

वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद
अनुसंधान भवन, 2, रफी मार्ग, नई दिल्ली-110001

सं. : 5-1(66)/2009-पीडी

दिनांक : 30.09.2026

कार्यालय ज्ञापन

विषय: स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार द्वारा जारी कार्यालय ज्ञापनों के पृष्ठांकन के सम्बन्ध में।

अधोहस्ताक्षरी को यह कहने का निदेश हुआ है कि सक्षम प्राधिकारी ने स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार द्वारा जारी निम्नलिखित कार्यालय ज्ञापनों को सभी सीएसआईआर प्रयोगशालाओं/संस्थानों/इकाइयों को सूचना, मार्गदर्शन और अनुपालन के लिए अग्रेषित करने की स्वीकृति प्रदान की है।

क्र. सं.	कार्यालय ज्ञापन सं.	विषय
1	कार्यालय ज्ञापन सं. एस.11030/54/2023-ईएचएस(8248513)/1/3893459/2026 dated 01.09.2026	सीजीएचएस /सीएस(एमए) नियम, 1944 के तहत गंभीर/लाइलाज बीमारियों से पीड़ित आश्रित बेटों और भाइयों के लिए उम्र और वैवाहिक स्थिति के नियमों में छूट के संबंध में।
2	कार्यालय ज्ञापन सं. 56-1/2026-27/सीजीएचएस/एमएसडी. दिनांक 01.09.2026	सीजीएचएस के तहत एसटीसी से जुड़े चुनिंदा मामलों के लिए मंजूरी की प्रक्रिया के विकेंद्रीकरण के संबंध में।
3	कार्यालय ज्ञापन सं. एस.11030/76/2026-ईएचएस(8398267)/1/3896270/2026 दिनांक 09.09.2026	सी. एस. (एम. ए.) नियम, 1944 और सी. जी. एच. एस. के तहत मानक डिजिटल प्रोग्रामेबल और रिचार्जबल हियरिंग एड की खरीद पर खर्च की प्रतिपूर्ति के लिए अधिकतम सीमा दर और दिशानिर्देशों में संशोधन के सम्बन्ध में।


30/9/26

अमरेन्द्र कुमार

अवर सचिव (नीति प्रभाग)

संलग्न/ : यथोपरि

प्रतिलिपि :

1. सी.एस.आई.आर. की सभी राष्ट्रीय प्रयोगशालाओं/संस्थानों/मुख्यालय/एककों के निदेशक/प्रधान
2. सी.एस.आई.आर. वेबसाइट
3. कार्यालय प्रति

F. No. S.11030/54/2023-EHS(8248513)/I/3893459/2026
Government of India
Ministry of Health & Family Welfare
(EHS Section)

Kartavya Bhavan-1, New Delhi
Dated: 01-09-2026

OFFICE MEMORANDUM

Subject: Relaxation in age and marital status criteria for dependent sons and brothers suffering from critical/terminal illnesses under CGHS/CS(MA) Rules, 1944 – reg.

In the light of the subject pertaining to critical/terminal illnesses, the following modifications shall come into force. The details of modifications/relaxations is as follows:

2. As per the extant CGHS guidelines, an unmarried dependent son is eligible for CGHS facilities up to the age of 25 years, subject to the prescribed conditions. A permanently disabled unmarried son is eligible for CGHS facilities for life, subject to the applicable conditions. Similarly, a dependent brother is ordinarily eligible up to the age of 18 years, while a disabled dependent brother may be covered without any age limit.

3. At present, dependent daughters and sisters are already eligible for CGHS facilities, subject to fulfilment of prescribed conditions. Divorced/abandoned/separated from husband/widowed daughters and sisters are also eligible for CGHS facilities under the existing provisions.

4. With the approval of the competent authority, it has now been decided that CGHS/medical attendance facilities may be extended for life to those dependent sons and brothers, who are suffering from critical/terminal illnesses, subject to fulfilment of the prescribed dependency conditions and assessment by the competent Medical Board. Accordingly, the following provisions shall be applicable:

(i) **Indicative nature of illnesses:** The provisions are intended to cover chronic, severe, critical or terminal illnesses resulting in substantial and continuing functional impairment or inability to earn a livelihood/self-sufficiency. These may, inter alia, include advanced or life-threatening malignancies, severe neurological disorders, end-stage organ diseases requiring long-term treatment/support, severe congenital or genetic disorders, and other chronic multi-system or debilitating conditions of comparable severity.

