



ಭಾ. ಕೃ. ಅನು. ಪ - ಭಾರತೀಯ ತೋಟಗಾರಿಕಾ ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ
ಹೆಸರಗಟ್ಟ ಕೆರೆ ಅಂಚೆ, ಬೆಂಗಳೂರು-560 089

ಭಾ.ಕೃ.ಅನು.ಪ.- ಭಾರತೀಯ ಬಾಗವಾನಿ ಅನುಸಂಧಾನ ಸಂಸ್ಥಾನ
ಹೆಸರಗಟ್ಟಾ ಲೇಕ್ ಪೋಸ್ಟ್, ಬೆಂಗಳೂರು - 560 089



ICAR-Indian Institute of Horticultural Research
Hesaraghatta Lake Post, Bengaluru - 560 089

F.No:4(11)/12/2025/Estt-II/(e-379126)/4281

Date: 03 July, 2025

CIRCULAR

In order to provide comprehensive medical treatment to all the Employees, Pensioners and their dependents, ICAR-IIHR, Bengaluru has empanelled some Private Hospitals / where treatment will be provided as per CGHS/CHSS rate on cash/cashless basis to employees for self treatment and on reimbursement basis to their dependents, Pensioners and their dependents.

Entitlement of accommodation:

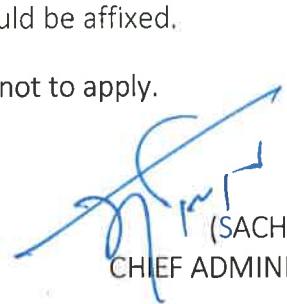
Sl.No	Corresponding Basic Pay drawn by the Officer in 7 th CPC per month.	Warden entitlement
		Private Hospitals Empanelled under CGHS/CHSS
1	UptoRs.36,500/-	General
2	Rs.36,501/-to 50,500/-	Semi-Private
3	Above Rs. 50,500	Private

To expedite the entire process smoothly, the Competent Authority has directed to issue Medical Identity Card to all the employees/pensioners of the Institute and their dependents.

Employees / Pensioners and their dependents can avail medical facilities on CGHS/CHSS rate for both indoor and outdoor treatment in empanelled Hospitals on production of Medical Identity Card.

In this connection, all concerned are requested to submit filled in Proforma in prescribed format (Annexure-I & II) and other necessary information on or before 20th July, 2025 to the undersigned. Neat & clear Passport size photograph should be affixed.

Those employees who have already applied need not to apply.


(SACHIN AGNIHOTRI)
CHIEF ADMINISTRATIVE Officer (SG)

Copy to:

1. All Heads/Section//Units/Centers/ for information with the request for its wide circulation among all staff members of ICAR-IIHR, Bengaluru.
2. The In-Charge, AKMU ICAR-IIHR, Bengaluru for information and with the request for uploading the same of Official website of ICAR-IIHR, Bengaluru.
3. The Director's Cell, ICAR-IIHR, Bengaluru for kind information of the Director.
4. Notice Boards.

Medical Card No (for Office use):

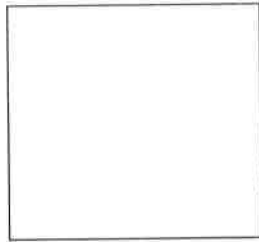
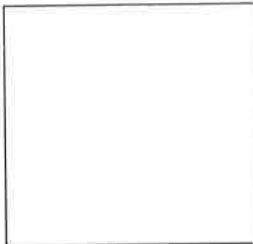
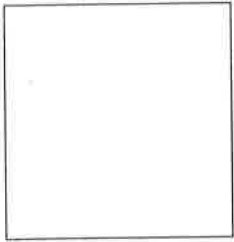
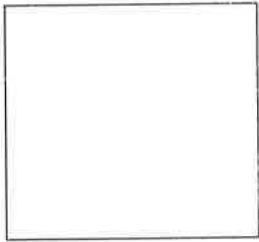
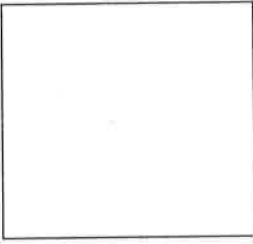
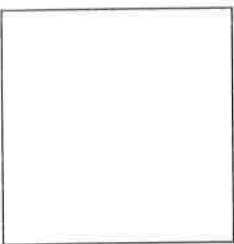
Valid up to (for Office use):

PROFORMA OF MEDICAL IDENTITY CARD

Details of family:-

Sl. No.	Name	Date of Birth (submit self attested photocopy of Adhar Card/PAN Card/Voter ID/Passport)	Relationship with the Employee	Gross Income per month
1			SELF	Rs..... (Basic Pay for June, 2025)
2				
3				
4				
5				
6				

Paste the photo graph from Sl.No.1 to 6



Employee's Name in Full (Block letter):.....

Status of the employee:

Eligible for (Type of Ward):.....

Present

Address:.....

.....

.....

.....

Signature of the Employee :.....

