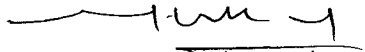


केन्द्रीय विद्यालय संगठन/ Kendriya Vidyalaya Sangathan
18, संस्थानिक क्षेत्र/ 18, Institutional Area
शहीद जीत सिंह मार्ग/ Shaheed Jeet Singh Marg
नई दिल्ली-16/ New Delhi - 16

F.No.110239/51/Cir./2016/KVS (Budget) / 17/18 Dated: 10/02/2017

The following orders issued by Government of India are uploaded on the KVS Website for information and necessary action.

1. G.I., M.H. & F.W., O.M.No.S.14025/18/2015-MS/EHSS dated 17-10-2016 regarding Grant of 90% medical advance for all treatments (IPD and OPD) under CGHS and CS (MA) Rules, 1944.
2. G.I., M.H. & F.W., O.M.No.S.14021/06/2016-MS/EHS, dated 21-10-2016 regarding Renewal of recognition of Medipulse Hospital, Jodhpur for treatment of Central Government employees under CS(MA) Rules, 1944.
3. G.I., M.H. & F.W., O.M.No.S.14021/37/2014-MS, dated 28.10.2016 regarding renewal of recognition of Pushpanjali Hospital and Research Centre(P) Ltd, Delhi Gate, Agra for treatment of Central Government employees under CS(MA) Rules, 1944.
4. G.I., M.F., O.M.No.CPAO/Tech./Banks Performance/2015-16/45, dated 2-6-2016 regarding Issues raised by Pensioners Associations and Pensioners for redressal/action by banks.
5. G.I., M.F., O.M.No.CPAO/Tech./JeevanPramaan/(3)Vol.II/2015-16/156, dated 20-10-2016 regarding Indication of Aadhaar number in Pension papers of all employees.
6. G.I., Dept. of Pen. & P.W., O.M.No.41/21/2000-P & PW (D), dated 26-10-2016 regarding Issue of Pensioners' Identity Card to pensioners.
7. G.I., M.F., O.M.No.CPAO/Tech./Jeevan Pramaan/ (3) Vol-V/2016-17/172, dated 15-11-2016 regarding Extension of date for submission of Annual Life Certificate up to 15th January, 2017.


(S.Muthusivam) 10/2/17
Deputy Commissioner (Fin.)
Tel.No: 26523070

Copy to:

1. The Deputy Commissioner, Kendriya Vidyalaya Sangathan, All Regional Offices.
2. The Finance Officer, Kendriya Vidyalaya Sangathan, All Regional Offices.
3. All Officers/Sections at Kendriya Vidyalaya Sangathan (HQ.).
4. Principal, Kendriya Vidyalaya, Kathmandu/Moscow/Tehran.
5. The General Secretary, All Recognized Associations of KVS.
6. The Director, ZIET, Gwalior, Mumbai, Mysore, Chandigarh & Bhubaneswar.
7. The Deputy Commissioner, (EDP Cell) KVS (HQ.) with the request to upload the above circulars on the KVS Web-site under 'announcement'.
8. RTI Cell KVS (Hq.)
9. Guard File.

G.I., M.H. & F.W., O.M. No. S. 14025/18/2015-MS/EHSS
dated 17-10-2016

**Grant of 90% medical advance for all treatments (IPD and OPD)
under CGHS and CS(MA) Rules, 1944**

The undersigned is directed to refer to O.M. No. S. 14025/7/94-MS, dated 15-5-1996 (*Sl. No. 95 of Swamy's Annual, 1996*) and O.M. No. S. 12025/1/96-CGHS (P), dated 13-5-1997 provisioning, *inter alia*, grant of advance up to 90% in case of major illness like bypass surgery, Kidney transplant, major cancer treatment, etc.

2. During the meeting held on 25-3-2015, National Council (Staff Side) requested this Ministry to make provisions for grant of 90% advance of the estimated cost for all treatments for serving Central Government employees, irrespective of major or minor diseases.

