

MINISTRY OF DEFENCE



आरोग्यं मूल कारणम्

DEFENCE CIVILIANS MEDICAL AID FUND

**RULES & REGULATIONS
AND
BYE-LAWS
2006**

**Room No. 171 & 172, B-Block,
Dalhousie Road, Nirman Bhawan
P.O., New Delhi - 110 011, Phone
No. 011- 23011185,
FAX - 011- 23014680 OR VISIT US**

PART – I

1. Rules & Regulations of the Defence Civilians Medical Aid Fund
2. Bye-Laws of the Defence Civilians Medical Aid Fund

PART – II

Procedure for grant of financial assistance

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PART – I

BYE-LAWS

BYE – L A W S
OF THE FUND

1. The headquarters of the Defence Civilians Medical Aid Fund shall be at the Office of Chief Administrative Officer, Ministry of Defence, New Delhi. At present it is located at B-Block, Room No. 171, Dalhousie Road, New Delhi-110011.

MEMBERSHIP OF THE FUND

2. a) The membership of the Fund will be open on a voluntary basis to:
- i) All defence civilian employees whether gazetted or non-gazetted, permanent or temporary, Industrial or Non-Industrial, paid either from Civil Estimates or Defence Services Estimates, and borne on the roster of the Ministry of Defence, Armed Forces Headquarters, Organisations of the Director General Ordnance Factories, Inter Services Organisations and other formations or subordinate offices of the Ministry of Defence
 - ii) The employees of the Canteen Services, provided that at least 20% of the employees working at each station join the Fund;
 - i) The employees of Canteens in Defence Establishments / Installations;
 - ii) The employees of the Defence Civilians Medical Aid Fund;
 - iii) C.G.D.A employees; and
 - iv) Coast Guard employees.
- b) Each individual desirous of enrolling as member of the Fund shall have to apply for its membership in the prescribed Form-I and hand over the same to his/her Authorized officer or Officers as an Authority for realization of due subscription.
- c) An employee who has enrolled himself/herself as a member of the Fund under the provisions of Clause 2 (b) above by making the first payment/one time payment of subscription shall be allotted a membership number and issued with a membership card by the Fund which shall reflect the amounts of subscription realized from him/her from time to time. The entries of the subscription realized from the members shall be made in the membership cards by the Authorized Officers collecting subscription to the Fund. The Authorized Officer will place an authenticated copy of the membership card and an authenticated

copy of the application for membership in the Service Book of the employee, before handing over the card to the employee.

- d) In case, a member is transferred from one unit/estt. of the Defence Organization to another, his original application form for joining the Fund will be forwarded by the unit/estt. to which the member has been transferred, clearly stating his/her membership number, date of joining the Fund, rate of annual subscription, the period upto which the subscription has already been recovered etc. A copy of the letter forwarding the application form will also be endorsed to the Honorary Secretary of the Fund at New Delhi to enable him to amend his own records.
- e) The particulars of the members who resign or otherwise cease to be the members of the Fund will be forwarded by the Authorized Officer in the month of January each year to the Honorary secretary of the Fund at New Delhi for information and record.
- f) Membership of the Fund shall be continued with full eligibility for all the benefits of the Fund upto a period of six months from the date on which a member ceases to be employed in the Defence Organization.
- g) The full amount of the subscription collected, less remittance charges, shall be remitted by the establishment concerned to the Honorary Secretary of the Fund at New Delhi, without retaining any amount for local disbursement. No bank account in the name of the Fund shall be opened at any station by any local authority collecting subscription for the Fund.
- h) A list of effective members of the Fund as on the 31st December shall be furnished each year, not later than the middle of February next year, to the Honorary Secretary of the Fund by the Authorized Officer collecting subscription for the Fund.
- i) Members of the Fund on deputation to some other Ministry or State Department shall continue to be treated as members of the Fund for so long as they continue to pay the subscription of the Fund regularly and retain a lien in the parent Defence Organization to which they belonged prior to their proceeding on deputation.

TERMINATION OF MEMBERSHIP

- 3. a) An employee shall cease to be the member of the Fund under the following conditions:
 - i) on ceasing to be employed in the Organisations referred to in Bye-law 2(a), subject to the provisions of Bye-law 2(f);
 - ii) on application in writing resigning from the membership of the Fund (such application should be made to the Authorized Officers responsible for collecting subscription for the Fund);

- iii) when a benefit from the Fund has been obtained by misrepresentation of facts (the Executive Committee of the Fund shall be the sole judge of whether any misrepresentation has been made);
 - iv) when the yearly subscription to the Fund has been in arrears (for the purpose of this clause, the subscription in respect of any year shall be deemed to be in arrears if it is not paid latest by 31st March of that year);
 - v) when an employee retires from service;
- b) Subject to the provisions of clause 2(f), no persons shall be entitled to any benefits of the Fund after ceasing to be its member.

MEMBERS' SUBSCRIPTION

4. a) Each member shall subscribe to the Fund on the following scales:-

RATES OF ANNUAL SUBSCRIPTION (Yearly)

<u>Basic Pay (BP)</u>	<u>Rates</u>
Less than Rs. 3050/-	Rs. 30/-
Rs. 3050/- and above but less than Rs. 6500/-	Rs. 50/-
Rs. 6500/- and above	Rs. 100/-

OR

RATES OF FULL SERVICE MEMBERSHIP (ONE TIME PAYMENT)

<u>Basic Pay (BP)</u>	<u>Rates</u>
Less than Rs.3050/-	Rs. 200/-
Rs.3050 and above but less than Rs. 6500/-	
Rs. 300/-	
Rs. 6500/- and Above	Rs. 400/-

Note: Rate of subscription may be changed any time with the approval of the Managing Committee.

- b) The annual subscription to the Fund shall be realized from the members by the respective heads of all offices/units/establishments or any Authorized Officer in advance in the months of January each year. **The collections shall in no case be passed through Govt. account.**
- c) New members joining the Fund during any month of the year shall pay the full subscription for that year, but they shall be treated as members of

the Fund from the date they pay their first subscription. Retrospective admission to the Fund will not be allowed to any member and, therefore, any subscription paid in respect of a preceding year by a new member shall be treated only as a donation.

- d) Subscription once paid by a member shall not be refunded in any case.

MAINTENANCE OF SUBSCRIPTION RECORDS AT THE OFFICE/UNIT/ESTT

- 5. a) The amount of subscription collected from the members at the rates indicated in Bye-law 4(a) will be remitted immediately by the Authorized Officer, together with a list of subscribers to the Honorary Secretary, Defence Civilians Medical Aid Fund, Ministry of Defence, New Delhi. The cost of remittance, if any, shall be borne by the Fund.
- b) Authorized Officers who collect subscription for the Fund from members on behalf of the Head of Office/Unit/Establishment shall maintain registers in separate form-2 and 3 for Annual Members and Full Service Members respectively. The registers will be permanent documents for maintaining record of membership. The registers will be open to inspection by the members. For Annual members, the Authorized Officer shall carefully watch the Ledger as in Form-2 effecting recoveries regularly.

