F. No. S.11012/1/2024-EHS (Comp. No. 8283407)
I/3687475/2024
Government of India
Ministry of Health & Family Welfare
(EHS Section)
****

Nirman Bhawan, New Delhi
Dated 28-06-2024

OFFICE MEMORANDUM

Subject: Guidelines for Issue of CGHS Card to serving employees andretired employees-reg.

In continuation of this Ministry's OM No. S.11012/3/2011-CGHS(P) dated 29.12.2011, the undersigned is directed to issue the following guidelines, in view of technological changes and change in payment method of CGHS Contribution, for issuing of CGHS cards to serving employees and pensioners :

A. Serving Employees

a. Serving employees shall mandatory apply for a new CGHS card online (www.cghs.nic.in) to generate a temporary reference number. After online submission of the application form, they should take a printout of the same and submit the hard copy duly signed and photographs affixed thereon to the department currently employed in, for processing and onward submission to the concerned Office of Additional Director, CGHS for issuing the cards. One copy is to be forwarded to the Additional Director of the concerned City and the other copy is to be retained by the Employer Department of the Central Government (hereinafter referred to as **Sponsoring Authority**) for CGHS benefits.
b. The requisition shall be sponsored by the Head of Department/Head of Office of the employee.
c. A Specimen copy of the application form for the New CGHS Card is enclosed at **Annexure-1**.
d. CGHS shall scrutinize the application based on the documents provided:
    i. Pay Slip indicating the pay scale and CGHS deduction.
    ii. Aadhaar Card/PAN card or any other valid document as per RBI guidelines, as ID and address Proof for Self and Dependent Family Members.
    iii. Disability Certificate of Dependent (If applicable) as per OM No.4-24/96- C&P/CGHS(P)/EHS dated 07.05.2018 (**Annexure-2**) or MoHFW OM No. S.11011/13/2012-CGHS(P) dated 25.07.2013 **(Annexure-3)**.
    iv. Individual Photographs of self and dependent family members.

B. Retired Employees

a. CGHS card(s) will be issued to eligible retired employees and family pensioners, drawing pension from Central Civil Estimate and his/her dependent family members, when the pensioner is not availing the Fixed Medical Allowance (FMA).
b. The retired employees also have the option for availing Fixed Medical

Allowance with a CGHS card (IPD Card) by paying the full subscription. However, the CGHS 'IPD only' card shall be valid only for 'cashless' indoor treatment at CGHS empanelled Private Hospitals/designated Government Hospitals. The beneficiary of 'IPD only' CGHS card shall also be eligible for reimbursement of expenses incurred for indoor treatment at any Government/Private Hospital.

c. The retired employees can submit his/her duly filled application form for the new Pensioner CGHS card, in the new Card Application Form (**Annexure-1**) to the Additional Director of CGHS city concerned.

d. The application shall be accompanied with payment of CGHS Contribution of 12 months for annual CGHS card and 120 months for lifetime CGHS card, as applicable, on Bharat Kosh, along with the Challan generated from Bharat Kosh as proof of payment. The existing rates shall be as per the details provided below:

S. No.	Pay Level (7th CPC Pay matrix)	Contribution for One year CGHS card	Contribution for lifetime CGHS card
1	Level 1 to 5	Rs. 3,000/-	Rs. 30,000/-
2	Level 6	Rs. 5,400/-	Rs. 54,000/-
3	Level 7 to 11	Rs. 7,800/-	Rs. 78,000/-
4	Level 12 and above	Rs. 12,000/-	Rs. 1,20,000/-

e. CGHS shall scrutinize the application based on the documents provided:

i. Self-attested PPO/ Provisional PPO or Last pay certificate
ii. Aadhaar card ID/PAN card or any other valid document as per RBI guidelines as ID and address proof for Self and dependent family members
iii. Disability Certificate of Dependent (If applicable).
iv. Individual Photographs of self and dependent Family Members.
v. Copy of Bharat Kosh Challan for CGHS subscription paid.
vi. Proof of availing/non-availing FMA (if applicable).

The Standard Operating Procedure applicable to both the serving and retired is enclosed as **Annexure-4**.

f. Retiring employees have the option to apply for a pensioner card along with pension papers 6 months before the date of Retirement (Online as a pensioner new card). The office shall observe the same procedure as for a serving employee for getting his/her CGHS card(s) prepared.

b. Consequent to verification of CGHS Card, the electronic form of CGHS card shall be accessible to the beneficiary using the option of 'Beneficiary Login' on CGHS Website, myCGHS app & Digilocker app for Android/iOS-based mobile devices. The electronic CGHS card shall be at par with CGHS plastic Card for availing benefits. The authenticity of CGHS card can be verified using the option of 'Verify beneficiary' available on CGHS Website (www.cghs.nic.in).

