

**BY SPEED POST/REGISTERED POST/SPECIAL MESSENGER**  
**OFFICE OF THE ACCOUNTANT GENERAL (A&E), WEST BENGAL**  
**TREASURY BUILDINGS, KOLKATA - 700 001.**

Circular No. Pen. Co-ordn/Puducherry/Vol.-III/CGHS/105

Date : 08-12-2025

***Subject : Extension of CGHS facilities to the pensioners/family pensioners  
of the Union Territory of Puducherry residing in areas  
not covered under CGHS.***

This is to state that the Government of Puducherry in their FD G.O. Ms. No. 48 dated 06-11-2024 has decided that the Fixed Medical Allowance (FMA) hitherto paid to all the pensioners/family pensioners of Union Territory of Puducherry who are residing in the areas covered under CGHS shall be discontinued from the month of February 2025 onwards, hence Fixed Medical Allowance may be discontinued for such cases.

2. Union Territory of Puducherry pensioners/family pensioners who are residing in the areas not covered under CGHS may have the option to avail both FMA and CGHS facilities for IP only or they can forego FMA and avail both OPD & IP facilities, i.e. Puducherry Government pensioners/family pensioners residing in non-CGHS covered areas are entitled for payment of FMA except in the cases of those who have opted to migrate to CGHS.

3. Moreover, in the light of O.M.F.No.4/34/2017-P&PW(D) dated 31-01-2018 of Government of India, Ministry of Personnel, Public Grievances and Pensions, Department of Pension and Pensioners Welfare, the pensioners residing in areas not covered by any CGHS or any corresponding Health Schemes administered by other Ministries/Departments, as the case may be, are required to submit a prescribed Form along with undertaking for claiming Fixed Medical Allowance to the concerned pension disbursing authority.

4. Having been authorised by the Directorate of Accounts and Treasuries, Puducherry in their letter Nos. DAT/Pen-I/A1/CGHS/2025/29 dated 12-02-2025, 4642/DTA/Pen.-I/A1/FMA/2025/68 dated 28-03-2025 and DAT/Pen-I/A1/CGHS-FMA/2025/106 dated 26-05-2025, it is requested to follow the procedures laid down above for payment of Fixed Medical Allowance subject to usual conditions covering the grant to the pensioners/family pensioners of Union Territory of Puducherry who are residing in the areas not covered by any CGHS or any corresponding Health Schemes administered by other Ministries/Departments. It is also requested to display a copy of this circular prominently in the Notice Board of all pension disbursing authorities for information of the concerned pensioners/family pensioners of Union Territory of Puducherry.

5. The charges on this account are debitable to the head 8658-Suspense Accounts; 101-PAO Suspense; Item adjustable with the Director of Accounts, Puducherry.

***Receipt of the circular may please be acknowledged.***

Enclo : As stated.

  
Sr. Accounts Officer

**Copy to :**

1. Director, Accounts and Treasuries, Government of Puducherry, New Municipal Road, Kumaraguru Pallam, Puducherry-605 001.
2. All Treasury Officers in West Bengal.
3. Director of Treasuries and Accounts, Government of West Bengal, Mitra Building, 3<sup>rd</sup> floor, 8, Lyons Range, Kolkata-700 001.
4. OSD & Ex-Officio Joint Secretary, Finance (e-governance group) Department, Government of West Bengal, Nabanna, 12th floor, Room No. 1205, 325 Sarat Chandra Chatterjee Road, PO-Shibpur, Howrah-711 102.
5. BO-in-charge : PPA PP Pen-VI Pen-IV PPParty & PFC of this office.
6. AAO-in-charge : PPA PP Pen-VI Pen-IV PPParty & PFC of this office.
7. BO & AAO-in-charge of PenEDP with the request to send a scanned copy of the circular to DTA, West Bengal at [dtawestbengal@gmail.com](mailto:dtawestbengal@gmail.com) and [ifms-wb@gov.in](mailto:ifms-wb@gov.in).
8. Assistant Director of Rajbhasha Section with the request to translate the circular in Hindi.
9. BO & AAO-in-charge of AM, Legal Cell, ITSC & TIParty (uploaded in this office website in employees' login).

**Form for availing Medical Facilities under central Government Health Scheme or Fixed Medical Allowance after retirement.**

1. I reside/will be residing at the following address:			
Flat/House No/Bldg. Name		Street/Locality	
Village & Post Office/ Block		City & District	
State		Pin Code	
2. I opt the following facility			
(Please tick any one of the following)			
i. I will be residing in a CGHS area and would be availing CGHS facility	<input type="checkbox"/>		
ii. I will be residing in a CGHS area but would not be availing CGHS facility. I understand that I will not be eligible for Fixed Medical Allowance (FMA)	<input type="checkbox"/>		
iii. I will be residing in non-CGHS area but would be availing CGHS facility for In-patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for FMA	<input type="checkbox"/>		
iv. I will be residing in a non-CGHS area but would be availing CGHS facility for IPD treatment only by payment of CGHS contributions. I will also avail FMA for OPD treatment	<input type="checkbox"/>		
v. I will be residing in a non-CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.	<input type="checkbox"/>		
vi. I will avail medical facilities available to spouse/family members who is an employee/pensioner of Government/PSU/Autonomous Body. I will not avail CGHS facility and FMA	<input type="checkbox"/>		
vii. Avail medical facility of previous organization. I will not avail CGHS facility and FMA	<input type="checkbox"/>		
This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again (Strike out this item if not applicable)			

Name of the retiring employee/pensioner:		Mobile No.	
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(Signature of head of office)

(Signature of applicant)

## UNDERTAKING

I \_\_\_\_\_ a retired employee of \_\_\_\_\_  
(Office Address) \_\_\_\_\_ declare that I  
am residing at \_\_\_\_\_ (Residential Address indicated in  
PPO) \_\_\_\_\_, which area is not  
covered under CGHS or any corresponding Health Scheme administered by  
the Ministry/Department of \_\_\_\_\_, (as the case may be). I  
have also not obtained and do not wish to obtain a CGHS Card for availing  
out-door facilities under CGHS/Corresponding Health Scheme of other  
Ministries/Departments from any dispensary situated in an adjoining area.