

Ref.No.79485/DMS/ Doctors Corpus Fund/19

Office of the Director of Medical  
and Rural Health Services,  
Chennai.6.

Dt: 21.02.2022

Sub: Creation of Doctors Corpus Fund - Rs.500/- per month shall be deducted from the salary of Doctors and credited into the SBI Account of Doctors Corpus Fund - Issue of instructions to the Drawing officers - Reg.

Ref: This office letter Ref.No.79485/DMS/Corpus Fund/2019 Dated:17.02.2022 addressed to all Heads of Departments.

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A copy of the instructions issued to all the Heads of Departments under Health and Family Welfare Department in connection with recovery of monthly subscription of Rs.500/- P.M from the salary of willing Doctors, who opted for the Doctors Corpus fund Scheme from the pay for the month of March 2022 payable in April 2022, is sent herewith for necessary action.

The Joint Director of Health Services are requested to take note of the contents of the above letter and to take action, according to the instructions contained therein under intimation to each of the willing doctors working under their control, after obtaining filled in Application Form and Consent Declaration in duplicate.


A report, as indicated in the Annexure of the above letter, should be sent before 10<sup>th</sup> of each of the month, so as to consolidate and to reconcile the figures at Directorate level.

Encl: Copy of the letter cited  
With Application Form and  
Consent Declaration

Dr.S.Gurunathan  
Director of Medical and Rural Health  
Services and Chair Person -  
Doctors Corpus Fund

To: All the Joint Director of Health Services.

//True Copy Forwarded//

  
22/02  
Joint Director (Administration)

MEDICAL AND RURAL HEALTH SERVICES DEPARTMENT

From

Dr.S.Gurunathan, M.S.(G.S.),  
Director of Medical and Rural Health Services and  
Chair Person, Doctors Corpus Fund Executive Committee,  
Chennai 600 006.  
E-Mail id - dcf2020.dms@gmail.com

To

- 1) The Director of Medical Education, Chennai-10 and Member, DCF
- 2) The Director of Public Health and Preventive Medicine, Chennai -06 and  
Member Secretary, DCF
- 3) The Director of Medical and Rural Health Services (ESI), Chennai - 06and  
Member, DCF
- 4) The Director of Family Welfare, Chennai -06and Member, DCF

Ref.No. 79485/DMS/Corpus Fund/2019, dated. 17.02.2022

Sir,

Sub:	Creation of Doctors Corpus Fund - Rs.500/- per month shall be deducted from the salary of Doctors and credited into the SBI Account of Doctors Corpus Fund - Issue of instructions to the drawing officers - Reg.
Ref:	<ol style="list-style-type: none"><li>1. G.O Ms.No.200, Health and Family Welfare (HI) Department, dated: 22.04.2020</li><li>2. G.O. Ms.No.560, Health and Family Welfare (HI) Department, dated: 21.12.2020</li><li>3. G.O. Ms.No.425, Health and Family Welfare (HI) Department, dated: 29.09.2021</li><li>4. G.O. Ms.No.444, Health and Family Welfare (HI) Department, dated: 12.10.2021</li></ol>

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I am to state that the Government in the G.O. 1<sup>st</sup> cited, granted permission for the creation of Doctors Corpus Fund w.e.f. 01.01.2020, for providing of financial assistance in the case of unexpected demise of the Doctors working under the control of various Heads of Department under Health and Family Welfare Department.

In the G.O. 2<sup>nd</sup> cited, the Government enhanced of Monthly Subscription to Doctors Corpus Fund as Rs.500/- per month.

In the G.O. 3<sup>rd</sup> cited, the Government nominated DPH & PM and Chennai-06 as Member Secretary and formed Advisory Committee and a sum of Rs.500/- per month shall be deducted from the Salary of the Doctors and credited into the Doctors Corpus Fund Bank Account as done in Postal Insurance, Society Loan, etc.

In the G.O. 4<sup>th</sup> cited, the Government further revised the Advisory Committee with five members and ordered that the Director of Medical and Rural Health Services shall administer the fund and reconciliation works to be done periodically.

I am to state that in the G.O. 4<sup>th</sup> cited, while revising the Executive committee of the Doctors Corpus Fund Scheme, the Government ordered that a sum of Rs.500/- per month shall be deducted from the salary of Doctors and credited into the savings bank account of Doctors Corpus Fund and the committee shall workout proper mechanism for collection, monitoring and review of the scheme.

In this connection, I am to further state that as per the unanimous decision taken during the first quarterly meeting of the Executive committee held on 09.02.2022 at this Directorate, the subscription of Rs.500/-per month shall be deducted from the salary of the willing doctors, who opted for this scheme, as this is a fraternity scheme, and after obtaining application form along with the consent letter from each of the doctors from the month of April 2022 i.e salary paid on march 2022 payable in April 2022. The original application along with consent letter should be sent to DCF office of this Directorate through proper channel. A copy of the application with consent letter should be maintained in the respective medical institution.

The subscription amount of each institution should be remitted through ECS every month and a detailed report on deduction and remittance shall be sent to the



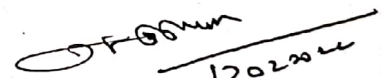
Doctors Corpus Fund office through mail. A register should be maintained by each of the drawing officers as per the Annexure and credit into the Savings Bank Account No \_\_\_\_\_ of SBI (Teynampet Branch), Chennai-18. (Branch code 01741) (IFSC code.SBIN0001741). Whenever leave salary or salary dues are drawn, efforts should be made to confirm the DCF contribution and steps to be taken to effect payment of subscription.