REMITTANCE OF SUBSCRIPTION

- 6. a) Subscription for the Fund realized from members, less remittance charges, if any, shall be remitted by the Authorized Officer to the Honorary Secretary of the Fund at New Delhi by a crossed bank draft. Cheque and Cash payment at the office of the Fund may be made only by offices located in Delhi or, in special circumstances, by members of the Fund residing in the Delhi State.
- b) Each remittance shall be accompanied with details of the collections showing full particulars of the members i.e. membership card numbers, names, designations, personal/employment numbers, date of birth, date of retirement, pay groups, amounts paid and the period to which they relate. The membership registers at the office of the Fund will be completed on the basis of the information contained in these lists.
- c) Names should be correctly spelt and not too closely typed or written. Full names should be given
- d) Names given in the lists for any year shall, as far as possible, follow the same order as in the lists for the preceding year/years.
- e) In case annual subscription for the Fund has been recovered at a rate different from that at which recovery was made for the preceding year, particulars of the change in the pay group of the member concerned shall also be indicated.

- f) All remittances will be acknowledged by the Honorary Treasurer of the Fund. If an acknowledgement is not received by the remitter, he shall make an inquiry at the end of six weeks from the date of the remittance.
- g) The Honorary Treasurer shall deposit all sums received for the Fund in a bank to be selected by the Managing Committee. He shall not normally hold a cash balance of more than Rs. 5,000/- to meet the current liabilities of the Fund but the amount exceeding this limit can be held by him if it is so held for circumstances beyond his control.

BENEFITS FROM THE FUND

7. Every member, including those who rejoin the Fund after once ceasing to be its members, shall become entitled to the benefits of the Fund subject to the condition that Annual Members shall have to complete the membership of the Fund for one year commencing from the date on which the first subscription is paid. Payment of subscription with retrospective effect shall not entitle any member to the benefits of the Fund from a retrospective date. The benefits granted by the Fund are:

a) NUTRITIOUS DIET ALLOWANCE:

- i) Members and their dependents suffering from tuberculosis, cancer and leprosy, and undergoing domiciliary treatment or treatment in any approved sanatorium/hospital at the instance of the Authorized Medical Attendant of the establishment concerned or a competent Medical Specialist in the disease concerned, shall be given Nutritious Diet Allowance at the rates prescribed by the Managing Committee of the Fund from time to time upto a **maximum period of 2 years(subject to review on expiry of every 6 months)** or upto the last date of treatment recommended by the medical authorities whichever is earlier. However, in case of cancer patients benefit may **continue upto 5 years(subject to review on expiry of every 6 months)**.
- ii) Members and their dependents suffering from Burn injuries to the extent of second degree and above which are more than 10% when admitted in hospitals for treatment shall be entitled to Nutritious Diet Allowance at the rates prescribed by the Managing Committee from time to time **for a period not exceeding twelve weeks or till the date of declaration of the patient as fit by the medical authority whichever is earlier.**
- iii) Female members of the Fund and spouses of male members suffering from severe anaemia i.e. less than 10 gm% haemoglobin during pregnancy shall be entitled to Nutritious Diet Allowance at the rates prescribed by the Managing Committee from time to time **till the month of delivery, subject to the condition that the benefit will be admissible in case of the first two children.**

- iv) Lactating female members of the Fund or spouses of the male members shall be entitled to Nutritious Diet Allowance at the rates prescribed by the Managing Committee from time to time **for a period of four months w.e.f. the month of delivery, subject to the condition that the benefit will be admissible in case of the first two children.**

NOTES:

- i) Cases of relapse of TB, Cancer and Leprosy will be treated as fresh cases, irrespective of whatever assistance had been given to them in the past.
- ii) The Fund will not make any arrangement for the medical checkup of the members of the Fund and their families whether initially on joining the Fund or periodically thereafter.
- iii) Cases for financial assistance shall be considered only on the basis of the current illness and the medical documents of the patient. Past illness as well as the expenditure incurred in that connection by the members in the past shall not be taken into consideration for granting the benefits of the Fund.
- iv) Financial assistance shall not be discontinued to member patients even if they attend to their normal duties during the course of their domiciliary treatment in case the disease is found to be active in their cases.

(b) AFTER-CARE ALLOWANCE:

Each patient declared medically fit by a competent medical authority after completion of the treatment for TB, Cancer and Leprosy as the case may be shall be paid the after-care allowance at the rates prescribed by the Managing Committee from time to time for a period of six months, provided the request for grant of such an allowance is made in the prescribed **Form - 4** alongwith a duly attested copy of the fitness certificate to the Fund **within a period of three months** from the date on which the patient was declared medically fit. Applications received beyond this period shall not be entertained for grant of after-care allowance. **The Grant of After-care allowance shall be strictly restricted to a total period of six months.**

(c) SUBSISTENCE ALLOWANCE TO MEMBER-PATIENTS:

Every member-patient who remains on **leave without pay and allowances** due to tuberculosis, cancer, leprosy, paralytic stroke or accidental injury shall be granted subsistence allowance **for the period of absence on leave without pay and allowance** at the rates as may be prescribed by the Managing Committee of the Fund from time to time. **The allowance will be granted for a maximum period of six months. However, there is no limit for Cancer patients.**

(d) EX-GRATIA GRANT TO THE FAMILIES:

If any member, who has completed one year's membership of the Fund from the date of payment of first subscription dies of TB, Cancer or Leprosy, his/her family shall be given an ex-gratia grant of an amount as may be prescribed by the Managing Committee from time to time. Ex-gratia grant will also be applicable in cases of death of a member due to heart ailments provided that he/she had availed assistance from the Fund for heart ailments earlier.

(e) FINANCIAL ASSISTANCE IN MAJOR OPERATIONS:

The members and their dependents shall be entitled to reimbursement of expenses from the Fund at the rates and as per terms and conditions laid down by the Managing Committee from time to time in following major operations.

- i) Coronary By-Pass Surgery
- ii) Valve Replacement
- iii) Implantation of Pace-Makers
- iv) Renal Transplantation
- v) Joint Replacement/ Surgery

f) ADDITIONAL BENEFITS:

The members and their dependents shall be entitled to reimbursement of expenses from the Fund at the rates and as per terms and conditions laid down by the Managing Committee from time to time in following cases.

- i) Reimbursement of the cost of Special Prosthesis for disabilities due to burn injuries subject to the limit and conditions prescribed by the Managing Committee from time to time.
- ii) Reimbursement of the cost of procuring Blood as and when required for transfusions in various ailments including of leukemia and bonemarrow transplantation subject to the limit and conditions prescribed by the Managing Committee from time to time.
- iii) Reimbursement of the cost of Cataract Operations with Implantation of Intra-Ocular Lens subject to the limit and conditions prescribed by the Managing Committee from time to time.

- iv) Reimbursement of the cost of Hearing Aid subject to the limit and conditions prescribed by the Managing Committee from time to time.
- v) Reimbursement of the cost of Crutches subject to the limit and conditions prescribed by the Managing Committee from time to time.
- vi) Reimbursement of the cost of Wheel Chairs subject to the limit and conditions prescribed by the Managing Committee from time to time.
- vii) Reimbursement of the cost of Support Shoes (Calipers) subject to the limit and conditions prescribed by the Managing Committee from time to time.
- viii) Reimbursement of the cost of Neck Band for Cervical Spondilitis subject to the limit and conditions prescribed by the Managing Committee from time to time.
- ix) Reimbursement of the cost of Tricycles for Physically Handicapped subject to the limit and conditions prescribed by the Managing Committee from time to time.

g) EX-GRATIA GRANT IN CASE A MEMBER PATIENT DIES IN AN ACCIDENT:

If any Full Service Member of the Fund or Annual Member who has remained member of the Fund consecutively for ten years dies in an accident, his/her family shall be given an Ex-gratia grant as may be prescribed by the Managing Committee from time to time.

h) EX-GRATIA GRANT FOR LOSS OF LIMBS IN ACCIDENT:

The members of the Fund shall be entitled to ex-gratia grant from the Fund in case of loss of limbs i.e. arms and legs and/or eyes in an accident at the rates and as per terms and conditions laid down by the Managing Committee from time to time.

i) DIALYSIS ALLOWANCE:

The members and their dependents shall be entitled to Dialysis Allowance for Renal failure from chronic renal disease at the rates and

as per terms and conditions laid down by the Managing Committee from time to time. The allowance may be granted for maximum period of five years or cure whichever is earlier.

