

भारतीय मानक ब्यूरो

(मानक संसाधन विकास विभाग)

संदर्भ:एचआरडी/सीजीएचएस/10:1/2020

दिनांक: 27.02.2020

मानक प्रचालन प्रक्रिया

सीजीएचएस/सीएसएमए नियमों के अंतर्गत बीआईएस पेंशनरों/फैमिली पेंशनरों को चिकित्सा सुविधाएं प्रदान करने के लिए)

- i) सीजीएचएस के अंतर्गत चिकित्सा सुविधाओं के लिए दिल्ली /एनसीआर के निवासी पेंशनरों को सीजीएचएस कार्ड जारी करना।
- ii) बीआईएस के जो कर्मचारी सेवानिवृत्ति के बाद दिल्ली /एनसीआर में रहेंगे और सीजीएचएस के अंतर्गत चिकित्सा सुविधाएं लेना चाहते हैं वे जिस माह उन्हें सेवानिवृत्त होना है उसके प्रथम सप्ताह में पेंशनरों के सीजीएचएस कार्ड के साथ आवश्यक आवेदन फॉर्म(अनुलग्नक 1 के रूप में संलग्न) सहित सेवानिवृत्ति लाभ का प्रारूप भी निम्नवत जमा होगा-
 - क) समूह क अधिकारी (वैज्ञानिक कैडर) : मानव संसाधन विभाग
 - ख) समूह क अधिकारी (वैज्ञानिक कैडर के अतिरिक्त); स्थापना विभाग और समूह ख, ग और घ कार्मिक

ii) इसके बाद, मामले के अनुसार मानव संसाधन विभाग /स्थापना विभाग संबंधित व्यक्ति की वचनबद्धता के साथ आवेदन फॉर्म को महीने की 20 तारीख तक वित्त विभाग को भेजेगा ताकि सीजीएचएस के वेतन एवं लेखा अधिकारी के पक्ष में अंशदान का चेक और पीपीओ प्रमाण पत्र तैयार हो सके।

iii) वित्त विभाग द्वारा संबंधित व्यक्ति की सेवानिवृत्ति के दिन मामले के अनुसार मानव संसाधन विभाग/स्थापना विभाग को सीजीएचएस अंशदान चेक और पीपीओ प्रमाण पत्र उपलब्ध कराया जाएगा।

iv) मानव संसाधन विभाग अगले महीने के तीन कार्य दिवसों के भीतर अपेक्षित आवेदन पत्र, सीजीएचएस अंशदान चेक, और पीपीओ प्रमाण पत्र सीजीएचएस निदेशालय आर.के पुरम में भेजने की व्यवस्था करेगा।

v) मानव संसाधन विभाग / स्थापना विभाग कर्मचारी की सेवानिवृत्ति से 10 कार्य दिवसों के भीतर सी जी एच एस निदेशालय से जारी सीजीएचएस इंडेक्स कार्ड (पत्र) प्राप्त करेगा और इसे संबंधित पेंशनर को तत्काल जारी करेगा।

vi) इसके बाद कुछ समय में सीजीएचएस निदेशालय सीजीएचएस प्लास्टिक कार्ड को सीधे संबंधित वैलनेस सेंटर में भेजता है और सीजीएचएस वैलनेस सेंटर से पेंशनर को स्वयं वह कार्ड प्राप्त करना होगा।

vii) पेंशनर का सीजीएचएस कार्ड एक साल की वैधता के लिए जारी किया जाता है। तथापि संबंधित पेंशनर को वैधता अवधि की समाप्ति से 1 महीने पहले कार्ड के नवीकरण के लिए वित्त विभाग को आवेदन करना होता है।

नोट: दिल्ली /एनसीआर में रहने वाले फैमिली पेंशनरों के लिए भी सीजीएचएस कार्ड जारी करने के लिए ऊपर दी गई प्रक्रिया का पालन किया जाएगा।

ii) सीएसएमए नियमों के अंतर्गत चिकित्सा सुविधाओं के लिए दिल्ली/एनसीआर से बाहर रहने वाले बीआईएस पेंशनरों/परिवार पेंशनरों को पहचान प्रमाणपत्र जारी करना।