D. For the issue of a new CGHS plastic card upon mutilation, renewal or loss of the CGHS Card, application Form AA or BB (**Annexure 5** & **6**) along with the

Bharatkosh Payment challan f**or Rs. 100**/- shall be submitted for issuing a new card to the concerned Additional Director. To encourage the CGHS beneficiaries to use digital CGHS cards, it has also been decided that No fee shall be levied, in case the beneficiary opts for renewal/reissue of card without a fresh printed plastic card.

E. The Instructions issued for the CGHS beneficiaries viz. Member of Parliament, Ex-Member of Parliament, eligible Autonomous Institutions, Air India and PIB accredited Journalists shall remain as per extant rules.

F. The CGHS Beneficiary shall inform CGHS immediately, if there is any change in dependency criteria of his family members included in the CGHS Card. If he fails to intimate and if CGHS comes to know of the change, then the CGHS facility is liable to be withdrawn and the CGHS shall be free to write to the appropriate authority for recommending action under Service Rules or Pension Rules.

These guidelines issue with the approval of the competent authority and shall be effective after one month from the date of issue. The integration of CGHS with Bhavishya portal for pensioners and e-HRMS for serving employee is under consideration and the process change resulting from such integration shall be notified in due course of time.

Encl: As above.

Signed by
Hemlata Singh
Date: 28-06-2024 17:48:10

(Hemlata Singh)
Under Secretary to the Government of India
Tel No. 011-23061778

To

1. All Ministries and Departments of the Government of India through CGHS website
2. Addl. Director, CGHS(HQ)/ Addl. DDG(CGHS)/ Addl. Directors, CGHS of Cities / Zone.
3. All CGHS Wellness Centres through concerned AD, CGHS
4. LACs/ ZACs through Addl. Directors, CGHS
5. DDG NIC Health looking after CGHS applications.
6. Sh. Jitendra Singh, CDAC, Noida with the request to create functionality of card application through Mobile application and Web portal integrated with Payment gateway of Bharat Kosh (NTRP).
7. MCTC, CGHS with the directions to upload the document on CGHS Website (www.cghs.gov.in).
8. All Pensioner Associations

Copy of Information to:

1. PPS to Secretary (H&FW), MoHFW
2. PSO/Senior PPS/PPS/PS to Secretary (Personnel), DoPT,MoPPG&P
3. PSO/Senior PPS/PPS/PS to Secretary (DARPG & DoPPW),MoPPG&P
4. Senior PPS to AS & DG CGHS
5. PPS to JS (MoHFW), CGHS

APPLICATION FOR CGHS CARD

☐ Applying for CGHS card for the first time.

☐ Applying for a pensioner CGHS card, I had a CGHS card while in service or I lost my CGHS plastic card, and applying for issue of another. Please enter the CGHS Beneficiary ID of the card held by you earlier

1. Name of the Applicant: ……

2. Category:

☐ Departmental {Please Tick Departmental if you are posted in the Ministry of Health & Family Welfare/ DGHS / CGHS}

☐ Services {Please Tick Services if you belong to any specific organized service}

☐ Pensioners

☐ Others (Pl. Specify) ……

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. Official Address ……

……

8.Residential Address: ……

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

10. e-mail ID: ……

11. Date of Superannuation……(please write in DD/MM/YYYY format)

12. Are you on Deputation (Central Deputation): Yes / No

13. If yes, likely completion of Deputation: ……

14. Are your services transferable to other cities: Yes / No

Signature of Applicant:

15. Details of Family

{* Please see definition of Family given on Page no.3 before filling up this column}

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

{**Please attach Proof of age of in case of sons/ brothers}

15. Are all the people whose names are given above are dependent 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 Cardissued by College / School / University / Bank Pass Book, etc.,}

16. 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 and mention their S.No and Name as filled in the table above.

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

Signature of Applicant:

UNDERTAKING BY APPLICANT

☐ 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 CGHSfacility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiateany 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.

(Signature of Applicant)

(TO BE FILLED BY THE SPONSORING AUTHORITY)

In case of serving employees/ serving employees about to superannuate in 6weeks'time

The information furnished by the applicant has been verified and found to be correct. It is recommended 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 the authorized sponsoring authority for the issue of CGHS Card and approval of theCompetent Authority has been obtained.

No.

