



TEA BOARD
14, Biplabi Trailokya Maharaj Sarani
Kolkata-700001

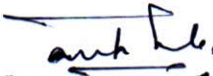
Dated: 07.05.2024

OFFICE MEMORANDUM NO. 57/2024

Further to this Office Memorandum No.51/2024 dated 02.05.2024, all concerned are hereby informed that the process of updating the database of Employees and their lawful dependents for the purpose of medical/LTC reimbursement has been taken up. All regular employees of the Board are requested to submit the details of their dependents in the prescribed format at Annexure-I with supporting documents as listed at Annexure-II.

All officials posted in Board's different Zonal/Regional/Sub-Regional Offices are hereby requested to furnish the relevant information in the prescribed format to their respective Board's controlling offices and in the case of Board's Head Office, Kolkata, all are requested to submit to Finance Branch within 15 (fifteen) days from the date of issuance of this Circular positively, otherwise the claims for medical/LTC reimbursement cannot be processed.

Encl: As stated.


(Asish Deb)
Assistant Secretary (I/c)

Distribution:-

1.	All HoDs in Board's HO, Kolkata	
2.	Executive Director, Coonoor and Guwahati	With the request to please bring the content of the Office Memorandum amongst all officials working under them.
3.	Director (Research), QCL	
4.	DDTD, Siliguri & Palampur	
5.	S.O.(NWI), Tea Board, New Delhi	
6.	F.A & C.A.O.	
7.	Secretary to Dy. Chairman/Secretary	
8.	P.As to Dy. Chairman/Secretary	
9.	I.T. Cell	With the request to upload in Board's website.
10.	Secretariat Branch	
11.	TBEA	
12.	Medical Wing, Finance Branch, Kolkata	
13.	Estt. Branch	With spare copies.

File No.22(Med)/Estt/90/Part-III



TEA BOARD
14, B.T.M.Sarani,
Kolkata-700 001

FAMILY DECLARATION FOR MEDICAL REIMBURSEMENT AS PER CS(MA) RULES

Name of the employee Designation..... Married/Single.....

Particulars of dependent family members :

Sl. No.	Name of the family members and dependents	Date of Birth (with supporting documents)	Relationship	Occupation	Monthly Income (with supporting documents)	Remarks
1.						
2.						
3.						
4.						
5.						
6.						

I hereby declare that the information given above on my family members are dependent on me as per CSMA Rules 1944 as per the dependency criteria.

Place : Signature

Date : Designation

The definition of * family and ** dependency criteria as per CS(MA) Rules are detailed on reverse.