3. The matter was examined in the Ministry. Considering that the basic purpose of grant of advance for treatment of any disease is to provide relief to a Government employee from facing hardship, it has been decided with the approval of the Competent Authority that serving CS(MA) and CGHS beneficiaries may be granted 90% medical advance of the approved CGHS package rates for all indoor treatments, irrespective of major or minor diseases, on receipt of a certificate from the treating physician of a Government/recognized hospital as per the guidelines given in the O.M. No. S. 14025/7/94-MS, dated 15-5-1996 and O.M. No. S-11016/1/92-CGH (P), dated 29-10-1992 (*Sl. No. 119 of Swamy's Annual, 1992*) for CS(MA) and CGHS beneficiaries respectively.

4. For outdoor treatment, it has also been decided that advance may be limited to 90% of the total estimated expenditure of the treatment, subject to the condition that the advance for OPD treatment may only be granted when the total estimate of expenditure for OPD treatment including tests/investigations is more than ₹ 10,000.

5. The advance should be released within 10 days on receipt of the request for advance by the administrative Department/Ministry/Office in order to avoid inconvenience to the employees.

6. The O.M. No. S. 12025/1/96-CGHS (P), dated 13-5-1997 stands withdrawn from the date of issue of this O.M.

G.I., M.H. & F.W., O.M. No. S. 14021/06/2016-MS/EHS,
dated 21-10-2016

**Renewal of recognition of Medipulse Hospital, Jodhpur
for treatment of Central Government employees under CS (MA)
Rules, 1944**

The undersigned is directed to say that the proposal received for renewal of recognition of **Medipulse Hospital, Jodhpur** for treatment of Central Government Employees and their family members under Central Services (Medical Attendance) Rules, 1944 has been examined in this Ministry and found to be in order. It has been decided to grant recognition to the Medipulse Hospital, Jodhpur under CS (MA) Rules, 1944.

2. The Schedule of charges for the treatment of Central Government Employees and the members of their family under the CS (MA) Rules, 1944, will be the rates fixed for CGHS, Jaipur. The approved rates are available on the website of CGHS (<http://msotransparent.nic.in/cghsnew/index.asp>) and may be downloaded/printed.

3. The undersigned is further directed to clarify as under:—

(a) "Package Rate" shall mean and include lumpsum cost of in-patient treatment//day care/diagnostic procedure for which a CS(MA) beneficiary has been permitted by the Competent Authority or for treatment under emergency from the time of admission to the time of discharge, including (but not limited to) — (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patient's diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor/consultant visit charges, (viii) ICU/ICCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anaesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / Surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges, etc., (xviii) Nursing care and charges for its services.

(b) Cost of Implants is reimbursable in addition to package rates as per CGHS ceiling rates for implants.

(c) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

(d) Medipulse Hospital, Jodhpur shall not charge more than the package rates fixed for CGHS, Jaipur.

(e) Expenses on toiletries, cosmetics, telephone bills, etc. are not reimbursable and are not included in package rates.

4. Package rates envisage duration of indoor treatment as follows:

Up to 12 days : for Specialized (Super Specialities) treatment

Up to 7 days : for other Major Surgeries

Up to 3 days : for Laparoscopic Surgeries/normal deliveries

1 day : for day care/Minor (OPD) surgeries.

No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

In case, there are no CGHS prescribed rates for any test/procedure, then AIIMS rates are applicable. If there are no AIIMS rates, then reimbursement is to be arrived at by calculating admissible amount item-wise (e.g. room rent, investigations, cost of medicines, procedure charges, etc.) as per approved rates/actually, in case of investigations.

5. (a) CS (MA) beneficiaries are entitled to facilities of private, semi-private or general ward depending on their Basic Pay. The entitlement is as follows:—

Sl. No.	Pay drawn in Pay Band	Ward Entitlement
1.	Up to ₹ 13,950	General Ward
2.	₹ 13,960 to 19,530	Semi-Private Ward
3.	₹ 19,540 and above	Private Ward

(b) The package rates given in rate list of CGHS are for semi-private ward.

(c) The package rates prescribed are for semi-private ward. If the beneficiary is entitled for general ward, there will be a decrease of 10% in the rates; for private ward entitlement, there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test, *per se*, does not require admission.

