

**DELHI DEVELOPMENT AUTHORITY
(FINANCE & EXPENDITURE)**

No.F.AD/MED./CARD/2020/Misc./ 495

Dated: 8/09/2020

Finance & Expenditure Circular No. 14

CIRCULAR-14/2020

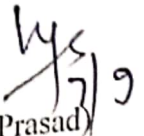
Subject: - Review of the DDA Medical Scheme. Extension of the option to class III & IV employees for opting Annual Ceiling of reimbursement of OPD Medical expenditure.

Looking into the persistent demand of the class III & IV employees, Finance Member, DDA has been pleased to allow another opportunity to class III & IV employees to exercise fresh option to opt Annual Ceiling of reimbursement of OPD Medical Expenditure in place of Monthly Medical Allowance & vice versa. Such option will be exercised latest by 30.09.2020 and will be made applicable w.e.f. 01.10.2020.

All such class III & IV employees who could not exercise such option earlier can do now and they should submit the same in the prescribed proforma enclosed herewith to their respective D.D.O. latest by 30.09.2020.

Further, from financial year 2021-22 onwards the employees shall have the option to exercise the option to opt Annual Ceiling of OPD reimbursement in place of monthly medical allowance and vice versa, in every financial year in the month of April. The prescribed proforma in such cases be submitted to their respective DDOs by 30th April of that year.

New Appointees will be allowed to submit their option before drawl of their 1st Month's salary.


(Mahabir Prasad)
Chief Accounts Officer

Copy forwarded to :-

1. OSD to VC, DDA, for kind information.
2. OSD to FM, DDA for kind information.
3. P.S. to E.M. for kind information.

Copy forwarded for information & necessary action to: -

4. P.S. to Chief Vigilance Officer.
5. P.S. to Chief Accounts Officer.
6. P.S. to Pr. Commissioner (Pers.) & (LD).
7. P.S. to Commissioner-Cum-Secretary.
8. Commissioner (Pers.), (Housing), (LD) & (LM).
9. Director (Pers.)-I & II, Director (Hort.) South & North, (Sports), (System), (Housing)-I & II, (RL), (Training), (Nazarat), (LM).
10. All Dy. CAOs/CAU.
11. Sr. AO (Estt.) Gaztt./NG, (PE), (IA) HQ, (Medical)-I & II.
12. AAO (Medical)-I,II, III & AAO (Medical) OPD Counter for immediate compliance.
13. All Notice Board.
14. Guard File.


Sr. Accounts Officer (F&E)

OPTION FORM

With reference to F & E circular No. _____ dated _____, I hereby opt medical facility under OPD Annual ceiling instead of Monthly Medical Allowance in salary.

OR

To avail facility of reimbursement of the expenditure incurred on OPD Treatment up to the prescribed limits for treatment of self and the dependent family members.

Official Name :-

Designation :-

Name of Branch/Division :-