

OFFICE OF THE PRESIDENCY SMALL CAUSE COURT AT CALCUTTA:
2&3, KIRAN SANKAR ROY ROAD, KOL-01

ACCOUNTS DEPARTMENT:

ORDER NO: 97

DATED: 10.05.2023

It is to notify for all concerned that as per the guidelines of Medical Cell, Government of West Bengal, "ALL ENROLLED EMPLOYEES/ SUPERANNUATED PENSIONERS/ FAMILY PENSIONERS ARE REQUESTED TO SUBMIT DECLARATION OF INCOME OF ALL ELIGIBLE ENROLLED BENEFICIARIES INCLUDING SELF IN THE MONTH OF MAY AND JUNE OF 2023 IN DULY SIGNED ANNEXURE-V AS PER NOTIFICATION NO 126-F (MED) DATED 24.06.2022 POSITIVELY TO CONTINUE THE BENEFIT OF THE SCHEME SMOOTHLY."

Under such state of affairs, all the concerned employees/ superannuated pensioners/ family pensioners are requested to submit declaration of income as stated above within 20th Day of May, 2023 (20.05.2023) positively for continuation of the benefit of the West Bengal Health Scheme smoothly.

Inform all concerned.

Paste the same in the official Notice Board as well as in the Official Website of this Judgeship for information of all.



Registrar,
Presidency Small Cause Court,
Calcutta.
Registrar
Presidency Small Cause Court,
Calcutta

Declaration of Income

[No. 126-F(MED)WB, dated-24/06/2022]

(To be declared by the employee/pensioner of Govt. of West Bengal or AIS in-service/retired officer rendered service under Govt. of West Bengal at the time of fresh enrolment or biennially for enrolled eligible dependent beneficiaries in the month of May and June)

I, Sri/Smt (Name of employee/pensioner) son/daughter/husband of (Name of father/husband) (Residential address) having GPF No./PPO No. do hereby solemnly affirm and declare as under:-

1. That I am a citizen of India and working under Govt. of West Bengal.
2. That (I want to enrol / I have already enrolled) my family under West Bengal Health Scheme with effect from.....
3. That I hereby declare that the following members of my family are eligible to become as dependent beneficiary under me;

Sl. No.	Name of family members	Relation	Beneficiary ID	Aadhar No.	Monthly Gross Income (₹)

4. That the above statements are true to the best of my knowledge and belief.
5. I further declare that I will be liable for initiating disciplinary proceedings against me in terms of WBS(CCA) Rules-1971 for suppression of any facts.

Full Signature with date and designation of the Employee/Pensioner