

**APPLICATION FORM FOR JOINING
DEFENCE CIVILIAN MEDICAL AID 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/Token/I Card No. :
5. Rank/Designation/Post Held :
6. Complete address of the office where employed :
7. Present Basic Pay :
8. **Details of Payment of Membership Fee:**

(If payment made through Bank Draft in favour of “**Defence Civilians Medical Aid Fund**” payable at New Delhi.

- (a) By Cash :Rs.-----
- (b) By /B Draft No. _____ Dated _____
(Drawn on _____ for Rs. _____.
- (c) From Pay : If he/she opts for Payment
by Deduction from Salary, **only for Local Members**

I authorize the Cashier/Disbursing Officer to deduct from my pay the amount of Rs. _____ for credit to the Fund as fee for the Full Service/Annual membership.

Station _____

Date _____

Signature of the Applicant

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RATES OF ANNUAL SUBSCRIPTION

BASIC PAY (BP)

RATES

Less than RS. 3050/-	---RS. 30/-
RS. 3050/- and above but less than rS. 6500/-	---RS. 50/-
RS. 6500/- and above	---rs.100/-

OR

IN CASE OF FULL SERVICE MEMBERSHIP

B.P. less than RS. 3050/-	_____	RS. 200/-
Rs. 3050 and above But less than Rs.6500/-	_____	Rs. 300/-
B.P RS. 6500/- and above	_____	RS. 400/-

LOCAL EMPLOYEES OF DEFENCE STRENGTH ARE REQUESTED TO JOIN THE FUND THROUGH PROPER CHANNEL AND VERIFY THEIR BASIC PAY FROM THEIR ESTT. OR ATTACH A COPY OF ATTESTED PAY-SLIP OR ORIGINAL PAY-SLIP

BENEFITS FROM THE FUND

(a) **IN CASE OF TB, CANCER OR LEPROSY**

- Nutritious diet allowance @ Rs. 700/- per month
- After care allowance @ Rs. 600/- per month
- Subsistence allowance @Rs. 50/- per day
- Cost of x-ray films and other laboratory tests
- Out of pocket allowance @ Rs. 100/- per month for patients undergoing institutional treatment

(b) **IN CASE OF BURN INJURIES**

- Special prosthesis upto Rs. 5000/-
- Nutritious diet allowance @ Rs. 150/- per week

(c) **the fund also provides additional financial help for**

- Procuring blood for transfusions (Rs.600/- per transfusion)
- Implantation of pace-makers upto Rs. 10,000/-
- Cataract operations with implantation of intra-ocular

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Lense upto Rs. 2500/-

- Hearing aids upto Rs. 1500/-
- Subsistence allowance @ Rs. 50/- per day (rule 8-h)
- A lump sum grant of Rs. 7500/- and Rs. 4000/- in case of loss of limbs (rule 8-b)

- In case of loss of Limbs i.e. Arms & Lags of a members patient in an accident an amount of Rs.7,500/- is granted to him as lump sum grant of which is as under :-

- | | | |
|----|--------------------------------|-------------|
| a) | Loss of two limbs/eyes or more | Rs. 7,500/- |
| b) | Loss of one limb/eye | Rs. 4,000/- |

FOR PURCHASING:

- Curtches → as per rates
- Wheel Chairs → fixed by the
- Prostheses → alimco, kanpur
- (Artificial Limbs) →
- Support Shoes (Calipers) upto Rs. 2000/-
- Neck bands for Cervical/Spondilitis upto Rs. 1000/-
- tricycles for physically handicapped upto Rs. 5000/-

(d) **IN CASE OF MAJOR OPERATIONS**

- | | | |
|------------------------------|---|-------------|
| 1) Coronary By-pass Surgery | } | Rs. 10000/- |
| 2) Valve replacement | | |
| 3) Renal transplantation | | |
| 4) Joint replacement/Surgery | | |

(e) **EX-GRATIA GRANT (RULE 8-A)** → RS.10,000/-

(f) **ACCIDENTAL EX-GRATIA GRANT (RULE 8-C)** → RS.50,000/-

NOTE 1. 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).

NOTE 2. Treatment from Govt. Hospital/Govt. recognized Hospitals/ CGHS/AMA of the Estts. only.

FOR FURTHER DETAILS KINDLY SEE RULES OR CONTACT Room No. 171, B-Block,
Dalhousie Road, New Delhi - 110 011, ☎---23011185, FAX No. 3018201