

**INDIAN COUNCIL OF FORESTRY RESEARCH & EDUCATION**  
(An Autonomous body under the Ministry of Environment & Forests, Government of India)  
P.O. New Forest, DEHRA DUN – 248 006 (Uttarakhand)

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No.57-20/2012-ICFRE -I

Dated the 8<sup>th</sup> April 2013

**OFFICE MEMORANDUM**

**Subject:-Implementation of ICFRE Pensioners Health Scheme (ICFREPHS).**

ICFRE Pensioners Health Scheme (ICFREPHS) has been notified vide Notification No.57-20/2012-ICFRE dated 17.12.2012. In order to operationlized the scheme in the Council, all the Directors of Institutes are requested to obtain willingness of the pensioners of their respective Institutes from the eligible pensioners subject to fulfilment of laid down conditions under Chapter-2 of the scheme. The willingness so obtained alongwith contribution towards the scheme be forwarded to the Under Secretary, Pension Cell for issuance of ICFREPHS Cards to the beneficiaries.

The minutes of the Committee containing detailed procedure to obtain membership of the scheme, alongwith prescribed format for application and ICFREPHS Card are enclosed for your information and necessary action.

The above details are being placed at ICFRE website for convenience and adherence by ICFRE pensioners.

- Encl: 1. ICFREPH Scheme  
2. Minutes of the meeting  
3. Circular dated 01.03.2013  
with enclosures

Yours faithfully

(Dr. Sudhanshu Gupta )  
Secretary, ICFRE

Indian Council of Forestry Research & Education

**Distribution:-**

1. All Directors of Institutes under ICFRE.
2. All DDGs, / ADGs ICFRE
3. Director (IC), ICFRE
- ✓ 4. Additional Director and Head IT Div. with the request to put the letter with enclosures at ICFRE website.
5. DDO, ICFRE
6. Administrative Officer, Office of the DG, ICFRE
7. Notice Board, ICFRE
8. Guard File

Sudhanshu Gupta, IFS  
Secretary, ICFRE



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**INDIAN COUNCIL OF FORESTRY RESEARCH & EDUCATION**  
(An Autonomous Body of the Ministry of Environment & Forests, Govt. of India)  
**P.O. New Forest, Dehradun – 248 006**

No. 57-20/2012-ICFRE

Dated the 14<sup>th</sup> December, 2012

**NOTIFICATION**

The Director General, Indian Council of Forestry Research and Education, Dehradun with the approval of the Govt. of India, Ministry of Environment and Forests, New Delhi (vide letter No. F.No. 2-48/2011-FE, dated 13<sup>th</sup> December, 2012), is pleased to notify the Indian Council of Forestry Research and Education Pensioners Health Scheme (ICFREPHS) annexed herewith as Annexure-I for extending medical facilities to the ICFRE pensioners and their dependent family members w.e.f. 17.12.2012.

( Sudhanshu Gupta )  
Secretary, ICFRE

**Distribution:**

1. The Secretary to the Government of India, Ministry of Environment & Forests, Paryavaran Bhawan, CGO Complex, Lodi Road, New Delhi [Kind Attention : Mrs. Malti Rawat, US (FE), MoEF]
2. All DDGs/Director (P&IC)/ADGs/IAC, ICFRE
3. All Directors of Institutes/Centres under ICFRE
4. Head, Information Technology Division & Transparency Officer, ICFRE
5. Chief Medical Officer-in-Charge, New Forest Hospital, Dehradun
6. Under Secretary, Pension Cell, ICFRE
7. Hon' Secretary, FOSA/TSA/MSA/SC/ST/OBC Employees Associations
8. DDO, ICFRE
9. Administrative Officer O/o the DG, ICFRE
10. Guard file

F.No. 2-48/2011-FE  
Govt. of India  
Ministry of Environment & Forests

Paryavaran Bhawan,  
CGO Complex, Lodhi Road,  
New Delhi-110003

Dated the 13<sup>th</sup> December, 2012

To,

The Secretary,  
Indian Council of Forestry Research & Education,  
P. O. New Forests,  
Dehadun-248006

Sub: **Extending medical facilities to ICFRE Pensioners through  
Indian Council of Forestry Research and Education  
Pensioners Health Scheme (ICFREPHS) - regarding.**

Sir,

I am directed to refer to your letter No. 57-20/2005-ICFRE dated 18<sup>th</sup> November, 2011 on the subject mentioned above and to say that the Indian Council of Forestry Research and Education Pensioners Health Scheme (copy enclosed) is approved by the competent authority subject to following conditions:

i) As suggested by the Ministry of Health and Family Welfare, ICFRE should keep in mind the financial viability and beneficiary's satisfaction while operating the scheme. They should promote use of the generic/branded generic medicines to the maximum extent possible to economize the expenditure and make the scheme cost effective. Proprietary branded medicines may be allowed only where no substitute generic medicine of the same salt, composition and therapeutic value is available.

ii) ICFRE will be keeping aside Rs. 1 crore annually for meeting the expenditure and Government of India will not bear any liability on the scheme and no funds from out of the grants-in-aid would be diverted for this Scheme. The expenditure will be met out of the Rs. 1 crore set apart by ICFRE from out of its own revenue.

Enc. 1

Yours faithfully,

*Malti Rawat*

(Malti Rawat)

Under Secretary to the Government of India

# INDIAN COUNCIL OF FORESTRY RESEARCH AND EDUCATION PENSIONERS HEALTH SCHEME – (ICFREPHS)

Indian Council of Forestry Research and Education Pensioners Health Scheme has been introduced on ---- day of ----- month in the year 2012 for extending the medical facilities to the retired employees of the Indian Council of Forestry Research and Education (ICFRE) Society and their dependent family members.

## CHAPTER- 1

### ICFRE PENSIONERS HEALTH SCHEME

#### 1. Short title, extent, Commencement, application

- (a) The scheme may be called the Indian Council of Forestry Research & Education Pensioners' Health Scheme (ICFREPHS), 2012.
- (b) The Scope and application of this Scheme shall extend to ICFRE Headquarters, all Institutes and other units under ICFRE.
- (c) The scheme applies to all retired employees/family pensioners (and their dependent family members) of ICFRE who opt for the Scheme. However, the Scheme shall not apply to employees who opted to remain with the Central Government and are covered by the Central Government Health Scheme (CGHS).

