



**INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAWAN, NEW DELHI-110 001**

F. No. 21-2/2026-CDN

Dated 12.05.2026

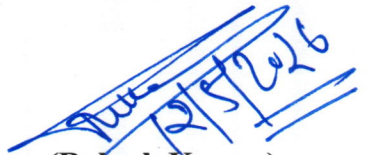
ENDORSEMENT

Sub: Grant of Fixed Medical Allowance (FMA) to Pensioners/Family Pensioners covered under National Pension system-reg.

The ICAR is in receipt of two OM. No. 04/07/2020-P&PW (D) dated 06/12/2023 and OM. No. 04/07/2020-P&PW (D) dated 07/02/2025 issued by Department of Pension & Pensioners' Welfare, Ministry of Personnel, Public Grievances and Pensions, Government of India, New Delhi on subject cited above.

The matter has been examined in the ICAR and with the approval of Competent Authority, the undersigned is directed to upload the above mentioned OM on ICAR website www.icar.gov.in and e-office among the all constituent Unit of ICAR including Institutes NRCs/ PDs/ATARIs etc. working under the purview of ICAR for information, guidance and compliance.

Encl: As above


(Rakesh Kumar)
Under Secretary (CDN)

Distribution:

1. All the Constituent Units of ICAR viz. Directors/ Project Directors/NRCs/ATARIs etc.
2. Media Unit for uploading on the ICAR Website.
3. Guard file/ spare copies

No. 04/07/2020-P&PW(D)
Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Pension & Pensioners' Welfare

3rd Floor, Lok Nayak Bhawan
Khan Market, New Delhi-110003
Dated :- 06th December, 2023

OFFICE MEMORANDUM

Sub:- Grant of Fixed Medical Allowance (FMA) to Pensioners/Family Pensioners covered under National Pension System-reg

In accordance with the existing instructions, **Fixed Medical Allowance (FMA)** is admissible to the Central Government civil pensioners/family pensioners (i) residing in areas not covered under Central Government Health Scheme or any corresponding Health Scheme administered by other Ministries/Departments and (ii) not availing OPD facility under CGHS. FMA is disbursed to the pensioners by the Pension Disbursing Authorities/Banks along with their monthly pension.

2. FMA is also admissible to retired **National Pension System (NPS)** employees who are granted pension under Old Pension Scheme on account of invalidation/disability and to the family members of deceased NPS employees, who are granted family pension as per the Old Pension Scheme on death of NPS employee during service. Grant of FMA in such cases is subject to fulfilment of the usual conditions therefor.

3. Ministry of Health and Family Welfare issued orders vide O.M. No S.11011/10/2012-CGHS(P)/EHS dated 28th March, 2017 extending the CGHS facility to Government servants who retire under NPS, if they fulfil the following conditions:

- (i) Minimum years of qualifying service for eligibility of CGHS membership after retirement-10 years
- (ii) No minimum qualifying years of service for availing CGHS facilities in case of death/disability.
- (iii) In case of absorption in an Autonomous Body/Statutory Body, NPS subscribers can avail CGHS after their retirement only if the Autonomous Body/Statutory Body, where they are absorbed, is covered for their retired employees, subject to condition (i) above.
- (iv) In case of deputation to an Autonomous Body/Statutory Body, no CGHS coverage till such period of deputation continues unless the entity to which the employee has been transferred on deputation is covered by CGHS.
- (v) Status quo to be maintained for serving NPS subscribers subject to conditions at (iii) and (iv) above.
- (vi) Other conditions such as definition of family, CGHS contribution, conditions of dependency etc. will be applicable as per the existing rules.

4. The matter regarding grant of FMA to the employees who retire from NPS has been considered in consultation with the Department of Expenditure, Office of Controller General of Accounts (CGA) and Ministry of Health & Family Welfare. It has now been decided that such retired NPS employees, who otherwise fulfil the conditions for availing CGHS facility as mentioned in para 3 above, shall be eligible for grant of FMA on the same rates as in the case of pensioners drawing pension under Old Pension Scheme, if they are residing outside CGHS area and do not avail OPD facility under CGHS after retirement. Accordingly, those NPS retirees who are eligible for CGHS facility but are residing outside CGHS area shall be entitled to FMA as per the applicable rate, if they do not avail any CGHS facility or avail only the IPD facility under CGHS.

