ANDHRA PRADESH POWER GENERATION CORPORATION LIMITED
VIDYUT SOUDHA : HYDERABAD

Cir. Memo.No.JS(P)/DS(Estt)/AS(M)/PO(M)/16/2017-2,Dt: 27.02.2017.

Sub: Estt-APGENCO- Issue of Credit card through E-mail - Details of Dependents -Reg

2.Cir.Memo.No.JS(P)/DS(Estt)/AS(M)/PO(M)/16/2017-1,Dt: 27.02.2017.

***

The attention of all CEs and SEs in charge of generating stations and JS(Personnel) is invited to the reference 2nd cited and they are requested to arrange to update the sanctions so far accorded in terms of G.O.O. 1st cited to the Employees/Pensioners/Family pensioners in respect of Medical reimbursements and credit card sanctions (w.e.f 27.04.2009 to till date) in Info type : 9030 of HCM-Module (SAP-ERP system) positively by 18.03.2017 for implementation of issuance of credit card through E-mail w.e.f. 01.04.2017 on receipt of requisition from the Employee/Pensioner/Family pensioner.

2) Further, it is directed to update the future payment of medical reimbursements in infotypes: 9030 & 0015 and credit card sanctions data in infotype : 9030.

K.VIJAYANAND
MANAGING DIRECTOR

To
All the Chief Engineers/Superintending Engineers
In-charge of Generating Stations
Copy to the:
Pay Officer/VS/Hyd.
Pay drawing Officers/Generating Stations/Head Quarters
PA to JS(Per)/VS/Hyd.
Stock file/Spare.

//FORWARDED :: BY ORDER //

PERSONNEL OFFICER
ANDHRA PRADESH POWER GENERATION CORPORATION LIMITED
VIDYUT SOUDHA : : HYDERABAD

Cir. Memo.No.JS(P)/DS(Estt)/AS(M)/PO(M)/16/2017-1,Dt: 27.02.2017.

Sub: Estt-APGENCO- Issue of Credit card through E-mail- Details of Dependents –Reg


***

It has been brought to the notice that the Employees working in Generating Stations specifically situated in Remote areas are facing hardship in getting the credit card immediately after admitting the patient in the hospital, for undergoing treatment whenever medical exigency arises, for self or their dependents.

2. The issue has been examined and explored the possibility of issue of credit card through E-mail for obtaining treatment in the Empanelled Hospitals of APGENCO. Therefore, it is observed that the information as detailed below is required from the employees for issuing the credit card through E-mail.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of dependent</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Gender</th>
<th>Occupation/Status (Self/Spouse/Parents/adoptiveparents/children/adopted children/Mentally retard/Physically Challenged/in-laws or parents of women employee)</th>
<th>Photo</th>
<th>Aadhar Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dependents in relation to employee means;

a) Spouse
b) Children including adopted children.
c) Parents/adoptive parents who are wholly dependents on employee i.e., having no source of income, and in-laws in respect of women employee or parents.

3. **A declaration of dependence** in respect of dependents of the employees, parents and in-laws in respect of women employee, shall be submitted by the employee duly enclosing “No income certificate” issued by the respective District/Mandal /village Revenue officer i.e. RDO/Thasildhar/MRO along with details of siblings if any.
Age limit for dependents:

1. Son: Till starts earning or attains the age of 25 years whichever is earlier.

2. Daughter: Till starts earning or gets married irrespective of the age limit, whichever is earlier.

3. Son suffering from any permanent disability or any kind (Physical or mental): Irrespective of age limit (The certificate issued by the respective Medical Boards shall be furnished)

4. Dependant divorced/abandoned or separated from their husband/widow daughters and dependent unmarried/divorced/abandoned or separated from their husband/widowed sisters: Irrespective of age limit

The declaration of dependence shall be submitted by the employee to the concerned Officer in the month of March every Year for availing medical facility.

4. Therefore all the Employees working in Generating Stations are requested to furnish the information in the above prescribed proforma along with the required certificates as stated above to the respective station heads on or before 15th March, 2017, so as to examine the issue of credit card through E-mail w.e.f. 01.04.2017.

5. Employees working at Head Quarters are requested to furnish the said information to the concerned Officer, who is authorized to maintain the Service Register i.e. Pay Officer/AS(Estt)/AS(Adm).

6. All the Employees/Pensioners/Family pensioners of APGENCO are henceforth requested to claim for credit card through on line in the prescribed proforma enclosed with this Memo which is available in APGENCO website to mail ID hospital@apgenco.gov.in.

Enclosure: As above.

K.VIJAYANAND
MANAGING DIRECTOR

To
All CEs/SEs in charge of Generating Stations: They are requested to validate the details of dependents furnished by the employees working in respective Generating
Pay Officer/AS(Estt)/AS(Adm)/APGENCO:

Stations and update the same in the respective Employee organisation data and Personal Data.(Info type: 0000,0001 and 0021).

They are requested to validate the details of dependents furnished by the employees working at Head Quarters whose service registers are being maintained by them and update the same in the respective Employee organisation data and personal data.(Info type: 0000,0001and 0021).

Pay Drawing Officers/Generating Stations & Head Quarters:

With regard to pensioners, they are requested to communicate the Prescribed proforma as stated above to the Pensioners/Family Pensioners to the address available in the Latest Life Certificate submitted by them.

CGM(Adm,IS&ERP)/VS/Hyd.:

He is directed to organise the Training Programmes for updating the details furnished by the employees in the respective Employee ID and further maintenance of the medical data in the respective Info types.

All Functional Heads/VS/Hyd.
PA to JS(Per)/VS/Hyd.
Stock file/Spare.

// FORWARDED :: BY ORDER //

PERSONNEL OFFICER
# ANDHRA PRADESH POWER GENERATION CORPORATION LIMITED

## Medical Request Form

<table>
<thead>
<tr>
<th>FORMAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>13</td>
</tr>
<tr>
<td>14</td>
</tr>
</tbody>
</table>

Date:  
Place:  

Signature of the Employee