

MOST IMPORTANT

INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAWAN : NEW DELHI

No.16-10/2011-Estt.-III

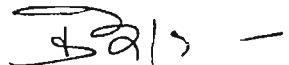
Dated the 21st February, 2011

CIRCULAR

As you are aware, CGHS has introduced Smart Card System and issued new plastic cards to beneficiaries and their dependents with new number system. At the same time, CGHS has also issued instructions to the dispensaries not to entertain old CGHS token cards issued to them earlier and advised that all the beneficiaries may apply for new plastic cards immediately. Office is also not able to keep a track of such cases causing inconvenience in making payments to the Directorate of Health Services.

In order to have a track of all the CGHS beneficiaries, it has been decided that a Data Bank of ICAR Hqrs. employees including those retired, who are getting medical facilities through CGHS, may be prepared and updated.

All the CGHS beneficiaries are, therefore, requested to kindly provide the information in the prescribed proforma (attached) to the undersigned latest by 11th March, 2011 positively.


(K N Choudhary)
Under Secretary (A)

Copy to :

1. All Sections of ICAR at Krishi Bhavan, Krishi Anusandhan Bhavan-I and Krishi Anusandhan Bhavan-II.
2. Guard File

To

1/c, ARIS centre - kindly upload the same on
ICAR website.

PROFORMA FOR RETIRED EMPLOYEES OF ICAR

S. No.	Particulars	
1	Name of CGHS Beneficiary (Pensioner)	
2	Date of Retirement	
3	Whether CGHS contribution have been made for 10 years *	YES / NO

* as per CGHS rules, pensioners who have paid contribution for 10 years are exempted from further payment.

4	If S.No. 3 is NO than for how many years' contribution has been made, Please mark (✓) in the relevant boxes	1	2	3	4	5	6	7	8	9	10

5. Details of CGHS beneficiary and its dependants:

S.No.	Name	Old Card No.	New Plastic Card No.	Validity period <u>December, 2011</u> June, 2011	Relationship

6. Residential Address with contact no.

Address of Dispensary and No.

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Signature: _____

P.S. : Kindly attach the Xerox copies of CGHS Plastic card/Old Card.