



CENTRAL POLLUTION CONTROL BOARD

(Ministry of Environment, Forest and Climate Change, Govt. of India)

Parivesh Bhawan, East Arjun Nagar

Delhi-110 032

File No.FM/1/2024-ADMIN-C_M-HO-CPCB-HO/70

Dated : May 07, 2025

OFFICE MEMORANDUM

Subject: Medical Facility to the Central Pollution Control Board (CPCB) Employees

01. In pursuance to the Resolution passed in 204th Board Meeting, held on 18th September, 2024, Central Pollution Control Board (CPCB) herewith issues the "Guidelines for the Medical Facility to CPCB Employees". The CPCB Medical Facility as per these Guidelines shall come into operation w.e.f. 6th June, 2025. Copy of the Guidelines attached.

02. These Guidelines shall apply to:

- (i) All the serving regular employees of CPCB, including their dependent family members;
- (ii) All the employees on deputation with CPCB, including their dependent family members on exercising the option of availing medical benefits from the CPCB, during their period of deputation;
- (iii) JRF/SRF/RA while serving in CPCB (excluding their spouse & dependents);
- (iv) All the eligible (as explained in note below) CPCB retired employees/retiring in due course of time along with their dependent family members and dependent family members of deceased employees.

Note: All the CPCB regular employees who have retired or are retiring in due course of time, alongwith their dependent family members as well as the dependent family members of the deceased regular employees are eligible for CPCB Medical Facility, subject to the verification of the particulars provided by the beneficiary in the attached Option Form from their service book.

The minimum qualifying service required to avail CPCB Medical Facility after retirement for the CPCB employees covered under the New Pension Scheme (NPS) shall be in accordance with the provisions contained in the Ministry of Health & Family Welfare Office Memorandum No.S.11011/10/2012-CGHS(P)/EHS dated 28.03.2017.

03. The beneficiaries as stated at sub para (i) (ii) & (iii) of Para 02 above may submit their willingness/consent to avail CPCB Medical Facility in accordance with the attached Guidelines within 30 days from the date of issue of this Office Memorandum in the **Option Forms attached as Annexure-I, II & III respectively to this OM**. Prevailing medical facility under CS(MA) Rules, 1944 will cease to operate on 05.06.2025 (11:59 p.m.). Employees having not opted for the CPCB Medical Facility under the attached Guidelines, shall surrender their medical card by 06.06.2025 and will not be eligible for any medical facility from CPCB from 06.06.2025. The medical bills for the period upto 05.06.2025 will be processed and reimbursed as per the CS(MA) Rules, 1944. The CPCB Medical Facility as per the attached Guidelines will be implemented w.e.f. 06.06.2025 and will be extended to only those employees who have opted for the same. The monthly contribution amount, as decided by CPCB and as applicable on the date of making such deduction (rates of contribution are mentioned in Table under Para 05) will be deducted from the salary/stipend of employees having opted for CPCB Medical Facility.

04. The beneficiaries at sub para (iv) of Para 02 above shall have one time option to avail the CPCB Medical Facility under these Guidelines and may submit their willingness / consent to avail CPCB Medical Facility under the attached Guidelines in the **Option Form attached as Annexure – IV to this OM**. After verification of the Option Form and on receiving intimation from CPCB, employee concerned or dependent family member of the deceased employees shall deposit a One-Time contribution amount in lump sum (equal to 10 years' of contribution), as decided by CPCB and as applicable on the date of making such deposit. Rates of contribution are mentioned in Table under Para 05. The one-time contribution shall be deposited within three months from the date of issue of this OM, for getting the CPCB medical card with life time validity and thereafter the options will not be accepted. The employees, retiring in due course of time shall apply for CPCB medical card with life time validity, one month before the date of their retirement, by depositing the above said one time contribution amount, as decided by CPCB and as applicable on the date of making such contribution. The employees, who had retired after 29.01.2020 and have already deposited their one-time contribution amount need not deposit any further contribution, however, the Option as per **Annexure-V** will be required to be submitted by such employees as well within a period of one month to avail CPCB Medical Facility under these Guidelines.

For further clarifications, it is stated that the eligibility for reimbursement shall be available only to the cases of medical exigencies arising after depositing of the aforesaid contribution amount. CPCB employees, having retired before 29.01.2020 and subsequently join the CPCB Medical Facility under the attached Guidelines, by depositing the one-time contribution amount, no reimbursement will be made in respect of any medical expense incurred prior to the depositing of above said contribution.

