

F.No. 01-02/2015/G.II  
Government of India  
Ministry of Communications & IT  
Department of Telecommunications  
(General II Section)

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Dated 23<sup>rd</sup> April, 2015

OFFICE ORDER

**Subject: Reimbursement of Annual Health Check Up claims of Group 'A' officers of Central Services & All India Services posted in DoT (HQrs).**

All administrative sections of DoT (HQrs) are hereby informed that henceforth medical reimbursement claims for the expense incurred on undertaking Annual Health Check up of Group 'A' officers of all cadres are to be routed through the respective Administrative sections dealing with concern cadres, after necessary verifications as per proforma enclosed.

2. All eligible officers who are CGHS beneficiaries are therefore requested to submit their reimbursement claim to their respective administrative section for necessary verifications before sending the same to General II Section. Officers who are not CGHS beneficiaries should submit their claim to Admin IV section for reimbursement.

3. This issues with the approval of the competent authority.



(Anil Kumar Singh)  
Under Secretary (T)  
Tel No. 23036300

Copy to:

- 1) Admin I section
- 2) Admin II section
- 3) STG I/ II/ III/ IV sections
- 4) SEA section
- 5) CWG section

(For necessary verification and intimation to the Group 'A' officers under the respective cadre controlling sections)

- 6) DoT Website
- 7) Notice Board, DoT, Sanchar Bhawan.

PROFORMA

(To be submitted along with reimbursement claim for Annual Health Check up)

1. Name of the Applicant :
2. Designation :
3. Place of posting :
4. Type of Service : Group 'A' officers of Central Services / All India Services / IAS / ITS/ others.
5. CGHS card no :
6. Annual Health Check Up :  
Undergone for the year
7. Last Annual Health Check :  
Up done on
8. Due date for undertaking :  
Annual Health Check Up

*Date:*

(Name & Signature of the officer)  
Tel. No:

Verifying Unit/Office

The above details are verified from records. The medical reimbursement claim may be consider for further processing.

(Signature with Stamp of verifying officer)  
Tel. No: