



# केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मन्त्रालय, भारत सरकार

जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन  
61-65, संस्थानिक क्षेत्र, सम्मुख 'डी' ब्लॉक, जानकपुरी, नई दिल्ली-110058

**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**

Ministry of AYUSH, Govt. of India

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F.No.129-1/2009-CCRAS/Estt.Pt. 1139

Dated: 16 JUN 2021

## CIRCULAR

Sub:- Nomination facility under CGHS for claiming medical reimbursement in the event of death of the Principal CGHS cardholder – reg.

In view of the Ministry of Health & Family Welfare, Office Memorandum No.S-11011/12/2013-CGHS (P) dated 25.09.2013 and with the approval of Competent Authority, to simplify the procedure and provide an option to the principal CGHS cardholder beneficiary to nominate a person to claim reimbursement of medical expenses in the event of his/her unfortunate death.

It has been decided that the CGHS Beneficiaries to introduce nomination facility whereby a person duly nominated by the Principal CGHS cardholder can claim the reimbursement of expenses incurred on the medical treatment of the beneficiary in the event of unfortunate death of the principal cardholder.

The nomination facility shall be subject to the following conditions:-

- The nomination facility shall be available only to the CGHS pensioner cardholders.
- Beneficiaries who wish to exercise the option shall submit their declaration of nomination in the prescribed 'Nomination Form' duly filled up and complete in all respect, to the Administrative Officer (Admn.), CCRAS, Hqrs., Janakpuri, New Delhi. **(Proforma of Nomination Form enclosed).**
- Admn. Section, CCRAS, Hqrs. Janakpuri shall maintain a separate register – 'Nomination Register' to record the particular of the nomination submitted by the CGHS beneficiary in exercise of this option, with the approval of the Competent Authority.

Contd...

- d) The nomination shall be treated as valid only if the same has been entered in the 'Nomination Register'
- e) Only one person shall be allowed to be nominated as the original nominee or first nominee. In addition, another person can also be nominated as 'alternate nominee or second nominee' who can claim reimbursement in case of unfortunate death of the first nominee.
- f) The principal CGHS cardholder beneficiary can nominate any natural or juristic person as his/her nominee for this purpose, whether related or unrelated to him/her.
- g) This option can be exercised at any time during the lifetime of the beneficiary. However, this option can be exercised only twice in the lifetime of the pensioner cardholder.
- h) In case, no option has been exercised during the life time of CGHS pensioner beneficiary, the existing CGHS provision for claiming reimbursement of medical expenses, requiring submission of Affidavit by the claimant and NOCs from other legal heirs shall continue to apply.

**Encl. Proforma of Nomination Form**

  
14/6/2024

**( Rakesh Kumar )**

Assistant Director (Coord.)

for Director General-I/c

To

- 1. IT-Section, CCRAS, Hqrs. New Delhi with request to upload the same in the Council's website.
- 2. Administrative Officer (Admn.), CCRAS, Hqrs., New Delhi for necessary action.
- 3. Administrative Officer (Accounts), Administrative Office (P&V), CCRAS, Hqrs. New Delhi.
- 4. OS (Admn.), CCRAS, Hqrs. New Delhi for necessary please.
- 5. Sh. Ashok Kumar, Office Assistant, Admn. Section, CCRAS, Hqrs. New Delhi
- 6. Hindi Section for hindi version please.

**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**

**CENTRAL GOVERNMENT HEALTH SCHEME**  
**NOMINATION FORM**

(APPLICABLE ONLY IN RESPECT OF PRINCIPAL CGHS PENSIONER CARD HOLDERS  
as per OM No S 11011/12/2013-CGHS(P) dated the 25<sup>th</sup> September 2013)

(When the pensioner CGHS beneficiary wishes to nominate a person to claim the medical reimbursements from CGHS in the event of his/her death)

I, ..... hereby nominate the person/persons mentioned below and confer him/her the amount of medical reimbursement(s) in the event of my death, as have become admissible as per the laid down guidelines under CGHS and remained unpaid at the time of my death.

Name	Complete Address	Relation if any	Age (Date of Birth)	Gender	Mobile No.	Ben ID, if any	Aadhaar No. (optional)

**ALTERNATE NOMINEE, IF ANY**

(Name and details of person if any, to whom the right conferred on the nominee shall pass in the event of nominee predeceasing the CGHS beneficiary or the nominee dying after the death of the CGHS beneficiary but before receiving the medical reimbursement from CGHS)

Name	Complete Address	Relation if any	Age (Date of Birth)	Gender	Mobile No.	Ben ID, if any	Aadhaar No. (optional)

Dated this ..... day of..... 20 ..... at (Place).....

**(Signature of the Beneficiary)**

Name: CGHS Card Ben ID No. ....

Address: Mobile No. ....

Witnesses:

1. Signature of Witness  
Name & Address

2. Signature of witness  
Name & Address

**FOR OFFICIAL USE**

Particulars of the nomination received and entered in Nomination Register at S.N..... Dated.....

Dated:

Signature of Admin. Officer (Admin.)  
(with Seal)