



অসম চাহ শ্ৰমিক-কৰ্মচাৰী ভৱিষ্যনিধি সংগঠন

ASSAM TEA EMPLOYEES PROVIDENT FUND ORGANIZATION

(Formerly known as The Assam Tea Plantations Provident Fund & Pension Fund Scheme & D.L.I Scheme)

"Nidhi Bhawan" Basistha, Lalmati, N.H. - 37, Guwahati

OFFICE MEMORANDUM

Dated Ghy the 03-04-2024

This is for information to all concerned that the following Hospital/Diagnostic Centre/Eye Care Centre has agreed to provide medical treatment facility at CGHS rate to the Board's Employees/Pensioners/Family Pensioners and their dependent family members as defined in the Boards' Medical rule w.e.f 01-04-2024 onwards.

Sl No	Name of the Hospital/Diagnostic Centre/Eye Care Centre	Address
1	ASG EYE CARE (A UNIT OF AS HOSPITAL PRIVATE LIMITED)	1) G.S.Raod, Dispur, Guwahati-781006, Assam. 2) Amaze Plaza, MD Shah RD, Opp. Hotel Hornbill, Paltan Bazaar, Guwahati-781008.
2	CRITICAL CARE HOSPITAL (A UNIT OF MANASHI MEDI EQUIPTMENTS PRIVATE LIMITED)	Near Central Jail, Lokhra, Guwahat-781040, Assam.
3	MARWARI HOSPITALS	Sati Jaymati Road, Athgaon, Guwahati-781008, Assam.
4	NARAYANA SUPER SPECIALITY HOSPITAL	Near Tolaram Bafna Hospital Campus, Amingaon, Guwahati-781031
5	R K LIFE SERVICES PRIVATE LIMITED	Kanchan Road, Opposite Bora Service Station, GS Road, Ulubari, Guwahati-781007
6	SWAGAT SUPER SPECIALITY , SURGICAL INSTITUTE & NH	Mahapurush Damodar Path, Opposite Gate No-4 Maligaon, Guwahati-781011
7	THE RETINA CENTRE (A UNIT OF CONFETTI HOLDINGS PVT. LTD)	5th & 6th Floor, Subham Bijay Crescent, Rukminigaon, G.S Road, Guwahati-781006
8	SURAKSHA DIAGNOSTIC PRIVATE LIMITED	Shri Kamakhya Tower, Christian Basti, G.S. Road, Guwahati-781005.

Contd...

Those Employees/Pensioners/Family Pensioners and their dependent family members willing to avail CGHS rate from the aforesaid Hospital/Diagnostic Centre/Eye Care Centre shall apply for necessary permission through prescribed application format enclosed herewith and obtain a Referral Letter for medical treatment duly signed by the Competent Authority A.T.E.P.F.O for submission in the concerned Hospital/Diagnostic Centre/Eye Care Centre.

For submission of necessary application and to obtain referral letter concerned person may contact the following:-

- 1) Shri Nilotpal Das, Jr, Asstt. (Contact no-8253922211)
- 2) Shri Nipul Chandra Das, Sr. Asstt. (Contact no-9365969602)
- 3) Shri Kunal Purkayastha, F.C.O (Contact no -8876033913)

This issues with approval of the Competent Authority.

Encl: 1) Application format for Medical Permission.

2) Format of Referral for Medical Treatment.

Sd/ A.Das,
Secy-Cum-P.F. Commissioner,

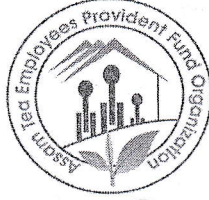
Memo No. PF/Esstt.II/2024/ 35-41 Dated Guwahati, the 03/04/2024

Copy to:-

1. All Addl.P.F.C/ Dy.P.F.C/F.A.O for information & necessary action.
2. Addl .P.F.C, Esstt-II, Section,H/O for information & necessary action.
3. All Section Incharges in Head Office for information & necessary action. They are requested to circulate this OM amongst the employees under their control.
4. All Heads of Field Offices for information & necessary action. They are requested to circulate this OM amongst the employees under their control.
- ✓ 5. The System Manager, A.T.E.P.F.O to upload in the official website
6. The President, A.T.P.P.F & P.F Pensioner Association for information & necessary action.
7. Office Copy.
8. Notice Board.

By order etc

3/4/24
Addl P.F. Commissioner



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No:- PF/Esstt.-II/Med-Referral/

Dated:- Guwahati, the _____

Sub:- REFERRAL FOR MEDICAL TREATMENT

Sir,

Details of the Patient who intends to avail Medical treatment facility from your Hospital/Diagnostic Centre at CGHS Rates is as below:-

Name of the Hospital/Diagnostic Centre
to which referred

:- _____

Name of the Patient

:- _____

Name of the Employee/Pensioner/
Family Pensioner

:- _____

Relationship with the Employee

:- Self/Spouse/Son/Daughter/
Mother/Father

Type of Employment

:- Regular/Pensioner/ Contractual.

Type of Treatment

:- OPD/Hospitalization(IPD)/
Consultation/Investigation/
Diagnosis

Type of accommodation
(in case of Hospitalization)

:- As per entitlement.

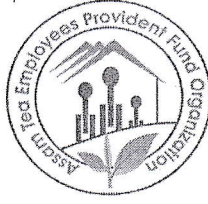
Type of CGHS

:- CGHS Cash.

Validity upto

:- One (1) month from the date of
Issue.

F.A.O/Addl. P.F Commissioner,
Nidhi Bhawan, ATEPFO
Guwahati, Assam



E-mail ID-atepfoesstt2@gmail.com

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APPLICATION FOR MEDICAL PERMISSION

Dated

Name of the Employee/Pensioner/
Family Pensioner (Applicant) :-

Name of the Patient :-

Relationship with the Applicant :-

Name of the Hospital/Diagnostic
Centre/Eye Care Centre :-

Type of Employment
(Regular/Pensioner/ Contractual) :-

Type of Treatment :-
OPD/Hospitalization(IPD)/
Consultation/Investigation/
Diagnosis

Signature of the Applicant