Date: ……

(Signature & Name of the Sponsoring Authority)

Designation (stamp) with Telephone

(For CGHS Pensioners making card first time)
Verified- by

Name, Signature and Stamp of Authorized signatory, CGHS

S.NO	DOCUMENTS TO BE ENCLOSED FOR CGHS CARD (SERVING)	DOCUMENTS TO BE ENCLOSED FOR CGHS CARD (PENSIONER)
1.	Proof of age of son/brother (in case they are dependent)	Proof of age of son (in case son is a dependent)
2.	Self-attested copy of Disability certificate issued by Medical Board of Government hospital (in case of dependent son aged 25 and above)	Self-attested copy of Disability certificate issued by Medical Board of Government hospital (in case of dependent son aged 25 and above)
3.	Pay slip of serving employee	Self-attested PPO/ Provisional PPO or Last pay certificate
4.	Address proof	Copy of Bharatkosh Challan for CGHS subscription paid
5.	Documents proving dependency of family members (wherever applicable)	Proof of availing/ non availing FMA
6.	Copy of ID proof of dependent family members (Passport, PAN Card, Masked Aadhar, voter ID card etc.)	Copy of ID proof of dependent family members (Passport, PAN Card, Masked Aadhar, voter ID card etc.)
		Address proof
		Documents proving dependency of family members (wherever applicable)

Instructions

Definition of Family:

1. Husband / Wife (First wife only)
2. An employee has a choice to include either dependent parents or dependent parents – in law; for the purpose of availing the benefits under CGHS subject to the conditions of dependence and residence, etc., being satisfied.
3. If adoptive father has more than one wife, the first wife only.
4. 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/unmarried brother Suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit.
(iv)	Dependent divorced / abandoned orseparated from their husband /widowed daughters and dependent unmarried / divorced abandoned orseparated from their husband / widowed sisters.	Irrespective of age limit.
(v)	Dependent Minor brother(s)	Up to the age of becoming a major.
(vi)	Dependent minor children of widowed/ separated daughters	Up to the age of becoming a major

For the purpose of availing CGHS facility for a disabled son/ unmarried disabled brother 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 (benchmark disability of 40% vide F.No.4-24/96-C & P/ CGHS(P)/ EHS dated 7th May 2018)

1. Blindness
2. Low-vision
3. Leprosy cured persons
4. Hearing Impairment (deaf and hard of hearing)
5. Locomotor Disability
6. Dwarfism
7. Intellectual Disability
8. Mental illness
9. Autism Spectrum Disorder
10. Cerebral Palsy
11. Muscular Dystrophy
12. Chronic neurological conditions
13. Specific Learning Disabilities
14. Multiple Sclerosis
15. Speech and Language disability
16. Thalassemia
17. Haemophilia
18. Sickle Cell Disease
19. Multiple disabilities including deaf blindness
20. Acid attack victim
21. Parkinson's Disease

Dependency:

Members of family (other than spouse) whose income is less than Rs.9000*/+DA- per month are treated asdependents 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 / Passport / 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/unmarried brother aged 25 and above).

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

I. Surrender Certificate of CGHS Card while in service
II. Attested copies of PPO /Last Pay Certificate
III. Copy of Bharatkosh transaction Challan as proof of payment of CGHS subscription made.

Contribution by Pensioners should be made through Bharatkosh portal only. Please see following page for list of peripheral cities and concerned CGHS administrative city. For steps to be followed for making Bharatkosh payment, please visit the link: https://youtu.be/EwPHjMp_mts?si=UleAHW2QJF2cAKZh

S.no	CGHS MAIN CITY (Administrative heads)	Cities covered under Main City
1	Ahmedabad	Ahmedabad, Vadodara, Gandhinagar
2	Allahabad	Prayagraj, Varanasi
3	Bangalore	Bengaluru, Mysuru
4	Bhopal	Bhopal, Indore
5	Bhubaneswar	Bhubaneswar, Berhampur, Cuttack
6	Chandigarh	Chandigarh, Panchkula, Jammu, Srinagar, Shimla, Ambala, Amritsar, Jalandhar
7	Chennai	Chennai, Coimbatore, Trichy, Tirunelveli, Puducherry
8	Dehradun	Dehradun
9	Delhi-NCR	Delhi- NCR
10	Guwahati	Guwahati, Gangtok, Aizawal, Kohima, Dibrugarh, Silchar
11	Hyderabad	Hyderabad, Guntur, Nellore, Rajahmundry, Vijaywada, Vishakhapatnam
12	Jabalpur	Jabalpur
13	Jaipur	Jaipur, Jodhpur, Ajmer, Kota
14	Kanpur	Kanpur, Gwalior
15	Kolkata	Kolkata, Siliguri, Jalpaiguri, Ishapore
16	Lucknow	Lucknow, Agra, Bareily, Gorakhpur
17	Meerut	Meerut, Saharanpur, Moradabad, Aligarh, Baghpat
18	Mumbai	Mumbai, Nashik, Panaji
19	Nagpur	Nagpur, Raipur, Chandrapur
20	Patna	Patna, Darbhanga, Gaya, Chapra, Muzafferpur
21	Pune	Pune, Chatrapati Sambhaji Nagar (Aurangabad)
22	Ranchi	Ranchi, Dhanbad
23	Shillong	Shillong, Agartala, Imphal
24	Trivandrum	Trivandrum, Calicut, Kochi, Kannur

