No.D.12015/1/2025-FEA GOVERNMENT OF MIZORAM FINANCE DEPARTMENT

(Economic Affairs)

MINECO, Aizawl, the 28th March, 2025

OFFICE MEMORANDUM

Subject:

Standard format for exercising option by retired Government Servants under

MUHCS - reg.

In pursuance to this Department's Notification No.D.12015/1/2025-FEA, dated 26th March, 2025 wherein a Standard format is to be issued by Finance Department for exercising willingness and option by Pensioners/ Family Pensioners under MUHCS. All concerned are hereby informed that the Standard Formats, Format – I and Format – II have been provided as enclosed herewith.

The concerned Treasury Officer shall authenticate the format as opted by the Pensioner/ Family Pensioner and submit it to the Mizoram State Healthcare Society.

Sd/- RAMCHUANA

Secretary to the Govt. of Mizoram, Finance Department

Memo No.D.12015/1/2025-FEA

Dated Aizawl, the 28th March, 2025

Copy to:

1) Secretary to Governor, Government of Mizoram.

- 2) Commissioner & Secretary to Hon'ble Chief Minister, Government of Mizoram.
- 3) PS to Speaker/ Dy. Speaker/ Ministers/ Ministers of State, Government of Mizoram.
- 4) Sr. PPS to Chief Secretary, Government of Mizoram.
- 5) Sr. PS to Commissioner & Secretary, Finance Department, Government of Mizoram.
- 6) All Administrative Heads of Departments, Government of Mizoram.
- 7) All Heads of Departments, Government of Mizoram.
- 8) Chief Controller of Accounts, Government of Mizoram.
- 9) Joint Director of Accounts/ Deputy Director of Accounts/ FAOs of all Departments
- 10) CEO, Mizoram State Health Care Society for information and necessary action.
- 11) All Officers under Finance Department.
- 12) All Treasury Officers for information and necessary action.
- 13) Website Manager, Finance Department.
- 14) Guard File.

(JENNIFER HL DUHAWMI)

Addl Secretary to the Govt. of Mizoram, Finance Department (EA)

No.D.12015/1/2025-FEA GOVERNMENT OF MIZORAM FINANCE DEPARTMENT

(Economic Affairs)

MINECO, Aizawl, the 2nd April, 2025

OFFICE MEMORANDUM

Subject:

Revised formats for submission of option by Pensioners/ Family Pensioners for enrolment under Mizoram Universal Healthcare Scheme.

In continuation to this Department's Office Memorandum No.D.12015/1/2025-FEA, dated 28/03/2025, the Standard Formats, Format – I and Format – II along with Mizo Version in respect of willingness and option to be exercised by Pensioners/ Family Pensioners under Mizoram Universal Healthcare Scheme have been revised as attached herewith.

Sd/- RAMCHUANA
Secretary to the Govt. of Mizoram,
Finance Department

Memo No.D.12015/1/2025-FEA Copy to:

Dated Aizawl, the 2nd April, 2025

- 1) Secretary to Governor, Government of Mizoram.
- 2) PS to Hon'ble Chief Minister, Government of Mizoram.
- 3) PS to Speaker/Dy. Speaker/Ministers/Ministers of State, Government of Mizoram.
- 4) Sr. PPS to Chief Secretary, Government of Mizoram.
- 5) Sr. PS to Finance Commissioner, Government of Mizoram.
- 6) All Principal Secretaries/Commissioners/Secretaries, Government of Mizoram.
- 7) All Administrative Departments, Government of Mizoram.
- 8) All Heads of Departments, Government of Mizoram.
- 9) Chief Controller of Accounts, Government of Mizoram.
- 10) Joint Director Finance & Accounts/ Deputy Director of Accounts/FAO of all Departments
- 11) CEO, Mizoram State Health Care Society (MSHCS) for information and necessary action.
- 12) All Officers under Finance Department.
- 13) All Treasury Officers.
- 14) Website Manager.
- 15) Guard File.