GENERAL

1. The Honorary Secretary may delegate, such powers as may be considered necessary in the exigencies of work to the Administrative Officer of the Fund.
2. Any alteration in the Bye-laws shall require the prior approval of the Managing Committee.

PART -II

**PROCEDURE OF GRANT
OF FINANCIAL ASSISTANCE**

PROCEDURE FOR GRANT OF FINANCIAL ASSISTANCE

NUTRITIOUS DIET ALLOWANCE

1. a) **In cases of TB, Cancer and Leprosy**, the first application for grant of Nutritious Diet Allowance shall be made in the proforma given in **Form-4** alongwith the following documents:

In the case of a T.B. patient the application shall be supported by:-

- i) a fresh and detailed medical report on the patient in **Form-5A** duly completed in all respects by the competent medical authority (please see Note (ii) below);
- ii) the latest X-ray film of the patient (not more than six months old) duly supported by the Radiologist's Report;
- iii) Blood and Sputum Report from Lab.

In the case of a Leprosy patient, the application shall be supported by:-

- i) a fresh and detailed medical report on the patient in **Form-5B** duly completed in all respects by the competent medical authority (please see Note (ii) below);
- ii) Biopsy report issued by the Lab.

In the case of a Cancer patient, the application shall be supported by:-

- i) a fresh and detailed medical report on the patient in **Form-5C** duly completed in all respects by the competent medical authority (please see Note (ii) below);
- ii) a duly attested copy of Biopsy /Histopathology/ FNAC report as the case may be.

- b) **In the case of Burn Injuries (second degree and above which are more than 10 percent when admitted in hospitals for treatment)**, the application shall be submitted in **Form – 9** alongwith a certificate from Competent Medical Authority (please see Note (ii) below) stating percentage of burns when admitted in hospital and period of further treatment required.
- c) **In the case of Anaemia during pregnancy and for Lactating Mothers:-**
- i) **in the case of anaemia during pregnancy**, the application in **Form-5D** duly completed in all respects alongwith latest blood/haemoglobin report.
 - ii) a duly attested copy of the advice of the authorized Gynaecologist/AMA referring the patient for blood test.
 - iii) blood report duly countersigned by the same Gynaecologist/AMA who advised blood test.

- iv) **in the case of lactating mothers**, the application in **Form-5D** will be submitted duly completed in all respects alongwith duly attested copy of date of birth certificate from municipality / local body of the newborn baby with hospital's discharge note/slip.

AFTER CARE ALLOWANCE

2. **In the case of After Care Allowance**, the application has to be made in **Form-4** duly completed in all respects alongwith duly attested copy of the fitness certificate within a period of three months from that date on which the patient was declared medically fit for normal duties or work. Application made after three months from the date of fitness certificate may not be considered for the benefit.

SUBSISTANCE ALLOWANCE

3. **In the case of Subsistence Allowance**, the application shall be submitted in **Form-7** in duplicate alongwith Part-II Order notifying leave without pay and allowances granted to the member patient on medical certificate.

EX-GRATIA GRANT

(IN CASE A MEMBER PATIENT DIES DUE TO TB, CANCER, LEPROSY & HEART AILMENTS)

4. **In the case of Ex-gratia grant**, the application shall be submitted by the widow/legal heir in **Form-8** duly completed by an AMA of the Estts/MO of Govt. recognised hospital/ medical specialist of the Armed Forces/ Medical Officer of an Ordnance Factory hospital /Authorised officer of municipality/local body alongwith:
- i) a duly attested copy of death certificate from municipality/local body.
 - ii) a duly attested copy of Radiologist's/Histopathology/FNAC report on the basis of which the deceased was diagnosed to be a case of TB/Cancer/Leprosy, if Nutritious Diet Allowance was not availed.
 - iii) original membership card issued to the deceased member by the Fund.
 - iv) if member patient dies due to heart ailments, confirmation whether member patient had availed assistance for heart ailments earlier, alongwith DCMAF File Number.

FINANCIAL ASSISTANCE IN MAJOR OPERATIONS/SURGERY

5. **In the case of Major Operations/Surgery**, the application shall be submitted in **Form-9** duly completed by a medical specialist/a cardiologist or cardiac surgeon/an orthopedist (as the case may be) attached to a Govt. /Govt. recognized Hospital including an Ordnance Factory Hospital :
- i) case profile of the patient
 - ii) copy of final payment order from CDA, where partial reimbursement has been made by the Govt. under CGHS/CSMA Rules.

ADDITIONAL FINANCIAL ASSISTANCE

6. **In the case of Additional Benefits**, the application shall be submitted in **Form-9** duly completed by a medical specialist/a cancer specialist/a cardiologist or cardiac surgeon/an orthopedist/an ophthalmologist or ENT specialist (as the case may be) attached to a Govt. /Govt. recognized Hospital including an Ordnance Factory Hospital :
- i) case profile of the patient

- ii) original/attested copy of the cash memo in case of IOL, Hearing Aids etc.
- iii) copy of final payment order from CDA, where partial reimbursement has been made by the Govt. under CGHS/CSMA Rules.

EX-GRATIA GRANT (IN CASE A MEMBER PATIENT DIES IN AN ACCIDENT)

7. **In the case of Ex-gratia grant**, the application shall be submitted by the widow/legal heir in **Form-10** duly completed by an AMA of the Estts/MO of Govt. recognised hospital/ medical specialist of the Armed Forces/Medical Officer of an Ordnance Factory hospital /Authorised officer of municipality/local body alongwith:
- i) attested copy of post mortem report
 - ii) a duly attested copy of FIR lodged
 - iii) a duly attested copy of death certificate
 - iv) attested copy of Ration Card/Index Card
 - v) original membership card issued to the deceased member by the Fund.

EX-GRATIA GRANT (FOR LOSS OF LIMBS/EYES OF MEMBER PATIENT IN AN ACCIDENT)

8. **In the case of Ex-gratia grant**, the application shall be submitted in **Form-9** duly completed by a AMA of the Estts/MO of Govt. recognised hospital/ medical specialist of the Armed Forces/Medical Officer of an Ordnance Factory hospital /Authorised officer of municipality/local body alongwith case profile.

DIALYSIS ALLOWANCE

9. **In the case of chronic Renal disease** , the application shall be submitted in **Form-5E** duly completed in all respects alongwith certificate from the competent medical authority with diagnosis and clinical findings.

