

	कार्यालय, रक्षा लेखा नियंत्रक उदयान विहार, नारंगी, गुवाहाटी-781171 OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS UDAYAN VIHAR, NARANGI, GUWAHATI-781171 Tel No. 0361-2640394, 2641142 Fax No .0361-2640204 Email – cda-guw@nic.in	विकसित भारत अभियान 1947-2047
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No. AN/III/Orders/Misc/Vol-III

Date : 05.10.2026

Important Circular

To ✓

The Officer-in-charge

All Sections of M.O. CDA Guwahati/All Sub-offices under CDA Guwahati

All IFA offices under proforma control of CDA Guwahati

Subject : Eligibility of serving Central Govt. employees for availing CGHS facilities : DAD Estt.

Please find enclosed MoH & FW OM No. Z.16025/227/2026/CGHS-III/EHS (8421134) dated 17.09.2026, also available on respective website for information, guidance and necessary action please.

The content of the above OM may please be brought to the notice of all concerned under your jurisdiction.

Encl: As above.

Sr. Accounts Officer (AN-III)

Copy to

The Officer-in-charge
IT & SW section (local)

for uploading the same on CDA Guwahati
website please

Sr. Accounts Officer (AN-III)

F. No. Z.16025/227/2026/CGHS-III/EHS(8421134)

**Government of India
Ministry of Health & Family Welfare
(EHS Section)**

Kartavya Bhavan-1, New Delhi

Dated: 17-09-2026

OFFICE MEMORANDUM

Subject: Eligibility of serving Central Government employees for availing CGHS facilities

The undersigned is directed to refer to MH&FW O.M. no. C.14012/02/2018/CGHS-III/DIR dated 06.04.2018 on the subject above, which stated that, CGHS coverage was restricted to serving beneficiaries, residing/working within 5 km radius of a CGHS Wellness Centre. Where such demarcations were not specified, the Additional Director, CGHS of concerned city shall notify such areas covered under CGHS Wellness Centres. Employee living within the limits of the Municipal Corporation concerned but beyond 5 km radius of a CGHS Wellness Centre and is otherwise a CS(MA) beneficiary, has the option to avail CGHS facility.

2. The matter has since been reviewed in view of the difficulties faced by serving Central Government employees residing/posted either outside the above prescribed geographical coverage of CGHS or in a city not covered by CGHS. It has been decided to totally dispense with the existing geographical criterion for determining eligibility of serving Central Government employees, for availing CGHS facilities.

3. Therefore, the serving Central Government employees who are residing outside the prescribed area and presently availing facility under CS(MA) Rules, 1944 solely on account of their residence/posting outside the geographical coverage of CGHS, may exercise one-time option to be a CGHS beneficiary, subject to fulfilment of other applicable eligibility conditions and payment of the prescribed CGHS contribution/subscription.

4. Serving Central Government employees residing or posted within the CGHS Covered Area i.e. limits of district headquarters in which CGHS Wellness Centres is situated, shall mandatorily be covered under CGHS and shall not be entitled to opt out of CGHS in favour of medical facilities under the CS(MA) Rules, 1944.

5. The option referred to in para 3 above shall be subject to the following conditions:

- i. The option shall be a one-time and once exercised, shall be final and binding, subject to the applicable eligibility criterion.
- ii. The option exercised by the principal beneficiary shall apply to all dependents. The entitlement shall not be split between the two systems within the family.
- iii. An employee opting for CGHS shall continue to pay the prescribed CGHS

- contribution/subscription, irrespective of the place of residence or posting.
- iv. An employee/family covered under CGHS shall not simultaneously avail or claim medical facilities under CS(MA), and vice versa.
 - v. No TA/DA shall be applicable on account of availing treatment and procurement of medicine, under CGHS Rules.
 - vi. The employee shall furnish an undertaking that neither he/she nor any eligible family member shall avail benefits under both systems. Any inadmissible benefit availed under both systems shall be liable for recovery in accordance with the applicable rules.

6. Employees who do not exercise the option to come under CGHS, where such option is available under this OM, shall continue to be governed by the CS(MA) Rules, 1944, as applicable.

7. Any employee/beneficiary furnishing false, incorrect, suppressed or misleading information for the purpose of obtaining or continuing CGHS benefits, shall be liable for appropriate disciplinary action under the Central Civil Services (Conduct) Rules, 1964, and other applicable rules, as amended from time to time, in addition to recovery of any inadmissible benefit availed on the basis of such information.

8. The provisions of this OM shall come into force with immediate effect.
This issues with the approval of the competent authority.

Digitally signed by
SONIKA KHATTAR
Date: 17-09-2026
17:51:14

(Sonika Khattar)
Deputy Secretary to the Government of India
Tel. No. 011-24013446

To:

All Ministries/Departments concerned.

Copy also to:

1. Director, CGHS.
2. All Additional Directors, CGHS.
3. Director General of Health Services.

Copy for information to:

PSO to Secretary (HFW)/Sr. PPS to AS&DG(CGHS)/ PPS to JS(CGHS)

ANNEXURE

(Option and Undertaking Form for Serving Central Government Employees)

I. OPTION FORM

1. Name of the Employee: _____
2. Designation & Pay Level: _____
3. Ministry / Department / Office: _____
4. Present Residential Address: _____
5. District & State of Residence: _____

I hereby exercise my **one-time option** to switch from coverage under the **CS(MA) Rules, 1944** to the **Central Government Health Scheme (CGHS)** without geographical limitation, in terms of Ministry of Health & Family Welfare OM No. Z.16025/227/2026/CGHS-III/EHS(8421134) dated 17-09-2026.

II. UNDERTAKING

I hereby undertake that:

1. Neither I nor any member of my eligible family shall simultaneously claim or avail medical facilities/reimbursements under the CS(MA) Rules, 1944 once enrolled under CGHS.
2. I authorize my Head of Office / DDO to deduct the prescribed monthly CGHS subscription from my pay and allowances on a continuous basis.
3. I understand that no TA/DA shall be admissible for traveling to avail treatment/medicines under CGHS.
4. I am aware that furnishing false/misleading information or claiming dual benefits shall render me liable for recovery and disciplinary action under the applicable Conduct Rules.

Date: _____

Place: _____

(Signature of the Employee)

Countersigned by Head of Office / DDO

(With Seal & Stamp)