



UNIVERSITY OF HYDERABAD

Office of the Registrar  
Establishment Section-II

No. UH/Estt.-II/B1/2024/ 2670

Date: 06-12-2024

**OFFICE MEMORANDUM**

Sub: Guidelines for exercising option for availing either the outpatient treatment at the University Health Centre or Fixed Medical Allowance – Revised Option Form - Reg.

Ref: (1) This Office O.M. No. UH/Estt.-II/B1/2024/2571 dated 14-11-2024.  
(2) Orders of the Vice-Chancellor dated 04-12-2024.

In continuation to the O.M. cited first, the Medical Option Forms to be submitted by the employee at the time of his/her retirement, and the subsequent change of Medical Option, in the respective Establishment Sections (I / II), is attached to this Office Memorandum for compliance by the Pensioners/Family Pensioners.

Non-submission of the Medical Option Form at the time of retirement, shall be deemed as an option for Outpatient treatment at the University Health Centre by default.

Retired employees (viz., CPF and NPS holders) who are not eligible for Fixed Medical Allowance need not submit the Medical Option Form, however, they shall be provided with medicines worth Rs. 1,000/- p.m. till the time the Pharmacy-II scheme is in operation in the University as notified vide Notification No. UH/RCC/F.85/2022/8291 dated 26-08-2022.

*A. Nigam*  
10-12-24  
Registrar

To  
All concerned.

Copy to:

1. Finance Officer
2. Chief Medical Officer, I/c University Health Centre
3. Joint Registrar (Pay Bills)
4. Joint Registrar (PF & Medical)
5. Joint Registrar (R&CC)
6. Deputy Registrar (E-II)
7. Section Officer (E-I / E-II)
8. Webmaster, UoH - with a request to upload on the University website



**UNIVERSITY OF HYDERABAD**  
Gachibowli, Hyderabad

**Pensioner's Medical Option Form**

This is with reference to the University Circular No. Office Memorandum No. UH/Estt. - II/B1/2024/2571 dated 14-11-2024, I hereby exercise my option as given below: -

✓	(Please choose ANY ONE appropriate Option and make a "tick mark" '✓' in the Box)
<input type="radio"/>	<p><b>I opt to avail the outpatient treatment at the University Health Centre (Incl. Pharmacy-II), UoH.</b></p> <p><b>Declaration:</b> I hereby declare that by opting this, I am not eligible to draw the Fixed Medical Allowance in the pension.</p>
<b>OR</b>	
<input type="radio"/>	<p><b>I opt to avail Fixed Medical Allowance.</b></p> <p><b>Declaration:</b> I hereby declare that by opting for Fixed Medical Allowance, I am aware that I will not be eligible to draw medicines from Pharmacy- I / II or utilize the OPD Services at the Health Centre, UoH.</p>

Place: \_\_\_\_\_ Signature : \_\_\_\_\_

Date: \_\_\_\_\_ Pension ID NO. (PID) : \_\_\_\_\_

Name of the employee : \_\_\_\_\_

Designation : \_\_\_\_\_

Emp Id. No. : \_\_\_\_\_

Address : \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

**Instructions:**

- 1) All the newly retiring employees have to submit the form in triplicate along with the Pension papers.
- 2) Option can be changed twice in a year i.e. in the month of April & November. The option exercised will be implemented from the subsequent Month.
- 3) Please attach the relevant proofs of relocation and in case it is from Domestic to International (India to Abroad) in other than the months mentioned at sl.no.2.

**OFFICE USE**

Certified that he/she is not availing medical facilities from the Health centre(H/C) **OR** noted in our records that from the next month onwards no H/C services are extended to him/her.

Date: \_\_\_\_\_ CMO(I/C)

Noted and forwarded to F&A to regulate the FMA as per the option exercised.

Date: \_\_\_\_\_ AR (E-I / E-II)

JR (Pay Bills), F&A