भारत सरकार
रक्षा मंत्रालय
रक्षा लेखा नियंत्रक, गुवाहाटी
GOVERNMENT OF INDIA
MINISTRY OF DEFENCE
CONTROLLER OF DEFENCE ACCOUNTS, GUWAHATI

सं./No. AN/III/MED/Orders/Misc/Vol - III **दिनांक/Date: 15 /11/2021.**

सेवा मे/To,

1. All Sections of Main Office.
2. All Sub-offices (As per standard list)

विषय/Subject: **Defence Civilians Medical Aid Fund (DCMAF)**

Reference : Ministry of Defence letter no F-268/DCMAF dated 22/09/2021 & HQ Office CGDA letter no AN/VII/7089/DCMAF dated 28/09/2021.

****

The copies of the Ministry of Defence letter no F-268/DCMAF dated 22/09/2021 & HQ Office CGDA letter no AN/VII/7089/DCMAF dated 28/09/2021 along with message forwarded by Dr Ajoy Kumar, Chairman, Defence Civilians Medical Aid Fund together with other annexed document are enclosed herewith for information please.

Encls : As above.

N.K. Biswas, IDAS
Dy Controller

Copy to

The officer in Charge EDP Section, Local	Request to upload the same in the official website of the CDA Guwahati.

Sd/-
(Debashis De)
ब॰ले॰अ॰/Sr. Accounts Officer
(प्रशा/III)/(AN-III)

भारत सरकार
रक्षा मंत्रालय
रक्षा लेखा नियंत्रक, गुवाहाटी
GOVERNMENT OF INDIA
MINISTRY OF DEFENCE
CONTROLLER OF DEFENCE ACCOUNTS, GUWAHATI

सं./No. AN/III/MED/Orders/Misc/Vol - III दिनांक/Date: /11/2021.

सेवा मे/To,

1. All Sections of Main Office.
2. All Sub-offices (As per standard list)

विषय/Subject: **Defence Civilians Medical Aid Fund (DCMAF)**

Reference : Ministry of Defence letter no F-268/DCMAF dated 22/09/2021 & HQ Office CGDA letter no AN/VII/7089/DCMAF dated 28/09/2021.

****

The copies of the Ministry of Defence letter no F-268/DCMAF dated 22/09/2021 & HQ Office CGDA letter no AN/VII/7089/DCMAF dated 28/09/2021 along with message forwarded by Dr Ajoy Kumar, Chairman, Defence Civilians Medical Aid Fund together with other annexed document are enclosed herewith for information please.

Encls : As above.

sd/-
N.K. Biswas , IDAS
Dy Controller

Copy to

The officer in Charge EDP Section, Local	Request to upload the same in the official website of the CDA Guwahati.

Debashis De
(Debashis De)
ब.ले.अ./Sr. Accounts Officer
(प्रशा/III)/(AN-III)

Shri J. Dey, SA 22.10

कार्यालय,रक्षा लेखा महानियंत्रक

उलन बटार रोड, पालम, दिल्ली छावनी - 110010

Controller General of Defence Accounts

Ulan Batar Road, Palam, Delhi Cantt- 110010

दूरभाष : 25665707 फैक्स 25674777 Email hqan7.dad@hub.nic.in website: cgda.nic.in

Circular

No. AN/VII/7089/DCMAF Dated: - 28.09.2021

To

The CDA
Guwahati

Subject: - Celebration of Defence Civilian Medical Aid Fund (DCMAF) Week.

A copy of Defence Civilians Medical Aid Fund, Ministry of Defence letter No. F-268/DCMAF dated Sep 2021 alongwith application form for joining the DCMAF is forwarded herewith for your information, guidance and necessary action.

2. In this context, it is requested to make special efforts to apprise the staff of the initiatives of DCMAF and motivate them to join the scheme.

AN/VII 21/10/21

Office of the CDA (AN) 19 22 OCT 2021

(Sushil Kumar)
Sr. Accounts Officer (AN)

FORM-1

Defence Civilians Medical Aid Fund (DCMAF)
(Application Form for Joining the Fund)

I hereby apply for membership of the Fund. My particulars are as under:-

1. Name of the Applicant : .....
2. Date of Birth : .....
3. Date of Retirement : .....
4. Personal/Employment No. : .....
5. Token/I Card No. : .....
6. Rank/Designation/Post Held : .....
7. Complete Address of the : .....
   Office Where Employed : .....
8. Present Level in Pay Matrix : .....
9. Details of Payment of Membership Fee:

By Demand Draft (DD):-

Demand Draft No._____ Dated _____

(Drawn on _____ for Rs._____. in favour of "Defence Civilians Medical Aid Fund" payable at New Delhi.

