



**Indian Council of Forestry Research & Education**  
(An autonomous body under Ministry of Environment and Forests, Govt. of India)  
P.O. New Forest, Dehra Dun.

No.16-1/2013/PHS/2015-ICFRE

Dated: 16<sup>th</sup> July, 2015

To,

The DDG (Admin), ICFRE  
All Directors of Institutes under ICFRE

**Subject:- Submission of certificate & joint declaration by the Pensioners whose spouse are in service - regarding.**

Sir,

It is stated that in accordance with the rules, the medical facilities or medical allowance in lieu thereof should not be claimed/availed of by the employees (both husband & wife) from two or more different sources simultaneously. To obviate the possibility of double claims, the employees (both husband and wife) are required to give a certificate by the spouse and joint declaration of their option, clearly indicating the details in respect of each member of family, as considered sufficient in respect of whom the claim is to be preferred by the spouse concerned.

2. It has been noticed that the spouse(s) of some pensioners of ICFRE availing medical facilities under ICFREPHS are working in Central Govt./State Govt./Autonomous bodies/Public Sector Undertakings etc. providing medical facilities to their employees. Joint declaration of option has not been furnished in such cases as prescribed in rules, for availing medical facilities by pensioners under ICFREPHS only. The copies of certificate and joint declaration are sent, herewith, for information & necessary action.

3. It is, therefore, requested that all existing pensioners of your Institute who are members of ICFREPHS may be asked to submit the details of employment in respect of their spouse and certificate & joint declaration of their option may be obtained in triplicate, in case spouse is serving in Central Govt./State Govt./Autonomous bodies/PSUs etc. A copy of the certificate & joint declaration may be retained by the Institute and one copy of each be forwarded to the office of the spouse and Under Secretary, PHS Cell, ICFRE, Dehra Dun for record and references..

In case of future retirees, their applications for membership under ICFREPHS may be forwarded alongwith details of employment of their spouse and above certificate & joint declaration of option if spouse is in service otherwise their application will not be entertained.

Please arrange to expedite necessary action in the matter.

Encl:- Certificate & Joint declaration

Yours faithfully,

  
(Vivek Rhandekar)  
Secretary ICFRE

## Certificate

Certified that I, Shri/Smt. \_\_\_\_\_ wife/husband of Smt./Shri  
(name of Pensioner of ICFRE) employed in  
(name of the office in which employed) am not availing medical facilities or financial/medical  
allowances in lieu thereof either for myself and/or the members of my family from any (other)  
sources other than under ICFRE Pensioners' Health Scheme (ICFREPHS) 2012.

Date :-

Signature of the employee concerned

Name \_\_\_\_\_

Designation \_\_\_\_\_

Department Address \_\_\_\_\_

## Joint Declaration

### (Joint Declaration of option for availing medical facilities under ICFREPHS)

We Shri/Smt. \_\_\_\_\_ (name of Pensioner) Retired  
(Designation from which retired), \_\_\_\_\_ (name of Institute from where retired)  
ICFRE and Smt./Shri \_\_\_\_\_ (name of spouse) employed on the post of  
(Designation) in \_\_\_\_\_ (name of Department in  
which employed with address) hereby declare that the medical expenses incurred on them and  
their dependent family members will be claimed by Shri/Smt. \_\_\_\_\_ (name of  
Pensioner) from Indian Council of Forestry Research and Education under ICFRE Pensioners'  
Health Scheme 2012.

### Dependant family members

Name of dependant family member(s)	Date of Birth	Relationship with Pensioner
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Signature of Pensioner, ICFRE  
Name  
Designation(from which retired)  
Department(from where retired)  
Address  
Date:-

Signature of wife/husband (spouse)  
Name  
Designation  
Department  
Address:-  
Date:-