भारतीय आयुर्विज्ञान अनुसंधान परिषद
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research
Department of Health Research, Ministry of Health and Family Welfare, Government of India

सं.16/59/2024-Admn./E.211776 **दिनांक: 25/11/2026**

सेवा में,

निदेशक/प्रभारी निदेशक
परिषद के सभी संस्थान/केन्द्र

महोदय/महोदया,

विषय: राष्ट्रीय पेंशन प्रणाली (NPS) के अंतर्गत आने वाले पेंशनभोगियों/पारिवारिक पेंशनभोगियों को Fixed Medical Allowance (FMA) प्रदान किए जाने के संबंध में।

अधोहस्ताक्षरी को उपरोक्त विषय पर पेंशन एवं पेंशनभोगी कल्याण विभाग, कार्मिक, लोक शिकायत एवं पेंशन मंत्रालय, लोकनायक भवन, खान मार्केट, नई दिल्ली से कार्यालय ज्ञापन संख्या 04/07/2020-P&PW (D), दिनांक 07.02.2025, की प्रति सूचना एंव आवश्यक कार्यवाही हेतु अग्रेषित करने का निर्देश हुआ है।

यह पत्र सक्षम प्राधिकारी के आदेशानुसार जारी किया जा रहा है।

भवदीय,

25/11/26

(जयबीर सिंह)
सहायक महानिदेशक (प्रशासन)

अनुलंग्नक:यथोक्त
प्रतिलिपि:

1. महानिदेशक/अपर महानिदेशक/वरि.उपमहानिदेशक (प्रशा.)/वरि.वित्त सलाहकार के निजी सचिव।
2. परिषद के सभी प्रभाग प्रमुख।
3. उपमहानिदेशक (प्रशा.)/सहा. महानिदेशक (प्रशा.)/सहायक महानिदेशक (वित्त)
4. डॉ. मनजीत सिंह चालगा, आई.सी.एम.आर. की वेबसाइट पर अपलोड करने के अनुरोध के साथ।

वी. रामलिंगस्वामी भवन, पोस्ट बॉक्स नं. 4911,
अंसारी नगर, नई दिल्ली - 110 029, भारत
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No. 04/07/2020-P& PW (D)
Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Pension & Pensioners' Welfare

Lok Nayak Bhawan, Khan Market,
New Delhi, Dated: 07th February, 2025

OFFICE MEMORANDUM

Subject: Grant of Fixed Medical Allowance (FMA) to Central Government employees covered under National Pension System - reg.

Undersigned is directed to refer to the Department of Pension & Pensioners' Welfare's OM of even number dated 06.12.2023 extending the benefit of Fixed Medical Allowance to the Central Government civil employees covered under the National Pension System (NPS) on their retirement from service and who are eligible for CGHS facility but are residing outside CGHS area as per the applicable rate, if they do not avail any CGHS facility or avail only the IPD facility under CGHS.

2. The above instructions also include prescribed forms and formats for claiming the benefit of FMA by above employees. These forms and formats have been revised including PRAN details in these forms / formats as per the reference received from the office of Controller General of Accounts vide their ID note No. TA-3-6/3/2020-TA-III-Part(1)/11948/412 dated 18.12.2024. Revised Forms /Formats to be used for the above purpose are enclosed with this OM.

3. As informed by the Office of CGA vide their ID note dated 18.12.2024, the revised Head of Account for this purpose would be as under:

2071	Pensions and other Retirement Benefits
2071.01-	Civil
2071.01.101	Superannuation and Retirement Allowances
2071.01.101.01	Ordinary Pensions
2071.01.101.01.00.04	Superannuation and Retirement Allowances,
2071.01.101.04	Ordinary Pensions (AIS)
2071.01.101.04.00.04	Superannuation and Retirement Allowances, Ordinary Pension (AIS)
2071.01.101.05	Additional Relief on Death/Disability of Government Servants Covered by the New Defined Contribution Pension Scheme (NPS) Ordinary Pensions (Invalid Pension)
2071.01.101.05.00.04	Superannuation and Retirement Allowances, Additional Relief on death/disability of Government Servants covered by the New Defined Contribution Scheme (NPS) Ordinary Pension (Invalid Pension)
2071.01.105.02.00.04	Family Pension

Contd.

