

ICAR - INDIAN INSTITUTE OF HORTICULTURAL RESEARCH  
HESSERGAHTTA LAKE POST, BENGALURU - 560089

F.No.6-6/Medical/C&B/2019-20

2345

Date:10.06.2019

CIRCULAR

Sub: Issue of Pensioners Health Card Reg-  
Ref: GOI, Dept of pen. & P.W., O.M. No. 41/21/2000 - P & PW (D) dated: 19.02.2019

With reference to the above, decision has been taken by Director, ICAR - IIHR to issue Pensioner Identity Card/ pensioner Health Card to all the pensioners who are covered under pension Authorization unit of this institute. Therefore all pensioners are requested to submit the detailed information of self and dependents, so as to enable this office to issue pensioners Identity Card/Pensioners Health Card and same will serve as identity card for availing medical facilities at all the CGHS recognised Hospitals.

The format of application for issue of pensioners Health Card is enclosed as Annexure - I and same should reach this office on or before 30.06.2019 along with proof for dependent i.e. Aadhar Card, Voter ID etc.

(B LOKANATHA)

ASSISTANT ADMINISTRATIVE OFFICER

Copy to:

- 1) To all the pensioners ICAR - IIHR, Bangalore.
- 2) Head, CHES, Bhubaneswar/CHETTALI / KVK, GONIKOPAL for kind information and similar action at your end.
- 3) The Chairman(AKMU CELL) for kind information and with a request to display the above letter in IIHR website.
- 4) The Head, CHES/KVK, Hirehalli for kind information and with a request to issue of Pensioners Health Card.
- 5) Guard file.



ಐ.ಸಿ.ಎ.ಆರ್ - ಭಾರತೀಯ ತೋಟಗಾರಿಕೆ ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ  
भा.कु.अनु.प. भारतीय बागवानी अनुसंधान संस्थान  
I.C.A.R - INDIAN INSTITUTE OF HORTICULTURAL RESEARCH  
ಹೆಸರಪಟ್ಟಿ ಕೆರೆ ಅಂಚೆ, ಬೆಂಗಳೂರು-560089.  
ಹೆಸರಪಟ್ಟಿ ಲೇಕ್ ಪೋಸ್ಟ್, ಬೆಂಗಳೂರು - 560 089  
HESSARAGUDA LAKE POST, BANGALURU - 560 089  
"ISO 9001:2008 INSTITUTE"



**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 of Pensioner	
5	Date of Superannuation	
6	Sex	
7	Last/Revised Basic Pay	
8	Scale of Pay/pay Matrix	
9	PPO Number	
10	Basic Pension	
11	Name of the Family Pensioner	
12	Residential Address	
13	Mobile No	
14	E-Mail Address	

<b>15. Details of Family Members:</b>				
<b>Sl.NO</b>	<b>Name of dependent Family Member</b>	<b>Relationship with the Pensioner</b>	<b>Date of Birth</b>	<b>Blood Group(Optional)</b>

(#please attach Proof in case of Children)

**16. Are all the persons whose names given above dependents 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 member of family (including self) whose are proposed to be included (in the same sequence as mentioned in column above) as part of your family in the space given below.**

<b>Sl.No. 1 Name</b>	<b>Sl.No.2 Name</b>	<b>Sl.No.3 Name</b>
<b>Sl.No.4 Name</b>	<b>Sl.No.5 Name</b>	<b>Sl.No.6 Name</b>

**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 or appropriate authority will be free to imitate any action against 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 of Children/Disability Certificate**

**Copy of PPO**

**Applicant)**

**(Signature of the**

**(To BE FILLED BY THE SPONSORING AUTHORITY)**

**The information furnished by the applicant has been verified and found to be correct. It is recommend that a Pensioner's Health Card Can be issued to Dr/Shri/Smt/Kumari.....Designation.....of this Organization.**

**Head of the Officer**

## Instructions

### Definition of Family

1. Husband / Wife (First wife only)
2. Depends Parents / Step Mother (in case of adoption, only adoptive & not real parents)
3. If adoptive Father has more than one wife , the first wife only.
4. A female employee has a choice to include either her dependents parents or her dependents - in -law; option exercise can be changed only once during service.
5. Children including legally adopted children, step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earnings or attains the age of 25 years, whichever is earlier
(ii)	Daughter	Till she starts earnings or gets married, irrespective of the age limit, whichever may be earlier
(iii)	Son suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit
(iv)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband widowed sisters.	Irrespective of age limit
(v)	Dependent Minor brothers (S)	Up to the age of becoming a major.

For the purpose of availing CGHS facility for a disabled son above 25 years please attach a copy of the certificate of disability issued by the competent authority.

"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:

"Disability" means (i) Blindness (ii) Low Vision (iii) Leprosy cured (iv) Hearing Impairment (v) Locomotive Disability (vi) Mental Retardation (vii) Mental illness.