5. The modalities for sanctioning FMA to NPS retirees have been considered in consultation with the office of Controller General of Accounts (CGA) and the following procedure is laid down for sanction of FMA to the NPS retirees:

(i) The retiring Government servant shall submit the following forms/documents in triplicate to the Head of Office (HOO):

- (a) Application-cum-undertaking in prescribed format (FMA Form N-1) along with two copies of photograph, specimen signature and identification marks.
- (b) Details of family in prescribed format [Form-2 of CCS (Implementation of National Pension System) Rules, 2021. (Referred to in Rule 10 (3) of those Rules)].
- (c) Undertaking addressed to bank for recovery of overpayment in prescribed format (Format N-1).
- (d) Nomination Form for payment of Arrears of FMA in prescribed format (FMA Form N-2).

(ii) The Head of Office, shall scrutinise the application and apply the necessary checks. After complying with the rules and instructions issued by the Government of India regarding eligibility for payment of FMA to the retired Government Servant, the HOO shall forward the FMA case along-with two sets of forms/documents referred to in sub-para (a) to (d) above to the Pay & Accounts Officer for issue of FMA payment authority. The Head of Office shall retain one set of each of the Forms/documents mentioned above. The Head of Office will maintain the files, registers and records relating to all such cases for future requirements.

(iii) The PAO shall apply the necessary checks and prepare FMA Payment Authority. The PAO will issue the FMA authority and send it to the Central Pension Accounting Office (CPAO) along with one set of forms documents mentioned in sub-para (a) to (d) above and the copy of the forwarding letter sent to him by HOO. The FMA authority shall include the name of spouse/family member who would be eligible for FMA in the event of death of the retired NPS employee. For this purpose, the eligibility conditions for grant of FMA to the family would be the same as in the case of family pension under CCS (Pension) Rules. The Pay & Accounts Officer will endorse copy of FMA Payment Authority to the Head of Office as well as NPS retiree/beneficiary. The Pay & Accounts Officer will maintain the files, registers and records relating to all such cases for future requirements.

(iv) The Central Pension Accounting Office will feed the data of all such cases individually and also keep scanned copies of all documents received from Pay & Accounts Officer in its data base. After, carrying out necessary checks, CPAO will prepare Special Seal Authority (SSA) and send the same along with all the Forms received from Pay & Accounts Officer and mentioned in sub-para (a) to (d) above to the concerned Central Pension Processing Centre (CPPC) of the Authorised Bank for payment of FMA to the beneficiary. The Central Pension Accounting Office will endorse the copy to the PAO & beneficiary.

(v) The Central Pension Processing Centre (CPPC) of the Authorised bank, after receiving the Special Seal Authority for payment of FMA from CPAO, will credit the amount of FMA, at the rate notified from time to time by the Department of Pension & Pensioners' Welfare, Ministry of Personnel, Public Grievances and Pensions in respect of retirees governed by CCS (Implementation of NPS) Rules, 2021, in the bank account of the beneficiary on monthly basis. The payment of FMA will be automatic and no bill is required to be submitted by the beneficiary. The CPPC will strictly follow the instructions mentioned in the Special Seal Authority for Payment of FMA issued by the CPAO and any other orders issued by the Government on the subject. The amount of FMA disbursed to the retired NPS employees and their families will be reimbursed by the Government to the banks as per the existing system.

(vi) In the case of change in option by the beneficiary from FMA to CGHS (OPD) facility, the instructions contained in the Department of Pension & Pensioners' Welfare, Ministry of Personnel, Public Grievances and Pensions' OM No. 4/05/2019-P&PW(D) dated 23.03.2022 as amended from time to time will be followed.

(vii) NPS retiree/beneficiary has option for getting FMA credited in their savings bank account opened or to be opened with any of the CBS enabled branch of concerned authorized bank (either single account in their name or joint account with member of their family in whose favour an authorization for FMA exists in the FMA Payment Authority) and operated either by "former or survivor" or "either or survivor" basis. The NPS retiree/beneficiary in whose favour FMA has been sanctioned should be the primary account holder in the joint account.

(viii) For payment of FMA to NRI beneficiary, opening of bank account and facility for withdrawal of FMA to sick and physically handicapped beneficiary, the procedures/instructions laid down in the Para Nos. 16 & 17 respectively of the 'Scheme for Payment of Pensions to Central Government Civil Pensioners by Authorized Banks' (5th Edition) issued by Central Pension Accounting Office shall be followed.