By NEFT:- Axis Bank, E-Block, New Delhi-110011
A/c No. 007010100288156
IFSC Code. UTIB0003328
Name Acct Holder: Defence Civilians Medical Aid Fund

☞ (i) Please forward a consolidated single Demand Draft in case subscription is realized from two or more applicants.

(ii) The applicant must deposit the subscription amount as per his/her Pay Matrix by Demand Draft or through NEFT and submit the Demand Draft/transaction receipt with the application.

Station_____

_____
Signature of the Applicant

Date_____

Fee Structure:

Level in Pay Matrix	Full Service (one time) Membership Fee (in ₹)	Annual (yearly) Membership Fee (in ₹)
1 to 5	800	120
5 to 8	1200	200
9 to 12	1600	400
13 to 18	2000	800

NOTE : This application form shall be maintained by the office in which the member of the Fund is serving. In case of transfer this authority should also be sent to the Head(s) of the concerned Establishment (s) to effect further recovery of subscription from the members (other than the donors i.e. full service members).

For further details kindly see rules or contact at Porta Cabin Room No.137, E-Block, Nirman Bhawan Post Office, Dara Shukoh Road, New Delhi-110011. Tele-011-23011185

Tel:011-23011185

No. F-268/DCMAF
Defence Civilians Medical Aid Fund
Ministry of Defence
Room No. 137, E-Block,
Dara Shukoh Road,
New Delhi-110 011.

Sep 2021

CELEBRATION OF DCMAF WEEK 28TH SEP TO 04TH OCT 2021

1. Like every year, this year also the DCMAF Week will be observed from 28th September 2021 to 04th October 2021 to commemorate its establishment on 28th September 1953.

2. It is requested that special efforts may be made to motivate the staff working in Sections/Units/Estts under your administrative jurisdiction to join DCMAF and make membership drive a success. Message from the Defence Secretary, Chairman, issued on this occasion, a copy of Poster on the existing benefits from DCMAF and Application Forms for joining the DCMAF are enclosed for information and necessary action. You are requested to utilize virtual platform to create awareness campaign in the Covid -19 Pandemic situation for spreading the message for membership drive.

(RK Bhonsale)
Hony Secretary (DCMAF)

Dy CGDA/CGDA HQ
Dir (IB & A)/OF Cell
DOP/DRDO HQ
PD (PC)/Air HQ
Dir, CPS/Naval HQ
Dir, DGQA(Coord)
Dir (Estt)/MoD
DDG (CP)/AG MP- 4 (Civ)/Army HQ
PD (Admin)/Coast Guard HQ

Copy to:-

All Members of Managing Committee

RATES OF SUBSCRIPTION

LEVEL IN PAY MATRIX	ANNUAL MEMBERSHIP	FULL SERVICE MEMBERSHIP
1 to 5	₹ 120/-	₹ 800/-
6 to 8	₹ 200/-	₹ 1200/-
9 to 12	₹ 400/-	₹ 1600/-
13 to 18	₹ 800/-	₹ 2000/-

BENEFITS FROM THE FUND

(A) NUTRITIOUS DIET ALLOWANCE

Cancer	₹ 1500/- per month
TB & Leprosy	₹ 1000/- per month
Anaemia During Pregnancy	₹ 800/- per month
Lactating Mother *(for Level 1 to 5 only)*	₹ 700/- per month
Burn Injuries	₹ 150/- per week

(B) AFTER-CARE ALLOWANCE

Cancer	₹ 1500/- per month
TB & Leprosy	₹ 800/- per month

(C) DIALYSIS ALLOWANCE

₹ 1000/- per month

(D) SUBSISTENCE ALLOWANCE

TB / Cancer/Leprosy / Paralytic - Stroke / Accidental Injury	₹ 100/- per day

(E) REIMBURSEMENT FOR :