क) पेंशनर

i) बीआईएस के ऐसे कर्मचारी, जो सेवानिवृत्ति के पश्चात् दिल्ली/एनसीआर से बाहर रहेंगे, वे सीएसएमए नियमों के अंतर्गत चिकित्सा सुविधाओं के हकदार हैं। इसलिए वे जिस माह सेवानिवृत्त हो रहे हैं उसके प्रथम सप्ताह में पहचान प्रमाणपत्र जारी करने के लिए अपेक्षित आवेदन पत्र (अनुलग्नक ख में संलग्न) निम्नवत को प्रस्तुत करें:

क) क्षेत्रीय उपमहानिदेशक : मानव संसाधन विभाग

ख) क्षेत्रीय कार्यालयों (शाखा कार्यालय के प्रमुखों के अतिरिक्त) के समूह क अधिकारी और शाखा कार्यालयों के प्रमुख : संबंधित क्षेत्रीय उपमहानिदेशक

ग) क्षेत्रीय कार्यालयों (शाखा कार्यालय के प्रमुखों के अतिरिक्त) के समूह क अधिकारी और समूह ख, ग और घ कर्मचारी : संबंधित शाखा कार्यालय का प्रमुख

ii) परिपत्र सं. स्था.1/29:2/1/2015 के दिनांक 17 दिसंबर 2015 के (अनुलग्नक ग में संलग्न) पैरा 3(iii) में यथा निर्धारित प्राधिकारी द्वारा सेवानिवृत्ति के पांच दिनों के भीतर पेंशनरों को अनुबंध-घ में संलग्न नमूने के अनुसार पहचान प्रमाण पत्र जारी किया जाएगा।

ख) परिवार पेंशनर

i) सेवानिवृत्ति के पश्चात् दिल्ली/एनसीआर से बाहर रहने वाले बीआईएस के परिवार पेंशनर सीएसएमए नियम के तहत चिकित्सा सुविधाओं के लिए हकदार होंगे। इसलिए पहचान प्रमाणपत्र जारी करने के लिए वे संबंधित शाखा कार्यालय के उपमहानिदेशक/प्रमुख को अपेक्षित आवेदन पत्र (अनुलग्न ड. में संलग्न) निम्नवत को प्रस्तुत करें:

क) क्षेत्रीय कार्यालय के अधिकार क्षेत्र के अंतर्गत आने वाले पेंशनर के परिवार : संबंधित क्षेत्रीय उपमहानिदेशक

ख) शाखा कार्यालय के अधिकार क्षेत्र में आने वाले पेंशनर के परिवार : संबंधित शाखा कार्यालय प्रमुख

ii) परिपत्र सं. स्था.1/29:2/1/2015 के दिनांक 17 दिसंबर 2015 के (अनुलग्नक ग में संलग्न) पैरा 3(iii) में यथा निर्धारित प्राधिकारी द्वारा संबंधित क्षेत्रीय कार्यालय/शाखा कार्यालय के सभी परिवार पेंशनरों को आवेदन पत्र प्राप्त होने के बाद पांच कार्य दिवसों के भीतर अनुलग्नक-च में संलग्न नमूने के अनुसार पहचान प्रमाण पत्र किया जाएगा।

नोट : एचआरडी विभाग; स्थापना विभाग; वित्त विभाग; लेखा विभाग; क्षे.का/ शा.का, संबंधित सेवानिवृत्त होने वाले कर्मचारी / पेंशनर / परिवार पेंशनर का ऊपर दिए गए मानक परिचालन प्रक्रिया का सख्ती से पालन करना अपेक्षित है।

यह सक्षम प्राधिकारी के अनुमोदन से जारी किया गया है।

(दीपक कुमार अग्रवाल)

प्रमुख (एचआरडी)

BUREAU OF INDIAN STANDARDS
(HUMAN RESOURCES DEVELOPMENT DEPARTMENT)

Reference: HRD/CGHS/10:1/2020

Dated: 27.02.2020

STANDARD OPERATING PROCEDURE
(FOR PROVIDING MEDICAL FACILITIES TO BIS PENSIONERS/FAMILY PENSIONERS
UNDER CGHS / CSMA RULES