NOTE :

- i) Each application should be supported by duly completed and fresh medical reports on the patient in the prescribed forms.
- ii) The medical reports should be completed and authenticated in all respects by one of the following medical authorities:
 - a) Medical Officer of a Govt/Govt Recognised hospital
 - b) Authorized Medical Attendant of the Establishment
 - c) Medical specialist of the Armed Forces
 - d) Medical Officer of an Ordnance Factory hospital
- iii) Medical reports from authorities other than those mentioned above will not be entertained unless there are special reasons to be explained by the administrative authority while forwarding the case. Acceptance of such report will be subject to the approval of the Executive Committee.
- iv) Financial Assistance shall be granted from such date as may be decided by the Executive Committee, on scrutiny of the application and medical reports .

- v) **In Case of TB/Cancer/Leprosy:**
- a) Financial assistance shall be granted initially for a maximum period of six months or for such a lesser period as may be recommended in the first medical report.
 - b) Subsequent assistance will be given on the basis of fresh medical reports which may also cover a period of six months.
 - c) Cases of relapse will be treated as fresh cases, irrespective of whatever assistance had been given in the past.
 - d) If the member patient dies due to TB/Cancer/Leprosy, his widow/legal heir shall be paid the dues upto the date of demise of the member.
 - e) Financial assistance shall not be discontinued to member patients even if they attend their normal duties during the course of their domiciliary treatment, in case the disease is found to be active in their cases.
- vi) In case of Additional Financial Assistance and Assistance for cases of Major Operations, financial assistance shall be considered only after reimbursement of admissible portion of expenditure by the Govt under the CGHS/CSMA Rules.
- vii) Advance receipt is to be sent in **Form-6** for claiming the amount of Nutritious Diet Allowance/After Care Allowance/Subsistence Allowance/Additional Financial Assistance/Dialysis Allowance etc. This receipt should be completed and dated in the same month for which the amount is being claimed.
- viii) Remittances to or for the patients shall normally be made by Bank Drafts/Cheques. Where it is more expedient to do so, the Hony Treasurer may adopt other means or remittance. Any incidental expenditure incurred (e.g. money order commission) shall be borne by the Fund.
- ix) Cases for Financial Assistance shall be considered only on the basis of the current illness and the medical documents of the patient (i.e. occurrence of disease after becoming the member of the Fund).
- x) Past illness as well as the expenditure incurred in that connection by the members in the past shall not be taken into consideration for granting the benefits of the Fund.
- xi) The Fund will not make any arrangement for the medical checkup of the members of the Fund and their dependents whether initially joining the Fund or periodically thereafter.
- xii) The amount of assistance is prescribed by the Managing Committee of the Fund from time to time.

PART – III

FORMS

Defence Civilians Medical Aid Fund (DCMAF)
(Application Form for Joining the Fund)

I hereby apply for membership of the Fund. My particulars are as under:-

1. Name of the Applicant :
2. Date of Birth :
3. Date of Retirement :
4. Personal/Employment No. :
5. Token/I Card No. :
6. Rank/Designation/Post Held :
7. Complete Address of the
Office Where Employed :
8. Present Basic Pay :
9. **Details of Payment of Membership Fee:**
 - (a) By Cash :Rs.-----
 - (b) By /B Draft No. _____ Dated _____
 (Drawn on _____ for Rs. _____, in favour of **“Defence
Civilians Medical Aid Fund” payable at New Delhi.**)

 (Please forward a consolidated single Bank Draft in case subscription is realized from two or more members)

Station _____

Date _____

Signature of the Applicant

NOTE : This application form shall be maintained by the office in which the member of the Fund is serving. In case of transfer this authority should also be sent to the Head(s) of the concerned Establishment (s) to effect further recovery of subscription from the members (other than the donors i.e. full service members).

For further details kindly see rules or contact at Room No. 171 & 172 “B’ Block, Nirman Bhawan Post Office, Dalhousie Road, New Delhi-110011

Defence Civilians Medical Aid Fund

LEDGER OF ANNUAL MEMBERSHIP

Membership Number_____

Member's Name_____

Name of the Estt_____

Designation/Employment No/P.No._____

Date of Birth_____

Date of Joining DCMAF_____

Date of Retirement_____

**SUBSCRIPTION RECOVERED FOR THE LAST TEN YEARS
IN CASE OF ACCIDENTAL EX-GRATIA**

Year	Amount	Paid on	Signature of Collecting Authority with date

REGISTER OF FULL SERVICE
MEMBERSHIP

<u>SL.</u> <u>NO</u>	<u>NAME OF</u> <u>MEMBER</u>	<u>DESIG</u>	<u>EMPLOYEMNT</u> <u>NO/PERSONAL</u> <u>NO.</u>	<u>AMOUNT OF</u> <u>SUBS PAID</u>	<u>DATE OF</u> <u>SUBS PAID</u>	<u>MEMBERSHIP</u> <u>NO.</u>	<u>DOB</u>	<u>DOR</u>	<u>REMARKS</u>
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									

-
- i DESIG - DESIGNATION
 - ii SUBS - SUBSCRIPTION
 - iii DOB - DATE OF BIRTH
 - iv DOR - DATE OF RETIREMENT

APPLICATION FORM FOR GRANT OF MONERARY ASSISTANCE FROM THE DEFENCE CIVILIANS MEDICAL AID FUND

1. Particulars of the member (applicant):

- a) Name :
- b) Membership Card No. :
- c) Designation/P.No :
- d) Unit in which employed :
- e) Date of Joining the Defence Civilians Medical Aid Fund :.....
(the date on which the first subscription was paid)
- f) Has he/she ever availed of the assistance from the Fund in the past? If so, give Letter No. of DCMAF :.....

2. Particulars of the patient :-

- a) Name.....
- b) Date of Birth of the Patient.....
- c) Relationship with the applicant.....
- d) Disease from which he/she is suffering.....
(state TB, Cancer or Leprosy).....
- e) Date of onset of the disease.....
- f) Does the income of the patient exceeds Rs. 1500/- p.m.
(in case of dependent patients only).....
- g) Whether solely dependent upon the applicant and residing with him/her.....
- h) Institution/hospital where the patient was/is receiving treatment (state period).....

Contd...

i) Has he/she been declared medically fit to resume normal duties or is still on leave?

(i) If former indicate date on which he/she resumed duty.....

&

Whether treatment has been completed or the patient is still taking active treatment

(ii) If letter, indicate the period for which the leave has been granted.....

Station.....

Date.....

Signature of applicant
(Member)

II

Recommended. The information furnished at items 1 and 2 above has been verified service documents and are confirmed.

Signature of the Head of the Office
(With seal)

MEDICAL REPORT APPENDED TO THE APPLICATION ASKING FOR ASSISTANCE FROM THE DEFENCE CIVILIANS MEDICAL AID FUND FOR TUBERCLOSIS

1. Particulars of the patient:

- a) Name (in block letters) :
- b) Relation with member :
- c) Date of birth of the Patient :
- d) Signature or Thumb impression of the Patient and date (to be affixed in the presence of attending physician) :
- e) Disease suffering from (State type of TB):
- f) Site of lesion :
- g) Date of onset of the disease :
- h) Whether a fresh or relapse case :
- i) Date treatment started :

**2. Present clinical and other findings with date :
(put date here)**

- a) Sputum :
- b) E.S.R. (with method) :
- c) Hb% :
- d) Biopsy findings (in case of TB Lymphadenitis, cold abscess tuberculosis and skin TB)(attach copy of report) :
- e) Fever :
- f) Cough :
- g) Haemoptysis :
- h) Dyspnoea :

3. Radiologist's Report on X-ray film
(Date of film to be given) :
(see notes) (Signature)

4. Medicines prescribed (see Note.3) with dosage:

- a) Total duration of treatment
- b) Already taken as on date
- c) 3m/6m/12m/18m/24m/30m/36m.

