

भारतीय मानक ब्यूरो

(स्थापना विभाग)

मानक भवन,
9, बहादुर शाह ज़फ़र मार्ग,
नई दिल्ली -1100 02

परिपत्र CIRCULAR

हमारा संदर्भ : स्था-1/29:1/2022

दिनांक : 11.08.2022

विषय : सीजीएचएस अंशदान की कटौती के संबंध में।

Subject : **Deduction of CGHS subscription/contribution reg.**

भारतीय मानक ब्यूरो (कर्मचारियों की सेवाओं के निबंधन एवं शर्तें) विनियम, 2020 के अनुसार, (i) केन्द्रीय सरकार स्वास्थ्य योजना (सीजीएचएस) के अंतर्गत आने वाले कर्मचारी, ऐसी चिकित्सा लाभ के हकदार होंगे, जो उस योजना के अधीन केन्द्रीय सरकार द्वारा प्रदान की जाती है। और (ii) ऐसे कर्मचारी जो केन्द्रीय सरकार स्वास्थ्य योजना के अंतर्गत नहीं आते हैं, केन्द्रीय सिविल सेवा (चिकित्सीय परिचर्या) नियम 1944 के अधीन केन्द्रीय सरकार के कर्मचारियों के लिए अनुज्ञेय सुविधाओं की तरह लाभ पाने के हकदार होंगे। As per BIS (Terms & Conditions of the Services of Employees) Regulations, 2020, (i) the employees covered under the Central Government Health Scheme (CGHS) shall be entitled to such medical benefits as extended by the Central Government under that Scheme, and (ii) the employees not covered under the Central Government Health Scheme shall be entitled to benefits as admissible to Central Government employees under the Central Civil Services (Medical Attendance) Rules, 1944.

2. बीआईएस, मुख्यालय, नई दिल्ली / केंद्रीय प्रयोगशाला / गाज़ियाबाद / नोएडा / फरीदाबाद शाखाओं / एनआईटीएस, में तैनात बीआईएस कर्मचारी सीजीएचएस के अंतर्गत चिकित्सा सुविधाओं का लाभ उठाने के हकदार हैं। ऐसे कर्मचारियों को दिल्ली / एनसीआर में अपने तैनाती स्थान में शामिल होने के तुरंत बाद आवेदन करने और सीजीएचएस कार्ड जारी करवाना आवश्यक है। The BIS employees posted in BISHQ, New Delhi/Central Laboratory/GZBO/ NOBO/FRBO/NITS are entitled to avail medical facilities under CGHS. Such employees are required to apply and get the CGHS Card issued soon after joining their place of posting in Delhi/NCR.

3. यह देखा गया है कि बीआईएस मुख्यालय, नई दिल्ली / केंद्रीय प्रयोगशाला / गाज़ियाबाद / नोएडा / फरीदाबाद शाखाओं / एनआईटीएस, में तैनात कर्मचारी सीजीएचएस कार्ड के लिए सीजीएचएस के अंतर्गत चिकित्सा सुविधाओं का लाभ उठाने के लिए आवेदन नहीं करते हैं, जिसके कारण सीजीएचएस के प्रति उनका मासिक सदस्यता अंशदान नहीं काटा जाता है। यह भी देखा गया है कि वे सीजीएचएस कार्ड के लिए तभी आवेदन करते हैं जब स्वयं और परिवार



के आश्रित सदस्यों के लिए उन्हें कोई मेडिकल इमरजेंसी हो। It is observed that the employees posted in BISHQ, New Delhi/Central Laboratory/ GZBO/NOBO/ FRBO/ NITS do not apply for CGHS Cards for availing medical facilities under CGHS, due to which their monthly subscription/ contribution towards CGHS is not deducted. It is also observed that they apply for CGHS card only when a medical emergency is created for self and dependent family members.

