

No.EDN-(Ele.)H(3)-G-15/2017-18-MR (Option)
Directorate of Elementary Education
Himachal Pradesh, Shimla-01.

प्रारम्भिक शिक्षा निदेशालय (हि.प्र.)
28 AUG 2019
शिमला-1

To

una
All Dy. Directors of Elementary Education
Himachal Pradesh.

Memo,

Please find enclosed herewith copy of GOHP notification No. HFW-B(A)8-1/2003-Loose dated 09-08-2019 regarding Chronic Disease certificate for change of option from fixed Medical Allowance to open Medical Allowance in r/o Himachal Pradesh Government Employees/ Pensioners and their dependents.

You are therefore requested to circulate these directions along with said certificate to all filed offices under your control at the earliest.

Encl: As above.

[Signature]
Joint Controller (F&A)
Directorate of Elementary Education
Himachal Pradesh, Shimla-01.

Endst.No. EDN-U(A-I) Elem./MR Option/2019/
Office of the
Dy. Director Elementary Education
Una, Distt. Una (HP)

Office of the Dy. Dir. Elem. Edu.
Una, Distt. Una (H.P.)
Disp. No. 3871
Date: 5/09/19

Copy is forwarded to :-

All the Principals/Headmasters of GSSS/GHS and all the BEEO's in Distt. Una for information and further necessary action.

[Signature]
Dy. Director Elementary Education,
Una Distt. Una (H.P.)

A-I
[Signature] 03/09/19
2232
4/09/2019
Office of the Dy. Dir. Elem. Edu.
Una, Distt. Una (H.P.)

6392 CDC
16/8/19

B2A-124
17-08-19

Government of Himachal Pradesh
Department of Medical Education

No. HFW-B(A)8-1/2003-Loose

Dated Shimla-2, the 9/08/2019

NOTIFICATION

The Governor, Himachal Pradesh is pleased to notify the Chronic disease certificate as per Annexure-A for considering proposals for change of option as per the provisions contained at serial number 4 of this department letter No. HFW-B(A)12-9/79 dated 21-06-1996.

By Order

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Additional Chief Secretary (Health) to the
Government of Himachal Pradesh.

Endst. No. HFW-B(A)8-1/2003-Loose

Dated Shimla-2, the 9/08/2019

Copy forwarded for information and necessary action to the:-

1. All the Administrative Secretaries to Government of Himachal Pradesh.
2. The Secretary to the Governor of H.P.
3. The Secretary, H.P. Vidhan Sabha, Shimla-04.
4. All the Heads of the Department in the State of Himachal Pradesh.
5. All the Divisional Commissioner in H.P.
6. The Registrar, H.P. High Court, Shimla.
7. All the District & Session Judges in Himachal Pradesh.
8. All the M.Ds of Boards/ Corporations in Himachal Pradesh.
9. All the Deputy Commissioner in Himachal Pradesh.
10. All the Chief Medical Officers in Himachal Pradesh.
11. The Registrar, Himachal Pradesh Krishi Vishva Vidhalya Palampur/ Dr. Y.S. Parmar University of Horticulture & Forestry Farming Solan/ Himachal Pradesh University, Shimla.
12. All Treasury Officers/ Sub Treasury Officers/ Assistant Treasury Officers in Himachal Pradesh
13. All the Superintendent of Police in Himachal Pradesh.
14. Resident Commissioner, Government of Himachal Pradesh, New Delhi.
15. Private Secretary to the Hon'ble Chief Minister, Himachal Pradesh.
16. Accountant General (A&E) Himachal Pradesh. Shimla-03.
17. The Director Health Services, Himachal Pradesh. Shimla-09.
18. Guard file.

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[Signature]

Special Secretary (Health) to the
Government of Himachal Pradesh

CHRONIC DISEASE CERTIFICATE

(For change of option for Medical Allowance in respect of Himachal Pradesh Government Employees/Pensioners and their dependents)

Sr. No. _____

Date _____

Name & Address of Hospital



CR/IP No _____

Certified that I have examined

Mr./Ms. _____

Son/ Daughter/ Husband/ Wife of _____

Age _____ years, resident of _____

_____ Village/City/Town _____

Distt. _____ today on _____

He/She is suffering from _____ which is a chronic and a grave disease. I am of the opinion that he/she will require prolonged outdoor treatment and costly medicine for restoration of health. I recommend this case for change of option from fixed Medical Allowance to open medical reimbursement.

Signature of patient examined

Name & Signature of the
Specialist Doctor(s)
(with seal)