#### 2. Definitions

(a)	"The Society" means the Indian Council of Forestry Research and Education (ICFRE) Society, a Society registered under the Societies Registration Act, 1860.
(b)	"The Council" means the Indian Council of Forestry Research and Education (ICFRE).
(c)	"Board of Governors" means the body constituted under Rule 17 of the Rules of Society.
(d)	"The President" means the President of the Indian Council of Forestry Research & Education Society.
(e)	"The Director General" means the officer appointed by the President of the Society with the concurrence of the Govt. of India to be the Director General of ICFRE.
(f)	"Director" means Director of an Institute under ICFRE.
(g)	"The Constituent units of the Society" means the ICFRE Headquarters, its Institutes and any other units set up under the Society.

*M. B. Patil*  
13/11/12

(h)	"Institute" means any of the Institutes under ICFRE.
(i)	"Year" means the financial year of the Govt. of India.
(j)	"Authorized Medical Attendant (AMA)" means the Medical Officer authorized by the ICFRE as Medical Attendant for the area or AMA as defined under CS (MA) Rules, 1944 as amended from time to time.
(k)	"Pensioner" means the retired employee of ICFRE Society or the family pensioners getting pension/family pension from ICFRE Society.
(l)	"Patient" means beneficiary to whom this scheme applies and who has fallen ill.
(m)	"Authorized Hospital" means a dispensary / hospital authorized by the Ministry of Health & Family Welfare and New Forest Hospital, Dehradun.
(n)	"Treatment" means the use of all medical and surgical facilities under this Scheme.
(o)	"Family" means as defined by the Ministry of Health & Family Welfare in their Health Scheme.

*Nath. Pant*  
13/12/11

## CHAPTER- 2

### PROVISIONS FOR ICFRE PENSIONERS' UNDER ICFRE PENSIONERS HEALTH SCHEME (ICFREPHS)

#### 1. Persons Eligible under the scheme:

The ICFRE Health Scheme shall apply to all pensioners and family pensioners of ICFRE who opt for the ICFREPHS and their family members. However, the Scheme shall not apply to employees who opted to remain with the Central Government and are covered under Central Government Health Scheme (CGHS). The benefits of the scheme will be as per entitlement. The scheme will be operated by the ICFRE through its headquarters and various institutes under it.

#### 2. Facilities under ICFRE Pensioners' Health Scheme:

The facilities available under the scheme mainly include-

- a) Outdoor treatment through dispensaries/polyclinic/hospital, maternity centre, etc.
- b) Supply of drugs/reimbursement of the cost of drugs.
- c) Lab. and X-Ray investigations.
- d) Domiciliary visits (provided the pensioner resides within 3 km of the New Forest Hospital).
- e) Specialist consultation in selected centers and polyclinics/hospitals, etc.
- f) Hospital services at Government Hospitals and other recognized Hospitals as provided in the Health Scheme of Ministry of Health and Family Welfare. It includes OPD, hospitalization, specialized investigations and treatment, etc.
- g) Specialized treatment in specialized hospitals for diseases like Cancer, TB, Polio and Mental diseases.
- h) Super specialty treatment, e.g. kidney transplant and coronary artery by pass graft (CABG), etc.
- i) Facilities for dental treatment.
- j) The reimbursement will be as per actual or on the basis of applicable Central Government approved rates/package rates, whichever is less.

#### Facilities not covered under ICFREPHS:

- a) Treatment in hospitals not recognized by the Ministry of Health & Family Welfare.

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- b) Private nursing homes.
- c) Treatment outside India.
- d) Administration of routine injections at one's residence.
- e) Dressing of wound at one's residence.
- f) Supply of artificial appliances, e.g., dentures, spectacles, contact lens, etc.
- g) Orthodontic treatment and denture.
- h) Treatment for obesity due to inogenous factors.

3. **ICFRE Pensioners' Health Scheme Contribution:**

The pensioners/family pensioner willing to avail medical facilities under ICFREPHS shall have to contribute the amount detailed below in accordance with the corresponding Grade Pay drawn at the time of retirement/death:-

Sl. No.	Grade Pay drawn at the time of retirement	Contribution rate per month
1.	Upto Rs.1650/- per month	Rs.50/- per month
2.	Rs.1800/-, 1900/-, 2000/-, 2400/-, and Rs.2800/- per month	Rs.125/- per month
3.	Rs.4200/- per month	Rs.225/- per month
4.	Rs.4600/-, Rs.4800/-, Rs. 5400/- and Rs.6600/- per month	Rs.325/- per month
5.	Rs.7600/- and above per month	Rs.500/- per month

In case of death of the pensioner / family pensioner who has deposited lifelong contribution towards the scheme, the dependent family members of such pensioner / family pensioner will continue to get the benefits of the scheme.

Pensioners who are members of ICFREPHS and do not opt for the OPD facilities are entitled to a fixed medical allowance of Rs.300/- p.m. which may be revised from time to time as per the orders of the Ministry of Health & Family Welfare.

- 3.1. Contributions received from members of this scheme shall be credited to the relevant head of account of ICFRE and ICFRE shall finance the scheme.

*Muthu Bandu*  
13/14/14

- 3.2 The amount of contribution shall be payable by the pensioners from the date they opt for the scheme and shall be revised from time to time as per the applicable rates of contribution under Scheme approved by the Ministry of Health in its Medical Health Schemes.
- 3.3. The pensioners / family pensioners may opt to pay one time ICFREPHS contribution and the amount payable will be ten times the annual contribution payable at the time of retirement. The amount of one time contribution or contribution by exercising option to avail medical facilities under ICFREPHS shall be deposited in the revenues of ICFRE.
- 3.4. Family pensioners may contribute on the basis of last "grade pay" drawn by the deceased employee and avail the entitled medical facilities as admissible under this Scheme.
- 3.5. An identity card will be issued to all beneficiaries of ICFREPHS.
- 3.6. The functioning of the medical Scheme will be annually reviewed by the Board of Governors.
- 3.7. Condition of dependency shall be the same as provided in Section 2 (m) of Chapter-I

#### 4. **IDENTITY CARDS:**

The pensioners availing ICFRE Pensioners Health Scheme shall be issued Identity Cards by the ICFRE headquarter, on which a family photograph will be affixed for easy identification of the beneficiaries i.e. their eligible family members.

The Card will have joint photograph of the pensioner and his/her dependent family members certified by him/her. The pensioners are required to apply in the prescribed forms to the Competent Authority, for issue of ICFREPHS identity cards, alongwith the following attested documents for scrutiny:

1. Copy of pension payment order,
2. Proof of residential address,
3. Proof of age of son/daughter whose name is to be added in ICFREPHS card as dependent children.