- I) **ISSUE OF CGHS CARD TO BIS PENSIONERS RESIDING IN DELHI / NCR, FOR MEDICAL FACILITIES UNDER CGHS**
- i) The BIS employees who will be residing in Delhi / NCR after retirement and intend to avail medical facilities under CGHS, are required to submit the requisite Application Form (*enclosed as Annexure-A*) for Pensioners' CGHS Card alongwith the Proforma for Retirement Benefits during 1st week of the month of retirement, as under:
- a) Group A Officers (Scientific Cadre) : HRD Deptt.
b) Group A Officers (other than Scientific Cadre); and }
Group B, C & D employees } : Establishment Deptt.
- ii) Thereafter, the HRD Department / Establishment Department, as the case may be, shall forward the Application Form alongwith the Undertaking of the concerned employee(s), to the Finance Department by 20th of the month for preparing the CGHS contribution cheque(s) favoring the Pay & Accounts Officer, CGHS and the PPO Certificate;
- iii) The Finance department shall provide the CGHS contribution cheque(s) and the PPO Certificate to the HRD Department / Establishment Department, as the case may be, on the day of the retirement of the concerned employee(s);
- vi) The HRD Department / Establishment Department shall arrange to submit the letter alongwith requisite Application Form (s), the CGHS contribution cheque(s) and PPO at CGHS Directorate, R.K. Puram within the first 3 working days of the subsequent month;
- vii) The HRD Department / Establishment Department shall get the CGHS Index Card (paper) issued from CGHS Directorate preferably within ten working days after retirement of an employee and issue the same to the concerned pensioner immediately.
- viii) The CGHS Directorate sends the CGHS Card (plastic) directly to the concerned Wellness Centre in due course and the pensioner himself will have to collect the same from the concerned Wellness Centre;
- ix) The pensioners' CGHS Card shall be issued with validity of one year. Therefore, the concerned pensioner will have to apply to Finance Department for renewal of the card one month prior to the expiry of the validity period.

Note: The above-given procedure shall be followed also for issue of CGHS Cards in respect of family pensioners' residing in Delhi/NCR.

Contd...p-2

II) **ISSUE OF IDENTITY CERTIFICATE TO BIS PENSIONERS / FAMILY PENSIONERS RESIDING OUTSIDE DELHI / NCR, FOR MEDICAL FACILITIES UNDER CSMA RULES**

A) **PENSIONERS:**

i) The BIS employees, who will be residing outside Delhi / NCR after retirement, are entitled to the medical facilities under CSMA Rules. Therefore, they are required to submit the requisite Application Form (*enclosed as Annexure-B*) for issue of **Identity Certificate**, during 1st week of the month of retirement, as under:

- a) DDGRs : HRD Deptt.
- b) Group A Officers of ROs (other than DDGRs) and Heads of the BOs : DDGR concerned
- c) Group A Officers of BOs (other than Heads of BOs) and Group B, C & D employees } Head of the BO
} concerned

ii) The authorities, as prescribed in the para 3 (iii) of Circular No. Estt. I/29:2/1/2015 dated 17 December 2015 (*enclosed as Annexure-C*) shall issue the Identity Certificate to the pensioners as per the specimen enclosed as Annexure-D, within five working days after retirement.

B) **FAMILY PENSIONERS:**

i) The BIS family pensioners, residing outside Delhi / NCR, are also entitled to the medical facilities under CSMA Rules. Therefore, they are required to submit the requisite Application Form (*enclosed as Annexure-E*) to the DDG concerned / Head of BO concerned for issue of **Identity Certificate**, as under:

- a) Family pensioners residing within the area under jurisdiction of the Regional Office : DDGR concerned
- b) Family pensioners residing within the area under jurisdiction of the Branch Office : Head of the BO concerned

ii) The authorities, as prescribed in the para 3 (iii) of Circular No. Estt. I/29:2/1/2015 dated 17 December 2015 (*enclosed as Annexure-C*) shall issue the Identity Certificate to the all the family pensioners of the concerned RO/BO as per the specimen enclosed as Annexure-F, within five working days after receipt of the Application Form.

NOTE: The above given Standard Operating Procedure is required to be followed strictly by HRD Deptt; Establishment Deptt; Finance Deptt;. Accounts Deptt.; ROs/BOs, concerned retiring employees / pensioners / family pensioners.

This is issued with the approval of the Competent Authority.


(Deepak Kumar Aggarwal)
Head, HRD

Circulated through BIS Intranet/BIS website for information and compliance of all the concerned.

