

HIMACHAL PRADESH
PUBLIC WORKS DEPARTMENT

NO.PWE-94-17(Medical)/ ES-I-16851-16951

Dated:- 20/11/19

From:

Engineer-in-Chief
HP.PWD., Shimla-2.

To


The Engineer-in-Chief, (Project)/
Architect in Chief /
All the Chief Engineers /
All Superintending Engineers
All Executive Engineers/ LAOs in HP. PWD

Subject:-

Notification regarding Chronic disease certificate.

I am directed to enclose herewith a copy of letter No. HFW-B (A)8-I/2003 dated 9/08/2019 received from Addl. Chief Secretary (Health) to the Govt. of H.P. on the subject cited above wherein Chronic disease certificate as per Annexure-A is enclosed herewith for considering proposals of option for Medical Allowance in respect of Himachal Pradesh Government Employees/ Pensioners and their dependents.

Encl: As Above.



(Brinder Singh Chauhan)
Registrar,
Himachal Pradesh, PWD,
Shimla-2

F.R.
NO (IT)
JVA (IT)
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2/11

Copy is forwarded for information and similar necessary action to:-

1. Nodal Officer (IT) in this office. He is requested to display above Notification on the official website of the department.
2. Superintendent Cash in this office.
3. Guard file.

Encl:As Above.


(Brinder Singh Chauhan)
Registrar,
Himachal Pradesh, PWD,
Shimla-2

Government of Himachal Pradesh
Department of Medical Education

No. HFW-B(A)8-1/2003-Loose

Dated Shimla-2, the 7/08/2019

NOTIFICATION

The Governor, Himachal Pradesh is pleased to notify the Chronic disease certificate as per Annexure-A for considering proposals for change of option as per the provisions contained at serial number 4 of this department letter No. HFW-B(A)12-9/79 dated 21-06-1996.

By Order

-sa-
Additional Chief Secretary (Health) to the
Government of Himachal Pradesh.

Endst. No. HFW-B(A)8-1/2003-Loose Dated Shimla-2, the 7/08/2019
Copy forwarded for information and necessary action to the:-

1. All the Administrative Secretaries to Government of Himachal Pradesh.
2. The Secretary to the Governor of H.P.
3. The Secretary, H.P. Vidhan Sabha, Shimla-04.
4. All the Heads of the Department in the State of Himachal Pradesh.
5. All the Divisional Commissioner in H.P.
6. The Registrar, H.P. High Court, Shimla.
7. All the District & Session Judges in Himachal Pradesh.
8. All the M.Ds of Boards/ Corporations in Himachal Pradesh.
9. All the Deputy Commissioner in Himachal Pradesh.
10. All the Chief Medical Officers in Himachal Pradesh.
11. The Registrar, Himachal Pradesh Krishi Vishva Vidhalya Palampur/ Dr. Y.S. Parmar University of Horticulture & Forestry Farming Solan/ Himachal Pradesh University, Shimla.
12. All Treasury Officers/ Sub Treasury Officers/ Assistant Treasury Officers in Himachal Pradesh
13. All the Superintendent of Police in Himachal Pradesh.
14. Resident Commissioner, Government of Himachal Pradesh, New Delhi.
15. Private Secretary to the Hon'ble Chief Minister, Himachal Pradesh.
16. Accountant General (A&E) Himachal Pradesh. Shimla-03.
17. The Director Health Services, Himachal Pradesh. Shimla-09.
18. Guard file.

[Signature]
Special Secretary (Health) to the

[Handwritten Signature]
7/11/19
2523-52
7/11/19

CHRONIC DISEASE CERTIFICATE

(For change of option for Medical Allowance in respect of Himachal Pradesh Government Employees/Pensioners and their dependents)

Sr. No. _____

Date _____

Name & Address of Hospital

Photograph
(duly attested)

CR/IP No. _____

Certified that I have examined _____

Mr./Ms. _____

Son/ Daughter/ Husband/ Wife of _____

Age _____ years, resident of _____

_____ Village/City/Town _____

Distt _____ today on _____

He/She is suffering from _____ which is a chronic and a grave disease. I am of the opinion that he/she will require prolonged outdoor treatment and costly medicine for restoration of health. I recommend this case for change of option from fixed Medical Allowance to open medical reimbursement.

Signature of patient examined

Name & Signature of the
Specialist Doctor(s)
(with seal)