Contd...

5. Certified that the patient, whose particulars are given above, is suffering from..... and requires active treatment for approximately a further period of months to complete the treatment. He/She/is fit/unfit/ to attend normal duties/work/and is/ is not/infectious to others.

6. Opinion of Medical Specialists/Chest/T.B. Specialist with name, designation & date (See Note.4).

Station :.....

Signature and seal of the Authorized
Medical Attendant/MO i/c/case/ Specialist/
MS of Armed Forces/MO of an Ord.
Fy. Hospital

Date :.....

NOTE: -

1. The medical reports should be completed and authenticated in all respects by one of the following medical authorities:
 - a) Medical Officer of a Govt/Govt Recognised hospital
 - b) Authorized Medical Attendant of the Establishment
 - c) Medical specialist of the Armed Forces
 - d) Medical Officer of an Ordnance Factory hospital
2. Medical report should be supported by a latest X-ray film (not more than six months old) of the patient alongwith the Radiologist's Report. The previous X-ray film should be placed for comparison.
3. The total duration for witch drugs have been taken should be mentioned. Any change of regimen and the reason for the same (Resistance, etc) should be mentioned.
4. The opinion of specialist (please see Note (i) above) has to be obtained and enclosed here in all those cases where treatment has been prolonged for over one year and/or the drug regimen has been changed due to development of drug resistance/complications and following relapse.
5. Radiologist's Report, if not available at source/the same may be had from a private Radiologist and the charges thereof claimed from the Fund by furnishing the Radiologist's Cash Memo.
6. **Documents required:**
 - i) The first application shall be made in the proforma given in Form-4.
 - ii) Blood and Sputum report from Laboratory.
 - iii) X-ray film duly supported by Radiologist's Report.
 - iv) Previous X-ray film in case of review cases.

**MEDICAL REPORT APPENDED TO THE APPLICATION
ASKING FOR ASSISTANCE FROM THE
DEFENCE CIVILIANS MEDICAL AID FUND
FOR LEPROSY**

1. Particulars of the patient:

- a) Name (in block letters) :
- b) Relationship with member :
- c) Date of birth of the Patient :.....
- d) Signature or Thumb impression of the Patient and date (to be affixed in the presence of attending physician) :
- e) Disease suffering from (State type of Leprosy) :.....
- f) Site of lesion :
- g) Date of onset of the disease :
- h) Date of treatment first initiated in the case:.....

2. Present clinical and other findings with date :
(put date here)

- a) Site of lesions :.....
- b) Nature of lesions :
- (Depigmentation, anesthesia, neural, thickening, infiltration)
- c) Fever :.....
- d) E.S.R. (Wintrobe/Westergren) :.....
- e) Hb% :
- f) Bacterial Index.(B1) (See Note-4):
- i) Present B1.....
- ii) Last B1.....
- Taken on.....(date) Taken on.....(date)
- g) Biopsy findings (with date) :
- (attach a copy of report)

3. Treatment/Medicines prescribed and duration of treatment already completed as on date:
(Please give full details dosages, changes in drug regimen, if any):

- a.Total duration of treatment
- b.already taken as on date
- c.3m/6m/12m/18m/24m.

Contd...

4. Certified that the patient, whose particulars are given above, is suffering from..... and requires active treatment for a further period of approximately.month(s) to complete the treatment. He/she is fit/unfit to attend normal duties/work and is/is not infectious to others.

Station.....

Dated.....

Signature and seal of the Attendant/MO
i/c case/Specialist/MS of Armed Forces/
MO of an Ord. Fy. Hospital

NOTE:-

1. This medical report should be completed in all respects. The report should be completed by Specialist in Dermatology. In case the services of the Specialists are not available, the report should be completed by one of the following medical authorities:
 - a) Medical Officer of a Govt/Govt Recognised hospital
 - b) Authorized Medial Attendant of the Establishment
 - c) Medical specialist of the Armed Forces
 - d) Medical Officer of an Ordnance Factory hospital
2. Complicated Cases. In case the treatment has been prolonged for over 1 year and/ or, in case of change of drug regimen due to drug resistance/reaction, detailed notes may be given by a Specialist Medical Officer.
3. Histopathological report (Biopsy report) issued by the Lab. will be placed alongwith this Medical Report.
4. Bacterial Index (B1). This is the only objective method of monitoring progress. Bacterial Index is calculated based on the number of bacteria and in each microscopic field of smears taken from a minimum of 7 sited which include both ear lobules, nasal mucosa and 4 skin lesions. For details of calculations please refer to chapter on Leprosy in Text Book. For monitoring progress please give B1 calculated during present examination and the last examination.
5. **Documents required:**
 - i) The first application shall be made in the proforma given in Form-4.
 - ii) Biopsy report.

**MEDICAL REPORT APPENDED TO THE APPLICATION
ASKING FOR ASSISTANCE FROM
THE DEFENCE CIVILIANS MEDICAL AID FUND
FOR CANCER**

1. Particulars of the patient:

- a) Name (in block letters) :
- b) Relationship with member :
- c) Date of birth of the Patient :
- d) Signature or Thumb impression of the Patient and date (to be affixed in the presence of attending physician) :
- e) Disease suffering from :
- f) Site of lesion :
- g) Date of onset of the disease :
- h) Date of treatment first initiated in the case:.....

**2. Present clinical and other findings with date :
(put date here)**

- a) Clinical findings :
- b) E.S.R. (Winrobe/Westergren method) :
- c) Hb% :
- d) Histopathological finding (Biopsy FNAC) (attach copy of report) :
- e) Any other investigations :

**3. Treatment/Medicines prescribed and duration of treatment already completed as on date:
(Please give full details dosages, changes in drug regimen, if any):**

- a)Total duration of treatment
- b)already taken as on date
- c)3m/6m/9m/12m/18m/24m/30m/48m/54m/.

Contd...

4. Certified that the patient, whose particulars are given above, is suffering from..... and requires active treatment for a further period of approximately.month (s) to complete the treatment he/she is fit/unfit to attend normal duties/work and is/is not infectious to others.

Station.....

Dated.....

Signature and seal of the Attendant/MO
i/c case/Specialist/MS of Armed Forces/
MO of an Ord. Fy. Hospital

NOTE:-

1. This medical report should be completed in all respects. The report should be completed by a Cancer Specialist. In case the services of the Specialists are not available, the report should be completed by one of the following medical authorities:
 - a) Medical Officer of a Govt/Govt Recognised hospital
 - b) Authorized Medial Attendant of the Establishment
 - c) Medical specialist of the Armed Forces
 - d) Medical Officer of an Ordnance Factory hospital .
2. **Complicated Cases.** In case the treatment has been prolonged for over 4 years and or, in case of change of drug regimen detailed case notes may be given by a Specialist Medical Officer.
3. The case will be reviewed after every six months or after a period of treatment given in Para 4 by the medical authorities whichever is less.
4. **Documents required:**
 - i) The first application shall be made in the proforma given in Form-4.
 - ii) A duly attested copy of Biopsy/Histopathology/FNAC report as the case may be.