The details of doctors opting for the scheme along with the list should be sent to the Heads of concerned Departments, for onward transmission to this Directorate so as to consolidate and reconcile with bank statement by this Directorate.

Hence, I request you to issue suitable instructions to the drawing officers under your control to furnish the details as per the Annexure, with a copy to this Doctors Corpus Fund office functioning at this Directorate for reconsolidation, with bank statement.

I solicit immediate action in this matter.

  
Member Secretary  
S/S

  
Chairman  
12/2/2022

Enclosures:

1. Rules & Regulations
2. Application and Consent Form
3. Claims Format

Annexure

Reconciliation For the Month of \_\_\_\_\_

S.No	Name of the Doctor	Present place of working	Monthly contribution Of Subscription Amount Rs.500/- (e.g .,March 2022)	TNMC Reg No.	Date of remittance into the SBI bank account by the respective Government Medical Institution / Officer

**APPLICATION FORM FOR DOCTORS CORPUS FUND**  
Government Letter (Ms).No.200, dated: 22.04.2020 of  
**HEALTH AND FAMILY WELFARE (H) DEPARTMENT, CHENNAI-9**  
OFFICE: O/o Director of Medical & Rural Health Services, DMS Campus,  
361, Anna Salai, Chennai – 600006.  
E-Mail ID: dcf2020.dms@gmail.com

1. Name :  
(Initial at end)

2. Gender :

Male  Female

3. Date of Birth :

4. Date of Joining into  
Service:

5. a. GPF No:

b. CPS No:

c.

N.A

6. TNMC Reg.No:

7.Aadhaar No:

8. Designation:

9. Office Address:

10. Permanent Address:

11. District :

11.PIN Code:

12.Directorate :

13. Mobile No:

14. E.Mail ID :

15.Nominee-1:

Relationship:

Nominee-2:

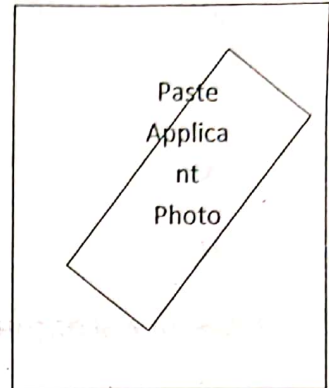
Relationship:

16. Date of Option for the  
Scheme & subscription:  
Deduction in salary

Date:

Place:

Signature of the Applicant



**DECLARATION:**

I am willing to be enrolled in the Doctors Corpus fund. I hereby declare that all the above said details are true to the best of my knowledge and ability. The subscription payable to the above scheme may be deducted as non-statuary deductions in my monthly salary. I also declare that I will abide by the Rules & Regulations framed for Scheme of Doctors Corpus Fund from time to time and any suppression of facts will disqualify my nominee / legal heir from getting death financial assistance.

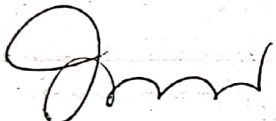
Date:

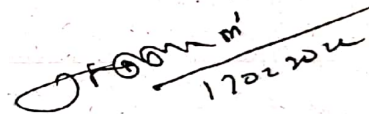
Place:

Signature of the Applicant

Signature of DDO/Head of the Institution with Remarks

Note: Form should be prepared in duplicate and one to be retained at the institution, another submitted to Office of DCF at DM&RHS, Chennai.

  
Member Secretary

  
Chairman

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**Fraternity Benefit Claim Application Format from "Doctors Corpus Fund"**

**(To be forwarded through proper channel – Head of Institution last served)**

Sl. No	Details to be furnished		
1	Name of the Deceased Doctor and the Last Station where He / She worked		
2	Name of the Institution where last worked		
3	TNMSC Regn.Number of the Deceased Doctor		
4	Date of Joining in Regular Government Service by Deceased Doctor		
5	Total No. of Years of Service rendered by the Deceased Doctor		
6	Name of the Legal Heir / Nominee and age		
7	Present address		
8	Permanent address		
9	Name of the Nominees as per Doctors Corpus Fund Application Age and Relationship	Nominee Name	Age
10	Contact Mobile Number of the Claimant and Mail ID (if available)		
11	Date of Death and along with attested copy of discharge/death summary issued by the hospital		



12	Cause of Death along with attested copy of discharge/death summary issued by the hospital	
13	Attested copy of discharge/death summary issued by the hospital	
14	Attested copy of Death Certificate	
15	Attested copy of Legal heir Certificate	
16	Attested Aadhar Copy of the deceased Doctor	
17	Attested Aadhar Copy of all Legal heirs / Nominee	
18	<p>First Page copy of the Bank Pass Book of the Legal Heir / Nominees who is applying for Doctors Corpus Fund  Note: -if more than one nominee each nominee details required separately</p> <p>1 Name &amp; Branch of the Bank  2. Branch Code.  3. SB A/c No.  4. IFSC Code No</p>	
19	Attested Pan card copy of all Legal heirs	
20	Employment proof of the Deceased Doctor from the immediate officer of the last station, where the deceased Doctor worked.	B
21	Date of Joining in Doctors Corpus fund	
22	Amount subscribed to Doctors Corpus Fund so far	

*[Handwritten Signature]*  
Member Secretary

*[Handwritten Signature]*  
17/02/2022  
Chairman

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