BUREAU OF INDIAN STANDARDS
Establishment Department

Our Ref: Estt-III/Gen: 47

12 December 2014

OFFICE MEMORANDUM

Subject: Extension of CGHS Facilities to BIS Pensioners/Family Pensioners covered under CGHS in Delhi & NCR.


Consequent upon the approval of Department of Consumer Affair and Ministry of Health and Family welfare, Government of India, the Competent Authority is pleased to extend Central Government Health Scheme [CGHS] facilities to BIS Pensioners/Family Pensioners residing in Delhi/NCR subject to the following terms and conditions:

- (i) Obtaining CGHS pensioners card shall be compulsory for all BIS Pensioners/Family Pensioners who are residing in Delhi/NCR area. They will not be entitled for medical benefits under CS (MA) Rules-1944 after 31st of March 2015.
- (ii) CGHS facilities shall be provided to BIS pensioners/family pensioners of Delhi/NCR areas on cost-to-cost basis and they will be entitled to OPD facilities and medicines from CGHS Wellness Centres in Delhi/NCR only for which the annual service charges shall be paid by BIS to CGHS.
- (iii) The medical expenses for IPD/Hospitalization Treatment/Investigations of the BIS pensioner beneficiaries shall be borne by the Bureau as per CGHS approved rates and guidelines.
- (iv) He/She can opt out of this scheme and avail the medical facilities provided by the employer of his/her spouse or wards after submission of one declaration to Establishment Deptt./HRD.
- (v) The rate of contributions by the pensioners/family pensioners will be with reference to the grade pay that he/she was drawing in the post held by him/her at the time of his/her retirement/death and as per the rate determined by Department of Health & Family Welfare from time to time. The present rate of contributions applicable to the pensioners/family pensioners are as under:

Grade Pay	Rate of Monthly Contribution
Upto Rs 1650/-	Rs50/-
Rs 1800,1900,2000,2400 & 2800/-	Rs125/-
Rs4200/-	Rs225/-
Rs4600,4800,5400,6600/-	Rs325/-
Rs7600/- and above	Rs500/-

- (vi) One year advance contribution for the financial year 2015-16 as per the above table will be deducted in lump sum from the pension of the pensioner/family pensioner. Further the monthly individual contributions towards availing CGHS facilities for the financial year 2016-17 will be deducted from the monthly pension of the concerned pensioner/ family pensioner.

Therefore, all BIS pensioners residing in Delhi/NCR area are hereby advised to apply for Pensioners CGHS Card immediately along with an undertaking for deduction of one year advance subscription and contribution from their monthly pension. Application form and declaration is enclosed, application form can be filled online on CGHS website and a print out has to be submitted along with a declaration form to Establishment/HRD, these forms can also be obtained from Establishment/Human Resource Department (5th floor Manakalaya). Duly-filled in application form shall be submitted in Establishment/Human Resource Department on all working days. Further clarifications & instructions regarding processing of application may be obtained from Establishment/HRD on all working days.


[N. Ravi Shankar]
Director [Establishment]

Circulated for information and compliance by all concerned through BIS Intranet.

The Director
Establishment/HRD
Manak Bhavan,
9 Bahadur Shah Zafar Marg,
NEW DELHI - 110 002

**SUB: Advance Subscription & Monthly Contribution towards CGHS facilities
for Pensioners/Family Pensioners**

This is with reference to Establishment Department Memo No Estt-III/Gen:47
dated 12-12-14.

I hereby agree to all the terms & conditions of above memorandum and authorise
the finance Deptt. at BIS HQ to deduct the advance contribution at the applicable
rates for the financial year towards CGHS
contribution in lumpsum from my pension. Further, I also authorise to deduct
monthly CGHS contribution at applicable rates from my pension towards advance
annual contribution for the next financial year and onwards, till the same is
revoked or on account of death of the pensioner/family pensioner.

Date: _____

(Signature of Pensioner)

Place: _____

Name: _____

PPO No: _____

Address: _____

Mob No: _____

CGHS Card No while in service : -----

APPLICATION FOR CGHS CARD for PENSIONERS OF CENTRAL GOVERNMENT

1. Name of the Applicant:

2. Category Pensioners Others (Pl.Specify)

3. Name of Department / Service from where retired

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

5. Residential Address:.....
.....

6. Telephone Number: (R) (M)

7. e-mail ID

8. Date of Superannuation: --/ --/ -- --
Date Month Year

9. Details of Family

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

S.No.	Name of Family member	Name in Hindi	Relation ship to CGHS Card Holder* Self	Date of Birth# (Compulsory)	Blood Group (optional)

{# Please attach Proof of age of Persons mentioned above}

10. Are all the persons whose names are given above are dependant upon you and are residing with you? Yes / No

{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., }

11. 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

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 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

DD bearing No.....dateddrawn on BankBranch
/ Postal Order No. for Rs.....

Signature of Applicant.

To
 The Additional Director, CGHS(HQ), 9, Bikaner House Hutments, Shahjahan Road, New Delhi.

(to be filled by CGHS)

Verified – by Authorized Signatory, CGHS(HQ) valid upto...../...../..... / for Rest of Life

CGHS Dispensary Allotted

Entitlement : **General Ward / Semi-Private Ward / Private Ward**

Signature

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)	Unmarried 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)	Upto the age of becoming a major.

For the purpose of availing CGHS facility for a disabled sons above 25 years , please attach a copy of n 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:

- "(1) "DISABILITY" MEANS
- (I) BLINDNESS
 - (II) LOW VISION
 - (III) LEPROCY CURED
 - (IV) HEARING IMPAIRMENT
 - (V) LOCOMOTOTR DISABILITY
 - (VI) MENTAL RETARDATION
 - (VII) MENTAL ILLNESS "
 - (VIII)

Dependency:

Members of family (other than spouse) whose income is less than Rs.3500/ +DA- per month are treated as dependents and are normally residing with CGHS beneficiary.

The Following Documents are to be enclosed by pensioners applying for issue of new pensioners CGHS Card.

- (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".

The DDG (R) / HOD

Date:

Subject: **Request for issue of Identity Certificate for availing medical facilities under CSMA Rules**

Sir,

I will be retiring on superannuation / voluntarily from BIS service on
(date).

2. Since, I will be residing outside Delhi/NCR after retirement where CGHS facilities are not available to BIS employees / pensioners / family pensioners, I will be entitled to avail medical facilities under CSMA Rules, as per BIS Regulations.

3. Therefore, I request you to kindly issue me an Identity Certificate so as to enable me to avail medical facilities under CSMA Rules and claim the reimbursement of expenditure incurred on availing medical facilities. My service details and details of my dependent family members, required for issue of the Identity Certificate, are given below:

I - SERVICE DETAILS (retiring employee)			
Name of post held at the time retirement			
Level of last pay drawn in the Pay Matrix		Level -	
Basic Pay drawn at the time retirement		Rs.	
Residential address after retirement			
II - DETAILS OF RETIRING EMPLOYEE AND DEPENDENT FAMILY MEMBERS			
Sl. No.	Name	Date of birth	Relationship with the pensioner
1.			Self
2.			
3.			
4.			
5.			

4. Two stamp size colored photographs in respect of myself and each of the dependent family members, are enclosed.

5. I hereby undertake that each of the family member(s), indicated above is fully dependent upon me. They have no income from any source.

Encl: photographs (as above)

(signature of the employee)
Name of the employee:.....
Employee No.

Our Reference: Estt. I/29:2/1/2015
Subject : **Issue of Certificate for availing medical facilities under CSMA Rules**

Dated: 17 December 2015

CIRCULAR

BIS employees, who are not residing in the CGHS covered area, are entitled for medical facilities under CSMA Rules.

2. Such employees are issued following Certificate(s) to avail medical facilities under CSMA Rules, after confirming that their residence is not covered under CGHS:

- i) For availing medical facility from Narinder Mohan Hospital in respect of employees residing in and around Ghaziabad; and
- ii) For availing medical facilities under CSMA Rules in Delhi/NCR, other than (i) above and also to the employees posted at various ROs/BOs/Labs/Sub-BOs.

