

**No.D.12015/1/2025-FEA**  
**GOVERNMENT OF MIZORAM**  
**FINANCE DEPARTMENT**  
(Economic Affairs)  
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MINECO, Aizawl,  
May 02, 2025

**OFFICE MEMORANDUM**

**Subject :**      **Revised formats for submission of option for enrolment under Mizoram Universal Healthcare Scheme by Pensioners/Family Pensioners drawing their monthly pensions directly from bank.**

In continuation to this Department's Office Memorandum No.D.12015/1/2025-FEA, dated 24/04/2025, **the Standard Format along with Mizo Version** in respect of willingness and option to be exercised by Pensioners/Family Pensioners drawing their monthly pensions directly from bank under Mizoram Universal Healthcare Scheme have been revised as attached herewith.

A standard format of challan for crediting MUHCS subscription by pensioners drawing their pension directly from bank is also enclosed herewith.

**Sd/- RAMCHUANA**

Secretary to the Govt. of Mizoram,  
Finance Department

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

:

**Dated Aizawl, the 2<sup>nd</sup> May, 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 Administrative Departments, Government of Mizoram.
- 7) All Heads of Departments, Government of Mizoram.
- 8) Chief Controller of Accounts, Government of Mizoram.
- 9) Joint Director Finance & Accounts/ Deputy Director, Finance & Accounts/FAO of all Departments
- 10) CEO, Mizoram State Health Care Society (MSHCS) for information and necessary action.
- 11) All Officers under Finance Department.
- 12) All Treasury Officers.
- 13) Regional Manager, SBI Regional Business Office with a request to circulate to all branches of SBI.
- 14) Website Manager.
- 15) Guard File.

  
**(CHRISTINA LALMUANZUALI)**

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

**Annexure****FORMAT****(to be submitted to concerned Bank by Pensioner/Family Pensioner)****CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS IN  
RESPECT OF PENSIONER/FAMILY PENSIONER DRAWING MONTHLY PENSION  
DIRECTLY FROM THE BANK**

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 by Option - \_\_\_\_ (1/2), under the Category - \_\_\_\_ (applicable only for Option-2) at the lumpsum amount of ₹\_\_\_\_\_ for one year 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. : \_\_\_\_\_  
 Bank A/c No. : \_\_\_\_\_ Phone No. : \_\_\_\_\_  
 Aadhaar No. (if available) : \_\_\_\_\_  
 Current Basic Pension : \_\_\_\_\_  
 Category under MUHCS (Category A/B) : \_\_\_\_\_  
 Category opted (applicable only for Option-2) : \_\_\_\_\_  
 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.

Certified by:

\_\_\_\_\_  
Signature of the Pensioner/ Family Pensioner

Manager,

\_\_\_\_\_ Branch

**Note:** 1) Separate sheet may be attached in case the space provided for entering the list of family members is not sufficient

***Annex to Format of Certificate of Option/ Willingness by Pensioner/ Family Pensioner  
drawing monthly pension directly from the bank under MUHCS***

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

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

Certified by:

Manager,  
\_\_\_\_\_ Branch



**FORMAT**  
**(Mahni pension lakna Bank-a thehluh tur)****CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS IN  
RESPECT OF PENSIONER/FAMILY PENSIONER DRAWING MONTHLY PENSION  
DIRECTLY FROM THE BANK**

Kei, \_\_\_\_\_ (Pensioner/ Family Pensioner hming) hian MUHCS-in a huam chin medical treatment ka hmuh theih nan, ka duhthlanna ngei-in kum khat atana ₹ \_\_\_\_\_ ka pensiona cut turin MUHCS hi Option - \_\_\_\_\_ (1 nge 2) hmangin Category \_\_\_\_\_ (A nge B) angin ni \_\_\_\_\_ aṭang hian ka zawm a ni tih ka hriattir e.

Pensioner/ Family Pensioner Hming : \_\_\_\_\_  
 Book No. : \_\_\_\_\_ CTS : \_\_\_\_\_ PPO No. : \_\_\_\_\_  
 Bank A/c No. : \_\_\_\_\_ Phone No. : \_\_\_\_\_  
 Aadhaar No. (Aadhaar Card nei tan) : \_\_\_\_\_  
 Basic Pension hman lai : \_\_\_\_\_  
 MUHCS hnuaia Category awmna (A nge B)<sup>[#]</sup> : \_\_\_\_\_  
 Category thlan : \_\_\_\_\_  
 (Option-2 hmanga zawm te tan chauh)  
 Ration Card No.<sup>(\*)</sup> : \_\_\_\_\_

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) <sup>[#]</sup> Category-A ni sa tan Category-B a thlan theih loh, Category-B ni sa tan chauh Category-A a thlan theih.  
 3) <sup>(\*)</sup> Ration Card officer-in a attest sa thehluh tel tur a ni.

Certified by:

\_\_\_\_\_  
Pensioner/ Family Pensioner sign-na

Manager,

***Annex to Format of Certificate of Option/ Willingness by Pensioner/ Family Pensioner  
drawing monthly pension directly from the bank under MUHCS  
(Chhungkaw member hming ziahna-in a daih loh chauhlin hman tur)***

[illegible]

Manager,  
\_\_\_\_\_ Branch

# S A M P L E

ORIGINAL

G.A.R. - 7  
[See Rule 20 (1) ]  
CHALLAN  
(Obverse)

Challan No. \_\_\_\_\_

Please indicate whether

Civil

Defence

Railway

Post & Telegraph  
(branch)

Short Code

M	U	H	C	S		
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DDO Code#

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Treasury Code\*

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Bank Code\*

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Challan of Money paid into.....(bank).....(branch)

To be filled in by te remitter				To be filled in by the Departmental Officer or at his instance		
Name (& or designation) and address of the party (ie Tax payer etc) crediting money	Department/Office from whose books the demand emanated	Full particulars of the nature of remittance and / or authority (if any)	Amount	Head of Account	Account Officer by whom adjustable	Order to the bank
State Bank of India, _____ Branch (Name of the Branch)	Secretary Finance Department	Contribution for subscription of MUHCS for 2025-26	Rs. P.	8229 - Development & Welfare Funds 00 - 200 - Other Development & Welfare Fund 01 - Contribution for MUHCS 03 - Contribution fr Pensioners/ Family Pensioners 00 -	AG Mizoram	Receive and grant receipt (signature, date & full designation of the Officer ordering the money to be paid in)
			Total			

(In word) Rupees

Received payment (in words) Rupees.....

Date.....

Note: 1. \* marks are mandatory

2. # concerned Treasury DDO Code

3. Challan shall be submitted to Finance Department (EA) which is to be supported with corresponding schedules, certified option forms along with details of family members

4. One copy of challan may be given to the concerned pensioner

5. Challan to be countersigned by concerned Treasuries

Treasury Officer