

## INDIAN COUNCIL OF AGRICULTURAL RESEARCH KRISHI BHAWAN: NEW DELHI

F. No. GAC-21-13/2018-CDN

Dated the /2 March, 2018

#### **ENDORSEMENT**

Department of Pension & Pensioners Welfare, Ministry of Personnel, Public Grievances and Pensions, Government of India, New Delhi has issued an O. M. regarding Grant of Fixed Medical Allowance to Central Government Civil Pensioners residing in areas not covered under Central Government Health Scheme. The said O. M. No.4/34/2017-P&PW(D) dated 31.01.2018 has been uploaded on the ICAR website <a href="https://www.icar.org.in">www.icar.org.in</a> and e-office for information

(Ajai Verma) Under Secretary (GAC)

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# F.No. 4/34/2017-P&PW(D) Government of India Ministry of Personnel, Public Grievances and Pensions Department of Pension and Pensioners Welfare

3<sup>rd</sup> Floor, Lok Nayak Bhawan, Khan Market, New Delhi Dated: 31-01-2018

### OFFICE MEMORANDUM

Sub: Grant of Fixed Medical Allowance to Central Government Civil

Pensioners residing in areas not covered under Central

Government Health Scheme -reg.

The undersigned is directed to refer to this Department's OM No. 38/99/99-P&PW(C) dated 17-4-2000 on the subject mentioned above and to say that in accordance with the instructions contained therein, Central Government Civil Pensioners, residing in an area not served by any CGHS dispensary or any corresponding Health Schemes administered by other Ministries/Departments, as the case may be, even though their places of residence may fall within the limits of a CGHS covered cities, are required to submit the following documents for claiming Fixed Medical Allowance:

a) An undertaking in the prescribed format.

- b) A certificate from the Medical Authorities of CGHS or from authorities of corresponding Health Schemes of the concerned Ministries/Departments, as the case may be, that the area where the pensioner is residing is not served by any dispensary under CGHS or the corresponding Health Scheme administered by the Ministry/Department.
- 2. Keeping in view the difficulties being faced by the pensioners in obtaining the required certificate from the concerned Medical Authorities, the matter has been reconsidered in consultation with the Ministry of Health and Family Welfare. It has now been decided that the pensioners, residing in areas not covered by CGHS or any corresponding Health Schemes administered by other Ministries/Departments, as the case may be, would no longer be required to submit a certificate referred to in para 1 (b) above.

Cond/-

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However, such pensioners would continue to submit an undertaking in the following format: \_\_\_\_\_, a retired employee of (Office Address) declare that I am residing at (Residential Address indicated in , which area is not PPO) covered under CGHS or any corresponding Health Scheme administered by the Ministry/Department of \_\_\_\_\_\_, (as the case may be). I have also not obtained and do not wish to obtain a CGHS Card for availing out-door facilities under CGHS/Corresponding Health Scheme of other Ministries/Departments from any dispensary situated in an adjoining area. A Central Government Civil Pensioner is also required to fill the 3. enclosed Form along with above mentioned undertaking. All the pension disbursing authorities are required to obtain the above undertaking along with the Form, as mentioned in Para 3 above, from such pensioners before sanctioning Fixed Medical Allowance. An entry to this effect should also be made in their PPOs. (Sanjay Wadhawan) Deputy Secretary to the Govt. of India Tel. No. 24655523 Encl: As above To All Ministries/Departments of Government of India (As per standard mailing list) Copy to: (1) Comptroller and Auditor General of India, Pocket-9, Deen Dayal Upadhyaya Marg, New Delhi-110 124. (2) Controller General of Accounts, Mahalekha Niyantrak Bhawan, GPO Complex, Block E, Aviation Colony, INA Colony, New Delhi-110003. (3) Chief Controller (Pension), Central Pension Accounting Office, Trikoot-II, Bhikaji Cama Place, New Delhi - 110 066. (4) Dr. Bindu Tiwari, Director (CGHS Policy), Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.

(5) NIC, Dol'&PW for uploading on the Website.

Form for availing Medical Facilities under central Government Health Scheme or Fixed Medical Allowance after retirement.

1. I reside/will be residing at the followi	ng address:	
Flat/House No/Bldg.	Street/Locality	
Name		
Village & Post	City & District	
Office/ Block		
State	Pin Code	
2. I opt the following facility		
	* * * * * * * * * * * * * * * * * * * *	
		k any one of the following)
i. I will be residing in a CGHS area an	nd would be availing CGHS	
facility		
ii. I will be residing in a CGHS area bu	it 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 paym	ent of CGHS contributions.	
will also avail FMA for OPD treatment	productions for to control or control to control to control of con	
v. I will be residing in a non-CGHS are	ea and would not be availing	
CGHS facility for both IPD treatment a	nd OPD treatment. I will avail	
FMA.		
vi. I will avail medical facilities available to spouse/family members		
who is an employees/pensioner of Government/PSU/Autonomous Body.		
I will not avail CGHS facility and FMA		
vii. Avail medical facility of previous o	organization. I will not avail	
CGHS facility and FMA		lastles aculiar antion
This is my one time change in option as	s provided in the Rules and it's	upersedes the earner option
given by me. I understand that I shall	I not be able to change this o	prior again (Sinke out uns
item if not applicable		
	Mobile No.	THE TAX TO SELECT CO. 1. AND SELECT COMPANY COMPANY CONTRACT CONTR
Name of the retiring employee/	Modile No.	
pensioner:		The second secon
		a mining in the case (i.e. 1 to 1 t
(Signature of head of office)	(S	ignature of applicant)
(Signature of head of office)		