



आई.सी.ए.आर. – केन्द्रीय अन्तर्स्थलीय मात्स्यिकी अनुसंधान संस्थान  
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F.No: ID cards-167(1)/2019-Adm.I

8<sup>th</sup> July 2019

### **CIRCULAR**

In order to provide comprehensive medical treatment to all the Employees, Pensioners and their dependents, ICAR-CIFRI, Barrackpore has empanelled some Private Hospitals / Diagnostic Centres where treatment will be provided as per CGHS rate on cashless basis to employees for self treatment and on reimbursement basis to their dependents, Pensioners and their dependents.

#### **Entitlement of accommodation:**

Sl.No	Corresponding Basic Pay drawn by the Officer in 7 <sup>th</sup> CPC	Ward entitlement	
		Private Hospitals Empanelled under CGHS	AIIMS, New Delhi
1	Up to Rs. 47,600/-	General	General
2	Rs. 47,601/- to 63,100/-	Semi-Private	General
3	Rs. 63,101/- to 80,900/-	Private	Private
4	Rs. 80,901/- and above	Private	Deluxe / Private

To expedite the entire process smoothly, the Competent Authority has directed to issue **Medical Identity Card** to all the employees / pensioners of the Institute and their dependents.

Employees / Pensioners and their dependents can avail medical facilities on CGHS rate for both indoor and outdoor treatment in empanelled Hospitals / Diagnostic Centres on production of **Medical Identity Card**.

In this connection, all concerned are requested to submit **filled in Proforma in prescribed format (Annexure-I)** and other necessary information on or before **20<sup>th</sup> July, 2019** to the undersigned.

(RAJEEV LAL)  
CHIEF ADMINISTRATIVE OFFICER

#### **Copy to:**

1. All Heads/Officers-in-Charge/In-Charges of Sections/Cell/Unit/Centres/Outstation of HQs. & Centres/Outstations for information with the request for its wide circulation among all staff members of ICAR-CIFRI, Barrackpore.
2. **The In-Charge, AKMU ICAR-CIFRI, Barrackpore for information and with the request for uploading the same of Official website of ICAR-CIFRI.**
3. The Director's Cell, ICAR-CIFRI, Barrackpore for kind information of the Director.
4. Notice Boards.

**ANNEXURE-I**

**Medical Card No (for Office use):**

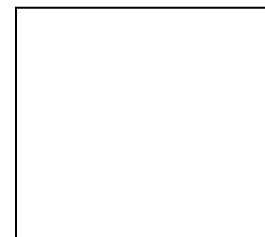
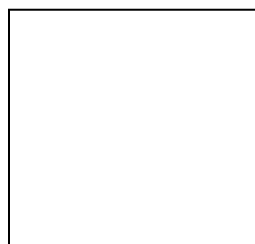
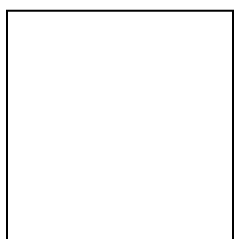
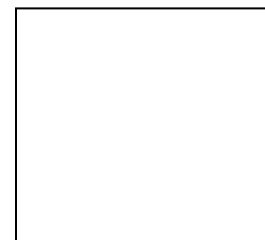
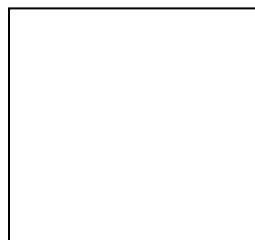
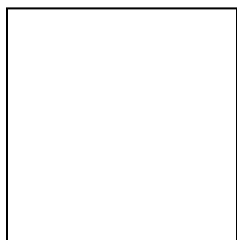
**Valid upto (for Office use):**

**PROFORMA OF MEDICAL IDENTITY CARD**

**Details of family:-**

<b>Sl. No.</b>	<b>Name</b>	<b>Date of Birth</b> (submit self attested photocopy of Adhar Card/ PAN Card/Voter ID/Passport)	<b>Relationship with the Employee / Pensioner</b>	<b>Gross Income per month</b>
1			SELF	Rs..... (Basic Pay for June, 2019)
2				
3				
4				
5				
6				

**Paste the photograph from Sl. No.1 to 6**



Employee's Name in Full (Block letter):.....

Status of the employee:      Serving / Pensioner

Eligible for (Type of Ward) :.....

Present

Address:.....

.....

.....

.....

**Signature of the Employee /Pensioner:.....**

Office Seal with date and designation of the Authorized Signatory

.....

**Note:**

- a) As per CGHS Rules, dependent son(s) is/are eligible for medical facilities till he starts earning or attain the age of 25 years, whichever is earlier. However, in case of son suffering from any permanent disability of any kind (physical or mental) he is/are eligible for CGHS benefits even after 25 years.**
- b) As per CGHS Rules, dependent daughter(s) is/are eligible till she starts earning, or gets married, which ever is earlier (irrespective of age)**
- c) As per CGHS Rules, Minor brothers (less than 18 years) can be treated as dependent and eligible for CGHS benefits, if appropriate documents are produced.**

- d) ***If the spouse is working and the Institute employee wants to avail medical treatment of his/her spouse from the Institute, a declaration is required stating that the spouse doesnot avail any such medical facilities from the Head of Office of the concerned organization / institution where he / she is working.***
- e) ***For the parents/retirees to be dependents for availing CGHS benefit, “the income limit for dependency is Rs. 9,000/- plus amount to the dearness relief on the basic pension of Rs. 9,000/- as on the date of consideration” as per M/o Health & Family Welfare, Govt. of India Office Memorandum dated 8<sup>th</sup> November, 2016. Income Certificate in respect of dependent parents/retirees shall be required from appropriate authority.***

I,.....(name) do hereby declare and certify that the above family members are fully dependent on me (**documents enclosed**). Futher, I also certify that they do not claim any Medical facilities from any other source except me. If the aforesaid statement is found incorrect, I will be fully responsible for the same and I accept any action under Govt. of India / ICAR rules against me.

**Signature of the Employee / Pensioner with date.....**

*(The authenticity of above details and Certificate(s) produced by the employee / pensioner shall be solely his/her concerned and he/she will be liable for any action if the information and documents furnished by him/her is found incorrect)*