*M. L. S.*  
13/11/12



4. Group photo in triplicate whose name is to be enclosed in ICFREPHS card including dependent children and parents.
5. An undertaking regarding the dependency of the parents.
6. For loss of identity card, the beneficiary should lodge a complaint with the police and report the matter to the Director, Institute/Dy. Director General (Admn), ICFRE (HQ), as the case may be. Duplicate Card will be issued on submission of Rs.100/- by way of a postal order/DD in favour of Drawing and Disbursing Officer, ICFRE.
7. In case of mutilation of Identity Card, the beneficiary should submit an application to the Director, Institute/Dy. Director General (Admn), ICFRE (HQ) as the case may be, along with mutilated card. Duplicate card will be issued on submission of Rs.100/- by way of a postal order/DD in favour of Drawing and Disbursing Officer, ICFRE.

**5. TRAVELLING ALLOWANCE:**

Pensioners permitted for treatment in another city, if such treatment is not available in the same city, on the advice of the Government specialists, shall be entitled for travelling allowance restricted to the distance up to the referral hospital available in the nearest city by the shortest route. In case of any deviation, prior permission of the Director of the Institute/DDG (Admn.), ICFRE, may be obtained.

Ambulance charges shall be reimbursed to the beneficiaries provided that:

- (i) the doctor treating the patient certifies in writing that conveyance of patient by any other mode would definitely endanger the patient's life or would grossly aggravate his/her condition, and
- (ii) the journey is undertaken within the same city.

**6. MEDICAL ADVANCE:**

Medical advance in respect of treatment for himself/herself and dependent members of his/her family will be paid as per the Government approved rates (area specific) direct to the hospital on receipt of a certificate/estimate from the treating physician/Medical Superintendent of a Govt./recognized hospital as follows :

- i. Rs. 10000/- or the amount recommended by the physician, whichever is less for indoor treatment in hospital and outpatient treatment for diseases like T.B., cancer etc.
- ii. In case of major illness like by-pass surgery, kidney transplant etc., the advance may be limited to 80% of the package deal wherever it exists or the amount demanded by the hospital concerned in other cases and the balance payable on final adjustment. The amount of package deal will be subject to the ceiling prescribed by Ministry of Health & Family Welfare in its health Scheme. The receipt of the advance payment made to the authorized hospital shall be submitted to the concerned Institute/ICFRE within fifteen days.
- iii. The medical advance shall be sanctioned by the Director of the Institute/Deputy Director General (Admn), ICFRE (HQ) from where the concerned pensioner/family pensioner has exercised the option.
- iv. The pensioner must submit the adjustment bill within one month from the date of discharge from the hospital, failing which the amount would be recovered from his pension/family pension, based on undertaking given by him/her, while seeking medical advance.
- v. The Director of the Institute/Deputy Director General (Administration), ICFRE will maintain proper records for the advance granted to the beneficiaries of ICFREPHS and its timely adjustment. It will be centrally monitored by Deputy Director General (Administration), ICFRE (HQ) and a six monthly report will be placed before the Board of Governors of ICFRE.

*Enth. Gt*  
*13/14/12*

### CHAPTER-III

#### MEDICAL FACILITIES:

The ICFREPHS provides medical services at the level of Govt. hospital / dispensary, and approved hospitals by Ministry of Health & Family Welfare. All pensioners of ICFRE covered under ICFREPHS and their dependent family members can avail the following facilities:-

The beneficiary shall be provided the reimbursement for the outpatient care, emergency services, necessary drugs, investigations, specialist consultation and treatment in super specialty hospitals as per provision where an ICFRE pensioner / family pensioner and his / her dependent family member is entitled to receive medical attendance.

The amount paid by him/her on account of such medical attendance shall, on production of a bill and certificate in writing by the authorized medical attendant in this behalf, be reimbursed to him/her by the ICFRE and its Institutes as per actual or applicable rates prescribed by the Ministry of Health & Family Welfare, whichever is less.

1.1 The following benefits would be extended to the beneficiaries:

- a. Admission in the hospitals / dispensaries under authorized hospitals approved by Ministry of Health & Family Welfare in its health Schemes, according to entitlement/ norms.
- b. If the medical officer-in-charge/ AMA of the authorized hospital and dispensary feels that specialized treatment is required, he / she will refer the patient to the Recognized referral hospital providing such specialized treatment.
- c. In case of emergency treatment, the pensioner and his/her dependent family members will be entitled to the same benefits as prescribed by the Ministry of Health & Family Welfare in its Health Schemes.
- d. In case of super specialty treatment like coronary bypass surgery, angiography, angioplasty, cancer treatment etc., the benefits as prescribed by the Ministry of

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*13/11/12*

Health & Family Welfare in its Health Scheme shall be made applicable to the beneficiaries.

- 1.2. Benefits to the retired employees of ICFRE are prospective in nature and 'pensioner' who has opted for the Scheme shall only be entitled to avail the benefits after becoming a member of the ICFREPHS. Facility of the Scheme shall be made only in case the pensioner is a member of the Scheme. Pensioners who are members of ICFREPHS and do not opt for the OPD facilities are entitled to a fixed medical allowance of Rs.300/- p.m. which may be revised from time to time as per the orders of the Ministry of Health and Family Welfare.

**2. Mode of providing Medicines:-**

- a. In case of chronic illness requiring prolonged treatment, medicines may be supplied/purchased for one month at a time. However, in case of beneficiaries with chronic conditions requiring prolonged treatment, the same may be dispensed upto three months also on the decision of the specialist of a Government approved hospital.
- b. For the beneficiaries residing in Dehradun, the OPD facility shall be available at New Forest Hospital, Dehra Dun.
- c. The Competent Authority who is sanctioning payment for the supply/purchase of medicines shall satisfy himself about the genuineness of the claim and may seek empty wrappers from the concerned patient.

**2.1 OPD Treatment:**

Specialist / super specialist treatment in recognized super speciality hospitals shall be available on the advice of the CMO/ MO in charge of authorized hospital for a period not exceeding three months in each instances and reimbursement shall be as per provision prescribed by the Ministry of Health & Family Welfare in its health Schemes. Therefore, the expenditure on treatment exceeding the limit prescribed by the Ministry of Health & Family Welfare has to be borne by the beneficiary from his/her own resources.

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*13/11/12*

**2.2. Indoor Treatment:**

Indoor treatment as per entitlement shall be available in authorized hospitals during non-emergent conditions on the advice of the concerned AMA. Follow up treatment subsequent to any specialized procedure or for illness shall ordinarily be valid for the period prescribed by the Ministry of Health & Family Welfare in its health Schemes.