05. The contribution rates are as below :

S. No.	Corresponding Levels in the Pay Matrix as per Seventh CPC	Contribution (Per Month in Rs.) (for serving regular employees & Research Personnel)	One –Time Contribution for Life Time Medical Card (In Rs.) (for retired regular employees / for retiring regular employees / dependent family of deceased regular employees)
1.	Level 1 to 5	250	30,000
2.	Level 6	450	54,000
3.	Level 7 to 11	650	78,000
4.	Level 12 and above	1000	1,20,000

06. In case where both spouses are/were serving employees of CPCB, a joint declaration is required to be furnished as to who will be preferring reimbursement of medical claims from CPCB for self, spouse and eligible members of their family. The Joint Declaration Form is attached as **Annexure - VI** to this OM.

07. The above duly filled Option Forms (**Annexure I-VI**) may be sent at mail id - **medical.cpcb@gov.in** as well as through speed post / by hand.

08. This Office Memorandum supersedes all the earlier Orders/Circulars/OMs issued by CPCB from time to time over CS(MA) Rules, 1944 and/or for providing medical facility to CPCB employees, including OM No.B-12015/33/108-CS(MA)/2014/1989 dated 29th January,2020 unless expressly provided in the Guidelines as annexed.

09. This is issued with the approval of the Chairman, CPCB.



(Rekha Narang)

Senior Administrative Officer
Coordination & Medical Claims Division

Distribution :

1. All Divisional Heads - CPCB Delhi
2. All Regional Directors/Project Office
3. PS to CCB : for kind information of CCB please
4. PS to MS : for kind information of MS please
5. AO(P) : for necessary action please
6. I/c F&A : for necessary action please
7. Divisional Head IT : To upload this OM (in Hindi & English) in CPCB Website for information of all regular serving & retired employees, dependent family members of regular deceased employees & all Research Personnel, serving in CPCB
8. All Notice Boards

GUIDELINES FOR THE MEDICAL FACILITY TO CPCB EMPLOYEES



CENTRAL POLLUTION CONTROL BOARD
[Ministry of Environment, Forest & Climate Change]
PariveshBhawan, East Arjun Nagar
Delhi-110 032.



CENTRAL POLLUTION CONTROL BOARD

[Ministry of Environment, Forest & Climate Change, Govt. Of India]

GUIDELINES FOR THE MEDICAL FACILITY TO CPCB EMPLOYEES

References:

- a) Central Services (Medical Attendance) Rules, 1944 (in short CS(MA) Rules, 1944)
- b) Central Government Health Scheme (CGHS)
- c) Relevant CPCB Circulars

(1) In terms of the approval of the 204th Board Meeting, held on 18th September, 2024, Central Pollution Control Board (CPCB) adopts the Medical Reimbursement Rules in line with CGHS/CS(MA) Rules, 1944 with requisite modifications and issues the 'Guidelines for the Medical Facility to CPCB Employees' for providing the medical facilities to its serving and retired employees.

(2) To support the Scheme in the long run, contributions will henceforth be collected from serving CPCB employees as well. The collected amounts will be maintained under a separate head to be accounted separately.

(3) These Guidelines shall apply to:

- (i) All the serving regular employees of Central Pollution Control Board (hereinafter CPCB), including their dependent family members.
- (ii) All the employees on deputation with CPCB, including their dependent family members, subject to exercising the option of availing medical benefits from the CPCB, during their period of deputation.
- (iii) JRF/SRF/RA while serving in CPCB (excluding their spouse & dependents)

Note : The beneficiaries as stated at point (i) (ii) & (iii) above shall submit their willingness/consent to avail CPCB Medical Facility under these guidelines within 30 days of the issue of these Guidelines. The monthly contribution amount, as applicable on the date of making such deduction as stipulated in CGHS rules and as amended from time to time, will be deducted from the salary / stipend of these beneficiaries for providing the CPCB Medical Facility under these Guidelines.

- (iv) All the eligible CPCB retired employees/retiring in due course of time alongwith their dependent family members and dependent family members of deceased employees.

