

Tel: 23011185



No.F-268/DCMAF

Defence Civilians Medical Aid Fund
Ministry of Defence
Room No. PC-1, B-Block,
Dalhousie Road,
New Delhi-110 011.

24 Sep 2015

Subject: CELEBRATION OF DCMAF WEEK
28TH SEPTEMBER TO 04TH OCTOBER 2015

1. Like every year, this year also the DCMAF Week will be observed from **28th September 2015 to 04th October 2015** to commemorate its establishment on 28th September 1953.

2. It is requested that special efforts be made to motivate the staff working in Section/Units/Estts under your administrative jurisdiction to join DCMAF and make membership drive a success. **Message from the Defence Secretary, Chairman DCMAF**, 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.

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05/10/15

(Poonam Goila)

Dy Chief Administrative Officer (DCW)

&

Hony Secretary (DCMAF)

All Dy CAOs

Dir/DHTI

DOA (Civ)/Naval HQrs

Dir (AHC)/PC Dte, Air HQrs

PA

Copy to:-

Sr PPS to JS(Trg) & CAO

PS to Director (HR)

PS to Director (E&A)

PA
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give one copy to
each Dy Dir to
get members
for DCMAF
from their staff

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 Pay Band :
9. Present Grade Pay :
10. **Details of Payment of Membership Fee:**

(a) Membership Subscription Rs..... (b) Additional amount Rs. 20/-

(c) Total amount (a+b) Rs.....

(d) By Cash :Rs.-----/-

(e) By Bank Draft No. _____ Dated _____

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

(Please forward a consolidated single Bank Draft in case subscription is realized from two or more members)

Station _____

Signature of the Applicant _____

Date _____

Fee Structure:

Pay Band	Full Service Membership Fee (in ₹)	Annual Membership Fee (in ₹)	Additional Amount (in ₹)
1S to PB-1	400	60	20
PB-2	600	100	20
PB-3	800	200	20
PB-4	1000	400	20

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.1, B-Block, Dalhousie Road, New Delhi-110011, Tele- 011-23011185