4. सीजीएचएस दिशानिर्देशों के अनुसार, सीजीएचएस के अंतर्गत चिकित्सा सुविधाओं का लाभ उठाने के लिए, मासिक सदस्यता अंशदान कर्मचारी के वेतन से निम्नलिखित दरों पर काटा जाता है : As per CGHS guidelines, for availing medical facilities under CGHS, the monthly subscription/contribution is deducted from the employee's salary at the following rates :

<u>Sl. No.</u>	<u>Pay Level in the Matrix</u>	<u>Monthly Contribution</u>
1.	Level- 1 to 5	Rs. 250/-
2.	Level- 6	Rs. 450/-
3.	Level- 7 to 11	Rs. 650/-
4.	Level- 12 & above	Rs. 1000/-

5. इसलिए, बीआईएस-मुख्यालय, नई दिल्ली में तैनात व दिल्ली / एनसीआर में रहने वाले कर्मचारियों को सीजीएचएस के अंतर्गत चिकित्सा सुविधाओं का लाभ उठाने के लिए सीजीएचएस कार्ड के लिए आवेदन करना अनिवार्य है। Therefore, the employees posted in BIS-HQ, New Delhi and residing in Delhi/NCR are **compulsorily required to apply** for CGHS card for availing medical facilities under CGHS.

6. यदि कर्मचारी सीजीएचएस के अंतर्गत आने वाले क्षेत्रों में निवास नहीं कर रहा है, तो वे अपने आवासीय प्रमाण के साथ सीजीएचएस से पुष्टि पत्र स्थापना विभाग / एचआरडी को जानकारी हेतु भेजें। In case, if the employee is not residing in the areas covered under CGHS, the information may also be provided to Estt Deptt/HRD along with their residential proof and confirmation letter from CGHS.

7. इसके अलावा, यदि कोई कर्मचारी अपने पति या पत्नी के कार्यालय से चिकित्सा सुविधाओं का लाभ उठा रहा है, तो इसकी सूचना स्थापना विभाग/मानव संसाधन विकास विभाग को भी भेजें ताकि उनके वेतन से सीजीएचएस अंशदान की कटौती को रोका जा सके। Further, If any employee is availing medical facilities from the office of his/her spouse, the same may also be informed to Estt./HRD Deptt. through their HoD so that the deduction of CGHS contribution from their salary can be stopped.

8. तदनुसार, बीआईएस-मुख्यालय, नई दिल्ली में तैनात व दिल्ली/एनसीआर में रहने वाले कर्मचारियों को **सीजीएचएस के अंतर्गत चिकित्सा सुविधाओं का लाभ उठाने के लिए सीजीएचएस कार्ड के लिए आवेदन करना अनिवार्य है** और तदनुसार सीजीएचएस योगदान उनके वेतन से तब तक काटा जाएगा जब तक कि वे ऊपर पैरा 6 और 7 में उल्लिखित शर्तों को पूरा नहीं

करते हैं। विधिवत भरा हुआ आवेदन पत्र स्थापना विभाग (ए एंड एफ कैडर के लिए) और मानव संसाधन विकास विभाग (वैज्ञानिक संवर्ग के लिए) में जमा करें। ऐसा न करने पर सीजीएचएस चिकित्सा सुविधा के लिए मासिक अंशदान नियमानुसार उनके वेतन से स्वतः ही काट लिया जाएगा। उक्त चिकित्सा सुविधा का लाभ उठाने के लिए सीजीएचएस आवेदन पत्र संलग्न है। Accordingly, the employees posted in BIS-HQ, New Delhi and residing in Delhi/NCR **are compulsorily required to apply for CGHS card for availing medical facilities under CGHS** and accordingly the CGHS contribution will be deducted from their salary unless and until they fulfil the conditions mentioned at para 6 & 7 above. The duly filled in application form shall be submitted in Establishment Department (for A&F cadre) and HRD Deptt. (for scientific cadre) failing which the monthly contribution towards CGHS medical facility shall be deducted from their salary automatically, as per the rules. The CGHS application form is enclosed to avail the said medical facility.

संलग्नक : उपरोक्तानुसार

रविशंकर
[एन. रवि शंकर]
निदेशक [स्थापना]

बीआईएस इंट्रानेट के माध्यम से सभी संबंधितों को सूचना और अनुपालन हेतु परिचालित।
Circulated for information and compliance by all concerned through BIS intranet.

APPLICATION FOR CGHS CARD

Applying for New CGHS Card -in case of new pensioner's Card- CGHS Card No. while in service _____

Applying for New Card to replace existing CGHS Card No. _____

1. Name of the Applicant:

2. Category Departmental Services Pensioners

Others (Pl.Specify)

{Please Tick Departmental if you are posted in the Ministry of Health & Family Welfare/ DGHS / CGHS }
 {Please Tick Services if you belong to any specific organized service }

3.Name of Department / Service

4. Designation Gazetted Non-Gazetted

5. Scale of Pay Present Pay..... -
 Present pay pre-revised Rs.....)

6. Last Pay / Basic Pension (in case of Pensioners):.....

7.OfficialAddress

.....

