



GOVERNMENT OF INDIA  
Ministry of Communications  
Department of Telecommunications  
Office of the Principal Controller of Communication Accounts  
Tamil Nadu Circle, Chennai – 600008

Notification no. Pr.CCA/TN/Pen/FMA to IDA Pensioners/2020-21 dated 05. 07.2022

**FIXED MEDICAL ALLOWANCE TO IDA PENSIONERS**

This office is in receipt of applications from the Pensioners for grant of Fixed Medical Allowance.

It is once again reiterated that eligible **IDA Pensioners** should submit their FMA Applications complete in all aspect and supported by all requisite documents ( furnished below) **to the SSA (BSNL Unit) concerned** and they in turn will forward the same to this office duly verified/ countersigned for seamless processing of FMA applications .

1. Duly filled in Option Form ( Annexure A)
2. Duly filled in Undertaking Form ( Annexure B)
3. Copy of PPO/ ePPO
4. Copy of any Government issued Address Proof
5. Surrender Certificate of BSNL MRS Card

**K. Gowthami Balashri, IP & TAFS**  
**Jt. Controller of Communication Accounts ( Pension)**  
**O/o the Pr. CCA, Tamil Nadu Circle**  
**1<sup>st</sup> Floor, TNT Complex, 60, Ethiraj Salai**  
**Chennai 600008**  
**Tel no. 044 28255378**

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 employees/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)

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(Signature of applicant)

Annexure B  
Undertaking

I \_\_\_\_\_ a retired employee of  
\* \_\_\_\_\_  
/ Family Pensioner with PPO Number \_\_\_\_\_ declare  
that I am residing at  
\*\* \_\_\_\_\_

\_\_\_\_\_ which area is not covered under CGHS or any corresponding Health Scheme administered by the Department of Telecommunications

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.

\* Office address and not applicable to family pensioners

\*\* Residential address

Date:

Signature of the Pensioner/Family Pensioner