3. In this connection, it has been decided that:

i) Such certificates shall be issued to all the employees who are not residing under CGHS covered area i.e. whether residing in Delhi/NCR or the employees posted in various ROs/BOs/Labs/Sub-BOs;

ii) Henceforth, the certificate(s) shall be issued by affixing of **stamp-size photograph(s)** of the each dependent family member(s), as defined in Annexure-I, for proper identification; and

iii) The Certificate(s) shall be issued by the following authorities:

a) **Establishment Department:** In respect of the officers (other than scientific cadre) & employees posted in BIS offices located in Delhi/NCR;

b) **HRD Department** - Scientific Officers posted in Delhi/NCR and DDGRs;

c) **DD (A&F) or AD (A&F)** posted in DDG (R)'s Sectt. – In respect of the officers & staff posted in that regional office and in respect of Heads of BOs & Heads of Labs, under that region; and

d) **Heads of BOs/Labs/Sub-BOs** – In respect of the officers & staff posted in the concerned BO/Lab/Sub-BO.

iv) The certificate(s) shall be issued in the following format(s):

a) **Format –I:** For availing medical facility from Narinder Mohan Hospital in r/o employees residing in and around Ghaziabad (Annexure-II); and

b) **Format – II:** For availing medical facility under CSMA Rules by employees of Delhi/NCR, other than (i) above and also the employees posted at various ROs/BOs/Labs/Sub-BOs (Annexure-III).

Re-imburement of the expenditure incurred on treatment shall not be made w.e.f. 1 April 2016 without such certificate(s) or the certificates without photograph(s) of the dependent beneficiaries.

4. Therefore, all the concerned employees, who are not residing in CGHS covered area i.e. whether posted at Delhi/NCR or ROs/BOs/Labs/Sub-BOs are required to apply on or before 31 Dec. 2015, to the concerned authorities given in para 3 (iii) above, for issue of certificate as under:

i) **For issue of Certificate first time:** The employee shall submit his application with **two stamp size** photographs of each family member alongwith the details of family members (name, date of birth & relationship with the employee), dependency certificate; and

ii) **For issue of Certificate in revised format to the employees who have already been issued Certificate:** Such employees shall submit **only their application alongwith two stamp size** photographs of each family member for issue of the certificate in the revised format.

5. All the concerned certificate issuing authorities are requested to bring the contents of this circular to all the concerned employees for compliance. The authorities are also requested:

i) To ensure that the certificate(s) are issued properly under their seal & signature, after satisfying the dependency of the beneficiaries;

ii) A round BIS seal is applied on the photograph of each beneficiary. The specimen of the round seal is given below;



← Dia : One inch

iii) No medical re-imburement is made to such employee w.e.f. 1.4.2016 who has not got issued the prescribed certificate.

संलग्न : उपरोक्त

द्वारा

परिचालित: सभी संबन्धित अधिकारियों एवं कर्मचारियों के सूचनार्थ बीआईएस इन्टरनेट

sd/-

(एन रवि शंकर)

निदेशक (स्थापना)

ANNEXURE – I

Definition of members of family (as defined in Section 4 of CSMA Rules, 1944):

- a) Employee's husband or wife, as the case may be;
- b) Dependent parents;
- c) Adoptive parents; who are wholly/mainly dependent on the Govt. servant. In the case of adoptive parents, if the adoptive father has more than one wife living, and the adoption has been made with the consent of more than one wife, only the senior-most among them in marriage will be deemed to be the adoptive mother for eligibility to medical facility under CSMA Rules;
- d) A female employee has a choice to include either her dependent parents or her dependent parents-in-law, subject to conditions of dependency. Option exercise can be changed only once during entire period of her service; and
- e) Children including legally adopted children, step children and children taken as wards subject to the following conditions:

i)	Unmarried son	Till he starts earning or attains the age of 25 years or gets married, 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 i.e. Blindness; Low vision; Leprosy-cured; hearing impairment; locomotor disability; mental retardation; and mental illness)	Irrespective of age limit, subject to attaching the certificate of disability issued by the competent authority.
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)	Upto the age of becoming a major

Dependency: Members of family (other than spouse) whose income is less than Rs. 3500/- + DA per month are treated as dependents.

ANNEXURE - II

Cur Ref:.....

Dated:

TO WHOMSOEVER IT MAY CONCERN

It is certified that Shri/ Smt. Employee No. is working in this Bureau in the post of His / her service and family details are given below:

I - SERVICE DETAILS			
1.	Details of pay drawn & Ward Entitlement (whether General/ Semi Pvt. / Private)	Pay in Pay Band : PB- / Rs.	
		Grade Pay : Rs.	
		Total basic pay : Rs.	
		Ward Entitlement :	
2.	Present residential address (Non-CGHS)		
II - FAMILY DETAILS			
Sl. No.	Name	Date of birth	Relationship with the employee
1.			
2.			
3.			
4.			
5.			

