



## CENTRAL POLLUTION CONTROL BOARD

(Ministry of Environment & Forests, Govt. of India)

Parivesh Bhawan, East Arjun Nagar

Delhi - 110032

No. C-22017/01/2014-Coord./Admin./

Date : 22.08.2017

### CIRCULAR

**Sub: Updation/Revision of CSMA cards for availment of medical facilities by all the employees of CPCB – reg.**

It has been observed that various details of particulars relating to the dependent family members of all the employees of CPCB as indicated in the existing CSMA card is required to be updated/revise. Further, the basic pay of the employees (officials have been revised as per Seventh Central Pay Commission. The Competent Authority, CPCB has, therefore, decided to issue revised/updated medical cards to all the regular employees of the Board.

All the employees of CPCB are hereby advised to download the "CSMA Medical Form" from the Websites of CPCB and submit the duly filled in Form in duplicate within **30 days** from the date of issue of this circular positively. Necessary instructions given on the back of this circular may also be downloaded in this respect. They are hereby requested to ensure strict compliance of the instructions while filling up of the prescribed CSMA medical form before it is finally forwarded to the undersigned for further necessary action at our end.

This is being issued with the approval of Competent Authority, Central Pollution Control Board.

(Ashok Kashyap)

Administrative Officer (Coord.)

Copy for distribution to :

1. All the Divisional Incharges, CPCB, H.O., Delhi (with a request to circulate amongst the staff-working under them.)
2. All the Incharges of Regional Directorate, Bangalore/Bhopal/Lucknow /Kolkata/Siliguri/Vadodra/Project Office Agra. (With a request to circulate amongst the staff working under them.)
3. PS to CCB
4. PS to MS
5. Office Order File in Admn. (C) Division.
6. AO (P) - with a request to provide details of revised basic pay of all CPCB employees for verification.
7. Incharge IT Division with a request to upload the circular on the CPCB website.
8. All Notice Board at Head Office, Delhi



## लाभार्थी का विवरण BENEFICIARY DETAILS

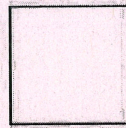
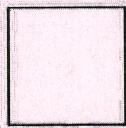
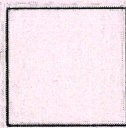
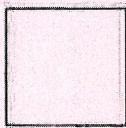
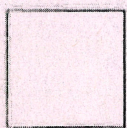
सी.पी.सं.....

CP No.....

1. नाम/Name.....
2. पदनाम/Designation.....
3. मूल वेतन/Basic Pay..... Level/स्तर .....
4. वर्तमान पता/Present Address.....
5. मोबाइल नंबर/घर का दूरभाष नंबर/Mobile No/Landline No.....
6. कार्यालय का दूरभाष नंबर /Office Phone No.....

परिवार की फोटो(लाभार्थी व आश्रितों की फोटो)

Family Photo (Beneficiary &amp; Dependents)



परिवार/आश्रित लाभार्थी का विवरण

### DETAILS OF FAMILY DEPENDENT BENEFICIARIES

(केन्द्रीय प्रदूषण नियंत्रण बोर्ड के सेवा रिकार्ड में यथा परिभाषित)

(As Defined in C.P.C.B. Service Record)

क्रम सं. Sl.No	नाम Name	जन्म तिथि/आयु DOB/Age	कार्ड धारक से संबंध Relationship with Card Holder
1.			
2.			
3.			
4.			
5.			
6.			

मैं एतद्वारा प्रमाणित करता हूँ कि मेरे द्वारा प्रस्तुत सूचना/विवरण मेरी जानकारी और विश्वास में सही और सत्य हैं। यदि मेरे द्वारा प्रस्तुत उपर्युक्त सूचनाओं में से कोई सूचना/विवरण गलत या झूठा पाया जाता है तो मेरे विरुद्ध कार्यवाही की जा सकती है।

I hereby certified that the information provided by me is correct to the best of my knowledge and belief. If any information given by me at above is found false, necessary disciplinary action under Central Civil Services (CCA) Rules, 1965 may be taken against me.

लाभार्थी के हस्ताक्षर

Signature of the Beneficiary