(JENNIFER HL DUHAWMI)

Additional Secretary to the Govt. of Mizoram, Finance Department (EA)

FORMAT - I

(to be submitted to concerned Treasury Officer by existing Pensioner/ Family Pensioner as on 01/04/2025)

CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS IN RESPECT OF PENSIONER/ FAMILY PENSIONER

0.00			er/ Family Pensioner
his is t	o certify that I,	(Name of the Pension	ely ranning ranning,
ereby	submit my willingness to sub-	scribe the Mizoram Universal He	ealthcare Scheme and
nted t	the Category - (A/B) at	: the rate of ₹	$_{}$ per month w.e.
	(dd/mm/yyyy)	for the purpose of medical tre	atment as admissible
	the Mizoram Universal Healthc		
	Name of the Pensioner/ Family	y Pensioner :	
	Book No. : CTS :	PPO No. :	v
	Aadhaar No. (if available)		
	Basic Pension as on 01/04/202	25 :	
	Category under MUHCS (Category	gory A/B) :	- 4
	Category opted (A/B)		·
1	Ration Card No.*	:	
FI 1		nor Pation Card is as helow :-	
Γhe de	etails of my family members as	per Ration Card is as below :-	
	etails of my family members as	per Ration Card is as below :- Relationship with the	Aadhaar No.
SI.	etails of my family members as Name of family members		Aadhaar No. (if available)
SI.		Relationship with the	
SI. No.		Relationship with the	
SI. No.		Relationship with the	
SI. No. 1		Relationship with the	
SI. No. 1 2		Relationship with the Pensioner/ Family Pensioner	
SI. No. 1 2 3 4		Relationship with the Pensioner/ Family Pensioner	
SI. No. 1 2 3 4 5		Relationship with the Pensioner/ Family Pensioner	
SI. No. 1 2 3 4 5	Name of family members	Relationship with the Pensioner/ Family Pensioner	
SI. No. 1 2 3 4 5 * Attes	Name of family members	Relationship with the Pensioner/ Family Pensioner	(if available)
SI. No. 1 2 3 4 5 * Attes	Name of family members sted Photo copy of family Ration C	Relationship with the Pensioner/ Family Pensioner	(if available)
SI. No. 1 2 3 4 5 * Attes	Name of family members sted Photo copy of family Ration C	Relationship with the Pensioner/ Family Pensioner	(if available)

Note: 1) Late fee and arrears of subscription liable to be charged as admissible under MUHCS.

2) Separate sheet may be attached in case the space provided for entering the list of family

members is not sufficient

FORMAT - II

(to be submitted to concerned Treasury Officer by Pensioner/ Family Pensioner on retirement after 01/04/2025)

CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS IN RESPECT OF PENSIONER/ FAMILY PENSIONER

This is	to certify that I,	(Name of the Pensione	er/ Family Pensioner),
hereby	v submit my willingness to subs	scribe the Mizoram Universal Hea	althcare Scheme and
onted	the Category - (A/B) at	the rate of ₹	per month w.e.f
оргос	(dd/mm/yyyy) f	for the purpose of medical trea	tment as admissible
	the Mizoram Universal Healthca		
		y Pensioner :	
	Book No.: CTS:	PPO No. :	
	Aadhaar No. (if available)		
	Basic Pension as on retiremen	t :	
	Category under MUHCS (Categ	gory A/B) :	
	Category opted (A/B)	:	
1	Ration Card No.*	;	
		# · · · · · · · · · · · · · · · · · · ·	
The d	etails of my family members as	per Ration Card is as below :-	*
	*		
SI		Relationship with the	Aadhaar No.
SI. No.	Name of family members	Relationship with the Pensioner/ Family Pensioner	Aadhaar No. (if available)
Administra	Name of family members		(if available)
No.	Name of family members	Pensioner/ Family Pensioner	(if available)
No.	Name of family members	Pensioner/ Family Pensioner	(if available)
No. 1 2	Name of family members	Pensioner/ Family Pensioner	(if available)
No. 1 2 3	Name of family members	Pensioner/ Family Pensioner	(if available)
No. 1 2 3 4	Name of family members	Pensioner/ Family Pensioner	(if available)
No. 1 2 3 4 5	Name of family members ested Photo copy of family Ration C	Pensioner/ Family Pensioner	(if available)
No. 1 2 3 4 5		Pensioner/ Family Pensioner	(if available)
No. 1 2 3 4 5 * Atte		Pensioner/ Family Pensioner	(if available)
No. 1 2 3 4 5 * Atte	ested Photo copy of family Ration Contersignature:	Pensioner/ Family Pensioner Card to be enclosed.	(if available)
No. 1 2 3 4 5 * Atte	ested Photo copy of family Ration Contersignature:	Pensioner/ Family Pensioner Card to be enclosed.	(if available)
No. 1 2 3 4 5 * Atte	ested Photo copy of family Ration Contersignature:	Pensioner/ Family Pensioner Card to be enclosed.	(if available)

Note: 1) Late fee and arrears of subscription liable to be charged as admissible under MUHCS.

