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GOVERNMENT OF INDIA  
DEPARTMENT OF TELECOMMUNICATION  
O/o PRINCIPAL CONTROLLER OF COMMUNICATIONS ACCOUNTS, MUMBAI

No: - CCA/MUM/CGHS/2022-23

Date: 06/06/2022


To,  
GM(Administration), /AO (PENSION)  
MTNL, Mumbai.

Sub: - Grant of Fixed Medical Allowance to IDA Pensioner's of MTNL.

This office is in process of sanctioning & granting Fixed Medical Allowances to the IDA Pensioners of MTNL. In this regard an Office Memorandum to the effect has been issued and enclosed herewith for wide publicity amongst the Pensioners.

As per Office Memorandum, the Pensioner has to submit a certificate issued by MTNL Administration that the Pensioner is not availing any Medical Scheme of MTNL. The suitable arrangements may be done for issue of said certificate which has to be submitted by Pensioner along with other documents for FMA to Sr. Accounts Office (Pension), O/o. Pr. CCA Mumbai, Currey Road Telephone Exchange, Mumbai 400 012.

This issues with the approval of Competent Authority.

  
06/06/2022  
Asstt. Controller of Communication Accounts (Pen)  
O/o. Pr. CCA, Mumbai, 2<sup>nd</sup> floor, CTO Building,  
Fort, Mumbai 400001


ENCL : As Above

संख्या: डब्ल्यूएल/110-23/सीजीएचएस/ सेवानिवृत्त कर्मचारी/2022-23

दि. 16/06/2022

सेवा में,

- 1) कार्यकारी निदेशक के वरिष्ठ प्रबंधक
- 2) सभी प्रमुख महाप्रबंधक/मुख्य अभि.(भवन निर्माण/विद्युत), एमटीएनएल, मुंबई ।
- 3) सभी वरिष्ठ महाप्रबंधक/सभी महाप्रबंधक, एमटीएनएल, मुंबई ।
- 4) सभी वरिष्ठ/ उप प्रबंधक (प्रशासन)/एफसी/  
भवन निर्माण/विद्युत, एमटीएनएल, मुंबई । .... उचित कार्रवाई हेतू
- 5) सभी उप. प्रबंधक (लेखा-नगद/कार्य)
- 6) सचिव, एम.टी.एन. कामगार संघ, मुंबई.
- 7) सेवानिवृत्त अधिकारियों व कर्मचारियों की असोसिएशन तथा यूनियन ।

  
16/06/2022  
उप-महाप्रबंधक (प्रशासन)  
Dy. General Manager (Admn.)  
टेलीफोन हाऊस, Telephone House,  
प्रभादेवी, Prabhadevi  
मुंबई / Mumbai - 400 028



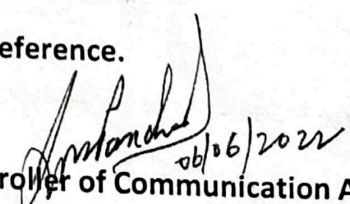
GOVERNMENT OF INDIA  
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**Fixed Medical Allowance to IDA Pensioners**

Applications are called from eligible MTNL IDA Pensioners / Family pensioners ( i.e. Those residing in an area not served by any CGHS Dispensary) for grant of Fixed Medical Allowance as per orders communicated vide DOT HQ Lr. No. 47-14/CPMS/TA-II/2018/4696-4726 dated 21.10.2019.

Applications for grant of FMA should be submitted only either by post or in person along with the following documents through concerned AGM (Admn). (Applications sent via e-mail; and incomplete documents will not be entertained).

1. Duly filled in Option Form (Annexure – A).
2. Duly filled in Undertaking Form (Annexure – B).
3. A certificate from the Medical authority of CGHS or from authorities of corresponding Health Schemes of the concerned Ministries / Department as the case may be, that the area where the pensioner is residing is not served by any dispensary under CGHS, as per letter dated 31.10.2018.
4. CGHS enrollment card where it is mentioned that the pensioner has not opted for OPD and only opted for In-door treatment.
5. Certificate from MTNL (Employer) to the effect that Pensioner is not availing any MTNL Medical Scheme.
6. PPO copy.
7. Copy of any Govt. issued Address proof for the address mentioned in PPO.
8. Blank proforma of Annexure A & B also enclosed for ready reference.

  
Asstt. Controller of Communication Accounts (Pen)  
O/o. Pr. CCA, Mumbai, 2<sup>nd</sup> floor, CTO Building,  
Fort, Mumbai 400001  
Tel. No. 022 –

## Annexure – A

### Form for availing Medical Facilities under Fixed Medical Allowance (FMA)

1	I reside at the following address (The address proof provided should be the same as the address in PPO)	
	Flat / House No. / Building Name	
	Street/Locality	
	Village & Post Office / Block	
	City & District	
	State	
	Pin code	
2	I opt the following facility (Please tick any one of the following)	
I	I am residing in a non-CGHS area but would be availing CGHS facility for IPD (In-patient dept) treatment only by payment of CGHS contributions. I will avail FMA for OPD treatment	
II	I am residing in a non CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.	

This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again. (Strike out this item if not applicable)

Name of the pensioner	
PPO Number	
Mobile Number	
Name of the Bank from which pension is being drawn	

Date:

Signature of Pensioner / Family Pensioner

Annexure B

Undertaking

I, \_\_\_\_\_ a retired employee / Family

Pensioner of MTNL, Mumbai with PPO Number \_\_\_\_\_ declare that I am

residing at \* \_\_\_\_\_

\_\_\_\_\_ which area is not covered under CGHS or any corresponding Health Scheme administered by the Department of Telecommunications.

I have also not obtained and do not wish to obtain a CGHS Card for availing out-door facilities under CGHS / Corresponding Health Scheme of other Ministries / Departments from any dispensary.

\* Residential address

Signature of the Pensioner / Family Pensioner

Date :