**APPLICATION FORM TO CLAIM NUTRITIOUS DIET ALLOWANCE
BY MEMBERS OF DCMAF FOR ANAEMIA DURING PREGNANCY
AND LACTATING MOTHER**

- ❖ Claim for Nutritious Diet Allowance for Anaemia during pregnancy and for Lactating Mother is admissible **for the first two children only**
- ❖ Claim for Nutritious Diet Allowance for Anaemia during pregnancy is admissible if **Haemoglobin is less than 10 mg%**

PART – I

1. Particulars of the Applicant:

- a) Name :
- b) Membership Card No :
- c) Designation/T.No./P.No. :
- d) Unit in which employed :
- e) Date of Joining the DCMAF (The date on which the first subscription was paid) :

PART – II

2. Particulars of the Patient:

- a) Name of the female beneficiary :
- b) Relationship with the member of DCMAF :

- c) Age of the female beneficiary :
- d) Details of living children:

S.No.	Name	Age	Sex
1			
2			
3			

Contd...

PART -III

3. Details regarding the Allowance requested:

- i) Reason for applying for Nutritious Diet Allowance ***Anaemia during Pregnancy/
Lactating mother**

* If Nutritious Diet Allowance is requested for Anaemia during pregnancy :

- a) Expected date of delivery :

- b) Haemoglobin status :

(Please attach a copy of the advice of the authorized Gynaecologist/AMA referring the patient for blood test. Blood report duly countersigned by the same Gyanecologist/AMA who advised blood test.)

* If Nutritious Diet Allowance is requested for Lactating mother :

- a) Date of birth of newborn baby :

(Please attach duly attested copy of date of birth certificate of the newborn baby with hospital's discharge note/slip)

Date :
Applicant

Signature of the

*** Strike out whichever is not applicable**

PART – IV

4. **Certificate of the Admin Authority**

It is certified that the details given above have been checked with the available records in office and have been found to be correct.

The claim has been made for the ***first/second child**.

Date

Signature of the
Admin Authority
with Official Stamp

*** Strike out whichever is not applicable**

FORM-5E

APPLICATION FORM TO CLAIM DIALYSIS ALLOWANCE
BY MEMBERS OF DCMAF

❖ Claim for Dialysis Allowance for **Chronic**
Renal Disease

PART – I

1. **Particulars of the Applicant:**

- a) Name :
- b) Membership Card No :
- c) Designation/T.No./P.No. :
- d) Unit/Establishment in which employed :
- e) Date of Joining the DCMAF (The date on which the first subscription was paid) :

PART – II

2. **Particulars of the Patient:**

- a) Name of the patient :

- b) Relationship with the member of DCMAF :
- c) Date of birth of the Patient :
- d) Diagnosis (Pleases furnish detail case profile of the treating physician)

Date: _____ Signature of the Applicant

PART – III

3. Certificate of the Admin Authority:

It is certified that the details given above have been checked with the available records in office and have been found to be correct.

Date _____ Signature of the
Admin Authority
with Official Stamp

PART – IV

**CERTIFICATE FROM THE TREATING PHYSICIAN IN CASE OF PERSONS
REQUIRING DIALYSIS**

It is certified that Sh/Smt/Mr/Ms _____, who is a case of _____ is on regular dialysis w.e.f. _____. Till now, he/she has received _____ dialysis and will be needing dialysis _____. (Frequency).

Hospital:

Date:

(Signature of treating physician with stamp)

NOTE:-

1. This medical report should be completed in all respects by one of the following medical authorities:
 - a) Medical Officer of a Govt/Govt Recognised hospital
 - b) Authorized Medical Attendant of the Establishment
 - c) Medical specialist of the Armed Forces
 - d) Medical Officer of an Ordnance Factory hospital .

2. **Documents required:**
 - i) Diagnosis
 - ii) clinical findings.

DEFENCE CIVILIANS MEDICAL AID FUND

FORM-6

R E C E I P T

Received from Defence Civilians Medical Air Fund, New Delhi a sum of Rs.....
(Rupees.....only) for the month of.....for the
treatment of self/my.....who is suffering from.....

(Name of the disease)

2. During the preceding month the patient Mr./Mrs./Miss/Master
..... has been under the treatment of
.....

(here name the authorized hospital/clinic)

Station.....

.....
Signature of member of the Fund

Date.....

DETAILS OF BANK OF UNITS/ESTTS:

- (i) The official in whose favour Bank Draft to be issued.....
- (ii) Name of Bank of the Units/Public Fund Account.....
- (iii) Station.....
- (iv) Code number of the Bank.....

Reference DCMAF Sanctioned Letter No & Date.....

Membership Number

Name in (Block Letters)

Office Address

.....

D I R E C T I O N

- 1. Revenue stamp is to be affixed to this receipt, if the amount exceeds Rs. 5,000/- and above.
- 2. This receipt should be completed and dated in the same month for which the amount is being claimed.

3. Furnish **Life Certificate** of the member/dependents with this receipt .

NOTE:- payment of allowance will not be made if the pre receipt form is not found duly completed in all respects.

**APPLICATION FORM FOR GRANT OF SUBSISTENCE ALLOWANCE FROM THE
DEFENCE CIVILIANS MEDICAL AID FUND**

(Part – I)

(To be filled in by the applicant)

- a) Name of the applicant (Member) _____
- b) Father's /Husband's name _____
- c) Membership Card No. _____
- d) Designation/T.No. _____
- e) Unit in which employed _____
- f) Date of Joining the Fund
(i.e. the date on which the Payment
of first subscription was made) _____
- g) Has he/she ever availed of the assistance
from the Fund in the past? If so, give
Letter No. of DCMAF _____
- h) Institution/Hospital where he/she was/
is receiving treatment (state period) _____

Station

Dated.....

Signature of applicant

(Part-II)

(To be filled in by the applicant Medical Attendant)

Certified that Shri..... Designation/T.No.....
of was/has been suffering from tuberculosis/cancer/leprosy / incapacitated
consequent upon an accident/ incapacitated consequent upon paralytic stroke and was recommended
..... Days leave from.....to.....

Date.....

Signature and seal of the Attendant/MO
i/c case/Specialist/MS of Armed Forces/
MO of an Ord. Fy. Hospital

(Part-III)

(To be field in by the head of the Accounts Department/Unit of the Establishment)

Certified that Shri..... Designation/P.No..... of remained
on Day's leave without pay and allowances from..... to.....

Dated.....

Signature and Seal of the Head
of the Accounts Office

(Part-IV)

(To be filed by the Head of the Establishment)

Recommended. The information furnished in parts I, II and III above has been verified and is confirmed. Duly attested copy/copies of the order(s) notifying the leave is/are enclosed.

No.....
Date.....

Signature & Seal of the Head
of the Establishment

NOTE:-

1. This medical report should be completed in all respects by one of the following medical authorities:
 - a) Medical Officer of a Govt/Govt Recognised hospital
 - b) Authorized Medial Attendant of the Establishment
 - c) Medical specialist of the Armed Forces
 - d) Medical Officer of an Ordnance Factory hospital .
2. **Documents required:**
 - i) Part – II Order notifying leave without pay and allowances granted to the member patient on medical certificate.

APPLICATION FOR EX-GRATIA GRANT FROM THE DEFENCE CIVILIANS MEDICAL AID FUND IN CASE A MEMBER PATINET DIES OF TB, CANCER, LEPROSY & HEART AILMENTS.

