



भारतीय कृषि अनुसंधान परिषद
INDIAN COUNCIL OF AGRICULTURAL RESEARCH
कृषि भवन, डॉ० राजेन्द्र प्रसाद मार्ग, नई दिल्ली-110 001
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F.No. ADMN.16(21)/2019-Estt.III

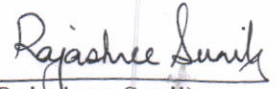
Dated the 6th Sept., 2019

Circular

Subject: Preparation of new CGHS cards/ renewal of CGHS cards of ICAR serving employees as well as ICAR Pensioners in respect of their dependent family members – submission of affidavit

The Central Government Health Scheme (CGHS) was introduced during 1954 with a view to providing comprehensive medical facilities to the Central Govt. employees. The employees of ICAR Hqrs. and their dependent family members are also covered under the scheme. As per existing procedure, a simple dependency certificate is taken from the serving employees/ pensioners of ICAR Hqrs in respect of their dependents for issuance/ renewal of CGHS cards. As financial implications are involved for availing medical facilities under CGHS, a need has been felt to make the provisions of medical facilities to the serving employees/ pensioners more accountable. Accordingly, it has been decided with the approval of the Competent Authority, ICAR that all serving employees/ pensioners of ICAR Hqrs. must submit a duly signed standardized affidavit notarized from notary public in respect of dependent family members, to the Council, at the time of submission of application for preparation of new CGHS cards/ renewal of CGHS cards in respect of the dependent family members. The supporting documents viz. PAN card, Aadhar Card, death certificate in respect of husband of widowed daughter/sister, supportive document in respect of divorced daughter/ sister of the employee/pensioner, medical certificate of son(s) suffering from permanent disability either physical or mental etc. are also to be enclosed with the affidavit. The format of the affidavit is given overleaf.

The office reserves the right to satisfy itself on the dependency clause before the application for preparation/ renewal of CGHS cards of the dependents of employees/ pensioners are forwarded to the CGHS authorities.



(Rajashree Sunil)

Under Secretary (Admn.)

DISTRIBUTION

1. All employees of ICAR Hqrs./ Pensioners / Family pensioners
2. Media and Information Unit for uploading the circular on the website of ICAR
3. Guard File

(Please download the copy of this circular as per requirement as it is not being distributed separately)

AFFIDAVIT

AFFIDAVIT TO BE GIVEN ON INDIAN NON-JUDICIAL E-STAMP PAPER of RS. 50 /- AND DULY ATTESTED BY NOTARY PUBLIC

I, _____ son of/ daughter of _____ R/O _____ aged about _____
years do hereby solemnly affirm and declare as under: -

1. That I am a citizen of India.
2. That my Father/Mother/Father-in-law/Mother-in-law namely _____ having
Aadhar No. _____ / PAN _____ is/are wholly/mainly dependent
upon me and he/she/they normally reside with me in Delhi/New Delhi/NCR.
3. I also certify that the total monthly income from all sources of my
Father/Mother/Father-in-law/Mother-in-law/daughter/sister/widowed
daughter/widowed sister/divorced daughter/ divorced sister does not exceed Rs.
9,000/- per month including the amount of the dearness relief on the basic pension of
Rs.9000/- as on the date of consideration.
4. That my daughter/sister/widowed daughter/widowed sister/divorced daughter/
divorced sister namely _____ having Aadhar No. _____ / PAN
_____ is/are wholly/mainly dependent upon me and he/she/they normally
reside with me in Delhi/New Delhi/NCR.
5. That my son/daughter/widow daughter/brother/sister/widow sister/divorced
daughter/divorced sister namely _____ aged _____ years
is un-employed, un-married and wholly dependent on me.
6. That if my son/daughter/widow daughter/brother/sister/widow sister
namely _____ age _____ years get married or starts
earning, then the information in this regard shall be given by me to ICAR and his/her
CGHS facilities shall be withdrawn.
7. That affidavit is applied for preparation/renewal of CGHS Card.
8. That it is my true statement and I shall remain responsible for any false statement.

Deponent

Verification:

I, the above named deponent do hereby solemnly affirm and declare that the contents
of this affidavit are true and correct to the best of my knowledge and belief and nothing has
been concealed there from.

Verified at _____ (place) on this _____ day of _____ (month) _____ (year).

Deponent