(ix) For transfer of account from one branch/bank to another for payment of FMA, the procedure laid down in Para 15 of the 'Scheme for Payment of Pensions to Central Government Civil Pensioners by Authorized Banks' (5th Edition) issued by Central Pension Accounting Office shall be followed.

- (x) After making payment of FMA, the CPPC, for the present, shall follow the procedure/instructions contained in 5th Edition of "Payment of Pensions to Central Government Civil Pensioners by Authorised Banks" issued by Central Pension Accounting Office, for reimbursement, accounting and submission of reports to the extent feasible and required. Further, instructions for payment of FMA to the beneficiary under National Pension System will be formulated and issued by the Central Pension Accounting office to CPPCs in due course.
- (xi) The person drawing FMA shall submit life certificate (Digital or physical) every year in November in the concerned bank for continuing the FMA. The payment of FMA due in following January onwards will be made only after the retiree has submitted the life certificate due in preceding November.
- (xii) The member of family of NPS retiree will intimate about the death of NPS retiree/FMA beneficiary at the earliest and not later than one month after the date of death so that the Payment of FMA is stopped by the CPPC. On death of a beneficiary, pro-rata FMA for the period after the last payment up to the date of death shall be paid to the next beneficiary/nominee.
- (xiii) On the death of FMA beneficiary, if the name of the spouse/family member eligible for FMA is mentioned in the FMA Payment Authority, the spouse/family member will apply to the bank along with the Death Certificate for disbursement of FMA to him/her. The bank will accordingly start disbursement of FMA to him/her. If the name of family member eligible for FMA is not mentioned in the FMA authority, then, on death of an FMA beneficiary, the member of the family shall apply to the Head of the Office along with death certificate for issue of a fresh FMA authority. Thereafter, the exercise as for issuing an FMA authority shall be followed for issuing a fresh FMA authority in favour of the family member. This will, inter-alia, include satisfying of HOO about eligibility of the family member and forwarding case to PAO for issue of FMA authority. PAO, after exercising necessary checks will issue authority and send case to CPAO for making payment through CPPC. The eligibility conditions for grant of FMA to the family would be same as in case of family pension under CCS (Pension) Rules, 2021.
- (xiv) On death of a serving employee, if the family is entitled to benefits of lump-sum and/or annuity under NPS, the procedure applicable for issuing PPO for family pension in favour of a family member would be adopted for issuing FMA authority in favour of eligible family member of deceased NPS employee.
- (xv) The Bank shall make payment of FMA on quarterly basis in the following manner:
- For the months of December to February – In the first week of March
 - For the months of March to May – In the first week of June
 - For the months of June to August – In the first week of September
 - For the months of September to November – In the first week of December

The payment of FMA to be made in the first week of December for the months of September to November and all subsequent payments of FMA will be subject to submission of life certificate (Digital or Physical) due in the month of November

(xvi) The amount of FMA disbursed to the retired NPS employees and their families will be disbursed by the Government to the banks as per the existing system.

(xvii) The FMA authority shall include the details of the Bank/Family/Nominee which may be utilised for payment of any arrears of the pay, etc., which may become due to the employee on account of implementation of recommendation of Pay Commission or any other reason.

(xviii) The FMA payments, Account, Records and Registers maintained in the CPPC of Authorised Banks making FMA payments shall be open to audit by the Comptroller and Auditor General of India or any person appointed by Government in this regard. In addition to audit by C&AG, the Internal Audit Wing, Central Pension Accounting Office will also conduct audit of CPPCs of Authorised Banks in respect of FMA payments.


(xix) The existing procedure is for payment of FMA to those Pensioners/Family Pensioners who are governed by CCS(Implementation of NPS) Rules, 2021 and are in receipt of invalid or disability pension/family pension under CCS(Pension) Rules will continue.