ANNEXURE-2

सत्यमेव जयते

No. 4-24/96-C&P/CGHS (P)/EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
EHS Section
*****

Nirman Bhawan, New Delhi
Dated: the 7th May, 2018

OFFICE MEMORANDUM

Subject: Eligibility of Permanently Disabled Unmarried Son of a CGHS Beneficiary to avail CGHS facility - Reg.

The undersigned is directed to refer to this Ministry's Office Memoranda of even number dated 31.05.2007 , 29.08.2007 and 02.08.2010 vide which the entitlement of the son of a CGHS beneficiary beyond the age of 25 years was conveyed. As per the two Office Memoranda under reference, it was indicated that an unmarried son of a CGHS beneficiary suffering from any permanent disability of any kind (physical or mental) will be entitled to CGHS facility even after attaining the age of 25 years.

2. Since then this Ministry is in receipt of several representations for inclusion of more conditions in view of modification to the PwD Act, 1995 by **"The Rights of Persons with Disabilities Act, 2016 (Act No. 49 of 2016)"** as notified by M/o Law and Justice, Govt. of India on 27.12.2016. The matter has been reviewed by the Ministry and it is now decided that for the purpose of extending the CGHS benefits to dependent unmarried son of CGHS beneficiary beyond 25 years of age , the definition of 'Permanent Disability' shall include the following conditions :

I. Physical disability:

A. Locomotor disability including

a) **Leprosy cured person-** suffering from loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity or suffering from manifest deformity and paresis or having extreme physical deformity as well as advanced age which prevents him/her from gainful occupation
b) **Cerebral palsy** – caused by damage to one or more specific areas of the brain usually occurring before, during or immediately after birth.
c) **Dwarfism-** a medical genetic condition resulting in an adult height of 147 cms or less;
d) **Muscular dystrophy-** a group of hereditary genetic muscle diseases characterized by progressive skeletal muscle weakness
e) **Acid attack victims** – disfigured due to violent assaults by throwing acid or similar corrosive substance

B. Visual impairment:

a) **Blindness-** where a person has any of the following conditions after best correction:
   (i) Total absence of sight or
   (ii) Visual acuity less than 3/60 or less than 10/200(Snellen) in the better eye with best possible correction
   (iii) Limitation of field of vision subtending an angle of less than 10 degree

b) **"Low vision"** means any of the following conditions:
   (i) visual acuity not exceeding 6/18 or less than20/60 upto 3/60 upto 10/200

(Snellen) in the better eye with best possible corrections; or

(ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree

C. Hearing Impairment

(a) "deaf" means persons having 70 db hearing loss in speech frequencies in both ears;
(b) "hard of hearing" means persons having 60 db to 70 db hearing loss in speech frequencies in both ears;

D. "Speech and Language disability" – permanent disability arising out of conditions such as Laryngectomy or aphasia affecting one or more components of speech and language due to organic or neuronal causes.

II. Intellectual disability- characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior , which cover a range of every day, social and practical skills , including-, social and practical skills , including-

(a) "Specific language disabilities" – a heterogeneous group of conditions wherein there is deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do the mathematical calculations and includes conditions such as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia

(b) "Autism spectrum disorder" – a neuro-developmental disorder typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and frequently associated with unusual or stereotypical rituals or behaviour.

III. Mental behaviour

"Mental illness"- a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgement, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation.

IV. Mental Retardation

V. Disability caused due to

(a) Chronic neurological conditions such as

(i) Multiple Sclerosis
(ii) Parkinson's disease

(b) Blood disorder

(i) Haemophila
(ii) Thalassemia
(iii) Sickle Cell Disease

VI. Multiple Disabilities (more than one of the above disabilities)- including deaf blindness

3. Bench Mark Disability- unmarried permanently disabled and financially dependent sons of CGHS beneficiaries suffering 40% or more of one or more disabilities as certified by a Medical Board shall be eligible to avail CGHS facilities even after attaining the age of 25 years.

