

No.D.12015/1/2025-FEA
GOVERNMENT OF MIZORAM
FINANCE DEPARTMENT
(Economic Affairs)

MINECO, Aizawl,
June 10, 2025

OFFICE MEMORANDUM

Subject : Revised family declaration forms under Mizoram Universal Healthcare Scheme in respect of CSS Employees/GIA Employees – reg.

In continuation to this Department's Office Memorandum No.D.12015/1/2025-FEA/CSS dated 04/06/2025 and No.D.12015/1/2025-FEA/GIA dated 04/06/2025, **the Forms** for making family declaration under Mizoram Universal Healthcare Scheme by CSS Employees/GIA Employees have been revised as attached herewith.

Sd/- RAMCHUANA

Secretary to the Govt. of Mizoram,
Finance Department

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

:

Dated Aizawl, the 10th June, 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) Website Manager.
- 14) Guard File.



(CHRISTINA LALMUANZUALI)

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

DETAILS OF FAMILY
(For CSS Employees)
(To be used in MUHCS)

Name of CSS Employee : _____ Name of CSS : _____

Designation : _____ Date of Appointment : _____

Employee No.(as generated by IFMIS, if available) : _____

Aadhaar No.(if available): _____

Date of Birth : _____

Ration Card No.* : _____

Salary Category (tick one):

Below ₹30,000/-		₹30,000/- to ₹50,000/-	
₹50,001/- to ₹60,000/-		Above ₹60,000/-	

Lump sum contribution per year : _____

The details of my family members as on _/ _/ _ as per Ration Card is as below:-
 (CSS Employee details to be filled in Sl. No. 1 and Relationship may be written as SELF)

Sl.No.	Name of the family members	Relationship with the CSS Employee	Aadhaar No. (if available)
1			
2			
3			
4			
5			
6			
...			

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

I certify that the above declaration made by me is fully as per my family Ration Card.

Date.....

Signature of the CSS Employee

Mobile No.: _____

DECLARATION OF THE CONTROLLING AUTHORITY

After careful checking of the documents submitted by the CSS Employee. I satisfy myself that the above _____ (number of the members) persons are truly the family members as per the family Ration Card of _____ for the purpose of medical treatments under MUHCS.

Date.....

Signature of the Controlling Officer
 (with seal)

DETAILS OF FAMILY*Form-A : For GIA Employees currently enjoying Medical Reimbursement**{See Section – 4(l) of CS(MA) Rules, 1944}**(For use in MUHCS)*

Name of Government Servant : _____

Designation : _____ Pay Matrix Level : _____

Employee No. (as generated by IFMIS, if available) : _____

Date of Birth : _____ Date of Appointment : _____

Lump sum contribution per year : _____

Ceiling fixed for one year : _____

Details of the family members as on : _____

Sl. No.	Names of the family members	Date of Birth	Relationship with the Govt. Servant	Document submitted	Remarks of the Controlling Officer
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
...					

I certify that the above declaration made by me is fully updated and correct.

Date.....

Signature of Govt. Servant
Mobile No.: _____**DECLARATION OF THE CONTROLLING AUTHORITY**

After careful checking of the documents submitted by the Government Servant. I satisfy myself that the above _____ (number of the members) persons are truly the family members of _____ for the purpose of CS(MA) Rules, 1944

Date.....

Signature of the Controlling Officer
(with seal)

See over leaf for eligibility conditions for Family Members for the purpose of CS(MA) Rules, 1944 and documents to be submitted in support of the declaration.