**2.3. Treatment in emergent conditions:**

- a. In emergent conditions beneficiary can go to any of the nearest hospital without being formally referred by AMA/authorized hospital .
- b. Treatment in private hospitals not authorized under the scheme in medically emergent conditions will also be admissible when treatment is necessitated in such hospitals being situated nearest to the place of illness/trauma and when no other recognized facility is available nearby or due to circumstances beyond the control of the beneficiary.
- c. Ambulance charges shall be reimbursed to the beneficiaries provided that:
  - (i) the doctor treating the patient certifies in writing that conveyance of patient by any other mode would definitely endanger the patient's life or would grossly aggravate his/her condition, and
- d. Follow-up treatment subsequent to any emergent treatment/procedure or for the illness shall be in authorized hospital.
- e. The reimbursement of the medical claim covered under clause (b) above shall be made within the ceiling of rates prescribed by the Ministry of Health & Family Welfare in its health Scheme.

*M. A. S.*  
*13/11/12*

## CHAPTER-IV

### 1. SETTLEMENT OF MEDICAL CLAIMS:-

1.1 The medical settlement/reimbursement claim under the Scheme to the beneficiaries will be made as per the option exercised by the beneficiary through the concerned ICFRE Institute / Centre (from where ICFREPHS card holder has retired).

#### 1.2 Application for settlement of medical claims

The beneficiary should make an application to the concerned authority for claiming reimbursement of medical expenditure and settlement of any advance. The claim should be filed within 3 months of discharge from the hospital. The application should be made along with the following documents:

- i. Checklist, Form as per Annexure-I.
- ii. All original bills.
- iii. Photocopy of identity card.
- iv. Discharge summary of the hospital.
- v. A detailed list of all medicines, laboratory tests, investigations, number of doctors visits etc. with dates.
- vi. Self-explanatory letter from the beneficiary, explaining the emergency circumstances, if applicable.
- vii. Photocopies of claim papers and an affidavit on stamp paper, in case original papers have been lost.
- viii. Affidavit on stamp paper by claimant, no objection from any other legal heirs on stamp papers and copy of death certificate, in case of death of the card holder.
- ix. Original prescription slip and diagnostic report.

Authorities concerned may verify and check the claims based on original prescription slip and the diagnostic report. In case of any doubt, verification can be done from the hospital concerned.

#### 1.3 Power to settle the medical claim.

*Chh. B.*  
12/11/12

- i. The Director of the Institute/Deputy Director General (Administration), ICFRE will have the power to settle the medical claim upto Rs.50,000/- at a time and for bills exceeding Rs.50,000/- and upto Rs. 2 lakh, the Director General and beyond Rs. 2 lakh, BOG of the ICFRE will have the power to settle the medical claim in respect of the beneficiaries. This ceiling will not be applicable in case of package rates for cancer, by-pass surgery, kidney transplant etc. which will be settled as per the ceiling of the rates prescribed by the Ministry of Health & Family Welfare in its health scheme.
- 1.4 The Director of the Institute/Deputy Director General (Administration), ICFRE will keep a proper record of the medical claims, advances and their settlement. The details of medical advances and their settlement should be immediately forwarded by the Director of the Institute to the Deputy Director General (Administration), ICFRE for centralized monitoring.
- 1.5 A centralized monitoring of the sanction/adjustment of the advance in respect of each advance granted to the beneficiaries and their adjustment will be carried out by the Deputy Director General (Administration), who in turn shall lay all sanctions to beneficiaries before Board of Governors.

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12/11/11

## CHAPTER -V

### RESTRICTION AND CONCESSION:

- 1.1. The jurisdiction regarding all Court cases in respect of ICFREPHS and its beneficiaries shall be at Dehradun.
- 1.2. The power to relax or extend medical treatment facilities to ICFRE pensioners, if any, not covered under the provisions adopted by the ICFRE shall be vested with the Board of Governors of ICFRE with the approval of the Ministry of Environment and Forests, New Delhi.
- 1.3. In case of any doubt, verification can be done from the hospital concerned.
- 1.4. The benefits of the Scheme are prospective in nature i.e. only after becoming a member of the Scheme by the beneficiaries.

*Mull. lms*  
*13/14/12*



**INDIAN COUNCIL OF FORESTRY RESEARCH AND EDUCATION PENSIONERS  
HEALTH SCHEME - 2012**

**FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF (ICFREPHS)  
BENEFICIARIES.**

\*\*\*

Computer No.

(To be filled by the claimant)

1. ICFREPHS Token No:

2. Validity of ICFREPHS Token Card : from.....to..... & entitlement : Pvt. / Semi  
Pvt. / General.

3. Full name of the card holder (Block Letters) :

4. Full address :

5. Telephone No . ( O) ..... ( R) .....

6. E-mail address if, any:

7. Name of the Bank .....Branch.....SB A/C.

9. Name of the patient & relationship with the card holder :

10. Basic Pension

11. Name of the Hospital with Address:

(a) OPD treatment and investigations.

(b) Indoor Treatment.

12. Date of admission.....Date of discharge.....(In case of  
Indoor Treatment only)

10. Total amount Claimed

(a) OPD Treatment.

(b) Indoor Treatment.

13. Details of Permission:

14. Details of Medical advance if, any:

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependant on me. I am a ICFREPHSbeneficiary and the ICFREPHScard was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date:

Signature of ICFREPHS card holder

Note: Misuse of ICFREPHS facilities is a criminal offence. Suitable action including cancellation of ICFREPHS card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

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डी. पी. ओ. कार्यालय  
भा. व. आ. एच. शि. परिषद्  
डायरी सं. 8404  
दिनांक 15/2/13

Sudhanshu Gupta, IFS  
Secretary, ICFRE



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**INDIAN COUNCIL OF FORESTRY RESEARCH AND EDUCATION**  
(An Autonomous Body of the Ministry of Environment and Forests, Govt. of India)  
**P.O. New Forest, Dehradun – 248 006 (Uttarakhand)**

No. 57-20/2012-ICFRE

Dated the 15 February, 2013.

To

1. All Director of the Institutes of ICFRE.
- ✓ 2. The DDG(Admin), ICFRE.

**Sub: Approved minutes of the meeting of the committee for finalisation of modalities for implementation of ICFREPHS.**

Sir,

Please find enclosed herewith the approved minutes of the meeting of the committee for finalisation of modalities for implementation of Indian Council of Forestry Research and Education Pensioners Health Scheme (ICFREPHS) for kind information and further necessary action.

The bank account pertaining to ICFREPHS will be operated by the Under Secretary, Pension Cell under the Administrative and Financial control of the Dy. Director General (Admin), ICFRE.

Encl : As stated above.