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4. It is also clarified that the rate of FMA prescribed for Central Government employees retired under NPS is equal to the rate of FMA granted to Central Government employes covered under old pension scheme i.e. Rs 1000/- per month. However, the release of FMA into the account of the Central Government employee retired under NPS had been prescribed vide OM dated 06.12.2023 on quarterly basis through the respective bank.

5. It is further clarified that the release of FMA for the period September to November shall be in the first week of December. However, the release of FMA from the month of December onwards shall be subject to submission of life Certificate by the beneficiary.

6. Hindi version will follow.

Encl: as above

(S. Chakrabarti)
Under Secretary to the Government of India

To

1. All Central Govt. Ministries/Departments
2. Department of Expenditure, Ministry of Finance, North Block, New Delhi.
3. C&AG, Bahadur Shah Zafar Marg, New Delhi.
4. Ministry of Railways, Railway Board, for information, New Delhi.
5. Department of Personnel and Training, North Block, New Delhi.
6. Department of Financial Services, Jeevan Deep Building, Parliament Street, New Delhi.
7. CGA, Department of Expenditure, INA, New Delhi.
8. AD (OL) for Hindi version.
9. NIC for posting on the website of this Department.

FMA FORM N-1

(For Central Government employees covered under NPS and their family members for availing Medical Facilities under Central Government Health Scheme or Fixed Medical Allowance after retirement/ death)

1.	I reside/will be residing at the following address:-			Passport size photo of the Applicant
	Flat, House No. and Street/Locality			
	Village & PO		City and District	
	State		Pin Code	
2.	No. of years of qualifying service :-			
3.	**I opt the following facility (tick in the column applicable below)**			
i.	I will be residing in a CGHS area and would be availing CGHS facility			
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)			
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			
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.			
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.			
vi.	I will avail medical facilities available to spouse/family a member who is an employee/ pensioner of Government/PSU/Autonomous Body. I will not avail CGHS facility and FMA			
vii.	Avail Medical facility of previous Organisation. I will not avail CGHS facility and FMA			
	Note:- This is my one time change in option as provided in 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)			

4. **Details:**

Name of the Retiring Employee/ Family member	
In case of Family member give name of the Government employee:-	
Relationship with Government employee	
Office Address	
Present Residential Address	
PRAN of the Government employee	
Bank Account No.	
Bank Address (Branch Name)	
IFSC Code	

Undertaking

I _____, (a retired employee)*/ [family member of the deceased employee_____, (write name of the deceased employee in case of family member)]* who was working in the office _____ (Complete office Address) declare that I am residing at _____, which area is not covered under CGHS or any corresponding Health Scheme administered by the Ministry /Department _____(as the case may be). I also have not obtained nor wish to obtain any CGHS card for availing outdoor facilities under CGHS/Corresponding Health Scheme of the other Ministry/Department from any dispensary situated in the adjoining area.

Note: * Strike out whichever is not applicable.

Place:-
Date:-

(Signature of head of office)

(Signature of applicant)

FMA FORM N-2

(Nomination Form for payment of arrears of Fixed Medical Allowance)
(For Government employee governed by CCS (Implementation of NPS) Rules, 2021)

I, ... hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below amount of the arrear of Fixed Medical Allowance:

Name, Date of Birth (DoB) and address of the nominee	Relationship with employee/ beneficiary	Share to be paid to each	If nominee is minor, name, DOB and Address of person who may receive the amount of behalf of minor	Name, DoB, Relationship and Address of alternate nominee in case of the nominee under Col (1) predeceases the employee/ beneficiary	Share to be paid to each	Name and Address of person who may receive the amount if alternate nominee in Col.(5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place:
Date:

Signature of Government Servant/ beneficiary

PRAN of Government employee:

Telephone/Mobile No.