8.Residential Address:

9. Telephone Number: (O) (R) (M)

10. e-mail ID

11. Date of Superannuation: Date Month Year

12. Are you on Deputation (Central Deputation)

13. If yes, likely completion of Deputation

14. Are your services transferable to other cities:

15. Details of Family
 {* Please see definition of Family before filling up this column}

S.No.	Name of Family member	Relationship to CGHS Card Holder*	Date of Birth# (compulsory)	Blood Group (optional)

16. Are all the persons whose names are given above are dependant upon you and are residing with you?

{Please attach proof of their staying with you , like copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book , etc., }

17. Paste one ID Card size of Photograph of each member of Family (including self) whose names are proposed to be included as part of your family in the space given below.

S.No Name	S.No Name	S.No Name	S.No Name	S.No Name
S.No Name	S.No Name	S.No Name	S.No Name	S.No Name

I Undertake to intimate to CGHS immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.

I Undertake to surrender the CGHS Card(s) on my leaving the Ministry / Office on transfer; retirement; termination; Resignation; or on ceasing to be eligible for CGHS benefits.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

Encl: Proof of Residence/Stay of Dependents
Proof of Age of Son/Disability Certificate
Surrender Certificate of CGHS Card While in Service
Attested copies of PPO & Last Pay Certificate

(Signature of Applicant)

(TO BE FILLED BY THE SPONSORING AUTHORITY)

The information furnished by the applicant has been verified and found to be correct. It is recommend that a CGHS Card be issued to Shri/Smt./Kumari , Designation..... in this Ministry / Department / Organization. Instructions are issued to the concerned Division to start deducting CGHS Subscriptions every month from the salary of the applicant / CGHS Subscriptions are deducted every month from the salary of the applicant. I am authorized sponsoring authority for the issue of CGHS Card and approval of the Competent Authority has been obtained.

No.
Date

(Signature & Name of the Sponsoring Authority)
Designation (stamp) with Telephone No.

Verified- by Authorized Signatory, CGHS (HQ)

Signature with Stamp (For CGHS Pensioners making card first time)

To
Chief Medical Officer i/c, CGHS Dispensary

Instructions

Definition of Family

1. Husband / Wife (First wife only)
2. Dependant Parents / Step Mother (in case of adoption , only adoptive & not real parents)
3. If adoptive father has more than one wife, the first wife only.
4. A female employee has a choice to include either her dependent parents or her dependent parents – in law; option exercise can be changed only once during service.
5. Children including legally adopted children , step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earning or attains the age of 25 years , whichever is earlier.
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier
(iii)	Son Suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit.
(iv)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters.	Irrespective of age limit.
(v)	Dependent Minor brother(s)	Up to the age of becoming a major.

For the purpose of availing CGHS facility for a disabled son above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

"Disability" will be AS DEFINED IN SECTION 2(1) OF THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT ,1995 (NO: 1 OF 1996)" WHICH IS REPRODUCED BELOW:

"DISABILITY" MEANS

- I. BLINDNESS
- II. LOW VISION
- III. LEPROCY CURED
- IV. HEARING IMPAIRMENT
- V. LOCOMOTIVE DISABILITY
- VI. MENTAL RETARDATION
- VII. MENTAL ILLNESS

Dependency:

Members of family (other than spouse) whose income is less than Rs.9000*/+DA- per month are treated as dependents and are normally residing with CGHS beneficiary.

The Following Documents are to be enclosed:

- I. Proof of Residence / Stay of dependents –{ copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book , etc.,}
- II. Proof of age of son –
- III. Attested Copy of Disability certificate issued by Competent Authority(in case of dependent son aged 25 and above)

For Pensioners applying for CGHS card for the First time the following Additional Documents are required:

- IV. Surrender Certificate of CGHS Card while in service
- V. Attested copies of PPO /Last Pay Certificate

Contribution by Pensioners should be made by Bank Draft (Scheduled Banks) payable in Delhi in favour of "Pay & Accounts Officer CGHS , New Delhi".