²⁾ Separate sheet may be attached in case the space provided for entering the list of family members is not sufficient

Annex to Format-I/ II of Certificate of Option/ Willingness by Pensioner/ Family Pensioner under MUHCS

(in case the space provided for entering the list of family members is not sufficient)

SI. No.	Name of family members	Relationship with the Pensioner/ Family Pensioner	Aadhaar No. (if available)
		*	
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			J**
			×
			l#
****			3
1			
7			

Countersignature:	
	3
Treasury Officer,	
Treasury Officer,	Treasury

FORMAT - I

(April ni 1, 2025-a Pensioner/ Family Pensioner ni sa tana hman tur) (Mahni pension lakna Treasury Office-a thehluh tur)

CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS IN RESPECT OF PENSIONER/ FAMILY PENSIONER

Kei,	(Pens	ioner/ Family Pen	sioner hming)	hian MUHCS-in a huam
chin	medical treatment ka hmi	uh theih nan,	ka duhthlan	na ngei-in thla tina
₹	ka pensiona cut	turin MUHCS hi Ca	tegory (/	A nge B) angin ka zawm
a ni ti	h ka hriattir e.			
	Pensioner/ Family Pensioner I	Hming :		
	Book No. : CTS :	PPO No. :	2)	
	Aadhaar No. (Aadhaar Card n	ei tan) :		
	April ni 1, 2025-a Basic Pensic			
	MUHCS hnuaia Category awn			
	Category thlan (A nge B)	i	·	
	Ration Card No.(*)	Ĭ,		
Ratio	n Card-a chuang kan chhungkav	v member-te chu,	a hnuaia tarla	n-te hi an ni:-
SI.		Pensioner/ Fami	ly pensioner	Aadhaar No.
No.	Chhungkaw member hming		hin dan	(Aadhaar card nei tan)
1		T.		
2				
3				
4		0		
5			14	20
·				3
Note:	Chungkaw member hming zia The state of the state			
	3) (*) Ration Card officer-in a atte	est sa thehluh tel tui	r a ni.	
	2 42			
Coun	tersignature:		Pensioner/ F	Family Pensioner sign-na
Treas	sury Officer, Treasury			

Pensioner/ Family Pensioner ten a huntiam chhunga MUHCS hi an zawm lo a nih chuan chawi ngai, late fee leh arrear, a awm dawn a ni tih hriat tel tur a ni.

FORMAT - II

(Pensioner/ Family Pensioner, April ni 1, 2025 hnu lama pension te tana hman tur) (Mahni pension lakna Treasury Office-a thehluh tur)

CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS IN RESPECT OF PENSIONER/ FAMILY PENSIONER

Kei	(Pens	ioner/ Family Pens	ioner hming)	hian MUHCS-in a huam
chin	medical treatment ka hmu	ıh theih nan, k	ka duhthlan	na ngei-in thla tina
₹	ka pensiona cut t	urin MUHCS hi Cat	egory (/	A nge B) angin ka zawm
a ni til	n ka hriattir e.			
	Pensioner/ Family Pensioner F	lming :		
	Book No. : CTS :	PPO No. :		
	Aadhaar No. (Aadhaar Card ne	ei tan) :		
	Pension Ni-a Basic Pension	:		
	MUHCS hnuaia Category awm	nna (A nge B) ^[#] :	*	
	Category thlan (A nge B)	:		· «
¥	Ration Card No.(*)	:		
Patio	n Card-a chuang kan chhungkav	v member-te chu. a	a hnuaia tarla	n-te hi an ni:-
Ratio	Treatu-a chuang kan chilangkav			
SI. No.	Chhungkaw member hming	Pensioner/ Famil nena inlaich	7 7	Aadhaar No. (Aadhaar card nei tan)
1	Cilitatignaw Illettiber Illining	8		
2,				
3		*		, f
4	100	5		
5				
Note:	 Chungkaw member hming zia [#] Category-A ni sa tan Catego a thlan theih. (*) Ration Card officer-in a atto 	ory-B a thlan theih lo	h, Category-B	ang nman bein tur a ni. ni sa tan chauh Category-A
Cour	ntersignature:		Pensioner/	Family Pensioner sign-na
Trea	sury Officer, Treasury		# #	

Pensioner/ Family Pensioner ten a huntiam chhunga MUHCS hi an zawm lo a nih chuan chawi ngai, late fee leh arrear, a awm dawn a ni tih hriat tel tur a ni.

Annex to Format-I/ II of Certificate of Option/ Willingness by Pensioner/ Family Pensioner under MUHCS

(Chhungkaw member hming ziahna-in a daih loh chauhin hman tur)

SI. No.	Chhungkaw member hming	Pensioner/ Family pensioner nena inlaichin dan	Aadhaar No. (Aadhaar card nei tan)
		*	
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Ŷ.			
		-	
5			
1			H H
	3		

Countersignature:	
Treasury Officer,	_ Treasury