6. The hospital shall charge from the beneficiary as per the CGHS prescribed rates or its own rate list, whichever is lower. The hospital shall

charge CGHS NABH Jaipur rates till the expiry of its accreditation i.e. up to 15-4-2019. If the NABH accreditation of the hospital is renewed and continued after 15-4-2019, the Hospital will charge CGHS NABH Jaipur rates or its own rates, whichever is less, otherwise it will charge CGHS non-NABH Jaipur rates, or its own rates, whichever is less, after 15-4-2019.

7. (a) The maximum room rent admissible for different categories would be:

General ward	₹ 1,000 per day
Semi-private ward	₹ 2,000 per day
Private ward	₹ 3,000 per day
Day care (6 to 8 Hrs.)	₹ 500 (same for all categories)

(b) Room rent mentioned above at (a) above is applicable only for treatment procedures for which there is no CGHS prescribed package rate.

Room rent will include charges for occupation of bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges and routine upkeeping.

(c) During the treatment in ICCU/ICU, no separate room rent will be admissible.

(d) Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, oed-side table, sofa set, etc. as well as a bed for attendant. The room has to be air-conditioned.

(e) Semi Private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.

(f) General ward is defined as hall that accommodates four to ten patients.

(g) Normally, the treatment in higher category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

If, on the request of the beneficiary, treatment is provided in a higher category of ward, then the expenditure over and above entitlement will have to be borne by the beneficiary.

8. In case of non-emergencies, the beneficiary shall have the option of availing specific treatment/investigation from any of the empanelled hospitals of his/her choice (provided the hospital is recognized for that treatment procedure/test), after the specific treatment/investigation has been advised by Authorized Medical Attendant and on production of valid ID card and permission letter from his/her concerned Ministry/Department.

9. The hospital shall honour permission letter issued by Competent Authority and provide treatment/investigation facilities as specified in the permission letter.

10. The hospital shall also provide treatment/investigation facilities to the CGHS beneficiaries and their eligible dependent family members at its own rates or rates approved under CS (MA) Rules, whichever is lower. The hospital shall provide treatment to pensioner CGHS beneficiaries after authentication through verification of valid CGHS Cards.

11. However, pensioner CGHS beneficiaries would make payment for the medical treatment at approved rates as mentioned above and submit the medical reimbursement claim to the Additional Director, CGHS through the CMO i/c of the CGHS Wellness Centre, where the CGHS Card of the beneficiary is registered.

12. In case of emergencies, the beneficiary shall have the option of availing specific treatment/investigation from any of the empanelled hospitals of his/her choice (provided the hospital is recognized for that treatment procedure/test), on production of valid ID card issued by Competent Authority.

13. During the in-patient treatment of the CS (MA) beneficiary, the hospital will not ask the beneficiary or his attendant to purchase separately the medicines/sundries/equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items.

14. In case of treatment taken in emergency in any non-recognized private hospitals, reimbursement shall be considered by Competent Authority at CGHS prescribed Package/rates only.

15. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only 50% of charges for minor procedure.

16. The hospital shall agree for conducting all investigation/diagnostic tests/consultations, etc. of the Central Civil Services Group "A" Officers of age of 40 years and above and other categories of CGHS/CS(MA) beneficiaries as specified by Government from time to time as per prescribed protocol as per Annexure (*not printed*), subject to the condition

that the hospital shall not charge more than ₹ 2,000 for conducting the prescribed medical examination of the male officers and ₹ 2,200 for female officers of Central Government who come to the hospital/institution with the requisite permission letter from their Ministry/Department/Competent Authority. The above rates for medical examination are valid until such time when the above rates are revised by the Central Government.

17. Any legal liability arising out of such services shall be the sole responsibility and shall be dealt with by the concerned empanelled hospital. Services will be provided by the hospital as per the terms given above.

18. Ministry of Health and Family Welfare reserves the right to withdraw/cancel the above recognition without assigning any reason.

19. The order takes effect from the date of issue of the O.M. The hospital stands recognized under CS (MA) Rules, 1944 for a period of 4 (four) years from the date of issue of this O.M.