Yours faithfully

(Sudhanshu Gupta)  
Secretary, ICFRE

## Proceedings of the meeting of the committee for finalization of modalities for the implementation of the Indian Council of Forestry Research and Education Pensioners Health Scheme (ICFREPHS)

In pursuance of the Committee constituted by the Director General, ICFRE vide Notification No.57-20/2012-ICFRE dated 14.01.2013 for finalization of modalities for the implementation of the Indian Council of Forestry Research and Education Pensioners Health Scheme (ICFREPHS), the first meeting of the Committee was held on 21.01.2013 in the ICFRE Committee Room under the Chairmanship of Shri Sudhir Kumar, Scientist 'F'/Special Director (EM).

The meeting was attended by the following members:

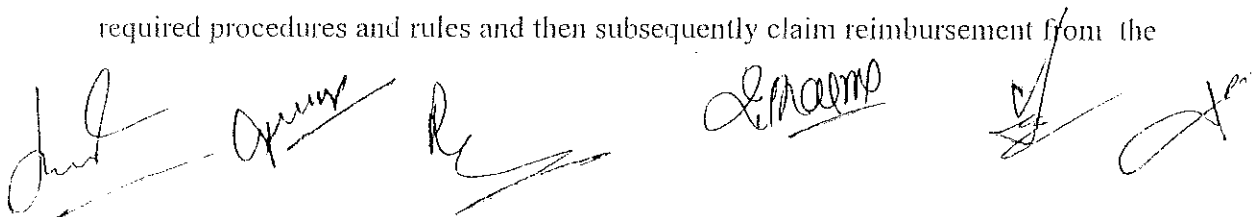
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|--|--------------------------------|
| 1. Dr. M.S. Rana, CMO Incharge New Forest Hospital.                | Special Invitee.<br>(Co-opted) |
| 2. Shri R.C.Pali, Retired E&AO                                     | Member                         |
| 3. Shri Narender Kumar, Assistant,<br>DDO(Admin) Office, ICFRE     | Member                         |
| 4. Shri J.P.S.Rana, Chief Pharmacist<br>New Forest Hospital, FRI   | Member                         |
| 5. Shri R.S.Sharma, Under Secretary<br>Directorate of Admin. ICFRE | Member-Secretary               |

At the onset, the Chairman welcomed the members and briefed about salient feature of ICFREPHS and the scope of the committee laid down in the notification dated 14.01.2013. The following points were discussed at striatum.

1. **To frame modalities for opening of ICFREPHS Account in ICFRE (Hqrs.) and payment of medical claims of ICFRE Pensioners.**

The Committee discussed the matter in detail and decided that a separate Bank Account may be opened at the ICFRE (Hqrs.) level in Union Bank of India, Forest Research Institute Branch, P.O. New Forest, Dehradun in the name of "ICFREPHS" under the overall administrative and financial control of Deputy Director General (Admin.), ICFRE. The said Account shall be operated by the Drawing & Disbursing Officer (Admin.), ICFRE or the Under Secretary, Pension Cell duly authorized by the competent authority for such purposes, as per the approved procedure and guidelines on the subject.

The medical reimbursement claims in respect of the member of ICFREPHS may be examined/scrutinised and paid by the Institutes concerned after observing all required procedures and rules and then subsequently claim reimbursement from the



4. **Issue of Membership Identity Cards.**

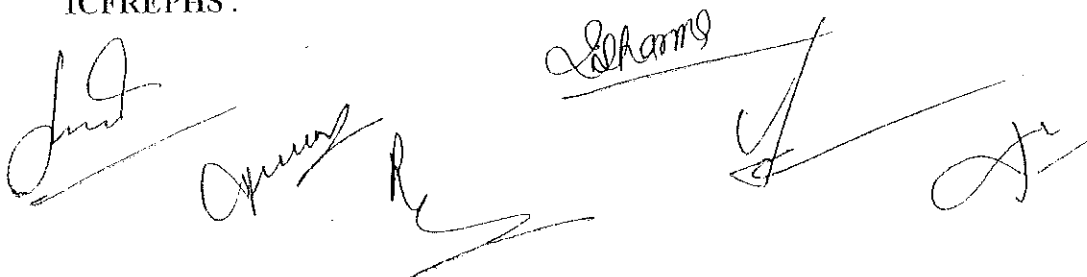
The Committee decided to issue **ICFREPHS** medical treatment cards to every member of the scheme. The format of the card may be adopted as per card issued by the CGHS, with any modification, as per requirement for the beneficiaries of the scheme.

5. **Modalities for making payment direct to Hospitals/medical Institutions/Laboratories for treatment in respect of indoor and OPD treatment.**

As discussed in para 2 above, the Committee is in process to obtain willingness of recognized hospitals recognised under CGHS and other specialized hospitals for providing cashless medical facility to the pensioners of ICFRE as per prescribed rates of CGHS. Dr. M.S. Rana, CMO New Forest Hospital clarified that the pensioners will also be entitled for medical treatment from State Government Hospitals where costless facilities are not available and in such cases individual concerned is required to make the payment for the medical treatment availed and cost on which can be claimed for reimbursement of the bills from **ICFREPHS** account as per the approved norms and approved rates for the recognised hospitals as per the provisions of the Rules.

After detailed discussion and taking into consideration of all factors in light of rules and guidelines as available under CGHS, the Committee recommends modalities for making payment as follows:

- (1) The **ICFREPHS** Account shall be monitored and exercise control centrally by the DDG (Admin.) ICFRE, Dehradun for all such matters that may be covered by relevant provisions and rules on the subject.
- (2) A full fledged Cell for this purpose may be created and set up in ICFRE (Hqrs.) for dealing with all matters related to enrolment of pensioners in **ICFREPHS**, issue of cards, matters concerning to payment and reimbursement of claims to Institutes and maintaining proper records. The proposed Cell may be under the control of DDO (Admin.) ICFRE or Under Secretary Pension Cell, as may be authorised by the competent authority to discharge the duties as provided for **ICFREPHS**.