(xx) As informed by CGA, payments towards FMA may be done through same Head of Account and on the same lines as being done presently. The expenditure for booking FMA, following Head of Account will be used:-

2071	Pensions and other Retirement Benefits
2071.01-	Civil
2071.01.101	Superannuation and Retirement Allowances
2071.01.101.01	Ordinary Pensions
2071.01.101.01.00.04	Superannuation and Retirement Allowances, Ordinary Pension
2071.01.101.04	Ordinary Pensions (AIS)
2071.01.101.04.00.04	Superannuation and Retirement Allowances, Ordinary Pension (AIS)
2071.01.101.05	Additional Relief on Death/Disability of Government Servants Covered by the New Defined Contribution Pension Scheme (NPS) Ordinary Pensions (Invalid Pension)
2071.01.101.05.00.04	Superannuation and Retirement Allowances, Additional Relief on death/disability of Government Servants covered by the New Defined Contribution Scheme (NPS) Ordinary Pension (Invalid Pension)
2071.01.101.02.00.04	Family Pension

6. These orders will take effect from the date of issue of order.
7. All Ministries/Departments are requested to give wide publicity to these orders.
8. These orders issue with the concurrence of Ministry of Finance, Department of Expenditure, vide their I.D. Note No. 18(2)/EV/2021 dated 07.12.2022.
9. In so far as the persons serving in the Indian Audit and Accounts Department are concerned, these orders are issued in consultation with the Comptroller and Auditor General of India, as mandated under Article 148(5) of the Constitution of India.”
10. Hindi version will follow.

Encl: as above


(Ravinder Kumar) 6/12/23
Director

To

1. All Central Govt. Ministries / Departments.
2. Department of Expenditure, Ministry of Finance, North Block, New Delhi.
3. C&AG, Bahadur Shah Zafar Marg, New Delhi.
4. Ministry of Railways, Railway Board, for information, New Delhi.
5. Department of Personnel and Training, North Block, New Delhi.
6. Department of Financial Services, Jeevan Deep Building, Parliament Street, New Delhi.
7. CGA, Department of Expenditure, INA, New Delhi.
8. AD(OL) for Hindi version.
9. NIC for posting on the website of this Department.

FMA FORM N-1

(For NPS Retiree/Family Pensioner availing Medical Facilities under Central Government Health Scheme or Fixed Medical Allowance after Retirement/Death)

1.	I reside/will be residing at the following address:-			Passport size photo of the Applicant
	Flat/House No. and Street/Locality			
	Village & PO		City & District	
	State		Pin Code	
2.	No. of years of qualifying service			
3.	I opt the following facility (tick any one in the column applicable below)			
	(i) I will be residing in CGHS area and would be availing CGHS Facility.			
	(ii) I will be residing in a CGHS area but would not be availing CGHS Facility. I understand that I will not be eligible for Fixed Medical Allowance (FMA)			
	(iii) I will be residing in non-CGHS area but would be availing CGHS facility for In-patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for FMA.			
	(iv) I will be residing in a non-CGHS area but would be availing CGHS facility for IPD treatment only by payment of CGHS contributions. I will also avail FMA for OPD treatment.			
	(v) I will be residing in a non-CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.			
	(vi). I will avail medical facilities available to spouse/family member who is an employee/pensioner of Government/PSU/Autonomous Body. I will not avail CGHS facility and FMA.			
	(vii). Avail medical facility of previous organisation. I will not avail CGHS facility and FMA			
	Note:- This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again (Strike out this item if not applicable)			

Details:

Name of the retiring employee/family pensioner:	
In case of Family Pensioner, give Name of Deceased Pensioner	
Relationship with Pensioner	
Office Address	
Present Residential Address	
Bank Account No.	
Bank Address (Branch Name)	
IFSC Code	

Undertaking

I, _____ (a retired employee)*/[family pensioner of the deceased employee _____ (write name of deceased employee in case of family pensioner)]* who was working in the office _____ (Complete Office Address) declare that I am residing at _____ which area is not covered under CGHS or any corresponding health Scheme administered by the Ministry/Department _____ (as the case may be). I also have not obtained nor wish to obtain any CGHS card for availing outdoor facilities under CGHS/Corresponding Health Scheme of the other Ministry/Department from any dispensary situated in the adjoining area.

Note: * Strike out whichever is not applicable

Place:-

Date:-

--

(Signature of Head of Office)

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(Signature of Applicant)

FORM 2

Details of Family

[See rule 10(3) of CCS (Implementation of National Pension System) Rules, 2021]

Important

1. The original Form submitted by the Government servant/ Subscriber is to be retained. All additions or alterations are to be communicated by the Government servant/retired Government servant /Subscriber alongwith the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Subscriber should submit the details of family afresh at the time of retirement.
2. The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.
3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.
4. Wife and husband shall include judicially separated wife and husband.
5. The retired Government servant shall attach the details of change in family structure after retirement in the proforma prescribed under Dept. of P.& P.W., O.M No. 1 (23)-P.&PW/91-E, dated the 4th November, 1992.
6. Copies of birth certificates to be attached. Copies of any other relevant certificates, if available, should be attached.