20. The authorities of Medipulse Hospital, Jodhpur will have to enter into an agreement with the Government of India to the effect that the Hospital will charge from the Central Government employees at the rates fixed by the Government and they will have to sign a Memorandum of Understanding (MoU) within a period of 3 months from the date of issue of the above-mentioned OM failing which the Hospital will be derecognized (Two original copies of MoU duly signed by the Hospital to be sent for acceptance). Subject to above, the Hospital can start treating Central Government employees covered under CS (MA) Rules, 1944.

21. A communication in acceptance of the Para. 20 above may be sent to the undersigned within a week from the receipt of this Office Memorandum.

Renewal of recognition of Pushpanjali Hospital and Research Centre (P) Ltd., Delhi Gate, Agra for treatment of Central Government employees under CS (MA) Rules, 1944

The undersigned is directed to say that the proposal received for renewal of recognition of Pushpanjali Hospital and Research Centre (P) Ltd., Delhi Gate, Agra for treatment of Central Government Employees and their family members under Central Services (Medical Attendance) Rules 1944 has been examined in this Ministry and found to be in order. It has been decided to grant recognition to the Pushpanjali Hospital and Research Centre (P) Ltd., Delhi Gate, Agra under CS (MA) Rules, 1944.

2. The Schedule of charges for the treatment of Central Government Employees and the members of their family under the CS (MA) Rules, 1944, will be the rates fixed for CGHS, Meerut. The approved rates are available on the website of CGHS (<http://m.transparent.nic.in/cghsnew/index.asp>) and may be downloaded/printed.

3. The undersigned is further directed to clarify as under:—

(a) "Package Rate" shall mean and include lumpsum cost of in-patient treatment/day care/diagnostic procedure for which a CS(MA) beneficiary has been permitted by the Competent Authority or for treatment under emergency from the time of admission to the time of discharge, including (but not limited to)—(i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patient's diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor/consultant visit charges, (viii) ICU/ICCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anaesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / Surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges etc., (xviii) Nursing care and charges for its services.

(b) Cost of Implants is reimbursable in addition to package rates as per CGHS ceiling rates for implants.

(c) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

(d) Pushpanjali Hospital and Research Centre (P) Ltd., Delhi Gate, Agra shall not charge more than the package rates fixed for CGHS, Meerut.

(e) Expenses on toiletries, cosmetics, telephone bills, etc. are not reimbursable and are not included in package rates.

4. Package rates envisage duration of indoor treatment as follows:

- | | |
|---------------|--|
| Up to 12 days | : for Specialized (Super Specialities) treatment |
| Up to 7 days | : for other Major Surgeries |
| Up to 3 days | : for Laparoscopic Surgeries / normal deliveries |
| 1 day | : for day care / Minor (OPD) surgeries. |

No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

In case, there are no CGHS prescribed rates for any test/procedure, then AIIMS rates are applicable. If there are no AIIMS rates, then reimbursement is to be arrived at by calculating admissible amount

item-wise (e.g. room rent, investigations, cost of medicines, procedure charges, etc.) as per approved rates/actually, in case of investigations.

5 (a) CS (MA) beneficiaries are entitled to facilities of private, semi-private or general ward depending on their Basic Pay. The entitlement is as follows:-

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1.	Up to ₹ 13,950	General Ward
2.	₹ 13,960 to 19,530	Semi-Private Ward
3.	₹ 19,540 and above	Private Ward

(b) The package rates given in rate list of CGHS are for semi-private ward.

(c) The package rates prescribed are for semi-private ward. If the beneficiary is entitled for general ward, there will be a decrease of 10% in the rates; for private ward entitlement, there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test, *per se*, does not require admission.

6. The hospital shall charge from the beneficiary as per the CGHS prescribed rates or its own rate list, whichever is lower. The hospital shall charge CGHS Non-NABH Meerut rates.

7. (a) The maximum room rent admissible for different categories would be:

General ward	₹ 1,000 per day
Semi-private ward	₹ 2,000 per day
Private ward	₹ 3,000 per day
Day care (6 to 8 Hrs.)	₹ 500 (same for all categories)

(b) Room rent mentioned above at (a) above is applicable only for treatment procedures for which there is no CGHS prescribed package rate.

Room rent will include charges for occupation of bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges and routine upkeep.