(ii) **Eligibility:** Eligibility shall be determined on a case-to-case basis, taking into account the chronic/severe/critical or terminal nature of the disease, extent of functional impairment in day-to-day life, ability of the dependent to earn a livelihood or attain self-sufficiency and continuing dependency. In cases involving multi-system diseases or complex medical conditions, the concerned specialist(s) shall assess the clinical condition and functional impairment.

(iii) **CGHS beneficiaries:** In the case of CGHS beneficiaries, eligibility shall be assessed and recommended by decentralised Medical Boards to be constituted at the level of Additional Directors/CGHS Regional Headquarters, as applicable. An Appellate Medical Board shall be constituted at CGHS Headquarters for consideration of appeals/references against the recommendations of the decentralised Medical Boards.

(iv) **CS(MA) beneficiaries:** In the case of beneficiaries covered under the CS(MA) Rules, 1944, eligibility shall be assessed and recommended by the Directorate General of Health Services (DGHS).

(v) **Marital status:** Marriage shall not constitute a ground for cessation of CGHS/medical attendance facilities in respect of a dependent son or brother covered under these provisions, whether on account of critical/terminal illness or permanent disability, provided the prescribed dependency conditions continue to be satisfied and the competent Medical Board/authority recommends continuation of coverage.

(vi) **Scope of relaxation:** The relaxation of the marital-status condition shall not result in any expansion of the definition of “family” under the applicable rules. The benefit shall remain confined to the eligible dependent son or brother and shall not extend to his spouse or children.

(vii) **Review of medical criteria:** The medical criteria and disease profile for such cases shall be treated as a living framework and may be periodically reviewed/revised by the designated CGHS Board in consultation with appropriate medical specialists.

This has the approval of the competent authority. These instructions shall come into force with immediate effect.

Digitally signed by
SONIKA KHATTAR
Date: 01-09-2026
10:42:52

(Sonika Khattar)
Deputy Secretary to the Government of India
Tel. No. 011-24013215

To

All Ministries/Departments concerned.

Copy also to:

1. Director, CGHS.
2. All Additional Directors, CGHS.
3. Director General of Health Services.

Copy for information to:

PSO to Secretary(HFW)/Sr. PPS to AS&DG(CGHS)/ PPS to JS(CGHS)

**File no.56-1/2026-27/CGHS/MSD.
E-file no.8392910
Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Kartavya Bhavan, New Delhi**

Date: 01.09.2026

OFFICE MEMORANDUM

Subject: Decentralisation of approval procedure for selected STC-related cases under CGHS – regarding

The undersigned is directed to refer to the existing procedure for processing cases under the Standing Technical Committee (STC) mechanism of CGHS and to the referral guidelines issued from time to time. With a view to streamlining and decentralizing the approval process, the following procedure shall henceforth be followed:

2. This Office Memorandum shall apply to the following categories of cases:

Category	Nature of cases covered
Category-1	All Transplant cases having notified CGHS package rates or guidelines.
Category-2	Listed procedures, devices, and treatment items having notified CGHS rates or guidelines, including TAVI, DBS, IVL, cochlear implants, CPAP, BiPAP, Oxygen concentrators, and Continuous subcutaneous insulin infusion (CSII) pumps.
Category-3	STC-restricted medicines included in the list displayed on the CGHS website, as revised from time to time.
Category-4	Unlisted procedures, investigations, implants, medicines, devices, and other treatments.
Category-5	Robotic surgery for cancer cases.

3. General Guidelines applicable to all categories

(a) No separate referral, permission or endorsement shall be required where treatment is availed at AIIMS, Institutions of National Importance, Tata Memorial Hospital, or any other medical institution under the Central Government or a State Government.

(b) Approval in respect of cases falling under Categories 1 to 5 shall be accorded by the concerned Additional Director, CGHS, within the delegated financial powers, as revised from time to time, subject to fulfilment of the

following conditions:

(i) The case shall be supported by the recommendation, advice or prescription of one Government Specialist of the concerned specialty from any of the institutions referred to in sub-paragraph (a); **or**

(ii) where such recommendation is not available, the case shall be supported by the recommendations, advice or prescriptions of two specialists of the concerned specialty from two different CGHS-empanelled hospitals.

(iii) Each case shall be scrutinised by a three-member Local Technical committee as mentioned in **Annexure -I** before approval is accorded.

(iv) In the case of STC-restricted medicines, the approved indication shall be verified with reference to the approval or regulatory status granted by the Central Drugs Standard Control Organisation (CDSCO).

4. The general administrative provisions are enclosed vide **Annexure-I**. The relevant records shall be retained for audit, monthly reports shall be submitted to the Directorate, and the mechanism shall be reviewed every month.

5. All existing Office Memoranda/instructions requiring examination by the Standing Technical Committee (STC) shall stand superseded and subsumed by this Office Memorandum from the date of its issue.

