Development Offices of this District.

Application forms also may be downloaded from the following website :-
darjeeling.gov.in

The application in the prescribed proforma may be submitted either through e-mail or in hard copy to -

- I. health.sports.wb@gmail.com
- II. Directly to Department of Youth Services & Sports, New Secretariat Building, Block-A, 6th Floor, 1, Kiran Sankar Roy road, Kolkata-700001
- III. The Office of District Youth Officer, Darjeeling at Siliguri, Kanchanjungha Stadium, Gate No. 10, Siliguri


10 4 18
District Magistrate
Darjeeling

To : The Principal Secretary
Department of Youth Services & Sports
Government of West Bengal
New Secretariat Building, Block – A, 6th Floor
1, Kiran Sankar Roy Road, Kolkata – 700001

Sub : Inclusion of name under Swasthya Sathi Scheme.

Sir,

I am a former _____ player and participated in International / National / State level competition and retired from my discipline in the year _____.

For medical treatment and medical benefit, I would like to be enrolled under Swasthya Sathi Scheme of Government of West Bengal.

Hence, my name along with my family members may be considered for Swasthya Sathi Scheme.

My personal particulars are given in Form – B (attached).

1. Particulars of Sports :

Name of the Competition	Organised by	Year	Position / Rank

I do solemnly declare that the particulars given above and in form – B are true and correct.

Yours faithfully,

Date :

Enco :- Form – B
and other particulars.

Form - B

(form to be filled in block letters)

Name	:	(Beneficiary)
Department	:	
Category	:	
Age	:	
Sex	:	
GP/Ward	:	
Village	:	
Cast	:	
Minority	:	
RSBY Type	:	
Postal Address	:	
Office Address along with Designation	:	
Aadhar No (if available)	:	
Mobile No	:	
Khadyasathi ID or SECC ID	:	

I do solemnly declare that the particulars given above and in form - B are true and correct.

Signature in full

Form - B

(form to be filled in block letters)

* (For - Wife / Husband / Son / Daughter / Father / Mother / Father in Law / Mother in Law)

Name	:	(Dependent)
Relation	:	
Department	:	
Category	:	
Age	:	
Sex	:	
GP/Ward	:	
Village	:	
Cast	:	
Minority	:	
RSBY Type	:	
Postal Address	:	
Office Address along with Designation	:	
Aadhar No (if available)	:	
Mobile No	:	
Khadyasathi ID or SECC ID	:	

I do solemnly declare that the particulars given above and in form -- B are true and correct.

Signature in full