Sl. no.	Relationship with the employee	Documents ¹ to be enclosed along with the declaration
1	Spouse	Attested copy of Certificate of Marriage issued by concerned Registrar of Marriage or EPIC/ADHAAR of the employee or his/her spouse that shows their relationship.
2	Parents	Attested copy of EPIC/ID/ADHAAR of the employee or of the parents that shows the relationship between the parents and the employee
3	Parents-in-law (for female employees only)	Attested copy of EPIC/ID/ADHAAR that shows their relationship with the husband of employee supported by the option exercised by the employee that she chose her parents-in-law over her natural parents to be included in the family members.
4	Children (son/ daughter) below 25 years of age	Attested copy of Birth Certificate
5	Minor brother below 18 years of age	Attested copy of Birth Certificate
6	Dependent unmarried daughter/ sister above 25 years of age	Attested copy of – 1) ID cards showing the relationship directly or indirectly. 2) Non-marriage Certificate/ Testimonial issued by concerned Registrar of Marriages. 3) Income certificate to show the dependency.
7	Dependent divorced or widowed daughter/ sister	Attested copy of – 1) ID cards showing the relationship directly or indirectly. 2) Divorced Certificate/ Testimonial issued by concerned Registrar of Marriages. 3) Income certificate to show the dependency.
8	Adopted children	Attested copy of order of adoption issued by District Magistrate
9	Disabled son/brother	Attested copy of permanent disability certificate issued by Social Welfare Department.

¹**Note:** Documents can be authenticated by the Controlling Officer as follows –

- (i) EPIC – by scanning the bar code on the ID or by searching the EPIC No. from the voter's service portal <https://electoralsearch.eci.gov.in/>
- (ii) Aadhaar – by scanning the QR code on the Aadhaar.

DETAILS OF FAMILY*Form-B : For GIA Employees who have not enjoyed Medical Reimbursement**{See Section – 4(l) of CS(MA) Rules, 1944}*

(For use in MUHCS)

Name of Government Servant : _____

Designation : _____ Pay Matrix Level : _____

Employee No. (as generated by IFMIS, if available) : _____

Date of Birth : _____ Date of Appointment : _____

Lump sum contribution per year : _____

Ceiling fixed for one year : _____

Details of the family members as on : _____

Sl. No.	Names of the family members	Date of Birth	Relationship with the Govt. Servant	Document submitted	Remarks of the Controlling Officer
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
...					

I certify that the above declaration made by me is fully updated and correct.

Date.....

Signature of Govt. Servant
Mobile No.: _____**DECLARATION OF THE CONTROLLING AUTHORITY**

After careful checking of the documents submitted by the Government Servant. I satisfy myself that the above _____ (number of the members) persons are truly the family members of _____ for the purpose of CS(MA) Rules, 1944

Date.....

Signature of the Controlling Officer
(with seal)

See over leaf for eligibility conditions for Family Members for the purpose of CS(MA) Rules, 1944 and documents to be submitted in support of the declaration.

Sl. no.	Relationship with the employee	Documents ¹ to be enclosed along with the declaration
1	Spouse	Attested copy of Certificate of Marriage issued by concerned Registrar of Marriage or EPIC/ADHAAR of the employee or his/her spouse that shows their relationship.
2	Parents	Attested copy of EPIC/ID/ADHAAR of the employee or of the parents that shows the relationship between the parents and the employee
3	Parents-in-law (for female employees only)	Attested copy of EPIC/ID/ADHAAR that shows their relationship with the husband of employee supported by the option exercised by the employee that she chose her parents-in-law over her natural parents to be included in the family members.
4	Children (son/ daughter) below 25 years of age	Attested copy of Birth Certificate
5	Minor brother below 18 years of age	Attested copy of Birth Certificate
6	Dependent unmarried daughter/ sister above 25 years of age	Attested copy of – 4) ID cards showing the relationship directly or indirectly. 5) Non-marriage Certificate/ Testimonial issued by concerned Registrar of Marriages. 6) Income certificate to show the dependency.
7	Dependent divorced or widowed daughter/ sister	Attested copy of – 4) ID cards showing the relationship directly or indirectly. 5) Divorced Certificate/ Testimonial issued by concerned Registrar of Marriages. 6) Income certificate to show the dependency.
8	Adopted children	Attested copy of order of adoption issued by District Magistrate
9	Disabled son/brother	Attested copy of permanent disability certificate issued by Social Welfare Department.

¹**Note:** Documents can be authenticated by the Controlling Officer as follows –

- (iii) EPIC – by scanning the bar code on the ID or by searching the EPIC No. from the voter's service portal <https://electoralsearch.eci.gov.in/>
- (iv) Aadhaar – by scanning the QR code on the Aadhaar.