(9)

(17)

No.13/94/92-I/PHD/Part II
Government of Goa,
Public Health department,
Secretariat,
Porvorim-Goa.

Dated:-26/09/2006.

Read: (1) Government Notification No. 13/94/92-I/PHD dated 18/1/2000.
(2) Corrigendum No. 13/94/92-I/PHD(Part) dated 5/9/2000.
(3) Government Notification No. 13/94/92-I/PHD dated 26/9/2000.
(4) Government Notification No. 13/94/92-I/PHD(Part) dated 8/1/2002
(5) Government Notification No. 13/94/92-I/PHD(Part-I) dated 17/12/2004.
(6) Government Notification No. 13/94/92-I/PHD/Part dated 18/04/2005.
(7) Government Notification No. 13/94/92-I/PHD/Part dated 10/04/2006.
(8) Government Notification No. 13/94/92-I/PHD/Part dated 12/09/2006

NOTIFICATION

The Government of Goa is hereby pleased to further amend the "Goa *Mediclaim Scheme" published in the Official Gazette, Series 1, No.26 dated* 28/9/2000 (hereinafter called the "said scheme") as follows, namely:-

In the said scheme:

The sub-clause (1) (a) under clause 2 shall be substituted as under:

"All permanent residents of Goa residing in Goa for last 15 years and figuring in the voters list, and holding permanent ration-card, including minor dependents, whose family income does not exceed Rs.1,50,000/- per annum, shall be eligible for the medical facilities under this scheme."

Contd ...2/-

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33/C

Further in the said notification, the Forms 'B', 'C' and 'D' appended thereto, stands modified and shall be substituted with the Forms 'B', 'C' and 'D' respectively appended hereto.

This notification shall come into force with immediate effect.

By Order and in the name of the
Governor of Goa

Freitas

(Jessie Freitas)
Under Secretary (Health-II)

To,
The Director, Printing & Stationery, Government Printing Press, Panaji for favour of publication in the extraordinary Official Gazette and to furnish 10 copies of the same to this Department.

Copy to:-

1. The Director of Health Services, Panaji.
2. The Dean, GMC, Bambolim.
3. The Director of Accounts, Panaji.
4. Jt. Director of Accounts, Directorate of Accounts, South Branch, Margao.
5. The Sr. Dy. Accountant General (Audit), Alto-Porvorim-Goa.
6. The Dy. Director-cum-Medical Supdt., Asilo Hospital, Mapusa.
7. The Dy. Director-cum-Medical Supdt., Hospicio Hospital, Margao.
8. The Collector, North Goa, Panaji.
9. The Collector, South Goa, Margao

} They are requested to bring the contents of this notification to the notice of Mamlatdars and all Panchayats for information of the general public.

10. All Heads of Departments/Offices
11. All Secretariat Departments
12. G/T
13. O/c.

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FORM 'B'

INCOME CERTIFICATE

This is to certify that Shri/Smt/Kum.....
.....is a permanent resident of Goa residing for the last 15(fifteen) years and having his/her residence at .....
H.No.....Ward.....
Village.....
.....taluka.....
.....and that his/her income and that of the members of the family from all sources does not exceed Rs. 1,50,000/- per annum.

It is further certified that .....is voter and his/her name is registered at Sr. No. .....of Voters List/holding permanent Ration Card No. .....maintained in this Office.

It is certified that .....
parent/guardian of the minor is a voter and his name is registered at Sr. No. .....of Voters List/holding permanent Ration Card No. .....maintained in this Office.

.....
Signature

Mamlatdar

Office Seal

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22/C 31/C

FORM 'C'

(Application for Self treatment under Mediclaim Scheme)

Name.....

Address.....

Dated.....

To,
The Director of Health Services,
Mediclaim Cell, Campal
Panaji-Goa.

Sub:- Treatment under the Mediclaim Scheme.

Sir,

I have to proceed to ..... (place) for medical treatment at..... (name of hospital) as required under the Scheme. I am submitting herewith the following certificates:-

(i) Certificate from the Medical Superintendent, Goa Medical College, that facilities for my treatment are not available in this State.

(ii) Certificate from the Mamlatdar of .... certifying that total income of my family does not exceed Rs. 1,50,000/- p.a. and that I am a permanent resident of Goa residing for the last 15 (fifteen) years and I am registered in the Voters List.

OR

(ii) Certified copy of the P.P.O. bearing No. ..... confirming that the patient is a retired State Government employee.

I shall be obliged if a letter recommending me for medical treatment at ..... (name of hospital) is kindly issued to me immediately for admission in the hospital.

Yours faithfully,

( )

Encl: As above.

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FORM 'D'

(Application for treatment under Mediclaim Scheme to be submitted on behalf of the patient/ or when the patient is a minor)

Name.....
Address.....
Dated.....

To,
The Director of Health Services,
Mediclaim Cell,
Campal, Panaji-Goa.

Sir,

My .....(relationship). ..... (name of the patient) is to be taken to ..... (place) for medical treatment at ..... (name of hospital) as required under the Scheme. The following certificates are submitted:-

(1) Certificate from the Medical Superintendent, Goa Medical College, that facilities for his/her treatment are not available in this State.
(2) Certificate from the Mamlatdar of ..... (taluka) that the total income of my/his family does not exceed Rs. 1,50,000/- p.a. and that he/she is registered in the Voters List (not applicable if minor).
(3) Shri/Smt/Kum is a permanent resident of Goa residing for the last 15 (fifteen) years.
(4) Certified copy of the P.P.O. bearing No. .... confirming that the patient is a retired State Government employee.

I shall be obliged if a letter recommending him/her for treatment at ..... (name of hospital), ...(place) is kindly issued to me immediately for admission in the hospital.

Yours faithfully,

( )

Encl: As above.