4. This OM will be effective from the date of its issue.

(Rajeev Attri)
Under Secretary to the Govt. of India
Tel: 011-2306 1883

To

1) All Ministries/Departments, Government of India

2) Director, CGHS, Nirman Bhawan, New Delhi
3) Addl. DDG(HQ), CGHS, MoHFW, Nirman Bhawan, New Delhi
4) AD(HQ), CGHS, R.K.Puram, Sector-12, New Delhi
5) All Addl. Directors/Joint Directors of CGHS cities outside Delhi
6) Additional Director (SZ)/(CZ)/(EZ)/(NZ)/(MSD), MCTC CGHS, New Delhi
7) JD(HQ), JD (Grievance)/JD (R&H), CGHS, Delhi
8) DDG(M) /CMO(SRA), Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
9) Rajya Sabha/Lok Sabha Secretariat, New Delhi
10) Registrar, Supreme Court of India, New Delhi
11) U.P.S.C. Dholpur House, New Delhi
12) Office of the Comptroller & Auditor General of India, Pocket-9, Deen Dayal Upadhyaya Marg, New Delhi - 24
13) Director, Department of Pension & Pensioners Welfare, Lok Nayak Bhawan, Khan Market, New Delhi
14) PPS to Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR)/Secretary (AIDS Control), Ministry of Health & Family Welfare
15) PPS to DGHS/AS&DG (CGHS)/AS&FA/AS&MD, NRHM/AS(H), MoHFW, New Delhi
16) MS Section, MoHFW, Nirman Bhawan, New Delhi
17) MG-II Section, Dte.GHS, Nirman Bhawan, New Delhi
18) Hospital Empanelment Cell, CGHS, MoHFW, Nirman Bhawan, New Delhi
19) CGHS-I/II/III/IV, Dte. Gen of CGHS, MoHFW, Nirman Bhawan, New Delhi
20) Estt.I/Estt.II/Estt.III/Estt.IV Section, MoHFW, Nirman Bhawan, New Delhi
21) Admn.I/Admn.II Section, Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
22) Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi
23) All Officers/Sections/Desks in the Ministry
24) Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi
25) Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
26) All Staff Side Members of National Council (JCM)
27) ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi – 110001
28) Central Organisation, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi
29) Chairman, Employees State Insurance Corporation, Ministry of Labour & Employment, Panchdeep Bhawan, C.I.G. Marg, New Delhi-110002
30) UTI-ITSL, 153/1, First Floor, Old Madras Road, Ulsoor, Bengaluru-560008.
31) Sr. Technical Director, NIC, MoHFW, Nirman Bhawan, New Delhi with the request to upoad this OM on the Ministry's website under the link of CS (MA) Rules – OMs and Circulars
32) Hindi Section, MoHFW, Nirman Bhawan, New Delhi for providing Hindi version of this OM.
33) Guard file

ANNEXURE-3

सत्यमेव जयते

Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, Maulana Azad Road
New Delhi 110 108
****

No. S 11011/13/2012-CGHS (P) **Dated the 25th July, 2013**

OFFICE MEMORANDUM

Sub: Extension of CGHS facilities to permanently disabled dependent brother of a CGHS beneficiary – reg.

The undersigned is directed to state that dependent brother of a Central Government employee is presently entitled for CGHS coverage upto the age of becoming a major. Ministry of Health and Family Welfare has been receiving requests from CGHS beneficiaries for removal of the upper age-limit in the case of disabled dependent brother so as to provide them the CGHS facilities without any age limit as has been provided to disabled son of a CGHS beneficiary.

2. Accordingly, with a view to assuage the hardship, it has been decided to extend the CGHS facilities to permanently disabled dependent brother of a CGHS beneficiary, without any age-limit.

3. For availing CGHS facilities under this provision, the permanently disabled dependent brother of a CGHS beneficiary must be suffering from any one or more of the disabilities as defined in Section 2(i) of 'The persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (No.1 of 1996)' which includes:-

(i) Blindness *(ii) Low-vision*
(iii) Leprosy-cured *(iv) Hearing impairment*
(v) Loco motor disability *(vi) Mental retardation*
(vii) Mental illness

and as per Clause (j) of Section 2 of National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 (No.44 of 1999), which presently covers a person suffering from any of the condition relating to autism, cerebral palsy, mental retardation or a combination of any two or more of such conditions and includes a person suffering from severe multiple disability. It is clarified that 'permanent disability' means a person with 40% or more of one or more disabilities.

4. The eligibility criteria for a permanently disabled dependent brother to avail medical facilities under CGHS will be as under:-

a. He must be wholly dependent on the principal CGHS card holder beneficiary.