6. This issues with the approval of the Competent Authority.

Digitally signed by
ARUN KUMAR BISWAS
Date: 01-09-2026
13:14:18

(Arun Kumar Biswas)

Deputy Secretary

Annexure I: General administrative provisions

Copy to:

1. All Ministries and Departments of the Government of India through the CGHS website
2. Addl. DDG(CGHS) with the directions to monitor the implementation in coordination with AD HQ.
3. Addl. Director, CGHS(HQ)/ Addl. Directors, CGHS of Cities/ Zone with the directions to comply with the provision of instructions above
4. All CGHS Wellness Centres through the concerned AD, CGHS
5. All Pensioner Associations.

6. MCTC, CGHS with the directions to upload the document on CGHS Website (www.cghs.mohfw.gov.in).
7. All HCOs empanelled under CGHS through CGHS website.
8. Director, AIIMS as per list; JIPMER, Puducherry; PGIMER, Chandigarh; CNCI Kolkata & Tata Memorial Hospital, Mumbai
9. Medical Superintendent Safdarjung Hospital, Dr. RML Hospital, Delhi & Sucheta Kriplani Hospital, Delhi
10. C-DAC, Noida, with the request to take necessary action in accordance with the separate functional requirements and implementation instructions to be communicated by the Directorate.
11. CEO & MD NHA with the request to kindly inform the Claim Processing Doctors regarding the referral process.
12. LACs/ ZACs through Addl. Directors, CGHS.
13. Sanctioning Authorities in CGHS.
14. CMO Hospital Cell, CGHS HQ.
15. CMO Hospital Empanelment Cell, CGHS

Copy of Information to:

1. PPS to the Minister for Health and Family Welfare
2. PPS to the Minister of State (H&FW), MoHFW
3. PPS to Secretary (H&FW), MoHFW
4. PSO/Senior PPS/PPS/PS to Secretary (Personnel), DoPT, MoPPG&P
5. PSO/Senior PPS/PPS/PS to Secretary (DARPG & DoPPW), MoPPG&P
6. PPS to AS & DG CGHS
7. PPS to JS (MoHFW), CGHS

Annexure I

General Administrative Provisions

1. Referral to Directorate/STC

Cases not covered under categories mentioned in the Office Memorandum or exceeding the delegated financial powers of the Additional Director, shall be referred to the Directorate.

2. Technical Committee

A three-member Local Technical Committee, headed by the Additional Director and comprising two GDMOs, preferably possessing qualifications or experience in Medicine and/or Surgery, shall examine the cases placed before it.

3. Documents and Processing Timeline

Complete medical, administrative and financial records, as applicable, shall be placed before the Committee. The concerned office and the Committee shall make reasonable efforts to obtain any deficient documents or clarifications. Deficiencies shall ordinarily be communicated within 3 working days, and a complete case shall ordinarily be decided within 15 working days from the date of receipt of complete documents.

4. Post-facto Approval

Post-facto approval may be considered in an emergency, in unavoidable circumstances, or where prior approval could not be obtained for reasons beyond the control of the beneficiary, subject to supporting records and recorded reasons. Such cases shall undergo the same scrutiny as cases submitted for prior approval and shall not be treated as an automatic entitlement.

5. Detailed operational guidelines, monitoring and reporting requirements, digital functionality and standard formats shall be issued separately by the Directorate.

No. S.11030/76/2026-EHS(8398267)/I/3896270/2026

**Government of India
Ministry of Health & Family Welfare
[EHS Section]**

Kartavya Bhavan-1, New Delhi

Dated: 09-09-2026

OFFICE MEMORANDUM

Subject: Revision of ceiling rate and guidelines for reimbursement of expenses on purchase of Standard Digital Programmable and Rechargeable Hearing Aid under CS(MA) Rules, 1944 and CGHS - reg.

The undersigned is directed to refer to this Ministry's Office Memorandum No. S.11011/37/2019-EHS dated 01.12.2020 on the above subject and to state that, on the basis of the recommendations of the Technical Committee and with the concurrence of the Integrated Finance Division, it has been decided to revise the ceiling rate and guidelines for reimbursement of hearing aids under CS(MA) Rules, 1944 and CGHS.

2. The revised reimbursable category and ceiling rate for hearing aid shall be as under:

Reimbursable item	Maximum admissible ceiling	Remarks
Standard Digital Programmable and Rechargeable Hearing Aid (Digital BTE and Digital ITC/CIC) *	Actual expenditure or ₹30,000/- per ear, whichever is lower	Ceiling inclusive of GST and all other applicable taxes. Complete usable package and three-year comprehensive warranty included. No separate reimbursement for GST, standard charger, ordinary fitting components, programming, fitting, verification, counselling or routine maintenance. For clinically justified bilateral fitting: up to ₹60,000/-, subject to actual expenditure.

