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புதுச்சேரி மாநில அரசிதழ்

La Gazette de L'État de Poudouchéry

The Gazette of Puducherry

PART - II

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No.	23	Poudouchéry	Mardi	12	Mai
No.		Puducherry	Tuesday	12th	May
			(22 Vaisakha 1942)		2020

GOVERNMENT OF PUDUCHERRY
INFORMATION AND PUBLICITY DEPARTMENT
(G.O. Ms. No. 03, Puducherry, dated 4th May 2020)

NOTIFICATION

Whereas, Scheme for Grant of Medical Insurance to the Families of the Media Persons of the Union territory of Puducherry-2015, (hereafter referred to as the said Scheme) was notified *vide* G.O. Ms. No. 14, dated 18th August, 2015 *vide* G. O. Ms. No.14, dated 18th August, 2015 of the Department of Information and Publicity, Puducherry and the renewal Application clause and new Form is to be proposed in order to facilitate the Media Persons to renew their medical insurance policy and the benefits;

2. Now, therefore, the Lieutenant-Governor, Puducherry, hereby makes the following amendment to the "Scheme for Grant of Medical Insurance to the Families of the Media Persons of the Union territory of Puducherry-2015", namely:—

(i) *Short title and commencement.*— (1) This Scheme may be called "Scheme for Grant of Medical Insurance to the Families of the Media Persons of the Union territory of Puducherry [Amendment] 2020"

(2) They shall come into force on the date of their notification in the Official Gazette.

(ii) *Amendment.*— In clause 6 of the said Scheme, after existing sub-clause (d), the following sub-clause shall be inserted namely:—

(e) Medical Insurance once given under these Scheme shall be valid for one year and is renewable on an Application. The application shall be submitted by the applicant in the Form-I (a) prescribed by the Directorate, along with the service certificate as stated in the clause 6 (c) of the said Scheme.

(iii) *Amendment.*— In the said Scheme, after the existing Form-I, the following Form (as appended to this notification) shall be inserted.

3. This issues with the concurrence of the Finance Department *vide* their ID.No. 2094/FD/F3/2019-20, dated 03-03-2020.

(By order of the Lieutenant-Governor)

M.M. VINAYARAJ,
Under Secretary to Government
(Information and Publicity).

APPENDIX

FORM-I (a)

[See Clause 6 (e)]

1. Name of the Applicant and :
Designation
2. Date of Birth and Age of applicant :
(with a proof of Date of Birth)
3. Address
Present :
Permanent :
4. Period of Residence in the :
Present Address
5. Name of the Newspaper/Journal/ :
Agency in which the applicant
has worked.
6. Periodicity :
7. Whether the applicant served :
as full time employee
8. Whether the applicant is an :
Accredited Media Person
(If yes, please furnish the
details)
9. Details of Health Insurance
Policy already Sanctioned
(copy of the Policy to be
furnished)
 1. Insurance Policy No. :
 2. Premium amount paid by :
the Government
10. Details of amount claimed by :
the applicant if any, from the
Insurance Agency

DECLARATION

I, son/daughter/wife of hereby solemnly affirm and declare that the information furnished above are true, complete and correct to the best of my knowledge and belief. I have not suppressed any material fact that will disentitle me for the renewal of Medical Insurance.

I, further declare that I have not opted for/availed of any other Family Health Insurance Scheme operated by the Government of Puducherry.

Place :

Date :

Signature of the Applicant
