



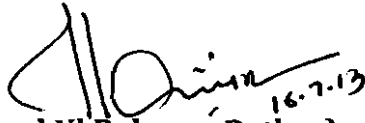
GOVERNMENT OF JAMMU AND KASHMIR  
CIVIL SECRETARIAT: FINANCE DEPARTMENT.

C I R C U L A R

**Sub: Implementation of Mediclaim Insurance Policy for all State Government (Gazetted) Employees.**

In continuation to the Circular issued under endorsement No. FD/Mediclaim/08/MR-III dated 9.7.2013 regarding the subject cited above, all the Administrative Secretaries/ Drawing and Disbursing Officers are requested to convey the name of each gazetted employee along-with full particulars and those of his or her dependant family members on the **prescribed format** enclosed with the Circular to ICICI Lombard General Insurance Company Ltd. on the below mentioned addresses under an intimation (and a copy) to the Finance Department:-

- I. **Area Manager, ICICI Lombard, General Insurance Company Ltd, Chinar Complex 4<sup>th</sup> Floor, The Bund Residency Road, Srinagar. Contact: 0194-2133601, 2456221, Cell: 9906079807.**
- II. **Area Manager, ICICI Lombard, General Insurance Company Ltd., Hall NO. 301 and 302, 3<sup>rd</sup> floor, North Block, Bahu Plaza, Jammu.**

  
(Shakeel Ul Rehman Rather)  
Special Secretary to Government,  
Finance Department

No: FD/Mediclaim/08/MR-III  
Copy to the:-

Dated: 16 -07.2013

- i. Financial Commissioner, Revenue.
- ii. All Administrative Secretaries.
- iii. Director Information with the request to kindly have the circular published in at least two leading local dailies of each division viz Jammu/Kashmir for wide publicity.
- iv. Director General, Accounts and Treasuries, with the request to issue instructions to all the DDOs in this regard.
- v. Director Codes, Finance Department.
- vi. Director Budget, Finance Department.
- vii. Special Secretary to Chief Secretary.
- viii. Additional Secretary to Government, Finance Department.
- ix. OSD to Hon'ble Minister for Finance and Ladakh Affairs.
- x. Area Manager, ICICI Lombard General Insurance Company Ltd. Srinagar/Jammu.
- xi. Incharge website FD/GAD with the request to get the circular uploaded on the website for general information.

## MEDICLAIM INSURANCE POLICY FOR ALL STATE GOVERNMENT (GAZETTED) EMPLOYEES.

Department : \_\_\_\_\_

Address of the Department : \_\_\_\_\_

Administrative Secretary/DDO Name : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

S.No.	Details	Name in Block letters	Designation	Father's Name of the Employee	Relationship with the employee	Age	Gender	Full Address
1	Gazetted Employee							
	Dependent 1							
	Dependent 2							
	Dependent 3							
	Dependent 4							
	Dependent 5							
	Nominee							
2	Gazetted Employee							
	Dependent 1							
	Dependent 2							
	Dependent 3							
	Dependent 4							
	Dependent 5							
	Nominee							