

From:

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Date: November 2009

To,

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Revised PPO

Sir,

Reference: G of I Order No. 38/37/08 P&PW (A) dated 01 September 2008

I retired from Central Government Service from department on My last posting had been in the office of My original PPO was issued by your office under letter No. dated Revised PPO was issued by your office under letter No. dated Photocopy of the PPO(s) is/are enclosed for ready reference. On account of revision in pension and / or modification in CGHS facilities a revision in PPO has become inescapable.

Necessary certificate as required vide Government Letter No.38/99/99-P&PW(C) Dated the 17th April, 2000 is given under is for your consideration and needful action. I am also enclosing letter from CGHS authorities that my card is not valid for OPD facilities offered by CGHS dispensary with effect from date of issue of the certificate.

Undertaking for Medical Allowance

As per Letter No.38/99/99-P&PW(C) Dated the 17th April, 2000 from Government of India, Ministry of Personnel, Public Grievances & Pensions (Department of Pension & Pensioners' Welfare) sent To All Ministries/Departments of Government of India.

I _____, a retired employee of _____ (Office Address) _____ declare that I am residing at _____ (Residential Address indicated in PPO) _____, which area is not covered under CGHS or any corresponding Health Scheme administered by the Ministry/Department of _____, (as the case may be). I have (also not) obtained CGHS card (bearing No. _____). However, I do not wish to avail OPD facilities from CGHS) and do not wish to obtain a CGHS Card and avail out-door facilities under CGHS/Corresponding Health Scheme of other Ministries/Departments from any dispensary situated in an adjoining area.

Signature and Name of Pensioner/Family Pensioner

(Continued on page 2)

I further request you to specifically mention following information in the PPO.

1. Name in full:
2. Nationality: Indian
3. Address in full:
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Telephone No. with STD Code:
4. Post Last Held:
5. Date of Birth:
6. Date of retirement:
7. Date of Commencement of Pension:
8. Qualifying Service:
9. Revised Pay Scale:
10. Grade Pay: Rs.
11. Revised Pension fixed: Rs. per month
12. Commutation per month: Rs.
13. Date commutation deduction stops:
14. Name of First Family Pensioner:
15. Date of Birth of Second Family Pensioner:
16. Name of First Second Family Pensioner:
17. Date of Birth of First Family Pensioner:
18. Enhanced Family Pension: Rs. per month
19. Normal Family Pension: Rs. per month
20. Date up to enhanced family Pension applicable:
21. Pension Disbursing Authority:
22. Medical Allowance Payable per Month Rs.
23. Any other information as found fit by you

I am enclosing proof for birth date of the family pensioner(s). As per above referred government order revised PPO was to be issued within 2 months of issue of orders i. e. before 31 Oct 2008. The matter has already been delayed. Therefore, I wish to request you to kindly issue revised PPO and send it to my PDA with copy to me at the earliest.

Enclosures:

1. Photocopy of Government Letter No.38/99/99-P&PW(C) Dated 17th April, 2000
2. Photocopy of the certificate from Director CGHS,
3. Photocopy(ies) of the Birth Certificate(s) for Family Pensioner(s).

Yours Faithfully,

Name and signature of pensioner

From:

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Date: November 2009

To,

Bank/ Post Office

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Medical Allowance

Sir,

Reference: Letter No. No.38/99/99-P&PW(C) , **Government of India**, Ministry of Personnel, Public Grievances & Pensions, (Department of Pension & Pensioners' Welfare), 3rd Floor, Lok Nayak Bhavan, Khan Market, New Delhi-110003, Dated the 17th April, 2000 (copy enclosed)

I have opted for not availing facilities of OPD treatment from CGHS Dispensary. Confirmation to this effect has been given by the Director CGHS, vide letter No. dated (copy enclosed for ready reference). I view of the provisions in the letter under reference I am authorised for medical allowance per month. Present value of medical Allowance is Rs. 100.00 per month.

Kindly pay me the said allowance with effect from date of letter issued by Director CGHS i. e. with effect from

Thanking you in anticipation.