Contd....2/-

b. He should be unmarried and should not have his own family.
c. The income limit for deciding dependency shall be as prescribed by the Ministry of Health and Family Welfare from time to time and as applicable in CGHS for the time being in force.
d. He must be ordinarily residing with the primary CGHS cardholder beneficiary.
e. All the above conditions are required to be fulfilled for availing CGHS facilities. The CGHS facilities will cease to exist with immediate effect if any one of the above conditions is violated.

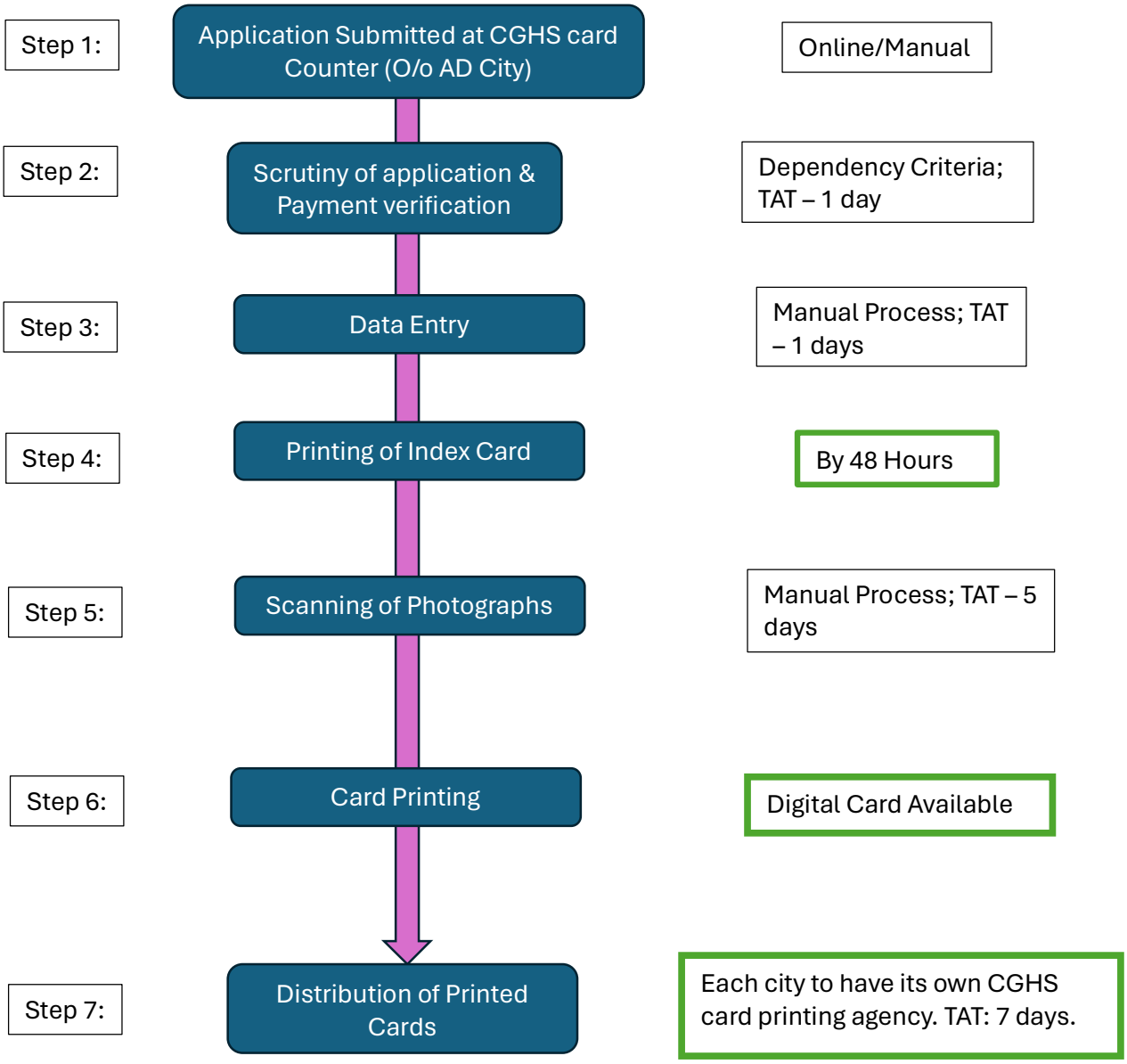
5. This office memorandum will be effective from the date of issue.

