

UNIVERSITYOFCALCUTTA

Senate House, 87/1 College Street, Kolkata - 700073

Audit & Accounts Department

CU/ WBHS/2023-24/01

Dated: 27/07/2023

Notice

This is for kind attention of every employee of CU enrolled under West Bengal Health Scheme that The Assistant Secretary to the Government of West Bengal, Department of Higher Education, has directed the Registrars of all state aided Universities regarding verification of income eligibility & disability certification of dependent beneficiaries enrolled under West Bengal Health Scheme vide order no.620 HED-11014(12)/25/2023-UNV SEC-Dept. Of HE, dt. 30.06.2023. The Govt order and Memorandum are given below. All concerned are thereby requested to fill up the below Annexure- V and submit to the undersigned at Audit & Accounts Department within fifteen(15) working days from the date of publication of this notice.

A.O.C.U.

Government of West Bengal Department of Higher Education University Branch, Bikash Bhavan, 6th Floor Salt Lake, Kolkata -700091

No. 620 HED-11014(12)/25/2023-UNV SEC-Dept. of HE

From: The Assistant Secretary

Date:30.06.2023

	to the Government of West Bengal	시 시계 점점 본 경험 보이는 보이다. 전환 경험 경험이다.
To:	The Registrar,	

Sub. Verification of income eligibility and disability certification of dependent beneficiaries under West Bengal Health Scheme for the Beneficiaries of All State Aided Universities.

Ref.: No.615-HED-11011(99)/6/2022-ESTT dated-11.05.2023 of Department of Higher Education, Government of West Bengal (copy enclosed).

Sir/Madam,

With reference to the above ,I am directed to say that every possible exercise should be ensured towards inclusion of dependent beneficiaries of an employee under West Bengal Health Scheme strictly in adherence to relevant clauses of income eligibility and disability certification under the Memorandum ibid .

I am further directed to request you to scrutinize in light of the above criteria the cases of dependent beneficiaries already enrolled and warrant immediate deletion of their names from West Bengal Health Scheme, if found disqualified under the same.

Enclosure: As stated

Yours faithfully,

Assistant secretary

HA (WANS)

Government of West Bengal Higher Education Department Bikash Bhavan, Salt Lake

No. 615-HED-11011(99) /6/2022-ESTT

Date: 11.05.2023

MEMORANDUM

Sub:- Revision of income eligibility and disclosure of income & disability certification of Dependent beneficiaries under West Bengal Health Scheme in respect of State Aided Universities and Government sponsored Colleges.

Pursuant to the Memo No.126-F(MED)WB dated. 24.06.2022 of Finance Department and after careful observation of all aspects, the Governor is pleased to revise the maximum income ceiling and other eligibility criteria for inclusion of dependent beneficiary in West Bengal Health Scheme guidelines for Grant-in-aid Colleges and Universities as per following guidelines:

- 1.An amount of Rs.8500/-for parent and 5000/- for other members of the family has been fixed as the maximum ceiling of gross monthly income /earning for becoming the dependent beneficiary under the scheme.
- 2. Income certificate of working/retired dependent beneficiary is to be obtained from his/her head of the office and "self declaration of income" in Annexure-V (Format enclosed) will be taken from the employee concerned for their non-working dependent beneficiary.
- 3. "Self Declaration of Income" for the dependent members whose age exceeds 18 years as on date to be submitted once in every two years in between the month of May and June starting from year 2023 to avail uninterrupted medical facility under the scheme.
- 4. Son of the employee exceeding the age of 25 years and suffers from permanent disabilities more than 40% either physically or mentally shall be eligible to become dependent beneficiary under WBHS irrespective of his age subject to submission of the Disability Certificate issued by the competent authority. Disability Certificate shall be reviewed by the competent authority at the end of every two years.

This order will come into immediate effect.

This order is issued with the concurrence of Finance Department U.O.No.E-204-F(MED) dated 06/03/2023 and the approval of competent authority of Higher Education Department.

Enclo: As stated

Special Secretary
to the Government of West Bengal

No.615/1(15) HED-11011(99) /6/2022-ESTT

Date: 11, 05, 2023

Copy forwarded for information and necessary action to:-

- 1. Principal Accountant General (Audit) West Bengal, Treasury Building, Kolkata 700001
- 2. Accountant General (A&E), West Bengal, Treasury Building, Kolkata -700001
- 3. The Director, Directorate of Treasuries and Accounts, 8, Lyons Range, Kolkata-700001
- The Senior Special Secretary, C.S. Branch, Higher Education Department, Govt. Of West Bengal, Bikash Bhawan, Salt Lake, Kolkata-91
- The Special Secretary, University Branch, Higher Education Department, Govt. Of West Bengal, Bikash Bhawan, Salt Lake-91 with a request to inform all State aided Universities
- The Director of Public Instruction, WB, Bikash Bhavan, Salt Lake, Kolkata 700091 with a request to inform all Govt. aided Colleges
- 7. The Joint Secretary, Finance Department (Medical Cell), Govt. of West Bengal.
- 8. The Additional Secretary, Finance Department, Group-B, Govt. of West Bengal
- Pay & Accounts Officer, Kolkata Pay & Accounts Office I, 81/2/2 Phears Lane, Kolkata-700073
- Pay & Accounts Officer, Kolkata Pay & Accounts Office II. Hyde Lane, Kolkata 700073
- Pay & Accounts Officer, Kolkata Pay & Accounts Office- III, IB Market, 1st floor, Sector
 III, IB Block, Kolkata 700106.
- 12. PS to Hon'ble MIC, Department of Higher Education, Govt. of West Bengal, Bikash Bhavan, Salt Lake, Kolkata -700091.
- Sr. PS to Principal Secretary, Department of Higher Education, Bikash Bhavan, Salt Lake, Kolkata-700091
- 14 IT Cell of this Department for uploading a copy of this notification in the Departmental Website

15. Guard File.

Deputy Secretary to the Government of West Bengal

Annexure-V

Declaration of Income

, dated-

						d Non-Teaching ne time of fresh			
enro	olled	l eligible d	epend	lent bene	ficiaries i	in the month of	May and Jur	ie)	

employee)	son/daughter/husband	of	(Name of
			of father/husband)
************	•••••••••••••••••••••••••••••••••••••••	***************************************	(Residential address)
having GPF hereby solen	Nonnly affirm and declare as u		d
L. That I am a c	itizen of India and working u	underColle	ge/ University
	to enrol / I have already enr	olled) my family u	inder West Bengal Healtl

3. That I hereby declare that the following members of my family are eligible to become as dependent beneficiary under me;

SI. No.	Name of family members	Relation	Beneficiary ID	Aadhar No.	Monthly Gross Income (Rs.)
		That is the second			

- 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 for suppression of any fact.

Full Signature with date and designation of the Employee