Note The beneficiaries as stated at point (iv) shall have one time option to avail the CPCB Medical Facility under these Guidelines. For availing the benefits under this provision, the beneficiaries shall deposit, within three months from the date of issue of these Guidelines, a one-time contribution amount equal to 10 years, as applicable on the date of making such deposit as stipulated in CGHS Rules, for obtaining the CPCB medical card with life time validity. The employees retiring in due course of time shall apply for CPCB life time validity medical card one month before the date of their retirement. The employees, who had retired after 29.01.2020 and have already deposited their one-time contribution amount need not deposit any further contribution.

For further clarification, it is stated that the eligibility for reimbursement shall be available only to the cases of medical exigencies arising after depositing of the aforesaid contribution amount. For CPCB retired employees, who retired before 29.01.2020 and subsequently join the CPCB Medical Facility under these Guidelines, by depositing the one-time contribution amount, there will be no reimbursement made in respect of any medical expenses incurred prior to the date of depositing of above contribution amount.

(4) The Contribution rates shall be as per the details provided below:

S.No.	Corresponding Levels in the Pay Matrix as per Seventh CPC*	Contribution (Per Month) (In Rs.)	One– Time Contribution (in Rs.)
1.	Level 1 to 5	250	30,000 for whole life medical card
2.	Level 6	450	54,000 for whole life medical card
3.	Level 7 to 11	650	78,000 for whole life medical card
4.	Level 12 and above	1000	1,20,000 for whole life medical card

*For the employees, who have been retired/died at the time of Fifth/Sixth Central Pay Commission, the calculation of their Corresponding Levels in the Pay Matrix will be done as per the Grade Pay drawn by them at the time of their retirement/death.

(5) For employees of CPCB governed under the New Pension Scheme(NPS), similar provisions of Office Memorandum No. S.11011/10/2012-CGHS(P)/EHS dated 28.03.2017 issued by the Ministry of Health & Family Welfare shall apply for obtaining the CPCB Medical Facility under these Guidelines.

(6) In view of anticipated increase in medical expenses overtime, the rate of contribution from employees may be periodically reviewed and revised from time to time. The same may be done through a Financial Appraisal Committee chaired by Member Secretary, CPCB and comprising Divisional Heads of Finance & Accounts and Coordination & Medical Claims Division. The Committee shall also oversee utilisation of amount thus collected.

(7) **Family & Dependency:** The Term Family and criteria for Dependency is as per CGHS Rules, and as amended from time to time by the Government of

(i) Definition of Family

1. Husband / Wife (First wife only)
2. An employee has a choice to include either dependent parents or dependent parents-in-law; for the purpose of availing the benefits under these Guidelines, subject to the conditions of dependence and residence, etc., being satisfied.
3. If adoptive father has more than one wife, the first wife only.
4. Children including legally adopted children, step children and children taken as wards subject to the following conditions:

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

*For the purpose of availing CPCB Medical Facility under these Guidelines for a disabled son / unmarried disabled brother above 25 years, a certificate of disability issued by the appropriate authority may be attached at the time of applying for medical card.

“Disability” will be as defined in section 2(1) of the Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (No.1 of 1996), which is reproduced below:

“DISABILITY” means (benchmark disability of 40% vide F. No. 4-24/96-C&P/CGHS(P)/EHS dated 7th May 2018)

1. Blindness
2. Low-vision
3. Leprosy cured persons
4. Hearing Impairment (deaf and hard of hearing)
5. Locomotor disability
6. Dwarfism
7. Intellectual Disability
8. Mental illness
9. Autism Spectrum Disorder
10. Cerebral Palsy
11. Muscular Dystrophy
12. Chronic Neurological conditions
13. Specific Learning Disabilities
14. Multiple Sclerosis
15. Speech and language disability
16. Thalassemia
17. Hemophilia
18. Sickle cell disease
19. Multiple Disabilities including deaf blindness
20. Acid Attack victim
21. Parkinson's disease

(ii) Dependency:

Members of family (other than spouse) whose monthly income is less than Rs.9000/+ Dearness Relief drawn as on the date of consideration are treated as dependents and are normally residing with the beneficiary.

The following Documents are to be enclosed as proof of dependency:

- (i) Proof of Residence / Stay of dependents – [copy of Ration Card / Election ID / Passport / Identity Card issued by College / School / University / Bank Pass Book, etc.]
- (ii) Proof of age of son
- (iii) Attested Copy of Disability certificate issued by appropriate authority (in case of dependent son / unmarried brother aged 25 and above)

(iii) When Both Husband and Wife are employed:

- (i) The spouse employed in a State Government, Defence/Railway or Corporation/Bodies financed partly/wholly by the Central / State Government, Local Bodies and Private Organisations, which provides medical services, may choose either the facilities under the CPCB or facilities provided by the organisation in which the spouse is employed.