No.ICFRE/PHS/Committee-2013

20th  
Dated: January, 2013

Copy alongwith a copy of the proceedings of the meeting held on 21.01.2013 forwarded for information and necessary action to:-

1. Secretary, ICFRE
2. All Members of the Committee
3. Administrative Officer DG's Office, ICFRE.



(R.S. SHARMA)

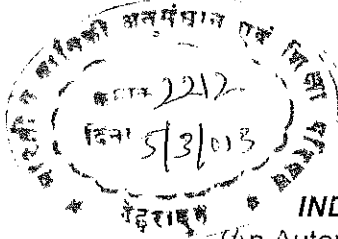
Member-Secretary, ICFREPHS &  
Under Secretary (Admin.), ICFRE

S.D. Sharma, IFS  
Secretary, ICFRE



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Email: sudhanshu@icfre.org



**INDIAN COUNCIL OF FORESTRY RESEARCH & EDUCATION**

(An Autonomous Body of the Ministry of Environment & Forests, Govt. of India)

**P.O. New Forest, Dehradun – 248 006**

No. 57-20/2012ICFRE

Dated the 1st March, 2013

**CIRCULAR**

Sub : Implementation of Indian Council of Forestry Research and Education Pensioners Health Scheme (ICFREPHS).

For the implementation of the Indian Council of Forestry Research and Education Pensioners Health Scheme (ICFREPHS), the Director General, ICFRE had constituted a committee for setting up the modalities etc. As a part of process, the Chairman of the Committee has submitted draft formats of following documents :

1. Application for ICFREPHS Card for the Pensioners of ICFRE.
2. ICFREPHS Card.

The abovementioned draft formats are circulated herewith, for favour of suggesting modifications etc., if any, before finalization of the same.

(S.D. Sharma),  
Secretary,

Indian Council of Forestry Research & Education.

1. All Directors of Institute/Head of Centres under ICFRE.
2. DDG(Admin.), ICFRE
3. All the Staff Associations.
- ✓ 4. DDO (ICFRE)/Under Secretary, Pension Cell, ICFRE.
5. Administrative Officer, DG Office.
6. Guard File.

सेवा में रहते हुए चिकित्सा पहचान कार्ड सं०/Medical Identity card No. while in service \_\_\_\_\_  
भारतीय वानिकी अनुसंधान एवं शिक्षा परिषद के पेंशनरों के लिये भावाअशिप स्वास्थ्य योजना कार्ड हेतु आवेदन पत्र  
APPLICATION FOR ICFREPHS CARD FOR PENSIONERS OF ICFRE

फार्म (ए) / Form (A)

1. आवेदक का नाम / Name of the Applicant.....
2. श्रेणी / Category ..... पेंशनर / Pensioners..... अन्य Other (कृपया उल्लेख करें (PI-Specify)
3. विभाग संस्थान सेवा का नाम जहां से सेवा निवृत्त हुए.....  
Name of the Department Institute/Service from where retired.....
4. पद एवं वेतनमान जिससे सेवानिवृत्त हुए / Post and Pay scale from which retired
5. अंतिम वेतन / Last Pay मूल पेंशन / Basic pension.....  
(पेंशनर के मामले में / in case of pensioners) पूर्व संशोधित / Pre revised.....
6. आवासीय पता / Residential Address.....
7. दूरभाष सं० / Telephone Number:  
(आ / R)..... (मो० / M).....
8. ई-मेल आई डी / e-mail ID.....
9. अधिवर्षिता की तिथि / Date of Superannuation दिनांक / Date ..... माह / Month ..... वर्ष / Year
10. परिवार का ब्यौरा / Details of Family  
(\* यह कालम भरने से पहले परिवार की परिभाषा देख लें / Please see definition of Family before filling up this column)

क्र०सं० S.No.	परिवार के सदस्यों के नाम / Name of Family members	भावाअशिप कार्डधारी के साथ संबंध / Relationship to ICFREPHS Card Holder*	जन्म तिथि / Date of Birth (अनिवार्य / Compulsory)	ब्लड ग्रुप / Blood Group (ऐच्छिक / optional)

(# कृपया उपरलिखित व्यक्तियों के आयु का प्रमाण साथ लगाएं / Please attach proof of age of persons mentioned above)

11. क्या ऊपर जिन व्यक्तियों के नाम दिए गए हैं वे आप पर आश्रित हैं और आपके साथ रहते हैं? : हाँ / नहीं  
Are all the persons whose names are given above are dependant upon you and are residing with you?:  
Yes/No

(कृपया उनका आपके साथ रहने का प्रमाण साथ लगाएं जैसाकि राशन कार्ड / निर्वाचन पहचान पत्र / पासपोर्ट / कालेज / स्कूल / विश्वविद्यालय द्वारा जारी पहचान पत्र / बैंक की पास बुक आदि की प्रति)  
Please attach proof of their staying with you. like copy of Ration Card/Election ID/Passport/Identity Card issued by college/school/University/Bank Pass Book. etc.)



12. नीचे दिए गए स्थान पर (स्वयं सहित) परिवार के प्रत्येक सदस्य जिनके नाम (दोनों भाषाओं में) आपके परिवार 'क' भाग के रूप में सम्मिलित किए जाने हैं कि पहचान पत्र के आकार की एक फोटोग्राफ चिपकाएं (नाम दोनों भाषाओं में लिखें) 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 (Names should be written in both the languages):

कसं० S.No .....	कसं० S.No.....	कसं० S.No.....	कसं० S.No.....
नाम	नाम	नाम	नाम
Name	Name	Name	Name
कसं० S.No.....	कसं० S.No.....	कसं० S.No.....	कसं० S.No.....
नाम	नाम	नाम	नाम
Name	Name	Name	Name

13. स्वयं सहित परिवार के सभी आश्रित सदस्यों की युप फोटो की तीन प्रतियां संलग्न करें

Attach three Joint Photograph of dependent family members (including self)

14. भावाअशिप स्वास्थ्य योजना हेतु अवधि का विकल्प / Option of duration for availing ICFREPHS

मैं वचन देता हूँ कि इस आवेदक फार्म में सम्मिलित मेरे परिवार के सदस्यों के आश्रित मानदण्ड में यदि कोई बदलाव आता है तो मैं भावाअशिप स्वास्थ्य योजना को तत्काल सूचित करूंगा। यदि मैं सूचित करने में असफल होता हूँ और यदि भावाअशिपस्वा0यो0 को बदलाव के बारे में पता लग जाता है तो भावाअशिप द्वारा भावाअशिप स्वास्थ्य योजना की सुविधाएं वापिस लें ली जाएंगी और भावाअशिप और/या उचित प्राधिकारी को छूट होगी वह मेरे विरुद्ध कोई भी कार्रवाई कर सकता है।

I undertake to intimate to ICFREPHS immediately if there is any change in dependency criteria of my family members included in this application from. If I fail to intimate and if the ICFRE comes to know of the change then the ICFREPHS facility is liable to be withdrawn by the ICFRE and the ICFRE and/or appropriate authority will be free to initiate any action against me.