Name of the Government Servant/Subscriber	Designation	Nationality

Details of Family Members:

S.No	Name (Please see notes below before filling)	Date of Birth (DD/MM/YYYY)	Aadhaar No. * (Optional)	Relationship with Govt. servant/retired Government servant/ subscriber	Marital Status	Remarks	Dated Signature of Head of Office
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

Email: (Optional)

Place

Mobile: (Optional)

Date

(Signature)

** Providing Aadhaar No. is optional. However, if it is provided, consent to link it to Bank Account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.*

Format N-1

**UNDERTAKING TO BANK FOR RECOVERY OF OVERPAYMENT
(To be given by the Government Servant/Pensioner)**

To

The Branch Manager

_____ (Bank Name)

_____ (Branch & Address)

Sir/Madam,

**Payment of Fixed Medical Allowance (FMA) under A/c No. _____
through your Bank.**

In consideration of your having, at my request, agreed to make payment of Fixed Medical Allowance due to me every month by credit to my account with your Bank. I, the undersigned declare that I will inform you immediately in case there is change in the status of my residential address i.e from Non-CGHS Covered Area to a CGHS Covered Area.

I agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled.

I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my Fixed Medical Allowance (FMA) to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorise the bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the bank.

Yours faithfully

(Signature of Govt. Servant/Pensioner)

Name:

Address:

Witnesses

(1) Signature
Name:-
Address:-

(2) Signature:
Name:
Address:

Date:-

Date

FMA FORM N-2

**(Nomination Form for payment of arrears of Fixed Medical Allowance)
(For Government Servant governed by CCS(Implementation of NPS) Rules, 2021)**

I,..... hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below amount of the arrear of Fixed Medical Allowance:

Name, Date of Birth (DoB) and address of the nominee	Relationship with employee/pensioners	Share to be paid to each	If nominee is minor, name, DOB and Address of person who may receive the amount of behalf of minor	Name, DoB, Relationship and Address of alternate nominee in case of the nominee under Col (1) predeceases the employee/pensioner	Share to be paid to each	Name and Address of person who may receive the amount if alternate nominee in Col.(5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place:

Date:

Signature of Government Servant/Pensioner

Telephone/Mobile No

Note1:- Completely strike out the benefit for which nomination is not intended to be made.

Note2:- The government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 3:- The nominee(s) /alternate nominee(s)' shares together should cover the whole amount.

Received the nominations dated..... for payment of arrears of Fixed Medical Allowance :-

made by Shri/Smt/Kumari.....

Designation.....

Office.....

Name, Signature and Designation of Head of Office/authorised Gazetted Officer with seal

Date of receipt.....

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his /her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

No. 04/07/2020-P& PW (D)
Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Pension & Pensioners' Welfare

Lok Nayak Bhawan, Khan Market,
New Delhi, Dated: 07th February, 2025

OFFICE MEMORANDUM

Subject: Grant of Fixed Medical Allowance (FMA) to Central Government employees covered under National Pension System - reg.

Undersigned is directed to refer to the Department of Pension & Pensioners' Welfare's OM of even number dated 06.12.2023 extending the benefit of Fixed Medical Allowance to the Central Government civil employees covered under the National Pension System (NPS) on their retirement from service and who are eligible for CGHS facility but are residing outside CGHS area as per the applicable rate, if they do not avail any CGHS facility or avail only the IPD facility under CGHS.

2. The above instructions also include prescribed forms and formats for claiming the benefit of FMA by above employees. These forms and formats have been revised including PRAN details in these forms / formats as per the reference received from the office of Controller General of Accounts vide their ID note No. TA-3-6/3/2020-TA-III-Part(1)/11948/412 dated 18.12.2024. Revised Forms /Formats to be used for the above purpose are enclosed with this OM.

