GOVERNMENT OF TELANGANA

FINANCE (EBS-V) DEPARTMENT

Memo.No.3739367-Q/113/A2/EBS.V/2026, dated:19.05.2026

Sub: Implementation of New Employees Health Scheme by forming an exclusive Employee Health Care Trust (EHCT) – Issue of Health Cards – Collection of data in respect of Government Employees and Pensioners alongwith Family Members and Dependents - Reg.

Ref: 1. G.O.Ms.No.186, Health, Medical & Family Welfare (A) Department, dated: 08.10.2023.
2. Meeting on 14.05.2026 held by the Chief Secretary to Government, Government of Telangana, Hyderabad.

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In the reference 1st cited, Government have issued orders for formation of an exclusive Employee Health Care Trust (EHCT) for implementation of the New Employees Health Scheme.

02. Accordingly, Government has decided to collect comprehensive data relating to Government employees, pensioners and their family members and dependents as defined in Section-7 of the Telangana Integrated Medical Attendance Rules, 1972 and further orders issued from time to time, for effective implementation of the scheme.

03. Accordingly, all Secretariat Departments, Heads of Departments, Pension Sanctioning Authorities and Drawing and Disbursing Officers (DDOs) in the State are requested to take immediate necessary action for collection and uploading of Employees, Pensioners and their family members and dependents data in the prescribed proforma in IFMIS-HR module through the Drawing and Disbursing Officers logins on or before 31.5.2026 without fail.

04. The Administrative Departments shall closely monitor the process and ensure that the data is collected accurately and uploaded within the stipulated time.

05. This may be treated as "Most Important".

SIKTA PATNAIK,
SPECIAL SECRETARY TO GOVERNMENT

To,
All Departments, Dr.B.R.Ambedkar Telangana Secretariat, Hyderabad.
All Heads of Departments.

Copy to:
The Director of Treasuries & Accounts, Telangana, Hyderabad.
The Director of Works and Accounts, Telangana, Hyderabad.
The Director of State Audit, Telangana, Hyderabad.

The Pay and Accounts Officer, Hyderabad.
The Pension Payment Officer, Hyderabad.
The Registrar General, Hon'ble High Court for the State of Telangana, Hyderabad.
All Examiner of Accounts of Municipalities, Telangana, Hyderabad.
All Financial Officers of Universities, Telangana, Hyderabad.
All Financial Advisors/ Managers/ Accounts Officers of all Corporations / Societies /Grant-in-Aid Institutions, Telangana, Hyderabad.
All Pensioners Associations, Telangana.
The O.S.D./ P.S. to Hon'ble Deputy Chief Minister for Finance, Planning & Energy, Government of Telangana, Hyderabad.
The O.S.D. to Chief Secretary, Government of Telangana, Hyderabad.
The P.S. to Principal Finance Secretary/ Secretary/ Special Secretary/ All Desk Officers, Finance Department, Dr.B.R.Ambedkar Telangana Secretariat, Hyderabad.
SF/SCs.

// FORWARDED :: BY ORDER //

SECTION OFFICER

Proforma for Collection of Government Employee

Family Members / Dependents Details

1.	Administrative Secretariat Department	
2.	Head of the Department	
3.	Office/ Unit	
4.	District	
5.	Name of the Employee	
6.	Designation	
7.	Employee ID Number	
8.	Date of Birth	
9.	Aadhar Number	
10	Date of Initial Appointment	
11.	Date of Appointment in to the present post	
12.	Whether Officiating OR Substantive	
13.	Mobile Number	
14.	e-mail:	
15.	Present Address	
16.	Permanent Address	
17.	Marital Status	
18.		

II. Family Members / Dependents Details:

S.No.	Name of Family Member / Dependent	Relationship with Employee	DOB	Age	Marital Status	(Employee/ Studying)	Aadhaar Number	Dependent Status (Yes/ No.)
1	2	3	4	5	6	7	8	9

CONFIRMATION

I hereby certify that the above information furnished by the employees is true and correct.

Signature of DDO

Proforma for Collection of Government Pensioner

Family Members / Dependents Details

I. Office Details, where the Pensioner Retired

1.	Administrative Secretariat Department	
2.	Head of the Department	
3.	Office/ Unit	
4.	District	
5.	State	

II. Details of Service Pensioner/ Family Pensioner:

6.	Name	
7.	PPO Number	
8.	Retired as (Designation)	
9.	Date of Birth	
10.	Date of Retirement	
11.	Type of Pension (Service/ Family/ Dependent)	
12.	Aadhar Number	
13.	Mobile Number	
14.	e-mail:	
15.	Present Address	
16.	Permanent Address	
17.	Marital Status	
18.		

III. Family Members / Dependents of Pensioner:

S.No.	Name of Family Member / Dependent	Relationship with Pensioner	DOB	Age	Marital Status	(Employee/ Studying)	Aadhaar Number	Dependent Status (Yes/ No.)
1	2	3	4	5	6	7	8	9

CONFIRMATION

I hereby certify that the above information furnished by the Pensioner is true and correct.

Pension Payment Officer