(c) During the treatment in ICCU/ICU, no separate room rent will be admissible.

(d) Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table,

bed-side table, sofa set, etc. as well as a bed for attendant. The room has to be air-conditioned.

(e) Semi-Private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.

(f) General ward is defined as hall that accommodates four to ten patients.

(g) Normally, the treatment in higher category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

If, on the request of the beneficiary, treatment is provided in a higher category of ward, then the expenditure over and above entitlement will have to be borne by the beneficiary.

8. In case of non-emergencies, the beneficiary shall have the option of availing specific treatment/investigation from any of the empanelled hospitals of his/her choice (provided the hospital is recognized for that treatment procedure/test), after the specific treatment/investigation has been advised by Authorized Medical Attendant and on production of valid ID card and permission letter from his/her concerned Ministry/Department.

9. The hospital shall honour permission letter issued by Competent Authority and provide treatment/investigation facilities as specified in the permission letter.

10. The hospital shall also provide treatment/investigation facilities to the CGHS beneficiaries and their eligible dependent family members at its own rates or rates approved under CS (MA) Rules, whichever is lower. The hospital shall provide treatment to pensioner CGHS beneficiaries after authentication through verification of valid CGHS Cards.

11. However, pensioner CGHS beneficiaries would make payment for the medical treatment at approved rates as mentioned above and submit the medical reimbursement claim to the Additional Director, CGHS through the CMO i/c of the CGHS Wellness Centre, where the CGHS Card of the beneficiary is registered.

12. In case of emergencies, the beneficiary shall have the option of availing specific treatment/investigation from any of the empanelled

hospitals of his/her choice (provided the hospital is recognized for that treatment procedure/test), on production of valid ID card issued by Competent Authority.

13. During the in-patient treatment of the CS (MA) beneficiary, the Hospital will not ask the beneficiary or his attendant to purchase separately the medicines/sundries/equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items.

14. In case of treatment taken in emergency in any non-recognized private hospitals, reimbursement shall be considered by Competent Authority at CGHS prescribed Package/rates only.

15. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only 50% of charges for minor procedure.

16. The hospital shall agree for conducting all investigation/diagnostic tests/consultations, etc. of the Central Civil Services Group "A" Officers of age of 40 years and above and other categories of CGHS/CS (MA) beneficiaries as specified by Government from time to time as per prescribed protocol as per Annexure *(not printed)*, subject to the condition that the hospital shall not charge more than ₹ 2,000 for conducting the prescribed medical examination of the male officers and ₹ 2,200 for female officers of Central Government who come to the hospital/institution with the requisite permission letter from their Ministry/Department/Competent Authority. The above rates for medical examination are valid until such time when the above rates are revised by the Central Government.

17. Any legal liability arising out of such services shall be the sole responsibility and shall be dealt with by the concerned empanelled hospital. Services will be provided by the hospital as per the terms given above.

18. Ministry of Health and Family Welfare reserves the right to withdraw/cancel the above recognition without assigning any reason.

19. The order takes effect from the date of issue of the O.M. The hospital stands recognized under CS (MA) Rules, 1944 for a period of 4 (four) years from the date of issue of this O.M.

20. The authorities of Pushpanjali Hospital and Research Centre (P) Ltd., Delhi Gate, Agra will have to enter into an agreement with the Government of India to the effect that the hospital will charge from the Central Government employees at the rates fixed by the Government and they will have to sign a Memorandum of Understanding (MoU) within a period of 3 months from the date of issue of the above-mentioned OM failing which the Hospital will be derecognized (Two original copies of

MoU duly signed by the Hospital to be sent for acceptance). Subject to above, the Hospital can start treating Central Government employees covered under CS (MA) Rules, 1944.

21. A communication in acceptance of the Para. 20 above may be sent to the undersigned within a week from the receipt of this Office Memorandum.

G.I., M.F., O.M. No. CPAO/Tech./Banks Performance/2015-16/45,
dated 2-6-2016

**Issues raised by Pensioners Associations and Pensioners for
redressal / action by banks**

CPAO has been administering the Scheme for Payment of Pension to Central Civil Pensioners through Authorized Banks. Under the scheme, CPAO authorizes the banks for arranging the payment of pensions to Central Government Civil Pensioners. While making the payment, banks are required to follow the instructions / guidelines given in the Special Seal Authority (SSA)/ Digitally Signed Authority scrupulously. However, many instances are reported to CPAO where banks are not giving due attention to the instructions / guidelines given in the SSA.