- (ii) Where both are CPCB employees, either of them may prefer claim for self and eligible members of their family, according to his/her status.
- (iii) In both the above types of cases, a joint declaration is required to be furnished as to who will be preferring the claim. In the absence of joint declaration of point II above, the concession is to be availed of by the wife and family members according to the status of the husband. Declaration may be changed as often times as the circumstances like promotion, transfer, resignation, etc., required.
- (iv) If judicially separated, pending decision on guardianship, reimbursement for children may be allowed to either spouse.
- (v) If the spouse is in receipt of fixed medical allowance, the CPCB employee can avail medical facilities from CPCB for himself / herself and members of family residing with him / her except for the spouse.

(8) Medical facility:

- (i) CPCB employees (serving & retired) may avail the medical facilities from the hospitals empanelled specifically by CPCB through MoU (List available in CPCB Website).
- (ii) CPCB (with minimum three members of the Committee) may visit to the hospitals, registered with Health Department of State/UT, to sign the MoU with Hospitals with the approval of the Competent Authority, CPCB, subject to the condition that Hospital will provide treatment to CPCB serving/retired employees, including their dependent family member(s) on CGHS rates. CPCB will prepare a check list for empanelment of these hospitals in support of signing of MoU. The requirement of previous empanelment of any such hospital with any Government Department shall be of no bar in entering of ibid MoU by CPCB.
- (iii) CPCB employees (serving & retired) may also avail medical facilities in any of the Central Government/State Government hospitals and the hospitals recognized by the State Government/CGHS Rules/CS(MA) Rules, 1944 for the medical reimbursement of its employees as well as the hospitals fully funded by either Central Government or the State Government, subject to the condition that CPCB employees will be reimbursed the medical expenditure at the rates fixed by the Government under the CGHS Rules/CS(MA) Rules, 1944 or the actual expenditure incurred, whichever is less.

- (09)** The medical reimbursement of OPD, IPD and Day Care medical facility (in all systems including Allopathy, Homeopathy, Ayurvedic, Unani, Siddha, Yoga, Naturopathy) from the above empanelled Hospitals will be allowed as per the provisions of Central Services (Medical Attendance) Rules, 1944 at CGHS rates, as amended from time to time by the Government of India or as per actual rates, whichever is less.

(10) Reimbursement of the cost of various artificial appliances used for medical purposes shall be as per rules defined in CS(MA) Rules 1944 at CGHS rates, as amended from time to time by the Government of India or as per actual rates, whichever is less, with the prior approval of the Competent Authority, CPCB.

(11) EMERGENCY TREATMENT:

(i) In case of hospitalization in emergency, the employee may visit to any of the above mentioned empanelled hospitals (cash as well as cashless hospital) round the clock and must inform within 72 hrs to the Administration (Coordination & Medical Claims) Division / respective Regional Directorate in order to get the treatment regularized, wherein reimbursement will be made as per the provisions of CS(MA) Rules, 1944, at CGHS rates and as amended from time to time by the Government of India. CPCB will issue a credit letter in favour of the hospital in case of the Cashless CPCB empanelled hospital and the payment will be made by CPCB directly to the hospital on receipt of the original bills from the hospital as per the provisions of CS(MA) Rules, 1944 at CGHS rates.

(ii) Reimbursement for Emergency Treatment in non-empanelled hospital is admissible subject to fulfilment of following conditions:

- The Reimbursement of claims pertaining to non-empanelled hospital shall be ordinarily discouraged. No claim from non-empanelled hospital / diagnostic centres shall be entertained under any circumstances for the treatment underwent in non-emergent conditions. However, this would be considered only in emergency case, when treatment is necessitated in such hospitals being situated near the place of illness/trauma in medically emergent condition due to circumstances beyond the control of the beneficiary, subject to the condition of submission of such Emergency Certificate, issued by the Hospital.
- The employee or any other person, as the case may be, should inform the Administration (Coordination & Medical Claims) Division/respective Regional Directorate within 72 hours of communication received from hospital regarding Admission.
- Reimbursement will be made as per the Ministry of Health and Family Welfare OM No.14025/14/2012-MS dated 11th June, 2013 and as amended from time to time by the Government of India.
- It may be reiterated that reimbursement of expenses incurred on treatment obtained in the private clinics of the Doctors would not be admissible even in emergent conditions.
- Dental treatment is not allowed from non-empanelled hospital even in emergent conditions.