Office Seal with date and designation of the Authorized Signatory

.....

Note:

- a) As per CGHS Rules, dependent son(s) is/are eligible for medical facilities till he starts earning or attain the age of 25 years, whichever is earlier. However, in case of son suffering from any permanent disability of any kind (physical or mental) he is/are eligible for CGHS benefits even after 25 years.**
- b) As per CGHS Rules, dependent daughter(s) is/are eligible till she starts earning, or gets married, whichever is earlier (irrespective of age)**
- c) As per CGHS Rules, Minor brothers (less than 18 years) can be treated as dependent and eligible for CGHS benefits, if appropriate documents are produced.**

- d) *If the spouse is working and the Institute employee wants to avail medical treatment of his/her spouse from the Institute, a declaration is required stating that the spouse does not avail any such medical facilities from the Head of Office of the concerned organization / institution where he / she is working.*
- e) *For the parents/retirees to be dependents for availing CGHS benefit, "the income limit for dependency is Rs. 9,000/- plus amount to the dearness relief on the basic pension of Rs. 9,000/- as on the date of consideration" as per M/o Health & Family Welfare, Govt. of India Office Memorandum dated 8th November, 2016. Income Certificate in respect of dependent parents/retirees shall be required from appropriate authority.*

I,.....(name) do hereby declare and certify that the above family members are fully dependent on me (**documents enclosed**). Further, I also certify that they do not claim any Medical facilities from any other source except me. If the aforesaid statement is found incorrect, I will be fully responsible for the same and I accept any action under Govt. of India/ ICAR rules against me.

Signature of the Employee with date.....

(The authenticity of above details and Certificate(s) produced by the employee / pensioner shall be solely his/her concerned and he/she will be liable for any action if the information and documents furnished by him/her is found incorrect)



ಭಾ. ಕೃ. ಅನು. ಪ - ಭಾರತೀಯ ತೋಟಗಾರಿಕಾ ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ

ಹೆಸರಗಟ್ಟ ಕೆರೆ ಅಂಚೆ, ಬೆಂಗಳೂರು-560 089

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ICAR-Indian Institute of Horticultural Research

Hesaraghatta Lake Post, Bengaluru - 560 089



Format of Application for issue of Pensioner's Health Card

1.	Name of the Pensioner (In Capitals)	
2.	Designation at the time of retirement	
3.	Institute from where retired	
4.	Date of Birth Pensioner	
5.	Date of Superannuation	
6.	Male/Female	
7.	Last/Revised Basic Pay	
8.	Pay level/ Pay Matrix	
9.	PPO Number	
10.	Basic Pension	
11.	Name of the Family Pensioner	
12.	Residential address	
13.	Mobile Number	
14.	e-mail address	
15.	Details of Family Members	
Sl. No.	Name of dependent Family member	Relationship with the pensioners
1.		

(# please attach proof in case of children)

16. Are all the persons whose names given above dependent upon you and residing with you?

(Please attach proof such as Aadhar card /Election Card/ Passport / Driving License)

17. Paste one Stamp size Photograph of each dependent members of Family (including self) whose names are proposed to be included (in the same sequence as mentioned in Column above) as party your family in space given below.

Sl. No Name Photo	
-------------------------	--

1. I undertake to intimate to ICAR-IIHR immediately, if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if ICAR-IIHR comes to know of the change, the Health facility is liable to be withdrawn by ICAR-IIHR and ICAR-IIHR appropriate authority will be free to initiate any action me.
2. I undertake to surrender the ICAR-IIHR Health card on ceasing to be eligible for the health benefits.
3. 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.

Encl: Proof of Residence /Stay of dependents
Proof of age children/Disability Certificate
Copy of PPO

(Signature of Applicant)

(To be filled by the Sponsoring Authority)

The information furnished by the applicant has been verified and found to be correct. It is recommended that a Pensioner's Health Card can be issued to Dr/Shri/Smt/Kumari _____, Designation _____ of this organization.

HEAD OF THE OFFICE



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ANNEXURE-II

Pensioner's Medical Identification Card

Health Card No:

Name of the Pensioner:

Date of Birth:

Designation:

Entitlement: **P.P.O. No. IIHR-**

Blood Group:

Permanent Address:

Mobile No.

Signature of issuing authority
With Seal

Signature of Pensioner



INSTRUCTIONS

Please surrender the card on death of the family members /Ex-employee to Director, ICAR-IIHR, Hesaraghatta, Bengaluru. If lost, the loss should be reported immediately to issuing authority i.e. Director, ICAR-IIHR as well as nearest Police Station.

Penalty loss is Rs.250/-

Contract Telephone Number: 080-23086100

Dependents of Government Pensioner

Name :

Relationship:

Date of Birth:

Name:

Relationship :

Date of Birth:

Name :

Relationship:

Date of Birth:

Name:

Relationship:

Date of Birth:

Signature of issuing authority with seal

Medical Card No (for Office use):
Valid up to (for Office use):

Annexure-I

PROFORMA OF MEDICAL IDENTITY CARD

Details of family:-

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