Note1:- Completely strike out the benefit for which nomination is not intended to be made.

Note2:- The government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 3:- The nominee(s) /alternate nominee(s)' shares together should cover the whole amount.

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Received the nominations dated ..... for payment of arrears of Fixed Medical Allowance:-

made by Shri/Smt/Kumari.....
Designation.....
Office.....

Name, Signature and Designation of Head of Office/
authorised Gazetted Officer with seal

Date of receipt.....

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his /her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

*****

FORM 2

Details of Family

[See rule 10(3) of CCS (Implementation of National Pension System) Rules, 2021]

Important

1. The original Form submitted by the Government servant/ Subscriber is to be retained. All additions or alterations are to be communicated by the Government servant/retired Government servant /Subscriber alongwith the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Subscriber should submit the details of family afresh at the time of retirement.

2. The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.

4. Wife and husband shall include judicially separated wife and husband.

5. The retired Government servant shall attach the details of change in family structure after retirement in the proforma prescribed under Dept. of P.& P.W., O.M No. 1 (23)-P.&PW/91-E, dated the 4th November, 1992.

6. Copies of birth certificates to be attached. If birth certificate is not available, then copy of any other certificate, as proof of date of birth, may be attached.

Name of the Government Servant/ Subscriber	Designation	Nationality

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Details of Family Members:

S.No	Name (Please see notes below before filling)	Date of Birth (DD/MM/ YYYY)	Aadhaar No. * (Optional)	Relationship with Govt. servant/retired Government servant/ subscriber	Marital Status	Remarks	Dated Signature of Head of Office
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

Email: (Optional)

Mobile: (Optional)

Place

Date

(Signature)

** Providing Aadhaar No. is optional. However, if it is provided, consent to link it to Bank Account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.*

FORMAT N-1

UNDERTAKING TO BANK FOR RECOVERY OF OVERPAYMENT
(To be given by the Government Servant/Family member)

To

The Branch Manager

_____(Bank Name)

_____(Branch & Address)

Subject: Payment of Fixed Medical Allowance (FMA) under A/c No._____ through your Bank.

Sir/Madam,

In consideration of your having, at my request, agreed to make payment of Fixed Medical Allowance due to me every month by credit to my account with your Bank. I, the undersigned declare that I will inform you immediately in case there is change in the status of my residential address i.e from Non-CGHS Covered Area to a CGHS Covered Area.

I agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled.

I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my Fixed Medical Allowance (FMA) to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorise the bank to recover the amount due by debit to my said account or any other account/deposits belonging to me in the possession of the bank.

Yours faithfully

(Signature of Govt. Servant/Family member)

PRAN of Government employee:

Name:

Address:

Witnesses

(1) Signature
Name:-
Address:-

Date:-

(2) Signature:
Name:
Address:

Date:

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FORMAT N-2

(Letter to the Accounts Officer forwarding the papers for FMA to Government employee/Family member)

No.....

Government of India

Ministry of.....

Department of.....

Date .....

To,

The Pay and Accounts Officer/Accountant General,

_____

_____

Subject: Authorisation of FMA in respect of Shri/Smt./Km.....

Sir/Madam,

I am directed to forward herewith the FMA papers of Shri/Smt./Km....., Designation....., PRAN ---------- of this Ministry/ Department/Office for further necessary action.

The receipt of this letter may be acknowledged and this Ministry/Department/Office informed that necessary instructions for the disbursement of FMA have been issued to disbursing authority concerned, under intimation to the retiring /retired Government servant/family member.

Yours faithfully,

(Head of Office)

Enclosures:

(i) Service Book (date of retirement/ death to be indicated in the service book).
(ii) Application in Form N-1
(iii) Nomination Form in Form N-2
(iv) Details of family in Form 2
(v) Undertaking to the Bank in Format N-1

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