(12) TIME LIMIT FOR SUBMISSION OF MEDICAL CLAIMS:

- (i) Medical bills preferred to be submitted within 6 months from the date of Prescription for Out-patient treatment and from the date of completion of the treatment/discharge from the hospital in case of In-patient treatment.
- (ii) The Competent Authority in CPCB can exercise the powers to condone delay in submission of bills beyond 6 months on merit of the case.

(13) ANNUAL MEDICAL EXAMINATION FACILITY:

Facility for Annual Medical Examination in respect of all the serving CPCB Group A Officers, age 40 years and above, in each calendar year from the CPCB/CGHS/CSMA/Central Govt./State Govt. empanelled hospitals is allowed as per the provisions of CS(MA) Rules,1944 and as amended from time to time.

(14) INVESTIGATIONS/LAB TEST:

(i) In case of CGHS listed Investigations/Lab Test –

- Tests may be performed at any CPCB/CGHS/CSMA/Central Govt. / State Govt empanelled Hospitals / Diagnostic Laboratories / Imaging Centres on the valid prescription of these empanelled Hospitals. Payment will be made at CGHS rates or as per actual rates, whichever is less.
- The medical prescription issued by the empanelled Hospital, prescribing diagnostic tests / investigations shall be treated as valid for a single use within a period of two weeks from the date of prescription. However, the medical prescription shall remain valid beyond two weeks for undertaking diagnostic tests/investigations if specifically prescribed by the Hospital, about the date or period by which the prescribed tests are to be conducted for a routine check-up or follow up treatment. The medical prescription would require re-validation or issue of a fresh prescription from the prescribing hospital for getting the prescribed tests done after expiry of the validity period of two weeks.

(ii) In case of non-listed Investigations/Lab Test-

For OPD treatment, permission from the Competent Authority CPCB is required to be obtained for non-listed Investigations/Lab Test with valid prescription of treating doctor of CPCB/CGHS/CSMA/Central Govt. / State Govt. empanelled Hospitals. After approval of the Competent Authority, the Test may be performed from the CPCB/CGHS/CSMA/Central Govt. / State Govt. empanelled Hospitals / Diagnostic

Laboratories/Imaging Centres. The reimbursement will be made as per the rates of AIIMS / as per actual, whichever is less.

(15) MEDICAL ADVANCE:

- (i) Admissible to all serving regular employees of the CPCB irrespective of pay limit.
- (ii) Not to SRF/JRF/RA
- (iii) Not to retired employees
- (iv) Advance may be given to wife/legal heir when Govt. servant unable to apply due to serious illness.
- (v) Conditions and amount of Advance will be as per CS(MA) Rules, 1944, and as amended by the Government of India from time to time.

(16) Any addition/deletion in the medical card is the responsibility of the employee.

(17) Any changes in the Guidelines may be done with the approval of the Chairman, CPCB

(18) SAVINGS:

Except for the modifications incorporated hereunder the Guidelines, all other terms and conditions regarding admissibility of medical treatment, admissibility of reimbursement of any medical claim shall be made as per the CGHS/CS(MA) Rules, 1944, and as amended by the Government of India from time to time.

NOTE: All the Hospital Bills & Receipts submitted must be signed and stamped by the Competent Authority of the Hospital. All the serving / retired employees of CPCB are requested to keep for themselves a scanned / photocopy of each of all the documents (Prescription Slips, Bills, Receipts, Certificates, duly signed by the Hospital Authorities etc.) at the time of submission of their medical reimbursement bills to the Administration (Coordination & Medical Claims) Division or respective Regional Directorate.

---o0o---



CENTRAL POLLUTION CONTROL BOARD

[Ministry of Environment, Forest & Climate Change]
Parivesh Bhawan, East Arjun Nagar
Delhi-110032

Annexure-I
[for serving regular employees]

OPTION FORM FOR AVAILING CPCB MEDICAL FACILITY FOR SERVING REGULAR EMPLOYEES OF THE CENTRAL POLLUTION CONTROL BOARD (CPCB)

I,.....hereby opt for the CPCB Medical Facility as per the attached Guidelines, available for the serving employees and their dependent family members, for which I agree for the deduction of monthly contribution amount, as decided by CPCB and as amended from time to time, from my salary.