(V.P.Singh)
Deputy Secretary to the Government of India

To :

1. All Ministries/Departments, Government of India
2. Director, CGHS, Nirman Bhavan, New Delhi
3. Additional Director (Hq), CGHS, Bikaner House, New Delhi
4. Addl.DDG (HQ), CGHS, MoHFW, Nirman Bhavan, New Delhi
5. All Addl Directors/Joint Directors of CGHS cities outside Delhi
6. Additional Director (SZ)/ (CZ)/(EZ)/ (NZ), CGHS, New Delhi
7. JD (HQ) / JD(Gr.)/JD(R&H), CGHS, New Delhi
8. CGHS Desk-I/II/III/IV, Dte General of CGHS, New Delhi
9. Estt.I /Estt.II/ Esst. III/ Estt.IV Section, MoHFW, New Delhi
10. Admn.I/ Admn.II Section of Dte. GHS, Nirman Bhawan, New Delhi
11. Rajya Sabha/ Lok Sabha Secretariat, New Delhi
12. Cabinet Secretariat, Rashtrapati Bhawan, New Delhi
13. Registrar, Supreme Court of India, New Delhi
14. U.P.S.C. Dholpur House, Shahjahan Road, New Delhi
15. Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi.
16. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi.
17. PPS to Secretary (H&FW) /Secretary (AYUSH) / Secretary (HR) / Secretary(AIDS Control), Ministry of Health & Family Welfare
18. PPS to DGHS/AS (H)/ AS & DG (CGHS)/AS&MD,NRHM / AS & FA
19. Shri Umraomal Purohit, Secretary, Staff Side, National Council (JCM),13-C, Ferozshah Road, New Delhi
20. All Staff Side Members of National Council (JCM) (as per list)
21. Office of the Comptroller & Auditor General of India, Bahadur Shah Zafar Marg, New Delhi.
22. Sr. Technical Director, NIC, MOHFW, Nirman Bhawan, New Delhi with a request to upload this OM on the CGHS website.
23. Guard File

Decentralization of card Printing



Legend
- TAT – Turnaround Time
- AD – Additional Director
- DDO – Drawing and Disbursing Officer

ANNEXURE-5

Form AA

CENTRAL GOVERNMENT HEALTH SCHEME

Application Form for Renewal of CGHS Card (Serving)

1. **Name of the applicant:** **CGHS Card No.:**
2. **Basic Pension / Grade Pay as indicated in PPO / LPC:**
3. **Ward Entitlement:**
4. **Contact No.:** **Email ID:**
5. **Residential Address:** .....

   .....
6. **Details of Family:**

Paste ID size photograph of dependent family member here	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family
Name				
Relationship				
D.O. B				
Beneficiary ID				
Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family
Name				
Relationship				
D.O. B				
Beneficiary ID				

DECLARATION

I hereby declare that the statements made above are true and correct and that the persons included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same.

Dated: **Signature of CGHS card holder**

.....

FOR OFFICIAL USE

The information furnished by the applicant has been verified and found to be correct and CGHS subscriptions and copy of Bharatkosh Transaction Challan for payment of CGHS subscription has been attached with this form.

Dated:

CGHS Wellness Centre **Signature of *CMO I/c (with seal)***

INSTRUCTIONS

- Self- attested photocopy of old CGHS cards should be attached with the application form.
- Definition of family under CGHS should be referred to prior to filling the details of family.
- For disabled son/brother, proof of age of son/dependent brother along with the disability certificate should be enclosed.
- A copy of the PPO or **LPC,** and address proof of residence / affidavit (in case of change in address) should be attached.
- Copy of Bharatkosh transaction Challan as proof of payment of CGHS subscription made.

Contribution by Pensioners should be made through Bharatkosh portal only. Please see below table for peripheral city and concerned CGHS administrative city. For steps to be followed for making Bharatkosh payment, please visit the link: https://youtu.be/EwPHjMp_mts?si=UleAHW2QJF2cAKZh