In this context Pensioners Associations and Pensioners have communicated their feedback/grievances/inputs on not following the instructions / guidelines by banks and also for improvement in banks services to pensioner. The main points and action to be taken thereon by the banks along with CPAO's instructions / guidelines are given in the following table for strict compliance by all the authorized banks:-

Sl. No.	Points raised by Associations/ Pensioners	Instructions / Guidelines for Banks
(i)	a) "Joint Account with spouse" system was introduced with a view among other things, to avoid delay in commencement of payment of family pension after the death of pensioner even after having joint account. It has been observed that in most of the cases, commencement of payment of family pension takes 4/5 months after submission of death certificate of pension to the bank. Moreover, recovery for excess credit of pension and adjustment of family pension for the intervening period are done by the banks in a cryptic manner and not in a transparent way.	(a) As per the instructions issued by DP&PW, O.M. No. 1/27/2011-P&PW (E), dated 20-9-2013 (Sl. No. 140 of Swamy's Annual, 2013) conveyed to GMs of all CPPCs by CPAOs OM No. CPAO/Tech./ Simplification/2014-15/595-96, dated 14-10-2014 (Sl. No. 154 of Swamy's Annual, 2014) banks are supposed to commence the family pension to the spouse immediately on receipt of death certificate of the pensioner, proof of his/her own age / date of birth and undertaking of recovery of excess payment. Banks are advised to arrange payment of family pension latest within a month of submission of above documents and provide detail of transaction for the intervening period to the family pensioner.

Sl. No.	Points raised by Associations / Pensioners	Instructions / Guidelines for Banks
	(b) Further, delay in first credit of family pension due to non-uploading of undertaking of excess / overpayment by family pensioner by the paying branch to its CPPC has also been reported.	(b) Banks are advised to streamline their internal systems to ensure timely credit of family pension and also issue suitable instructions to their branches.
(ii)	Non-restoration of Commuted Value of Pension (CVP). As a practice, the disbursing banks pay these amounts months after submission of claim by the pensioner. It is pointed out that the date of restoration of commuted amount is normally indicated in PPO. In exceptional cases, where it is not mentioned, the same should be restored after 15 years of retirement or date of payment of commutation value.	As per Guideline No. 13 on the reverse of the SSA, it has clearly been stated that 'full value of pension is to be restored automatically by the bank after 15 years from the date of payment of commuted value as indicated in the PPO. There is no need to make a reference to CPAO'. Therefore, restoration should be arranged by the banks as and when due without requiring the pensioners to submit application.
(iii)	Delay on payment of Additional Pension on attaining the age of 80 years.	As per Sl. No. 6 of the SSA additional pension on attaining the age of 80 years is payable as applicable. Bank (CPPC) should flag in their system due date of payment of the additional pension based on the date of birth of the pensioner/ family pensioner to ensure its timely payment.
(iv)	Disposition of PPO booklet after the death of pensioner having no spouse.	Sl. No. 14 of the guidelines on the reverse of the SSA clearly mention that 'In the event of the death of pensioner or the family pensioner or the dependant or whenever pension ceases to be payable, both the copies of PPOs must be returned to CPAO.' Banks must follow these guidelines strictly.
(v)	Requirement of life certificate at the time of crediting the first pension.	Instructions to all CPPCs have already been issued vide CPAOs O.M. No. CPAO/Tech./ Life Certificate/2014-15/99-175, dated 28-7-2014 (Sl. No. 149 of Swamy's Annual, 2014) for not insisting for the pensioners to provide Life Certificate at the time of first credit of pension. CPPCs are required to adhere to these instructions strictly.

Unnecessary delays in the payment of dues to the pensioners have been viewed seriously. To avoid pensioners grievances, Heads of Government Business Department / CPPCs of all banks are advised to streamline their internal systems and ensure timely credit of pensions/ family pensions.