मैं वचन देता हूँ कि भावाअशिप स्वास्थ्य योजना की सुविधा की पात्रता न होने पर, मैं भावाअशिप स्वास्थ्य योजना कार्ड सौंप दूंगा।

I undertake to surrender the ICFREPHS Card(s) on ceasing to be eligible for ICFREPHS benefits.

मैं प्रमाणित करता हूँ कि इस आवेदन में मेरे द्वारा दी गई सूचना जाँच करने पर ठीक पाई गई और कोई सूचना छुपाई नहीं गई है या गलत तरीके से नहीं दी गई है और मैं इसके लिए पूर्ण जिम्मेदार हूँ।

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.

अनुलग्नक/Encl : आवासीय/आश्रितों के साथ रहने का प्रमाण/Proof of Residence/Stay of dependents.

पुत्र की आयु का प्रमाण/विकलगता प्रमाण पत्र/Proof of age of son/Disability certificate

सेवा में रहते हुए के चिकित्सा पहचान कार्ड के समर्पण का प्रमाण पत्र/Surrender Certificate of Medical Identity Card while in service

पीपीओ तथा अंतिम वेतन प्रमाण पत्र की अनुप्रमाणित प्रतियां/Attested copies of PPO& Last Pay Certificate

अदाकर्ता बैंक.....की शाखा.....पर आहरित रु0.....के  
लिये डिमाण्ड ड्राफ्ट सं0...../पोस्टल ऑर्डर सं0.....  
दिनांक.....संलग्न है ।

Enclosed DD bearing No.....dated.....drawn on Bank.....  
Branch...../Postal Orders No.....for Rs.....

आवेदक के हस्ताक्षर/ Signature of Applicant

सेवा में/To

उप महानिदेशक (प्रशासन), भा0वा0अ0शि0प0, पो0ओ0 न्यू फॉरेस्ट, देहरादून-248006  
The DDG (Admin.), ICFRE, P.O. New Forest, Dehradun – 248006

प्राधिकृत हस्ताक्षरकर्ता, भा0वा0अ0शि0प0 स्वास्थ्य योजना (मुख्यालय) द्वारा सत्यापित  
...../...../..... तक वैध/आजीवन काल के लिये

Verified by Authorized Signatory, ICFRE (HQ) valid upto...../...../...../For Rest of Life

आबंटित सम्पूर्ण स्वास्थ्य केन्द्र/ ICFREPHS Wellness Centre Alloted.....  
भा0वा0अ0शि0प0स्वा0यो0 द्वारा भरा जाए/ to be filled by ICFREPHS

पात्रता:	जनरल वार्ड /	सैमी-प्राइवेट वार्ड	/ प्राइवेट वार्ड
Entitlement	General Ward/	Semi Private Ward	/ Private Ward

हस्ताक्षर/ Signature

-1-  
अनुदेश  
INSTRUCTION

परिवार की परिभाषा / Definition of Family

- (1) पति / Husband पत्नी / Wife (केवल पहली पत्नी First wife only)\*
- (2) आश्रित माता पिता / सौतेली माँ (यादि दत्तक है, केवल दत्तक और असली माता पिता नहीं)  
Dependent Parents/Step Mothe (In case of adoption, only adoptive & not real parents)
- (3) यदि दत्तक पिता की एक से एक अधिक पत्नियाँ हैं, केवल पहली पत्नी ।  
If adoptive father has more than one wife, the first wife only.
- (4) महिला कर्मचारी के लिए अपने आश्रित माता-पिता या आश्रित सास-ससूर को सम्मिलित करने का विकल्प है; सेवाकाल के दौरान विकल्प केवल एक बार बदला जा सकता है ।  
A female employee has a choice to include either her dependent parents or her dependent parents-in-law; option exercise can be changed only once during service.
- (5) बच्चे: निम्नलिखित शर्तों के रहते हुए कानूनन सम्मिलित दत्तक बच्चे, सौतेले बच्चे, संरक्षता के लिए गए बच्चे सम्मिलित हैं ।  
Children including legally adopted children, step children and children taken as wards subject to the following conditions:

(i)	पुत्र / Son	कमाना शुरू करने या 25 वर्ष की आयु प्राप्त करने तक जो भी पहले हो Till he start earning or attains the age of 25 years, whichever is earlier.
(ii)	पुत्री / Daughter	कमाना शुरू करने या शादी हो जाने तक, आयु की कोई सीमा नहीं, जो भी पहले हो Till she start earning or gets married, irrespective of the age limit, whichever may be earlier.
(iii)	पुत्र किसी भी तरह की स्थाई विकलंगता से पीड़ित (शारीरिक या मानसिक) जैसा कि नीचे परिभाषित है Son suffering from any permanent disability of any kind (Physical or mental) as defined below	कोई आयु सीमा नहीं Irrespective of age limit
(iv)	आश्रित तलाकशुदा / परित्यक्ता या अपने पति से अलग / विधवा लड़कियाँ और आश्रित विवाहित / तलाकशुदा / परित्यक्ता या अपने पति से अलग / विधवा बहनें Dependent divorced/abandoned or separated from their husband/widowed daughters and dependent unmarried divorced abandoned or separated from their husband/widowed sisters	कोई आयु सीमा नहीं Irrespective of age limit
(v)	आश्रित अवस्यक भाई Dependent minor brother(s)	व्यस्क होने की आयु तक Upto the age of becoming a major.

25 वर्ष से ऊपर विकलांग पुत्र के लिए भा0वा0अ0शि0प0 स्वास्थ्य योजना की सुविधाएं प्राप्त करने हेतु कृपया सक्षम प्राधिकारी द्वारा जारी विकलांग का प्रमाण -पत्र संलग्न करें ।  
For the purpose of availing ICFREPHS facility for a disabled sons above 25 years. Please attach a copy of the certificate of disability issued by the competent authority.

विकलांगता: विकलांग व्यक्ति (सामान अवसर, अधिकारी की सुरक्षा तथा पूर्ण भागीदारी) अधिनियम, 1995 (1996 का 1) की धारा 2(1) में निर्धारित विकलांगता होगी कि नीचे प्रस्तुत की गई है :

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 :

विकलांगता का अर्थ

**DISABILITY MEANS**

- a. अधापन / BLINDNESS
- b. कम दिखना / LOW VISION
- c. उपचारित कुष्ठ / LEPROCY CURED
- d. सुनना बन्द हो गया है / HEARING IMPAIRMENT
- e. चलने फिरने में कठिनाई / LOCOMOTOR DISABILITY
- f. मानसिक अवरुद्धता / MENTAL RETARDATION
- g. दिमागी बीमारी / MENTAL ILLNESS
- h.

