

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.

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.

**ANNEXURE**

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

Photo
1) Joint Photograph in case of Pensioner
2) Photo in case of Family Pensioner

1.	a) <b>PPO No.</b>	
	b) Name of Pension Disbursing Office	
	c) Scheme Type	<b>Contributory Medical Benefit Scheme</b>
2.	Name of the Pensioner / Family Pensioner (in <b>BLOCK LETTER</b> )	
3.	Name of the Spouse in case of Pensioner (with Joint Photograph)	
4.	<b>PPO No. OAC/UST</b> (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 & Branch with Account No. from where the Pension / Family Pension is drawn	
6.	(a) Permanent Address (in <b>BLOCK LETTERS</b> ) (Duly furnish District & PIN code)	
	(b) Present Address	

7.	Contact Details		
	(a) Phone No. with STD Code		
	(b) Mobile No.		
	(c) Email ID (if available)		
8.	<b>PAN No.</b> (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 :