



GOVERNMENT OF RAJASTHAN

**Office of the Project Director, State Insurance & P.F. Department  
(Rajasthan Government Health Scheme)**

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**OPTION FORM FOR OPTING RGHS**

I,.....(Name).....(Post and Office),  
hereby declare that I opt to avail medical facilities under RGHS of Govt. of Rajasthan.

I, authorize monthly pay bill deduction for RGHS (Fund) as per prescribed pay  
slab rate by State Government from time to time

I understand that once above option is exercised, I shall not be entitled for  
reimbursement of expenses incurred by me on medical attendance and treatment of  
myself and my family members under RCS (MA) Rules, 2013; RPFM and other group  
medicclaim policies issued by SIPF department.

Signature of the Government Servant

Name of the employee : .....

Employee Id .....

Designation.....

Department.....