

30 Sept 2015

To

Heads of All Defence Units/Estts  
All Labour Welfare Commissioners

1. The 58<sup>th</sup> Annual meeting of the Managing Committee of Defence Civilians Medical Aid Fund (DCMAF) was held on 21<sup>st</sup> Sept 2015 under the Chairmanship of the Addl Secretary (J).
2. The following decisions were taken in the meeting:-
  - (i) Full Service Members of the Fund will have to complete **minimum 1 year membership period for eligibility of financial assistance**. The period of 1 year will be counted from the date on which the requisite subscription is paid to the Office of DCMAF.
  - (ii) Nutritious dietary allowance to Lactating female members and spouses of the male members **will be given to only member employees drawing salary in Pay Band-1**. Application in this regard shall be made by the members in the revised Form No. 5D. A copy of the Form is enclosed.
3. The above provisions will be effective for compliance from **15<sup>th</sup> October 2015**.
4. It is requested that the contents of this letter may please be widely disseminated for information of all members/employees under your administrative jurisdiction.

( Poonam Goila)

Dy CAO (DCW) &  
Hony Secretary/DCMAF

Copy to :-

Dy CGDA/CGDA HQ  
DDG/OF Cell, New Delhi Office  
DOP/DRDO HQ  
PD (PC)/Air HQ  
Dir (AHC)/PC Dte, Air HQ  
Dir CPS/Naval HQ  
DOA (Civ)/Naval HQ  
Dir (Coord)/DGQA  
Dir (Coord)/ MoD  
DDG (CP)/AG Br/Army HQ  
PD (Admin)/Coast Guard HQ  
Dir (DG 1C/Coord)/DGAFMS  
CAO/EDP Cell

for information & circulation  
to all Sections/Units/Estts under  
your administrative jurisdiction

-- for uploading this letter on  
CAO's website.

Copy also to:-

All Members of Managing Committee -- for information

**APPLICATION FORM TO CLAIM NUTRITIOUS DIET ALLOWANCE  
BY MEMBERS OF DCMAF FOR ANAEMIA DURING PREGNANCY  
AND LACTATING MOTHER**

- |  |
|--|
| <ul style="list-style-type: none"> <li>❖ Claim for Nutritious Diet Allowance for Anaemia during pregnancy and for Lactating Mother is admissible <b>for the first two children only</b></li> <li>❖ Claim for Nutritious Diet Allowance for Anaemia during pregnancy is admissible if <b>Haemoglobin is less than 10 mg%</b></li> </ul> |
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**PART – I**

**1. Particulars of the Applicant:**

- a) Name :
- b) Membership Card No :
- c) Designation/T.No./P.No. :
- d) Present Pay Band ( **Please attach copy of latest Salary slip**) :
- e) Unit in which employed :
- f) Date of Joining the DCMAF (**The date on which the first subscription was paid**) :

**PART – II**

**2. Particulars of the Patient:**

- a) Name of the female beneficiary :
- b) Relationship with the member of DCMAF :
- c) Age of the female beneficiary :
- d) Details of living children:

S.No.	Name	Age	Sex
1			
2			
3			

### PART –III

3. Details regarding the Allowance requested:

- i) Reason for applying for Nutritious Diet Allowance **\*Anaemia during Pregnancy/  
Lactating mother**

**\* If Nutritious Diet Allowance is requested for Anaemia during pregnancy :**

a) Expected date of delivery :

b) Haemoglobin status :

**(Please attach a copy of the advice of the authorized Gynaecologist of Govt /Govt recognized hospital/AMA referring the patient for blood test. Blood report duly countersigned by the same Gyanecologist/AMA who advised blood test.)**

**\* If Nutritious Diet Allowance is requested for Lactating mother :**

a) Date of birth of newborn baby :

**(Please attach duly attested copy of date of birth certificate issued by Municipality/Local body of the newborn baby with hospital's discharge note/slip )**

Date :

\_\_\_\_\_  
Signature of the Applicant

**\* Strike out whichever is not applicable**

### PART – IV

4. **Certificate of the Admin Authority**

It is certified that the details given above have been checked with the available records in office and have been found to be correct.

(i) The claim has been made for the **\*first/second child.**

(ii) Presently the applicant is drawing salary in **Pay Band-1.**

Date

\_\_\_\_\_  
**Signature of the  
Admin Authority  
with Official Stamp**

**\* Strike out whichever is not applicable**