3. As informed by the Office of CGA vide their ID note dated 18.12.2024, the revised Head of Account for this purpose would be as under:

2071	Pensions and other Retirement Benefits
2071.01-	Civil
2071.01.101	Superannuation and Retirement Allowances
2071.01.101.01	Ordinary Pensions
2071.01.101.01.00.04	Superannuation and Retirement Allowances,
2071.01.101.04	Ordinary Pensions (AIS)
2071.01.101.04.00.04	Superannuation and Retirement Allowances, Ordinary Pension (AIS)
2071.01.101.05	Additional Relief on Death/Disability of Government Servants Covered by the New Defined Contribution Pension Scheme (NPS) Ordinary Pensions (Invalid Pension)
2071.01.101.05.00.04	Superannuation and Retirement Allowances, Additional Relief on death/disability of Government Servants covered by the New Defined Contribution Scheme (NPS) Ordinary Pension (Invalid Pension)
2071.01.105.02.00.04	Family Pension

Contd.

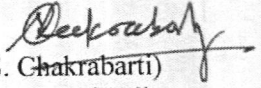
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4. It is also clarified that the rate of FMA prescribed for Central Government employees retired under NPS is equal to the rate of FMA granted to Central Government employees covered under old pension scheme i.e. Rs 1000/- per month. However, the release of FMA into the account of the Central Government employee retired under NPS had been prescribed vide OM dated 06.12.2023 on quarterly basis through the respective bank.

5. It is further clarified that the release of FMA for the period September to November shall be in the first week of December. However, the release of FMA from the month of December onwards shall be subject to submission of life Certificate by the beneficiary.

6. Hindi version will follow.

Encl: as above


(S. Chakrabarti)

Under Secretary to the Government of India

To

1. All Central Govt. Ministries/Departments
2. Department of Expenditure, Ministry of Finance, North Block, New Delhi.
3. C&AG, Bahadur Shah Zafar Marg, New Delhi.
4. Ministry of Railways, Railway Board, for information, New Delhi.
5. Department of Personnel and Training, North Block, New Delhi.
6. Department of Financial Services, Jeevan Deep Building, Parliament Street, New Delhi.
7. CGA, Department of Expenditure, INA, New Delhi.
8. AD (OL) for Hindi version.
9. NIC for posting on the website of this Department.

FMA FORM N-1

(For Central Government employees covered under NPS and their family members for availing Medical Facilities under Central Government Health Scheme or Fixed Medical Allowance after retirement/ death)

1.	I reside/will be residing at the following address:-			Passport size photo of the Applicant
	Flat, House No. and Street/Locality			
	Village & PO		City and District	
	State		Pin Code	
2.	No. of years of qualifying service :-			
3.	I opt the following facility (tick in the column applicable below)			
i.	I will be residing in a CGHS area and would be availing CGHS facility			
ii.	I will be residing in a CGHS area but would not be availing CGHS facility. I understand that I will not be eligible for Fixed Medical Allowance (FMA)			
iii.	I will be residing in non-CGHS area but would be availing CGHS facility for In-patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for FMA			
iv.	I will be residing in a non-CGHS area but would be availing CGHS facility for IPD treatment only by payment of CGHS contributions. I will also avail FMA for OPD treatment.			
v.	I will be residing in a non-CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.			
vi.	I will avail medical facilities available to spouse/family a member who is an employee/ pensioner of Government/PSU/Autonomous Body. I will not avail CGHS facility and FMA			
vii.	Avail Medical facility of previous Organisation. I will not avail CGHS facility and FMA			
	Note:- This is my one time change in option as provided in Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again. (Strike out this item if not applicable)			

4. **Details:**

Name of the Retiring Employee/ Family member	
In case of Family member give name of the Government employee:-	
Relationship with Government employee	
Office Address	
Present Residential Address	
PRAN of the Government employee	
Bank Account No.	
Bank Address (Branch Name)	
IFSC Code	

Undertaking

I _____, (a retired employee)* / [family member of the deceased employee _____, (write name of the deceased employee in case of family member)]* who was working in the office _____ (Complete office Address) declare that I am residing at _____, which area is not covered under CGHS or any corresponding Health Scheme administered by the Ministry /Department _____ (as the case may be). I also have not obtained nor wish to obtain any CGHS card for availing outdoor facilities under CGHS/Corresponding Health Scheme of the other Ministry/Department from any dispensary situated in the adjoining area.

Note: * Strike out whichever is not applicable.