OR

I,.....hereby do not opt the CPCB Medical Facility as per the attached Guidelines, available for serving employees & their dependent family members.

Signature :

CP No :

Name :

Designation :

Division :

Basic Pay & Level :

Office : HQ / RD (Name of the RD)
:

Present Address :

Permanent Address :

Mobile No :

E-mail :

Dated: _____

Station: _____

*strikeout whichever is not applicable.



CENTRAL POLLUTION CONTROL BOARD

[Ministry of Environment, Forest & Climate Change]
Parivesh Bhawan, East Arjun Nagar
Delhi-110032

Annexure-II
[for employees on
deputation]

**OPTION FORM FOR AVAILING CPCB MEDICAL FACILITY FOR EMPLOYEES ON DEPUTATION IN
CENTRAL POLLUTION CONTROL BOARD (CPCB)**

I,.....hereby opt for the CPCB Medical Facility as per the attached Guidelines, for self and dependents as available for the employees on deputation in CPCB, for which I agree for the deduction of monthly contribution amount, as decided by CPCB and as amended from time to time, from my salary. Likely date of completion of deputation in CPCB is

OR

I,.....hereby do not opt the CPCB Medical Facility as per the attached Guidelines, for self and dependents as available for the employees on deputation in CPCB.

Signature :

CP No :

Name :

Designation :

Division :

Basic Pay & Level :

Office : HQ / RD (Name of the RD)
:

Present Address :

Permanent Address :

Mobile No :

E-mail :

Dated: _____

Station: _____

*strikeout whichever is not applicable.



CENTRAL POLLUTION CONTROL BOARD

[Ministry of Environment, Forest & Climate Change]
Parivesh Bhawan, East Arjun Nagar
Delhi-110032

Annexure-III
[For Research Personnel]

**OPTION FORM FOR AVAILING CPCB MEDICAL FACILITY
FOR RESEARCH PERSONNEL SERVING IN THE
CENTRAL POLLUTION CONTROL BOARD (CPCB)**

I, hereby opt for the CPCB Medical Facility under the attached Guidelines available for the Junior Research Fellow / Senior Research Fellow / Research Associate (for self), for which I agree for the deduction of monthly Contribution amount, as decided by CPCB and as amended from time to time, from my stipend

OR

I, hereby do not opt the CPCB Medical Facility under the attached Guidelines available for Junior Research Fellow / Senior Research Fellow / Research Associate (for self).

Signature :
CP No :
Name :
Designation :
Project Head :
Office & Division : HQ / RD (Name of the RD)
Present Address :
Permanent Address :
MobileNo :
E-mail :

Dated: _____

Station: _____

*strikeout whichever is not applicable



CENTRAL POLLUTION CONTROL BOARD

[Ministry of Environment, Forest & Climate Change]
Parivesh Bhawan, East Arjun Nagar
Delhi-110032

Annexure-IV
[for retirees prior to 29.01.2020]

ONE-TIME OPTION FORM FOR AVAILING CPCB MEDICAL FACILITY FOR RETIRED REGULAR EMPLOYEES / DEPENDENT FAMILY OF DECEASED REGULAR EMPLOYEES OF THE CENTRAL POLLUTION CONTROL BOARD (CPCB)

I,, hereby opt for the CPCB Medical Facility under the attached Guidelines available for the retired employees & their dependent family members / dependent family of deceased employees, for which I shall deposit One -Time contribution in lump sum (equal to 10 years' of contribution) as decided by CPCB and as amended from time to time within three months from the date of issue of CPCB OM No FM/1/2024-ADMIN-C_M-HO-CPCB-HO/70 dated May 07, 2025

Signature :

CP No :

Name :

Designation :

Basic Pay & Level / Grade
Pay(at the time of retirement
/death) :

Office Address(at the time of
retirement / death) :

Present Address :

Permanent Address :

Mobile No :

E-mail :

Date of regular appointment in
CPCB (dd/mm/yyyy) :

Date of Retirement / Death :

Type of Retirement :

Relationship with the Employee
(In case of deceased employee :

Encl : Application For Availing CPCB Medical Facility

Dated: _____

Station: _____

*strikeout whichever is not applicable



CENTRAL POLLUTION CONTROL BOARD
[Ministry of Environment, Forest & Climate Change]
Parivesh Bhawan, East Arjun Nagar
Delhi - 110 032.

