



**GOVERNMENT OF INDIA**  
**DEPARTMENT OF TELECOMMUNICATIONS**  
**O/o THE PRINCIPAL CONTROLLER OF COMMUNICATION ACCOUNTS,**  
**TAMILNADU CIRCLE, CHENNAI-600 008.**

**Fixed Medical allowance to IDA Pensioners**

Applications are called for from eligible IDA Pensioners/family pensioners (ie., Those residing in an area not served by any CGHS Dispensary) for grant of Fixed Medical Allowance as per orders communicated vide DoT HQ Lr.No.47-14/CPMS/TA-II/2018/4696-4726 dt 21.10.2019.

Applications for grant of FMA should be submitted only either by post or in person along with the following documents through SSA concerned. (Applications sent via e-mails will not be entertained)

1. Duly filled in Option Form (Annexure-A)
2. Duly filled in Undertaking Form (Annexure-B)
3. e PPO/PPO copy.
4. Copy of any Govt. issued Address proof
5. Surrender Certificate of BSNL MRS Card

Blank proforma of Annexure A & B can also be downloaded from here.

**K. Gowthami Balashri, IP&TAFS**  
Jt. Controller of Communication Accounts (Pen)  
O/o Pr. CCA, Tamil Nadu Circle, 1<sup>st</sup> Floor,  
TNT Complex, 60, Ethiraj Salai, Chennai -8  
Tel No: 044-28255378

### Annexure A

#### Form for availing Medical Facilities under Fixed Medical Allowance (FMA)

1	I reside at the following address ( <i>The address in PPO/ePPO or Aadhar card or a certificate by revenue authority only will be accepted</i> )	
	Flat/House No/ Building Name	
	Street/Locality	
	Village & Post Office/ Block	
	City & District	
	State	
	Pin Code	
2	I opt the following facility ( <i>Please tick any one of the following</i> )	
I	I am 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.	
II	I am residing in a non CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.	

Name of the pensioner	
PPO Number	
Mobile Number	
Name of the Bank/HPO from which pension is being drawn	

Date:

Signature of Pensioner/Family Pensioner

**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