Yours Faithfully,

Enlosures:

1. Photocopy of the Government letter referred above.
2. Photocopy of the certificate from Director CGHS,

Signature and Name of Pensioner.

From:

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Date: .. November 2009

To,

Director, CGHS

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Certificate

Sir,

I possess/wish to obtain CGHS Card for indoor treatment only. Please modify my card accordingly and return my existing card/ issue new card accordingly. I also request you to issue me certificate that the card is valid only for indoor treatment and shall not be used for OPD treatment. Necessary certificate as required from me, vide Letter No.38/99/99-P&PW(C) Dated the 17th April, 2000 from Government of India, Ministry of Personnel, Public Grievances & Pensions (Department of Pension & Pensioners' Welfare) is given below.

My residential address is as given above. I have revised/ not revised my residential address. Nearest CGHS dispensary is/ is not within 8 km distance i. e. my residence is / is not within the radius of 8 km of nearest CGSH dispensary.

Kindly revise my card / issue me card and the certificate that the card is only valid for indoor treatment and not valid for OPD treatment. Certificate is necessary for endorsement on my PPO from appropriate authority.

Thanking you in anticipation.

Yours Faithfully,

Enclosures: Photocopy of PPO
Existing CGHS Card

(Name and signature)

Undertaking for Medical Allowance

As per Letter No.38/99/99-P&PW(C) Dated the 17th April, 2000 from Government of India, Ministry of Personnel, Public Grievances & Pensions (Department of Pension & Pensioners' Welfare) sent To All Ministries/Departments of Government of India.

I _____, a retired employee of _____ (Office Address) _____ declare that I am residing at _____ (Residential Address indicated in PPO) _____, which area is not covered under CGHS or any corresponding Health Scheme administered by the Ministry/Department of _____, (as the case may be). I have (also not) obtained CGHS card (bearing No. _____ However, I do not wish to avail OPD facilities from CGHS) and do not wish to obtain a CGHS Card and avail out-door facilities under CGHS/Corresponding Health Scheme of other Ministries/Departments from any dispensary situated in an adjoining area.

Signature and Name of Pensioner/Family Pensioner

Letter No. No.38/99/99-P&PW(C) , **Government of India**, Ministry of Personnel, Public Grievances & Pensions, (Department of Pension & Pensioners' Welfare), 3rd Floor, Lok Nayak Bhavan, Khan Market, New Delhi-110003.

Dated the 17th April, 2000

OFFICE MEMORANDUM

Subject: Implementation of Government's decision on the recommendations of 5th Central Pay Commission – Grant of fixed medical allowance @ Rs.100/- p.m. to Central Government pensioners residing in areas not covered under CGHS.

The undersigned is directed to refer to this Department's O.M.No.45/57/97-P&PW© dated 19.12.1997, 24.08.1998 and 30.12.1998 on the subject noted above and to say that pensioners, who are living in CGHS covered cities, but whose places of residence are not served by any CGHS dispensary, have been representing for grant of medical allowance of Rs.100/-p.m. The matter has been reconsidered in consultation with the Ministry of Health and Family Welfare. It has now been decided that medical allowance @ Rs.100/-p.m. shall be granted to such Central Civilian Government pensioners, if their places of residence are not served by CGHS or any corresponding Health Schemes administered by other Ministries/Departments, as the case may be, even though the places residence may fall within the limits of a CGHS covered city, subject to their furnishing the following documents:-

An undertaking in the following format:

I _____, a retired employee of _____
(Office Address) _____ declare that I am residing at
_____ (Residential Address indicated in PPO)
_____, which area is not 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 and avail out-door facilities under CGHS/Corresponding
Health Scheme of other Ministries/Departments from any dispensary situated in an
adjoining area.

(2) 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 pensioners is residing is not served by any dispensary
under CGHS or the Corresponding Health Scheme administrated by the
Ministry/Department.

2. All the pension disbursing authorities are required to obtain the above certificates from such pensioners in CGHS covered cities before payment of medical allowance is made. An entry to this effect should be made in both halves of their PPOs.

(SUJIT DATTA)

Director (PW)

To
All Ministries/Departments of Government of India.