*The above reimbursable item shall be clinically prescribed and shall conform to the minimum functional specification prescribed at **Annexure-I** to this Office Memorandum

Body-worn/pocket type and analogue BTE hearing aids shall continue to remain excluded from reimbursement.

3. Beneficiaries covered under CS(MA) Rules/CGHS shall be eligible to obtain hearing aids as per the following guidelines:

- i. Patients/beneficiaries shall be properly referred to an ENT Specialist of CGHS/Government Hospital/CGHS empanelled Hospital by the Medical Officer of CGHS where ever applicable from the CGHS Wellness Centre/AMA, as applicable in the case of a CS(MA) beneficiary.

ii. The ENT Specialist shall recommend the hearing aid on the basis of audiometric and audiological assessment. The prescription shall specify the clinical requirement and required acoustic output based on the beneficiary's audiological assessment and shall not specify or recommend any particular brand, manufacturer, make or commercial model. The Audiogram Report shall be duly authenticated by the treating ENT Consultant of CGHS/Government Hospital/CGHS empaneled Hospital.

iii. Permission to procure the hearing aid shall be granted by the Additional Director of the CGHS city in the case of CGHS pensioner beneficiaries, and by the Head of Department/Office in the case of serving employees and beneficiaries of Autonomous Bodies, on the basis of recommendation of the competent ENT Specialist and an undertaking, in the format prescribed at **Annexure-II**, that the beneficiary has not been reimbursed the cost of a hearing aid during the preceding five years.

4. Reimbursement claim shall be submitted to the office of the Additional Director city through the In-charge of the concerned Wellness Centre in the case of CGHS pensioner beneficiaries, and to the concerned Ministry/Department/Office in the case of serving employees and to the concerned Autonomous Body in the case of beneficiaries of Autonomous Bodies, in the prescribed medical reimbursement claim form along with the following documents:

- a. Referral letter from the CGHS Wellness Centre where ever applicable , including the computerized referral slip wherever computerization is already operational.
- b. Copy of the prescription of the ENT Consultant of CGHS/Government Hospital/CGHS empaneled Hospital, along with the Audiogram Report duly authenticated by the treating ENT Consultant.
- c. Copy of the CGHS Card.
- d. Bill/tax invoice in original carrying details of the hearing-aid seller/service provider, including name, qualification and RCI/MCI registration number, as applicable, and details of the hearing aid supplied, including serial number, amount paid and GST/tax particulars.
- e. Permission letter to purchase the hearing aid, in original.
- f. Empty box/boxes or carton(s) with the original label showing the details of the hearing aid supplied.
- g. Documentary evidence that the supplied hearing aid conforms to the notified minimum functional specification, together with the fitting/programming and verification record.
- h. Three-year comprehensive warranty certificate and relevant authorised-supply documentation. Reimbursement shall be restricted to the actual amount paid as supported by a valid invoice or ₹30,000/- per ear, whichever is lower. The ceiling is inclusive of GST and all other applicable taxes. Any expenditure in excess of the prescribed ceiling shall be borne by the beneficiary.

5. Records of permissions granted for procurement of hearing aids shall be maintained by CGHS in respect of pensioner CGHS beneficiaries and by the concerned Ministry/Department/Office in respect of other beneficiaries.

6. Replacement of a hearing aid may be permitted only after completion of five years from the date of purchase/reimbursement of the previous hearing aid. No condemnation certificate shall be required for replacement of a hearing aid that has completed the prescribed five-year period.

7. Maintenance and repair after expiry of the three-year comprehensive warranty, and the cost of replacement batteries or other consumables required thereafter, shall be the responsibility of the beneficiary.

8. The revised rate and guidelines shall come into force from the date of issue of this Office Memorandum and shall supersede the provisions of Office Memorandum No. S.11011/37/2019-EHS dated 01.12.2020 to the extent relating to hearing-aid categories, ceiling rates and reimbursement conditions covered herein.

9. This issues with the concurrence of the Integrated Finance Division vide CD No. 1917 dated 02.09.2026 and with the approval of the Competent Authority.

