

DEPARTMENT OF MOBC & SC, GOVERNMENT OF MANIPUR

2017-18

Sl.No.

APPLICATION FORM

CHIEF MINISTER'S LAIYENG SHEN

(HEALTH SCHEME FOR WIDOWS BELONGING TO MINORITY/OBC/SC COMMUNITY)

I. Particulars of Applicant:

1. NAME OF APPLICANT :
2. HUSBAND'S NAME :
3. DATE OF BIRTH :
4. AADHAAR NO./ENROLMENT NO. (enclose copy) :
5. BANK NAME & ACCOUNT NO. (enclose copy) :
6. MOBILE NO. :
7. RESIDENTIAL ADDRESS :
Village/Locality/Panchayat :
Municipality :
Assembly Constituency :

Passport size
Photograph

Ward No. :
District :

Full Signature/Thumb Impression of Applicant

II. Medical Claim Certificate

It is to certify that the claims of the above applicant, Smt. _____
w/o (Late) Shri _____ of _____
has been examined and that a total amount of Rs. _____/- only (Rupees in words _____
_____) , being the total medical expenses incurred during the concerned year has been found
proper in all respects as per guidelines of the scheme.

**Signature with Seal of concerned Chief Medical Officer/
Medical Officer-in-charge**

III. Verification Certificate

It is to certify that the applicant, Smt. _____ W/o (Late) Shri _____
_____, resident of _____ is a widow
belonging to Minority/OBC/SC community. The medical claims as indicated by the CMO/MO-in-charge are also verified.

Hence, the application for medical reimbursement is recommended for grant of benefit under the scheme.

Signature with Seal of concerned District Magistrate

RECEIPT

CHIEF MINISTER'S LAIYENG SHEN 2017-18

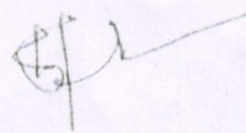
Sl.No.

NAME OF APPLICANT : _____
ADDRESS : _____
COMMUNITY : _____

Signature of Recipient/Authorized signatory

**SCHEME GUIDELINES FOR FINANCIAL ASSISTANCE UNDER
"CHIEF MINISTER'S LAIYENG SHEN"**

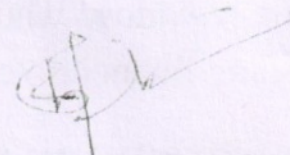
1. **NAME OF SCHEME:** The Scheme shall be known as "CHIEF MINISTER'S LAIYENG SHEN" SCHEME. It is intended to help the Widows of the State of Manipur through Re-imbursement of expenses incurred for treatment of self in the form of Financial Assistance. The Scheme shall come into effect from 1st of November 2017.
2. **COVERAGE:**
 - a) The Scheme shall cover all widows belonging to the Minority, OBC or SC communities who are bona-fide residents of Manipur.
 - b) Only treatments received from 1st November 2017 onwards shall be covered under the scheme during the current financial year.
 - c) The Government employees/pensioners and their dependents will not be eligible under the scheme.
3. **QUANTUM OF ASSISTANCE:**
 - a) A maximum of Rs.15,000.00 (Rupees Fifteen Thousand) only shall be reimbursed for Medical treatment of a widow as Financial Assistance.
 - b) A widow who had availed the scheme shall not be eligible to apply again in the same financial year under this scheme.
4. **PROCEDURE FOR CLAIM OF ASSISTANCE UNDER THE SCHEME:**
 - a) The Financial Assistance shall be claimed through a properly filled in prescribed form provided by the Department. The forms can be obtained from the Directorate of MOBC & SC, Office of the District Magistrates/DCs, SDOs/SDMs, SDCs/EMs, Chief Medical Officers and District Hospitals of the state or it can be downloaded from MOBC website (www.mobcmanipur.gov.in).
 - b) The applicant should fill up application form and obtain Certifications (Medical Claim certificate and Verification Certificate) therein from concerned officers as provided in the application form.
 - c) The applicant should get the medical claims verified by the Medical Officer/ CMO. The Medical Officer/CMO shall verify the treatment undertaken, amount eligible for reimbursement as per the approved claim rates of the Government of Manipur.
 - d) The District Magistrate shall certify the eligibility of applicant for the benefits under the scheme; and also verify by the claims made and approved by the Medical Officer/CMO.
 - e) The applicant shall submit duly completed application form to the Scheme Officer at the Directorate of MOBC either in person or by post.



f) The applicant must keep the receipt of the application issued by the Scheme Officer of the Directorate of MOBC for all future references.

g) Once the scheme is approved the benefit will be transferred to the bank account of the beneficiary. An SMS will be sent to the mobile number of the beneficiary once the benefit is transferred to the bank account.

5. The treatment undertaken must be in Govt. Hospitals or Government empanelled Hospitals as listed in the approved list for claim of Medical Re-imburement by the Government (List attached).
6. The medical treatment, diagnostic procedures and surgical interventions eligible for the reimbursement under this scheme will be same as approved for reimbursement by the Department of Health, Government of Manipur (List attached).
7. The duly filled in applications should be submitted to the Scheme Officer in charge of Health Scheme in the Directorate of MOBC & SC, 1st Floor, Secured Office Complex A.T. Line, Imphal-795001.
8. The date and time of submission of application form to the scheme officer at Directorate of MOBC shall determine the priority list for award of the benefits under the scheme on first come first serve basis.

A handwritten signature in black ink, consisting of a stylized 'S' followed by a checkmark-like flourish.