**APPLICATION FOR AVAILING CPCB
MEDICAL FACILITY**

1. CPCB Employee Number : CPCB.....
2. Name of the Applicant :
3. Category : NPS / Others
4. Name of Department : CENTRAL POLLUTION CONTROL BOARD
5. Grade Pay/Basic Pay & Level in the Pay Matrix (Level & Cell) at the time of retirement / death :
6. Present Address :
.....
.....
7. Permanent Address :
.....
.....
8. Telephone No. (R) :
(Mob):.....
9. Email ID :
10. Date of Regular Appointment in CPCB :
11. Date of Superannuation / Death :
12. Detail of Family (as per approved dependents' family) including Self

S. No.	Name of the Family Member(s)	Relationship to CPCB Card Holder	Date of Birth (Compulsory)	Blood Group (Optional)
1.		Self		

13. Are all the persons whose names are given above are dependent upon you and residing with you Yes / No

Photo	Photo	Photo	Photo	Photo
S.No. Name	S.No. Name	S.No. Name	S.No. Name	S.No. Name

I undertake to intimate to CPCB immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the CPCB comes to know of the change, then the CPCB Medical facility is liable to be withdrawn by the CPCB and the CPCB and / or Appropriate Authority will be free to initiate any action against me.

I undertake to surrender the CPCB Medical Card on ceasing to be eligible for CPCB Medical benefits.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same

(Signature of Applicant)

Name:.....
Designation.....
CP No.....
Mob. No
Alternate No.....
E-Mail ID.....

Date:.....
Place:.....

Please attach copy of :

1. Aadhaar card ID/PAN card or any other valid document as per RBI guidelines as ID and address proof for Self and Dependent family members.
2. Disability Certificate of Dependent (If applicable).



CENTRAL POLLUTION CONTROL BOARD

[Ministry of Environment, Forest & Climate Change]
Parivesh Bhawan, East Arjun Nagar
Delhi-110032

Annexure-V
[for retirees after 29.01.2020]

ONE-TIME OPTION FORM FOR AVAILING CPCB MEDICAL FACILITY FOR RETIRED REGULAR EMPLOYEES/DEPENDENT FAMILY OF DECEASED REGULAR EMPLOYEES OF THE CENTRAL POLLUTION CONTROL BOARD (CPCB)

I,, hereby opt for the CPCB Medical Facility under the attached Guidelines available for the retired employees & their dependent family members / dependent family of deceased employees, for which I have deposited One-Time contribution in lump sum (equal to 10 years' of contribution) with CPCB.

Signature :

CP No :

Name :

Designation :

Basic Pay & Level / Grade
Pay(at the time of retirement :

/death)

Office Address(at the time of :

retirement / death) :

Present Address :

:

Permanent Address :

:

Mobile No :

E-mail :

Date of regular appointment :

in CPCB (dd/mm/yyyy)

Date of Retirement / Death :

Type of Retirement :

Relationship with the :

Employee (In case of :

deceased employee) :

Dated: _____

Station: _____

*strikeout whichever is not applicable



CENTRAL POLLUTION CONTROL BOARD

[Ministry of Environment, Forest & Climate Change]
Parivesh Bhawan, East Arjun Nagar
Delhi-110032

Annexure-VI

JOINT DECLARATION FOR AVAILING CPCB MEDICAL FACILITY IN CENTRAL POLLUTION CONTROL BOARD WHEN BOTH HUSBAND AND WIFE ARE EMPLOYED IN CPCB

We, Mr.....(Name of the Husband) & Mrs.....(Name of the wife) hereby declare that we both are/were employed in CPCB and the CPCB medical facility will be availed by Mr./Mrs..... from CPCB and the reimbursement bills will be claimed by him/her for self, his / her spouse and other eligible members of the family.

(Husband)

Signature :
CP No :
Name :
Designation :
Office Address :
Present Address :
Permanent Address :
Mobile No :
E-mail :
Dated :
Station :

(Wife)

Signature :
CP No :
Name :
Designation :
Office Address :
Present Address :
Permanent Address :
Mobile No :
E-mail :
Dated :
Station :

Dated: _____

Station: _____

*strikeout whichever is not applicable