

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

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Dated Aizawl, the 2nd April, 2025

Copy to:

- 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 H. 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

This is to certify that I, _____ (Name of the Pensioner/ Family Pensioner), hereby submit my willingness to subscribe the Mizoram Universal Healthcare Scheme and opted the Category - _____ (A/B) at the rate of ₹ _____ per month w.e.f _____ (dd/mm/yyyy) for the purpose of medical treatment as admissible under the Mizoram Universal Healthcare Scheme.

Name of the Pensioner/ Family Pensioner : _____

Book No. : _____ CTS : _____ PPO No. : _____

Aadhaar No. (if available) : _____

Basic Pension as on 01/04/2025 : _____

Category under MUHCS (Category A/B) : _____

Category opted (A/B) : _____

Ration Card No.* : _____

The details of my family members as per Ration Card is as below :-

Sl. No.	Name of family members	Relationship with the Pensioner/ Family Pensioner	Aadhaar No. (if available)
1			
2			
3			
4			
5			
...			

* Attested Photo copy of family Ration Card to be enclosed.

Countersignature:

Signature of the Pensioner/ Family Pensioner

Treasury Officer,

Treasury

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 Pensioner/ Family Pensioner), hereby submit my willingness to subscribe the Mizoram Universal Healthcare Scheme and opted the Category - _____ (A/B) at the rate of ₹ _____ per month w.e.f _____ (dd/mm/yyyy) for the purpose of medical treatment as admissible under the Mizoram Universal Healthcare Scheme.

Name of the Pensioner/ Family Pensioner : _____

Book No. : _____ CTS : _____ PPO No. : _____

Aadhaar No. (if available) : _____

Basic Pension as on retirement : _____

Category under MUHCS (Category A/B) : _____

Category opted (A/B) : _____

Ration Card No.* : _____

The details of my family members as per Ration Card is as below :-

Sl. No.	Name of family members	Relationship with the Pensioner/ Family Pensioner	Aadhaar No. (if available)
1			
2			
3			
4			
5			
...			

* Attested Photo copy of family Ration Card to be enclosed.

Countersignature:

Signature of the Pensioner/ Family Pensioner

Treasury Officer,

_____ Treasury

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)

Sl. No.	Name of family members	Relationship with the Pensioner/ Family Pensioner	Aadhaar No. (if available)

Countersignature:

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, _____ (Pensioner/ Family Pensioner hming) hian MUHCS-in a huam chin medical treatment ka hmuh theih nan, ka duhthlanna ngei-in thla tina ₹_____ ka pensiona cut turin MUHCS hi Category ____ (A nge B) angin ka zawm a ni tih ka hriattir e.

Pensioner/ Family Pensioner Hming : _____

Book No. : _____ CTS : _____ PPO No. : _____

Aadhaar No. (Aadhaar Card nei tan) : _____

April ni 1, 2025-a Basic Pension : _____

MUHCS hnuaia Category awmna (A nge B)^[#] : _____

Category thlan (A nge B) : _____

Ration Card No.^(*) : _____

Ration Card-a chuang kan chhungkaw member-te chu, a hnuaia tarlan-te hi an ni:-

Sl. No.	Chhungkaw member hming	Pensioner/ Family pensioner nena inlaichin dan	Aadhaar No. (Aadhaar card nei tan)
1			
2			
3			
4			
5			
...			

Note: 1) Chungkaw member hming ziahna hian a daih loh chuan a thar dang hman belh tur a ni.
2) ^[#] Category-A ni sa tan Category-B a thlan theih loh, Category-B ni sa tan chauh Category-A a thlan theih.
3) ^(*) Ration Card officer-in a attest sa thehluh tel tur a ni.

Countersignature:

Pensioner/ Family Pensioner sign-na

Treasury 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, _____ (Pensioner/ Family Pensioner hming) hian MUHCS-in a huam chin medical treatment ka hmuh theih nan, ka duhthlanna ngei-in thla tina ₹_____ ka pensiona cut turin MUHCS hi Category ____ (A nge B) angin ka zawm a ni tih ka hriattir e.

Pensioner/ Family Pensioner Hming : _____

Book No. : _____ CTS : _____ PPO No. : _____

Aadhaar No. (Aadhaar Card nei tan) : _____

Pension Ni-a Basic Pension : _____

MUHCS hnuaia Category awmna (A nge B)^[#] : _____

Category thlan (A nge B) : _____

Ration Card No.^(*) : _____

Ration Card-a chuang kan chhungkaw member-te chu, a hnuaia tarlan-te hi an ni:-

Sl. No.	Chhungkaw member hming	Pensioner/ Family pensioner nena inlaichin dan	Aadhaar No. (Aadhaar card nei tan)
1			
2			
3			
4			
5			
...			

Note: 1) Chungkaw member hming ziahna hian a daih loh chuan a thar dang hman belh tur a ni.
 2) ^[#] Category-A ni sa tan Category-B a thlan theih loh, Category-B ni sa tan chauh Category-A a thlan theih.
 3) ^(*) Ration Card officer-in a attest sa thehluh tel tur a ni.

Countersignature:

Pensioner/ Family Pensioner sign-na

Treasury 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.

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

Countersignature:

Treasury Officer,
_____ Treasury