Coronary By - Pass Surgery / Valve Replacement/ Renal Transplantation/ Joint Replacement with Surgery/ Implantation of Pace – Makers/ Implantation of Stents.	Non-reimbursable portion or Rs.15,000/- whichever is less
Cataract Operation / Hearing Aid / Procuring Blood / Purchase of Crutches / Support Shoes / Tri-Cycle / Neck Band/ Artificial Limbs / Special Prosthesis / Wheel Chair	As per prescribed rates

(F) EX-GRATIA GRANTS :

If member dies due to Accident, TB, Cancer & Leprosy. In case of death due to Heart ailments for which member availed assistance from the Fund earlier.	₹ 50,000/-
In Case of Loss of Two Limbs / Eyes	₹ 15,000/-
In Case of Loss of One Limb / Eye	₹ 10,000/-

(G) IT EXEMPTION u/s 80(G)

- Donation exceeding ₹ 250/- by Civilian employees will get IT Exemption

असैनिक चिकित्सा सहायता कोष
(रक्षा मंत्रालय)

अभिदान की दर

वेतन मैट्रिक्स	वार्षिक सदस्यता	पूर्ण सेवाकालीन सदस्यता
1 से 5	₹ 120/-	₹ 600/-
6 से 8	₹ 200/-	₹ 1200/-
9 से 12	₹ 400/-	₹ 1600/-
13 से 18	₹ 800/-	₹ 2000/-

कोष से प्राप्त होने वाले लाभ

(क) **पौष्टिक आहार-भत्ता:**

- कैंसर रोगियों के लिए — ₹ 1500/- प्रति माह
- टी. बी. एवं कुष्ठ रोगियों के लिए — ₹ 1000/- प्रति माह
- गर्भावस्था के दौरान खून की कमी के लिए — ₹ 800/- प्रति माह
- दूध पिलाने वाली माताओं के लिए (केवल वेतन मैट्रिक्स 1 से 5 के लिए) — ₹ 700/- प्रति माह
- जले हुए रोगियों के लिए — ₹ 150/- प्रति सप्ताह

(ख) **इलाज के बाद देखभाल भत्ता:**

- कैंसर रोगियों के लिए — ₹ 1500/- प्रति माह
- टी. बी. एवं कुष्ठ रोगियों के लिए — ₹ 800/- प्रति माह

(ग) **डायलिसिस भत्ता** — ₹ 1000/- प्रति माह

(घ) **गुजारा भत्ता :**

- टी. बी. /कैंसर/कुष्ठ/लकवा/दुर्घटना में घायल — ₹ 100/- प्रति दिन

(ङ) **निम्नलिखित की प्रतिपूर्ति :**

- कोरोनरी बाई-पास सर्जरी / पेस मेकर्स निरोपण/वाल्व प्रतिस्थापन/ गुर्दा प्रत्यारोपण/जोड़ बदली के साथ शल्य चिकित्सा/ स्टेन्ट प्रत्यारोपण — आंशिक प्रतिपूर्ति या ₹ 15,000/- जो भी कम हो
- मोतियाबिंद का ऑपरेशन / सुनने की मशीन/रक्त प्राप्ति/बैसाखी/व्हील चेयर/सपोर्ट शूज़/ तिपहिया साइकिल / नेक-बैण्ड / विशेष कृत्रिम अंग-चलने की अवस्था में — निर्धारित सीमा के अनुसार

(च) **अनुग्रह अनुदान :**

- सदस्यों की दुर्घटना, टी.बी. / कैंसर / कुष्ठ से मृत्यु होने पर / सदस्य रोगी की दिल की बीमारी से मृत्यु होने पर, बशर्ते सदस्य रोगी ने दिल के रोग के लिए कोष से पहले लाभ लिया हो — ₹ 50,000/-
- सदस्यों का दुर्घटना में अपंग होने पर — ₹ 15,000 / ₹ 10,000/-

(छ) **आयकर में 80(जी) के तहत छूट**

- सिविलियन कर्मचारी ₹ 250/- से अधिक दान देने पर आयकर में छूट प्राप्त करें।

अधिक जानकारी के लिए संपर्क करें:

(i) अपनी स्थापना के श्रम कल्याण आयुक्त / प्रशासनिक अधिकारी

(ii) र०अ०चि०स० कोष, कमरा नं० 137 'ई' ब्लॉक, दारा शुकोह रोड, नई दिल्ली-110011
दूरभाष स०: 011-23011185