(To be filled in duplicate by the spouse/dependent son/daughter of the deceased member and parents, in case of unmarried member)

1. Particulars of the deceased:

- (a) Name :.....
- (b) Designation/P.No. :.....
- (c) Where employed :.....
- (d) Membership Card No. :.....
(To be enclosed with this application)
- (e) Disease suffering from :.....
- (f) Date of death :.....
- (g) Details of dependent family members:

Sl. No.	Name	Age	Relationship with the deceased	Marital status
1.....
2.....
3.....
4.....

2. Particulars of the applicant:

- a) Name :.....
- b) Age :.....
- c) Is he/she the legal heir/heirress of the deceased and/or was fully dependent on him/her :.....
- d) Does he/she also look after other dependent family/members of the deceased :.....
- e) Full Residential Address of the applicant
- f) Particulars of SBI/Syndicate Bank of the Applicant
 - (i) Branch name :.....
 - (ii) Code No.

Signature or Thumb Impression of the applicant (right hand thumb impression in case of females and left hand thumb impression in case of males)

Contd...

II

DEATH CERTIFICATE

(To be completed by the Authorized Medical Attendant of the Establishment or the Medical Officer of a Govt. Recognized Hospital or an authorized officer of the municipality/local body)

Certified that Shri/Smt. _____ of _____
(Here name the Establishment)

was suffering from TB /Cancer/Leprosy/Heart Ailments) and expired on _____ on account of the aforesaid disease.

Signature and Seal of the AMA of the Establishment /MS of Armed Forces/MO of an Ord. Fy. Hospital / Medical Officer of a Govt. recognized Hospital or an Authorized Officer of Municipality/local body

Dated.....

III

(To be filled in by the Head of the Establishment)

Certified that:

- (a) Shri/Smt..... was a member of the Fund and had completed one year's membership on the date of his/her demise.
- (b) The deceased had availed assistance for heart ailment i.e. pace maker (in case of death of heart patient)
- (c) The applicant is the spouse/dependent son/daughter/father/mother of the deceased.

Dated:.....

Signature and Seal of the Head of the Establishment.

PRE - RECEIPT

Received a sum of **Rs.20,000/- (Rupees twenty thousand only)** on account of ex-gratia grant from the Hony. Secretary. Defence Civilians Medical Aid Fund.

Date:.....

Recipient's Signature or Thumb impression.

NOTE:-

1. Affix a revenue stamp as per rules.
2. **Documents required:**
 - i) A duly attested copy of death certificate from municipality/local body.
 - ii) A duly attested copy of Radiologist's/Histopathology/FNAC report on the basis of which the deceased was diagnosed to be a case of TB/Cancer/Leprosy if Nutritious Diet Allowance was not availed.
 - iii) Original membership card issued to the deceased member by the Fund
 - iv) If member patient dies due to heart ailments, confirmation whether member patient had availed assistance for heart ailments earlier, alongwith DCMAF letter number

APPLICATION FORM FOR GRANT OF ADDITIONAL FINANCIAL ASSISTANCE FROM THE DEFENCE CIVILIANS MEDICAL AID FUND

1. **PARTICULARS OF THE APPLICANT**

- (a) Name
- (b) Membership card No.
- (c) Designation/ P.No.
- (d) Unit in which employed
- (e) Present basic pay
- (f) Date of joining the Fund
(i.e. the date on which the
payment of first
subscription was made

2. **PARTICULARS OF THE PATIENT:**

- (a) Name
- (b) Age
- (c) Relationship with the applicant.....
- (d) Does the income of the patient exceed?
Rs.1500/- p.m (in case of dependent)
- (e) Disease suffering from or having
any particular disability
- (f) Institution / hospital where the
patient was/ is receiving or will
undergo treatment for the purpose
- (g) Is the application for nutritious diet for burn?
If yes, please furnish certificate from authorized
Specialist/Orthopaedic Surgeon stating percentage
of burns when admitted in hospital for treatment
and period of further treatment of weeks/months is
also required

(h) Has the applicant availed of the benefits of the Fund at any time ?
if so, give reference with DCMAF letter number

.....

3. **PLEASE TICK (√) ONE OF THE FOLLOWING DISEASES IN WHICH ADDITIONAL FINANCIAL ASSISTANCE NON-REIMBURSABLE PORTION IS BEING CLAIMED:**

- (i) Procurement of blood for transfusion
- (ii) Implantation of Pace-Maker
- (iii) Hearing aid
- (iv) Crutches
- (v) Wheel Chair
- (vi) Prosthesis
- (vii) Cataract operation with Intraocular lens implantation
- (viii) Support-shoes (calipers)
- (ix) Neck-band
- (x) Procurement of Tricycle
- (xi) Nutritious diet allowance for burns
- (xii) Prosthesis for disabilities due to burns
- (xiii) Coronary By-Pass surgery
- (xiv) Valve replacement
- (xv) Renal transplantation
- (xvi) Joint replacement with surgery
- (xvii) Non-correctable blindness
- (xviii) Correctable blindness (other than Cataract)
- (xix) Loss of limbs i.e. arms & legs or eyes of the member patient in an accident

4. **STATEMENT OF EXPENDITURE**

- (i) Total expenditure
- (ii) Expenditure Reimbursed from Govt. under CGHS/CSMA Rules
- (iii) Non-reimbursed

(Please furnish a duly attested copy of final payment order of CDA in case the expenditure in full or part was reimbursed by the Govt. to the member under CGHS/CSMA Rules)

Part - I

CERTIFICATE

(To be completed by the Head of the Establishment)

5. Recommended. The information furnished at item Nos. 1,2,3 and 4 above has been verified and is confirmed.

Station :

Signature and Seal of the
Head of the Establishment

Date:

Contd...

Part - II

6. Certified that Shri /Smt.aged
years Self/Father/Mother/Son/Daughter/Husband of
Shri/Smt.....(member's Name).....is/was
suffering from..... (disease mentioned in Para 3 of this Form) . The total
expenditure involved in this connection was Rs. (.....)
(.....only)
(in words)

Station :
Date :

Signature Name & Office Seal of
the Specialist/ MO i/c

(To be completed and signed by a Medical Specialist/a Cancer Specialist/a Cardiologist or Cardiac Surgeon/an Orthopedist/an Ophthalmologist or ENT Specialist (as the case may be) attached to a Govt. /Govt. recognized Hospital including an Ordnance Factory Hospital)

NOTE: -

1. The medical reports should be completed and authenticated in all respects by one of the following medical authorities:
 - a) Medical Officer of a Govt/Govt Recognised hospital
 - b) Authorized Medical Attendant of the Establishment
 - c) Medical specialist of the Armed Forces
 - d) Medical Officer of an Ordnance Factory hospital
2. Documents required:

- i) Case profile of the patient.
- ii) Original/attested copy of the cash memo in case of IOL, Hearing Aids etc.
- iii) Copy of final payment order from CDA, where partial reimbursement has been made by the Govt. under CGHS/CSMA Rules.
- iv) Blood Bank's Cash memo in case of procurement of blood for transfusion in various ailments including Leukemia and Bone Marrow Transplantation.
- v) Original/attested copy of cash memo from one of the outlet of ALIMCO and as per rates fixed by the ALIMCO, Kanpur in case of purchasing crutches, wheel chair etc.

