

**Government of West Bengal
Higher Education Department
Bikash Bhavan, Salt Lake**

No. 615-HED-11011(99)/6/2022-ESTT

Date: 11.05.2023

MEMORANDUM

Sub:- Revision of income eligibility and disclosure of income & disability certification of Dependent beneficiaries under West Bengal Health Scheme in respect of State Aided Universities and Government sponsored Colleges.


Pursuant to the Memo No.126-F(MED)WB dated. 24.06.2022 of Finance Department and after careful observation of all aspects, the Governor is pleased to revise the maximum income ceiling and other eligibility criteria for inclusion of dependent beneficiary in West Bengal Health Scheme guidelines for Grant-in-aid Colleges and Universities as per following guidelines:

1. An amount of Rs.8500/-for parent and 5000/- for other members of the family has been fixed as the maximum ceiling of gross monthly income /earning for becoming the dependent beneficiary under the scheme.
2. Income certificate of working/retired dependent beneficiary is to be obtained from his/her head of the office and "self declaration of income" in Annexure-V (Format enclosed) will be taken from the employee concerned for their non-working dependent beneficiary.
3. " Self Declaration of Income" for the dependent members whose age exceeds 18 years as on date to be submitted once in every two years in between the month of May and June starting from year 2023 to avail uninterrupted medical facility under the scheme.
4. Son of the employee exceeding the age of 25 years and suffers from permanent disabilities more than 40% either physically or mentally shall be eligible to become dependent beneficiary under WBHS irrespective of his age subject to submission of the Disability Certificate issued by the competent authority. Disability Certificate shall be reviewed by the competent authority at the end of every two years.

This order will come into immediate effect.

This order is issued with the concurrence of Finance Department U.O.No.E-204-F(MED) dated 06/03/2023 and the approval of competent authority of Higher Education Department.

Encl: As stated


Special Secretary
to the Government of West Bengal

Copy forwarded for information and necessary action to:-

1. Principal Accountant General (Audit) West Bengal, Treasury Building, Kolkata – 700001
2. Accountant General (A&E), West Bengal, Treasury Building, Kolkata -700001
3. The Director, Directorate of Treasuries and Accounts,8, Lyons Range,Kolkata-700001
4. The Senior Special Secretary, C.S. Branch, Higher Education Department, Govt. Of West Bengal, Bikash Bhawan, Salt Lake, Kolkata-91
5. The Special Secretary, University Branch, Higher Education Department, Govt. Of West Bengal, Bikash Bhawan, Salt Lake-91 with a request to inform all State aided Universities
6. The Director of Public Instruction, WB, Bikash Bhavan, Salt Lake, Kolkata 700091 with a request to inform all Govt. aided Colleges
7. The Joint Secretary, Finance Department (Medical Cell), Govt. of West Bengal.
8. The Additional Secretary, Finance Department, Group-B, Govt. of West Bengal
9. Pay & Accounts Officer, Kolkata Pay & Accounts Office - I, 81/2/2 Phears Lane, Kolkata- 700073
10. Pay & Accounts Officer, Kolkata Pay & Accounts Office - II. Hyde Lane, Kolkata 700073
11. Pay & Accounts Officer, Kolkata Pay & Accounts Office- III, IB Market, 1st floor, Sector - III, IB Block, Kolkata - 700106.
12. PS to Hon'ble MIC, Department of Higher Education, Govt. of West Bengal, Bikash Bhavan, Salt Lake, Kolkata -700091.
13. Sr. PS to Principal Secretary, Department of Higher Education, Bikash Bhavan, Salt Lake, Kolkata-700091
14. IT Cell of this Department for uploading a copy of this notification in the Departmental Website
15. Guard File.



Deputy Secretary
to the Government of West Bengal

Annexure-V

Declaration of Income

[No. _____, dated- _____]

(To be declared by the Teaching and Non-Teaching employee of State aided Universities & Govt. aided Colleges at the time of fresh enrolment or biennially for enrolled eligible dependent beneficiaries in the month of May and June)

I, Sri/Smt (Name of employee) son/daughter/husband of.....
.....(Name of father/husband)
.....(Residential address)

having GPF No..... do hereby solemnly affirm and declare as under:-

1. That I am a citizen of India and working underCollege/ University
2. That (I want to enrol / I have already enrolled) my family under West Bengal Health Scheme with effect from
3. That I hereby declare that the following members of my family are eligible to become as dependent beneficiary under me;

Sl. No.	Name of family members	Relation	Beneficiary ID	Aadhar No.	Monthly Gross Income (Rs.)

4. That the above statements are true to the best of my knowledge and belief.
5. I further declare that I will be liable for initiating disciplinary proceedings against me for suppression of any fact.

Full Signature with date and designation of the Employee