

No.20829/DHFWS/SAO/H1/MA/2016-17
GOVERNMENT OF PUDUCHERRY
DIRECTORATE OF HEALTH & FAMILY WELFARE SERVICES

Puducherry Dated: 12-02-2018

To
The Director,
Directorate of Accounts & Treasuries,
Puducherry.

Sub: Introduction of Scheme namely "**Contributory Medical Benefit Scheme**" for the Retired Government Employees and their Spouses and the Family Pensioners of the Government of Puducherry in the UT of Puducherry – Willingness- Called for- Reg.

Ref: Lr. No. Nil dated 07-02-2018 from the Director of Health & Family Welfare Services on the subject mentioned above.

2
12/2

I am refer to the letter cited on the subject mentioned above and to enclose the Revised/ Modified Annexure as desired by the Director of Accounts & Treasuries to upload the same the in the DAT Official Website and also to forward the same to the respective Treasury Offices/Deputy Directorate of Accounts & Treasuries of outlying Regions to make publicity in their respective Notice Board for information to the Public

Yours faithfully.


(DR. K.V. RAMAN)
DIRECTOR

Copy to:
The Programmer, Directorate of Health & Family Welfare Services, Puducherry
---- directed to upload the same in DHFWS website immediately.

GOVERNMENT OF PUDUCHERRY

DIRECTORATE OF ACCOUNTS AND TREASURIES

**FORM FOR FURNISHING PENSIONER / FAMILY PENSIONER DETAILS UNDER
THE “CONTRIBUTORY MEDICAL BENEFIT SCHEME 2018-2021”**

Photo

1. Joint Photograph in case of Pensioner

2. Photo in case of Family Pensioner

1. (a) PPO No. :
- (b) Name of Pension Disbursing office :
- (c) Scheme Type : **Contributory Medical Benefit Scheme**
2. Name of the Pensioner/Family Pensioner :
(in BLOCK LETTER)
- (a) Aadhaar No. :
3. Name of the Spouse in case of Pensioner :
(in BLOCK LETTER)
- (a) Aadhaar No. :
4. PPO No. OAC/UST :
(in case of Pensioners who are getting payment
outside the State) Treasury/Sub Treasury/Pension
Pay Office/ Public Sector Banks with Branch Name
through which Pension/Family Pension is drawn
5. Bank and Branch with Account No. from where :
the Pension/ Family Pension is drawn
6. (a) Permanent Address :
(in BLOCK LETTERS)
(Duly furnish District and PIN code)
- (b) Present Address :
7. Contact Details— :
- (a) Phone No. with STD Code :
- (b) Mobile No. :
- (c) Email ID (if available) :

8. **PAN No.** (if available) :
9. Post held by the Pensioner at the time of Retirement :
10. Office/Department from which the Pensioner retired :
11. Pension Drawn Particulars (Whichever is applicable)
- | | |
|---------------------|---|
| Original Pension | ₹ |
| Provisional Pension | ₹ |
| Family Pension | ₹ |
12. Date of Birth–
- (a) Pensioner/Family Pensioner :
- (b) Spouse (in case of Pensioner only) :
13. Date of Retirement of Pensioner :
14. Details of Contact Person in case of Emergency (Other than Spouse)
- (a) Name :
- (b) Relationship :
- (c) Phone/Mobile No. :
- (d) Email ID (for communication purpose) :

1. Certified that the above particulars furnished by me are correct.
2. I hereby given my consent to recover the premium from my Pension/Family Pension.

Signature/Thumb-impression of the Pensioner/Family Pensioner

Certified that the above particulars are verified with the pension records available with this office and found correct.

Signature of the Pension Disbursing Officer

Name :

Designation :

Date :

Seal :