**APPLICATION FOR EX-GRATIA GRANT FROM THE DEFENCE
CIVILIANS MEDICAL AID FUND IN CASE A MEMBER PATIENT
DIES IN AN ACCIDENT.**

(To be filled in duplicate by the spouse/dependent son/daughter of the deceased member and parents, in case of unmarried member)

1. Particulars of the deceased:

- (a) Name :
- (b) Designation/P.No. :
- (c) Where employed :
- (d) Full Service Membership/Annual Membership Card No. & Date (To be enclosed with this application) :
- (e) References under which Annual Subscription have been remitted to the Fund for last 10 years :
- (f) Cause of accident :
- (g) Date of death :

g) Details of dependent family members:

Sl. No.	Name	Age	Relationship with the deceased	Marital status
1.....
2.....
3.....
4.....

2. Particulars of the applicant:

- (a) Name :
- (b) Age :
- (c) Relationship with the deceased member :
- (d) Is he/she the next of kin of the deceased Member :
- (e) Full Residential Address of the applicant :
- (f) **Particulars of Bank A/C**
 - (i) Name of the Bank :
 - (ii) Branch name :
 - (iii) Code No. :
 - (iv) Account No. :

Signature or Thumb Impression of the applicant (right hand thumb impression in case of females and left hand thumb impression in case of males)

Contd...

3. **Particulars of documents attached:**

- (i) Original Membership Card
- (ii) Photocopy of Ration Card
- (iii) A Copy of FIR Lodged
- (iv) Attested Copies of Post Mortem Report
- (v) A Copy of Death Certificate : The death certificate preferably should be signed by (a) AMA of the Establishment or Medical Officer of Govt recognized hospital or an authorized officer of Municipality/Local Body (b) If due to unavoidable circumstances the death certificate is issued by a Private Practitioner, the same will have to be Attested by AMA or MO of Govt Hospital or Medical Officer of Municipality/Local Body.

II

(To be filled in by the Head of the Establishment)

- (a) Certified that Late Shri/Smt.....was working in this Establishment met with an accident and expired on..... on account ofaccident.
- (b) Late Shri/Smt.....was a Full Service Member/Annual Member of the Fund having FSM/Annual Card No.....Annual subscription of the deceased had been remitted to the Fund vide para 1(e).
- (c) The applicant is the spouse/dependent son/daughter/father/mother of the deceased.

Dated:.....

Signature and Seal of the
Head of the Establishment.

III

PRE - RECEIPT

Received a sum of **Rs.50,000/- (Rupees fifty thousand only)** on account of ex-gratia grant from the Defence Civilians Medical Aid Fund (DCMAF).

Date:.....

Recipient's Signature or Thumb impression

Note:- Affix a revenue stamp as per rules.

3. **Particulars of documents attached:**

- (i) Original Membership Card
- (ii) Photocopy of Ration Card
- (iii) A Copy of FIR Lodged
- (iv) Attested Copies of Post Mortem Report
- (v) A Copy of Death Certificate : The death certificate preferably should be signed by (a) AMA of the Establishment or Medical Officer of Govt recognized hospital or an authorized officer of Municipality/Local Body (b) If due to unavoidable circumstances the death certificate is issued by a Private Practitioner, the same will have to be attested by AMA or MO of Govt Hospital or MO of Municipality/Local Body.

II

(To be filled in by the Head of the Establishment)

- (a) Certified that Late Shri/Smt.....was working in this Establishment met with an accident and expired on..... on account ofaccident.
- (b) Late Shri/Smt.....was a Full Service Member/Annual Member of the Fund having FSM/Annual Card No.....Annual subscription of the deceased had been remitted to the Fund vide para 1(e).

(c) The applicant is the spouse/dependent son/daughter/father/mother of the deceased.

Dated:.....

Signature and Seal of the
Head of the Establishment.

III

PRE - RECEIPT

Received a sum of **Rs.50,000/- (Rupees fifty thousand only)** on account of ex-gratia grant from the Defence Civilians Medical Aid Fund (DCMAF).

Date:.....

Recipient's Signature or Thumb impression

Note:- Affix a revenue stamp as per rules.

PART – IV

Existing Benefits of the Fund

(A) NUTRITIOUS DIET ALLOWANCE:

- i) Rs. 800/- Per Month (in case of members and their dependents suffering from TB, Leprosy upto 2 years & Cancer upto 5 years).
- ii) Rs. 800/- Per Month (in case of female members and spouses of male members suffering from severe anaemia during pregnancy).
- iii) Rs. 800/- Per Month (lactating female members and spouses of the male members of the Fund) for four months.
- iv) Rs. 150/- Per Week (for burn injuries) upto 12 weeks.

(B) AFTER CARE ALLOWANCE:

Rs. 600/- Per Month (after having completed domiciliary treatment due to TB, Cancer & Leprosy) upto 6 months.

(C) SUBSISTENCE ALLOWANCE:

- i) Rs. 100/- Per Day (if member patient remains on leave without pay and allowances due to TB, Cancer & Leprosy) up to 6 months.
- ii) Rs. 100/- Per Day (if member patient remains on leave without pay and allowance due to paralytic stroke) upto 6 months.
- iii) Rs. 100/- Per Day (if member patient remains on leave without pay and allowances due to accidental injury) upto 6 months.

(D) IN CASE OF BURN INJURIES:

Special Prosthesis upto Rs. 5,000/-.

(E) ADDITIONAL FINANCIAL ASSISTANCE:

- i) Reimbursement of the cost of procuring blood as and when required for transfusion in various ailments including leukemia and bone marrow transplantation @ Rs. 600/- per transfusion.
- ii) Cataract Operation with Implantation of Intra-Ocular Lens upto Rs.5000/-
- iii) Hearing Aid upto Rs. 1,500/-
- iv) Purchase of Curtches
- v) Purchase of Wheel Chairs
- vi) Purchase of Support Shoes (Calipers) upto Rs. 2,000/-
- vii) Purchase of Neck Band for Cervical Spondilitis upto Rs. 1,000/-
- viii) Purchase of Tricycles for Physically Handicapped upto Rs. 5,000/-.

(F) IN CASE OF MAJOR OPERATIONS:

- * Coronary By-Pass Surgery
 - * Valve Replacement
 - * Implantation of Pace-Makers
 - * Renal Transplantation
 - * Joint Replacement/Surgery
- } Reimbursement upto Rs. 15,000/-

(G) EX-GRATIA GRANT:

- i) Rs. 20,000/- to the family (if member patient dies due to TB, Cancer & Leprosy. Rs. 20,000/- will also be paid to the family as ex-gratia grant if the member patient dies to heart ailment, provided he had obtained assistance for heart ailment earlier..
- ii) * Rs. 50,000/- to the family of the member patient if he/she dies due to an accident.

(* This benefit is available to only Full Service Members of the Fund and those Annual members who have remained members of the Fund consecutively for ten years on the date of their death).

(H) EX-GRATIA GRANT FOR LOSS OF LIMBS/EYES:

- i) In case of loss of two limbs/eyes or more of the member patient due to an accident : Rs. 15,000/- (lumpsum).
- ii) In case of loss of one limb/eye of the member patient due to an accident : Rs. 10,000/- (lumpsum).

(I) DIALYSIS ALLOWANCE:

Rs. 800/- Per Month (in case the members and their dependents are suffering from chronic renal disease and are on dialysis) upto 5 years.