**आश्रिता / Dependency :**

परिवार के सदस्य (पति/पत्नी को छोड़कर) जिनकी मासिक आय 3500/-+महंगाई भत्ता से कम है उनको आश्रित समझा जाए और जो सामान्यतः भा0वा0अ0शि0प0 स्वास्थ्य योजना लाभार्थी के साथ रहते हैं :

Members of family (other then spouse) whose is less than Rs.3500/-+DA per month are treated as dependents and are normally residing with ICFRE beneficiary.

निम्नलिखित दस्तावेज संलग्न किए जाए ।

The Following Documents are to be enclosed :

- (1) आवासीय प्रमाण/आश्रितों का निवास – (राशन कार्ड/निर्वाचन पहचान पत्र/पास पोर्ट/कालेज, स्कूल, विश्वविधालय द्वारा जारी पहचान पत्र /बैंक पास बुक आदि की प्रति)  
Proof of Residence/Stay of dependents – (copy of Ration Card/Election ID/Passport/Identity Card issued by College/School/University/Bank Pass Book, etc.)

- (2) पुत्र की आयु का प्रमाण पत्र / Proof of age of son

- (3) सक्षम प्राधिकारी द्वारा जारी विकलांगता प्रमाण-पत्र की सत्यापित प्रति (यदि आश्रित पुत्र की आयु 25 या उससे अधिक है)

Attested copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)

पेंशनर के लिये जो पहली बार केन्द्रीय सरकार स्वास्थ्य योजना कार्ड के लिए आवेदन कर रहे हैं, निम्नलिखित अतिरिक्त दस्तावेज चाहिए :

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

- (4) सेवा कालीन भा0वा0अ0शि0प0 चिकित्सा पहचान कार्ड सौंपने का प्रमाण पत्र ।

- (5) Surrender Certificate of Medical Identity Card while in service.

पेंशन अदायगी आदेश/अन्तिम वेतन प्रमाण पत्र की सत्यापित प्रति ।

Attested copy of PPO&Last Pay Certificate

पेंशनर द्वारा अंशदान “अवर सचिव, भा0वा0अ0शि0प0 स्वास्थ्य योजना, देहरादून” के नाम देहरादून में देय बैंक ड्राफ्ट (अधिसूचित बैंक) द्वारा जारी किया जाना चाहिए।

Contribution by Pensioner should be made by Bank Draft (Scheduled Banks) payable in Dehradun in favour of Under Secretary, ICFREPHS, Dehradun.

भा0वा0अ0शि0प0 स्वा0यो0 कार्ड न0.  
ICFREPHS Card No.

पूरा नाम  
Name in full

सेवानिवृत्ति की तिथि .....  
Date of Retirement.....

आयु :  
Age :

संस्थान/कार्यालय, जहां से सेवा निवृत्त हुए है.....  
Institute/Office from which retired

पद एवं वेतनमान जिससे सेवानिवृत्त हुए  
Post and Pay scale from which retired

अन्तिम वेतनमान / Last Pay/  
मूल पेंशन / Basic Pension

रिहायशी पता  
Residential Address

चिकित्सालय/औषधालय  
Hospital/Dispensary

वैधता की अवधि/ Validity period

बढ़ाई गई वैधता की अवधि/ Validity extend upto

पेंशनर के हस्ताक्षर/अंगूठे का निशान  
Signature/Tumb impression of Pensioner

मोहर सहित जारी करने वाले प्राधिकारी के हस्ताक्षर  
Signature of Issuing authority with seal

जारी करने की तिथि  
Date of Issue

मोहर सहित फोटोग्राफ  
Stamp with Photograph

परिवार के सदस्यों का ब्यौरा / Details of Family

क्र० Sl.No	नाम Name	जन्म तिथि Date of Birth	सम्बन्ध Relationship
1.			
2.			
3.			
4.			
6.			
7.			
8.			

दूरभाष न० / Phone No. आ० / R. \_\_\_\_\_ (मो० / M) \_\_\_\_\_

**हिदायतें / Instructions :-**

1. परिवार के अन्तर्गत माता-पिता, बहनें, विधवा बहनें, विधवा पुत्रियां, छोटे भाई और बच्चे और बेरोजगार पुत्र, बिना आय सीमा के बेरोजगार और अविवाहित पुत्रियां आते हैं, यदि वे पेंशनर के साथ ही रहते हैं और उनकी सभी साधनों से मासिक आय 3500/-रु० से कम है ।

Family includes Parents, Sisters, Widowed Sisters, Widowed daughters, Minor brothers and children, sons and daughters unmarried & unemployed, irrespective of age limit, if they are residing with Pensioners and their income from all sources is less than Rs.3500/-

2. कार्ड के गुम होने की सूचना शीघ्र ही जारी करने वाले प्राधिकारी/नजदीक के पुलिस स्टेशन को देनी चाहिए

The loss of this card should be reported immediately to issuing authority and to nearest Police Station.

वैधता (अधिकार की अवधि)	तारीख
Validity period	Date
किस तारीख तक वैधता बढ़ाई गई है	तारीख
Validity extended upto (year)	Date
किस तारीख तक वैधता बढ़ाई गई है	तारीख
Validity extended upto (year)	Date
किस तारीख तक वैधता बढ़ाई गई है	तारीख
Validity extended upto (year)	Date
किस तारीख तक वैधता बढ़ाई गई है	तारीख
Validity extended upto (year)	Date

पेंशनर / Pensioner  
भारतीय वानिकी अनुसंधान एवं शिक्षा परिषद  
भा0वा0अ0शि0प0 स्वास्थ्य योजना का पहचान-पत्र  
देहरादून

ICFREPHS Identity Card  
DEHRADUN

हिदायतें  
**Instructions**

1. पहचान -पत्र की किसी भी प्रकार से आवश्यकता न होने पर उसे जारी करने वाले प्राधिकारी को सौंप दें, अन्यथा लाभार्थी को फिर इस योजना में सम्मिलित होने के लिए अंशदान की बकाया राशि का भुगतान करना पड़ेगा।  
In case the card is not required due to any reasons the same may be surrendered to Issuring Officer failing which the beneficiary has to pay arrears to the contribution for his re-admission.
2. भारतीय दण्ड संहिता के अन्तर्गत कार्ड का दुरुपयोग करना कानूनी अपराध हैं।  
Misuse of this Card is a cognizable offence under I.P.C.
3. रिहायश बदलने पर सम्बन्धित कर्मचारी/लाभार्थी को चाहिए कि वह कार्ड पर रिहायशी पता बदलवा लें।  
In case of change of residence, the holder should get the residential address changed.