Digitally signed by
SONIKA KHATTAR
Date: 09-09-2026
15:39:53

(Sonika Khattar)
Deputy Secretary to the Government of India
Tel. No. 011-24013215

To,

1. All Ministries/Departments, Government of India.
2. PPS to Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR), Ministry of Health & Family Welfare.
3. PPS to DGHS/AS&DG (CGHS)/AS&FA and other concerned senior officers, MoHFW, New Delhi.
4. Additional Director (HQ), CGHS, New Delhi.
5. All Additional Directors/Joint Directors of CGHS cities.
6. Rajya Sabha/Lok Sabha Secretariat, New Delhi.
7. Registrar, Supreme Court of India, New Delhi.
8. U.P.S.C., Dholpur House, New Delhi.
9. Office of the Comptroller & Auditor General of India, Deen Dayal Upadhyaya Marg, New Delhi.
10. Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi.
11. Deputy Secretary (Civil Service News), Department of Personnel & Training, Sardar Patel Bhawan, New Delhi.
12. Secretary, Staff Side, National Council (JCM), Ferozshah Road, New Delhi, and all Staff Side Members of National Council (JCM).
13. ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, New Delhi.
14. Central Organisation, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi.
15. Chairman, Employees' State Insurance Corporation, Ministry of Labour & Employment, Panchdeep Bhawan, New Delhi.
16. Hindi Section, MoHFW, Nirman Bhawan, New Delhi, for Hindi version of this O.M.
17. Guard file.

ANNEXURE-I

MINIMUM FUNCTIONAL SPECIFICATIONS
Standard Digital Programmable and Rechargeable Hearing Aid

The requirements are functional and brand-neutral.

Requirement	Minimum acceptable condition
Technology	Fully digital and computer programmable; current, non-discontinued model.
Frequency adjustment	At least 8 independent frequency channels/bands, or documented functionally equivalent processing architecture.
Compression	Multichannel wide-dynamic-range compression with programmable gain.
Listening programmes	Automatic programme plus at least 3 selectable/programmed listening programmes.
Speech in noise	Directional or equivalent microphone-based speech enhancement and digital noise reduction.
Feedback control	Digital adaptive feedback cancellation.
Output safety	Programmable maximum power/output control appropriate to the authenticated audiogram.
Fine-tuning	Data logging and facility for in-clinic reprogramming through current OEM fitting software.
Clinical range	Gain/output and coupling selected by the audiologist for the beneficiary's measured hearing loss.
Power source	Rechargeable; the standard charger is mandatory within the quoted package.
Identification	Make, model, serial number and applicable regulatory/licence particulars on device documents and invoice.
Warranty	Minimum 3-year comprehensive warranty on device and standard charger, if supplied.

Note: Optional premium features, including wireless streaming or app-based functions, shall not by themselves entitle the beneficiary to reimbursement beyond the prescribed ceiling.

ANNEXURE-II**UNDERTAKING BY THE BENEFICIARY****For Purchase / Replacement and Reimbursement of Hearing Aid under CGHS / CS(MA) Rules**

Name of beneficiary	
CGHS Beneficiary ID / Card No.	
Status	Pensioner / Serving Employee / Dependent / Other: _____
Parent CGHS Wellness Centre / Office	
Mobile No.	
Date of ENT prescription / Audiogram	

I, the above-named beneficiary, hereby solemnly undertake and declare as under:

1. I have been clinically prescribed a hearing aid by the competent ENT Specialist on the basis of my audiometric/audiological assessment.
2. I have not been reimbursed the cost of a hearing aid, nor obtained a hearing aid at Government expense under CGHS/CS(MA) Rules, during the preceding five years from the date of the present request.
3. I shall purchase a hearing aid conforming to the minimum functional specifications prescribed at Annexure-I and consistent with the clinical and acoustic requirements recorded in the authenticated prescription/audiogram.
4. I understand that the maximum admissible reimbursement is the actual expenditure incurred or ₹30,000/- per ear, whichever is lower, and that the said ceiling is inclusive of GST and all other applicable taxes.
5. I understand that no separate reimbursement is admissible for the standard charger, ordinary fitting components, programming, fitting, verification, counselling or routine follow-up services forming part of the complete usable package.
6. Where the device selected by me costs more than the prescribed ceiling, or includes optional/premium features, I shall bear the excess expenditure myself and shall not claim the same from CGHS/CS(MA).
7. I shall not claim or receive duplicate reimbursement for the same hearing aid from any other Government Department, employer, insurance mechanism or public authority.
8. The documents, invoice and particulars submitted by me in support of permission/reimbursement shall be genuine and relate to the hearing aid actually supplied to me. I undertake to refund any amount found to have been reimbursed contrary to the applicable rules/orders.

I certify that the above declaration is true and correct to the best of my knowledge and belief.

Place: _____ Signature of Beneficiary: _____

Date: _____ Name: _____

CGHS Beneficiary ID _____

Mobile No.: _____