AFFIX STAMP-SIZE PHOTOGRAPH OF FAMILY MEMBERS IN THE GIVEN BOXES AS PER SL. NO. OF THEIR NAME(S) IN THE FAMILY DETAILS

PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH
------------	------------	------------	------------	------------	------------

2. This certificate is being issued on his/her request dated, to avail medical facilities from Narinder Mohan Hospital, Mohan Nagar, under CSMA Rules.

3. Re-imbusement of the expenditure incurred on the treatment/test(s) will be made to him/her as per the CGHS package rates / rates approved under CSMA Rules, by Government from time to time.

Signature
(Name & Designation with seal of issuing officer)

Shri/Smt.

(Through HOD concerned)

Employee No.

(..... Designation):

BIS Directorate General/CL/NITS/GZBO

New Delhi/Sahibabad/Noida/Ghaziabad

Copy to: i) Narinder Mohan Hospital, } For information. It is requested to
Mohan Nagar, Ghaziabad } ensure that identity of the patient is
} verified before treatment.

ii) DAC – for information & records.

Signature
(Name & Designation with seal of issuing officer)

ANNEXURE III

ur Ref.:

Dated:

TO WHOMSOEVER IT MAY CONCERN

It is certified that Shri/ Smt. Employee No. is working in this Bureau in the post of His / her service and family details are given below:

I - SERVICE DETAILS			
1.	Details of pay drawn & Ward Entitlement (whether General/ Semi Pvt. / Private):	Pay in Pay Band : PB-2/ Rs.	
		Grade Pay : Rs.	
		Total basic pay : Rs.	
		Ward Entitlement :	
2.	Present residential address (Non-CGHS)		
II - FAMILY DETAILS			
Sl. No.	Name	Date of birth	Relationship with the employee
1.			
2.			
3.			
4.			
5.			

AFFIX STAMP-SIZE PHOTOGRAPH OF FAMILY MEMBERS IN THE GIVEN BOXES AS PER SL. NO. OF THEIR NAME(S) IN THE FAMILY DETAILS

PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH	PHOTOGRAPH
------------	------------	------------	------------	------------	------------

2. This certificate is being issued on his/her request dated, to avail medical facilities under CSMA Rules.

3. Re-imbusement of the expenditure incurred on the treatment/test(s) will be made to him/her as per the CGHS package rates / rates approved under CSMA Rules, by Government from time to time.

Signature
(Name & Designation with seal of issuing officer)

Shri/Smt. (Through HOD concerned)

Employee No.

(..... Designation):

BIS Directorate General/CL/NITS/GZBO/ROs/BOs/Labs/Sub/BOs (as the case may be)

New Delhi/Sahibabad/Noida/Ghaziabad/concerned city (as the case may be)

Copy to: (i) Hospital/AMA : For information. They are requested to ensure that identity of the patient is verified before treatment.

(ii) DAC – for information & records.

Signature
(Name & Designation with seal of issuing officer)

(To be issued on the letter head of BIS pensioners residing outside Delhi/NCR)

Our Ref.:

Dated:

TO WHOMSOEVER IT MAY CONCERN

It is certified that Shri/ Smt. PPO No. retired from the services of this Bureau from the post of The details of his / her service and dependent family members are given below:

I - SERVICE DETAILS			
Details of last pay drawn & Ward Entitlement of the ex-employee / ex-pensioner (whether General/ Semi Pvt. / Private)	Basic Pay	Rs.	
	Level of last pay drawn in the Pay Matrix	Level -	
	Ward Entitlement		
II - DETAILS OF PENSIONER AND DEPENDENT FAMILY MEMBERS			
Sl. No.	Name	Date of birth	Relationship with the pensioner
1.			Self
2.			
3.			
4.			
5.			

AFFIX STAMP-SIZE PHOTOGRAPH OF ALL THE MEMBERS IN THE GIVEN BOXES AS PER SL. NO. OF THEIR NAME(S) IN THE FAMILY DETAILS

PHOTOG RAPH	PHOTOG RAPH	PHOTOG RAPH	PHOTOG RAPH	PHOTOG RAPH	PHOTOG RAPH
----------------	----------------	----------------	----------------	----------------	----------------

2. This certificate is being issued on his/her request dated, to avail medical facilities under CSMA Rules. *The certificate shall remain valid for a period of five years from the date of issue.*

3. Re-imburement of the expenditure incurred on the treatment/test(s) will be made to him/her as per the CGHS package rates / rates approved under CSMA Rules, by Government from time to time.