Place:-

Date:-

(Signature of head of office)

(Signature of applicant)

FMA FORM N-2

**(Nomination Form for payment of arrears of Fixed Medical Allowance)
(For Government employee governed by CCS (Implementation of NPS) Rules, 2021)**

I, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below amount of the arrear of Fixed Medical Allowance:

Name, Date of Birth (DoB) and address of the nominee	Relationship with employee/beneficiary	Share to be paid to each	If nominee is minor, name, DOB and Address of person who may receive the amount of behalf of minor	Name, DoB, Relationship and Address of alternate nominee in case under Col (1) predeceases the employee/beneficiary	Share to be paid to each	Name and Address of person who may receive the amount if alternate nominee in Col.(5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place:

Date:

Signature of Government Servant/ beneficiary

PRAN of Government employee:

Telephone/Mobile No.

Note1:- Completely strike out the benefit for which nomination is not intended to be made.

Note2:- The government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 3:- The nominee(s) /alternate nominee(s)' shares together should cover the whole amount.

Received the nominations dated for payment of arrears of Fixed Medical Allowance:-

made by Shri/Smt/Kumari.....

Designation.....

Office.....

Name, Signature and Designation of Head of Office/
authorised Gazetted Officer with seal

Date of receipt.....

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his /her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

FORM 2

Details of Family

[See rule 10(3) of CCS (Implementation of National Pension System) Rules, 2021]

Important

1. The original Form submitted by the Government servant/ Subscriber is to be retained. All additions or alterations are to be communicated by the Government servant/retired Government servant /Subscriber alongwith the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Subscriber should submit the details of family afresh at the time of retirement.
2. The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.
3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.
4. Wife and husband shall include judicially separated wife and husband.
5. The retired Government servant shall attach the details of change in family structure after retirement in the proforma prescribed under Dept. of P.& P.W., O.M No. 1 (23)-P.&PW/91-E, dated the 4th November, 1992.
6. Copies of birth certificates to be attached. If birth certificate is not available, then copy of any other certificate, as proof of date of birth, may be attached.

Name of the Government Servant/ Subscriber	Designation	Nationality

Details of Family Members:

S.No	Name (Please see notes below before filling)	Date of Birth (DD/MM/YYYY)	Aadhaar No. * (Optional)	Relationship with Govt. servant/retired Government servant/ subscriber	Marital Status	Remarks	Dated Signature of Head of Office
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

Email: (Optional)

Place

Mobile: (Optional)

Date

(Signature)

** Providing Aadhaar No. is optional. However, if it is provided, consent to link it to Bank Account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.*

FORMAT N-1

**UNDERTAKING TO BANK FOR RECOVERY OF OVERPAYMENT
(To be given by the Government Servant/Family member)**

To

The Branch Manager

_____ (Bank Name)

_____ (Branch & Address)

**Subject: Payment of Fixed Medical Allowance (FMA) under A/c No. _____
through your Bank.**

Sir/Madam,

In consideration of your having, at my request, agreed to make payment of Fixed Medical Allowance due to me every month by credit to my account with your Bank. I, the undersigned declare that I will inform you immediately in case there is change in the status of my residential address i.e from Non-CGHS Covered Area to a CGHS Covered Area.

I agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled.

I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my Fixed Medical Allowance (FMA) to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorise the bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the bank.

Yours faithfully

(Signature of Govt. Servant/Family member)

PRAN of Government employee:

Name:

Address:

Witnesses

(1) Signature
Name:-
Address:-
Date:-

(2) Signature:
Name:
Address:
Date:

FORMAT N-2

(Letter to the Accounts Officer forwarding the papers for FMA to Government employee/Family member)

No.....

Government of India
Ministry of.....
Department of.....

Date

To,

The Pay and Accounts Officer/Accountant General,

Subject: Authorisation of FMA in respect of Shri/Smt./Km.....

Sir/Madam,

I am directed to forward | herewith the FMA papers of Shri/Smt./Km....., Designation....., PRAN ----- of this Ministry/ Department/Office for further necessary action.

The receipt of this letter may be acknowledged and this Ministry/Department/Office informed that necessary instructions for the disbursement of FMA have been issued to disbursing authority concerned, under intimation to the retiring /retired Government servant/family member.

Yours faithfully,

(Head of Office)

Enclosures:

- (i) Service Book (date of retirement/ death to be indicated in the service book).
- (ii) Application in Form N-1
- (iii) Nomination Form in Form N-2
- (iv) Details of family in Form 2
- (v) Undertaking to the Bank in Format N-1