This issues with the approval of Competent Authority.

G.O., M.F., O.M. No. CPAO/Tech./Jeevan Pramaan/(3) Vol.-II/
2015-16/156, dated 20-10-2016

Indication of Aadhaar number in Pension papers of all employees

Attention is invited to CPAO, O.M. No. CPAO/Tech./Jeevan Pramaan/2015-16/1770, dated 7-3-2016 and D.O. Letter, dated 30-7-2015 from CGA to all Secretaries (Civil Ministries) followed by O.M. No. CPAO/Tech./Jeevan Pramaan/2016-17/07, dated 7-4-2016 regarding incorporation of Aadhaar number in the fresh PPOs.

2. In terms of Section 7 of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefit and Services) Act, 2016, "The Central Government or, as the case may be, the State Government may, for the purpose of establishing identity of an individual as a condition for receipt of a subsidy, benefit or service for which the expenditure is incurred from, or the receipt therefrom forms part of, the Consolidated Fund of India, require that such individual undergo authentication, or furnish proof of possession of Aadhaar number or in the case of an individual to whom no Aadhaar number has been assigned, such individual makes an application for enrolment. Provided that if an Aadhaar number is not assigned to an individual, the individual shall be offered alternate and viable means of identification for delivery of the subsidy, benefit or service". Further, DP&PW has intimated vide O. M. No. 1/20/2016-P&PW (E), dated 2-8-2016 (Not printed) that it has issued a revised format for the application for pension by retiring employees (Form 5) in which Aadhaar number is to be indicated, if available. DP&PW has also requested Secretaries of the Ministries / Departments to ensure that only the latest revised Forms 5 & 7 complete in all respects including Aadhaar number, where available, are forwarded along with pension papers to the PAO.

3. In view of above, all Pr. CCAs/CCAs/CAs/AGs/ Administrators of UTs are again requested to issue instructions to PAOs to invariably watch the mention of Aadhaar Number in Pension paper received from Heads of Offices. Further it is also requested to take up the matter with JS (Admin) and Heads of Department/ Heads of Offices of respective Ministries/ Departments to ensure for providing Aadhaar number in pension papers in all cases being submitted to concerned PAOs to enable them to incorporate the same in PPO booklets.

G.I., Dept. of Pen. & P.W., O.M. No. 41/21/2000-P & PW.(D),
dated 26-10-2016

Issue of Pensioners' Identity Card to pensioners

The undersigned is directed to say that instructions for issue of Identity Card to pensioners have been issued from time-to-time. In this Department's OM of even number, dated 25-7-2013 (Sl. No. 138 of Swamy's *Journal*, 2013), it was *inter alia* mentioned that it would not be necessary to have the National Emblem on the Identity Card of pensioners.

2. The matter has been reconsidered in consultation with the Ministry of Home Affairs keeping in view the provisions of State Emblem of India (Regulation of Use) Rule, 2007. Ministry of Home Affairs have stated, that they have no objection to the issue of Identity Card to retired Government personnel/pensioners with State emblem. The instructions/clarifications issued by this Department's OM in this regard are modified to this extent.

3. All Ministries/Departments are requested to keep the above in view while issuing Identity Cards to pensioners who retired from the Central Government Civil Service. This provision will not be applicable in respect of the pensioners retired from the Autonomous Bodies, etc. Such Autonomous Bodies can, however, use their own logo on the Identity Cards, in accordance with the relevant instructions.

G.I., M.F., O.M. No. CPAO/Tech./Jeevan Pramaan/(3) Vol-V/2016-17/172, dated 15-11-2016

Extension of date for submission of Annual Life Certificate up to 15th January, 2017

Pensioners/ family pensioners are required to submit their Annual Life Certificates during the month of November every year. In view of rush at bank branches due to demonetization of ₹ 500 and ₹ 1,000 currency notes, this year Government of India has decided to extend the time-limit

for submission of Annual Life Certificates up to 15th January, 2017 for convenience of pensioners/family pensioners. Accordingly, all the CPPCs of pension disbursing banks are advised to issue necessary directions to their Pension Accounts Holding Branches (PAHB).

This issues with the approval of the Competent Authority.