S.no	CGHS MAIN CITY (Administrative heads)	Cities covered under Main City
1	Ahmedabad	Ahmedabad, Vadodara, Gandhinagar
2	Allahabad	Prayagraj, Varanasi
3	Bangalore	Bengaluru, Mysuru
4	Bhopal	Bhopal, Indore
5	Bhubaneswar	Bhubaneswar, Berhampur, Cuttack
6	Chandigarh	Chandigarh, Panchkula, Jammu, Srinagar, Shimla, Ambala, Amritsar, Jalandhar
7	Chennai	Chennai, Coimbatore, Trichy, Tirunalveli, Puducherry
8	Dehradun	Dehradun
9	Delhi-NCR	Delhi- NCR
10	Guwahati	Guwahati, Gangtok, Aizawal, Kohima, Dibrugarh, Silchar
11	Hyderabad	Hyderabad, Guntur, Nellore, Rajahmundry, Vijaywada, Vishakhapatnam
12	Jabalpur	Jabalpur
13	Jaipur	Jaipur, Jodhpur, Ajmer, Kota
14	Kanpur	Kanpur, Gwalior
15	Kolkata	Kolkata, Siliguri, Jalpaiguri, Ishapore
16	Lucknow	Lucknow, Agra, Bareily, Gorakhpur
17	Meerut	Meerut, Saharanpur, Moradabad, Aligarh, Baghpat
18	Mumbai	Mumbai, Nashik, Panaji
19	Nagpur	Nagpur, Raipur, Chandrapur
20	Patna	Patna, Darbhanga, Gaya, Chapra, Muzafferpur
21	Pune	Pune, Chatrapati Sambhaji Nagar (Aurangabad)
22	Ranchi	Ranchi, Dhanbad
23	Shillong	Shillong, Agartala, Imphal
24	Trivandrum	Trivandrum, Calicut, Kochi, Kannur

ANNEXURE-6

Form BB

CENTRAL GOVERNMENT HEALTH SCHEME

Application Form for Renewal of CGHS Card (Pensioners)

1. **Name of the applicant:** **CGHS Card No.:**
2. **Basic Pension / Grade Pay as indicated in PPO / LPC:**
3. **Ward Entitlement:**
4. **Contact No.:** **Email ID:**
5. **Residential Address:** .....

   .....
6. **Details of Family:**

Paste ID size photograph of dependent family member here	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family
Name				
Relationship				
D.O. B				
Beneficiary ID				
Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family	Paste ID size photograph of dependent family
Name				
Relationship				
D.O. B				
Beneficiary ID				

Bharatkosh Transaction Challan No.....dated ..... paid to PAO .....
for Rs .....(Amount in words).
Attach copy of Bharatkosh Transaction Challan with this form.

DECLARATION

I hereby declare that the statements made above are true and correct and that the persons included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same.

Dated: **Signature of CGHS card holder**

.....

FOR OFFICIAL USE

The information furnished by the applicant has been verified and found to be correct and CGHS subscriptions and copy of Bharatkosh Transaction Challan for payment of CGHS subscription has been attached with this form.

Dated:

CGHS Wellness Centre **Signature of *CMO I/c (with seal)***

INSTRUCTIONS

- Self- attested photocopy of old CGHS cards should be attached with the application form.
- Definition of family under CGHS should be referred to prior to filling the details of family.
- For disabled son/brother, proof of age of son/dependent brother along with the disability certificate should be enclosed.
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Contribution by Pensioners should be made through Bharatkosh portal only. Please see below table for peripheral city and concerned CGHS administrative city. For steps to be followed for making Bharatkosh payment, please visit the link: https://youtu.be/EwPHjMp_mts?si=UleAHW2QJF2cAKZh

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2	Allahabad	Prayagraj, Varanasi
3	Bangalore	Bengaluru, Mysuru
4	Bhopal	Bhopal, Indore
5	Bhubaneswar	Bhubaneswar, Berhampur, Cuttack
6	Chandigarh	Chandigarh, Panchkula, Jammu, Srinagar, Shimla, Ambala, Amritsar, Jalandhar
7	Chennai	Chennai, Coimbatore, Trichy, Tirunalveli, Puducherry
8	Dehradun	Dehradun
9	Delhi-NCR	Delhi- NCR
10	Guwahati	Guwahati, Gangtok, Aizawal, Kohima, Dibrugarh, Silchar
11	Hyderabad	Hyderabad, Guntur, Nellore, Rajahmundry, Vijaywada, Vishakhapatnam
12	Jabalpur	Jabalpur
13	Jaipur	Jaipur, Jodhpur, Ajmer, Kota
14	Kanpur	Kanpur, Gwalior
15	Kolkata	Kolkata, Siliguri, Jalpaiguri, Ishapore
16	Lucknow	Lucknow, Agra, Bareily, Gorakhpur
17	Meerut	Meerut, Saharanpur, Moradabad, Aligarh, Baghpat
18	Mumbai	Mumbai, Nashik, Panaji
19	Nagpur	Nagpur, Raipur, Chandrapur
20	Patna	Patna, Darbhanga, Gaya, Chapra, Muzafferpur
21	Pune	Pune, Chatrapati Sambhaji Nagar (Aurangabad)
22	Ranchi	Ranchi, Dhanbad
23	Shillong	Shillong, Agartala, Imphal
24	Trivandrum	Trivandrum, Calicut, Kochi, Kannur