Signature
(Name & Designation with seal of issuing officer)

Shri/Smt.
PPO No.
(Ex-..... Designation):
Residential address:.....
.....
.....

NOTE: The concerned hospital / medical authority is requested to verify and ensure the identity of the beneficiary(ies) before providing medical facilities.

The DDG (R) / HOD

Date:

Subject: **Request for issue of Identity Certificate for availing medical facilities under CSMA Rules**

Sir,

I, Shri/ Smt. PPO No. am a family pensioner of Shri/ Smt. Employee No. / PPO No. , Ex-..... of this Bureau. The service details of the ex-employee /ex-pensioner and the details of the family pensioner alongwith his / her dependent family members are given below:

2. Since, I am residing outside Delhi/NCR, where CGHS facilities are not available to BIS family pensioners, therefore, I will be entitled to avail medical facilities under CSMA Rules, as per BIS Regulations.

3. Therefore, I request you to kindly issue me an Identity Certificate so as to enable me to avail medical facilities under CSMA Rules and claim the reimbursement of expenditure incurred on availing medical facilities. My service details of the deceased employee / pensioner and details of my dependent family members, required for issue of the Identity Certificate, are given below:

I - SERVICE DETAILS (deceased employee/pensioner)			
Name of post held at the time retirement			
Level of last pay drawn in the Pay Matrix		Level -	
Basic Pay drawn at the time retirement		Rs.	
Residential address after retirement			
II - DETAILS OF RETIRING EMPLOYEE AND DEPENDENT FAMILY MEMBERS			
Sl. No.	Name	Date of birth	Relationship with the pensioner
1.			Self
2.			
3.			
4.			
5.			

4. Two stamp size colored photographs in respect of myself and each of the dependent family members, are enclosed.

5. I hereby undertake that each of the family member(s), indicated above is fully dependent upon me. They have no income from any source.

Encl: photographs (as above)

(signature of the family pensioner)
Name of the family pensioner:.....
PPO No.

(To be issued on the letter head of BIS in r/o family pensioners residing outside Delhi/NCR)

Our Ref.:

Dated:

TO WHOMSOEVER IT MAY CONCERN

It is certified that Shri/ Smt. PPO No. is a family pensioner of Shri/ Smt. Employee No. / PPO No., Ex-..... of this Bureau. The service details of the ex-employee /ex-pensioner and the details of the family pensioner alongwith his / her dependent family members are given below:

I - SERVICE DETAILS OF THE EX-EMPLOYEE / EX-PENSIONER			
Details of last pay drawn & Ward Entitlement (whether General/ Semi Pvt. / Private)		Basic Pay: Rs.	
		Level of last pay drawn in the Pay Matrix :	
		Ward Entitlement :	
II - DETAILS OF FAMILY PENSIONER AND DEPENDENT FAMILY MEMBERS			
Sl. No.	Name	Date of birth	Relationship with the family pensioner
1.			Self
2.			
3.			
4.			
5.			

AFFIX STAMP-SIZE PHOTOGRAPH OF ALL THE MEMBERS IN THE GIVEN BOXES AS PER SL. NO. OF THEIR NAME(S) IN THE FAMILY DETAILS

PHOTOG RAPH	PHOTOG RAPH	PHOTOG RAPH	PHOTOG RAPH	PHOTOG RAPH	PHOTOG RAPH
----------------	----------------	----------------	----------------	----------------	----------------

2. This certificate is being issued on his/her request dated, to avail medical facilities under CSMA Rules. *The certificate shall remain valid for a period of five years from the date of issue.*

3. Re-imbursement of the expenditure incurred on the treatment/test(s) will be made to him/her as per the CGHS package rates / rates approved under CSMA Rules, by Government from time to time.

Signature
(Name & Designation with seal of issuing officer)

Shri/Smt.
PPO No.
Residential address:
.....
.....

NOTE: The concerned hospital / medical authority is requested to verify and ensure the identity of the beneficiary before providing medical facilities.