

THE HIGH COURT OF ORISSA : CUTTACK

NOTICE

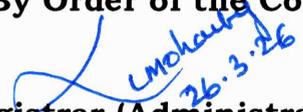
No.: **XXIX- 13/2015 (PF-4) : 5085 /**

Date: **26.03.2026**

It is to inform all the retired Judicial Officers/Pensioners and Family Pensioners that a process has been initiated for issuance of a cashless group health insurance card of Rupees Ten Lakh per annum as per Rule-6 (c) of the Odisha Judicial Officers (Medical Attendance) (Amendment) Order, 2013 (as amended vide Odisha Gazette Notification No. 2191 dated 18.07.2025).

For preparation of database of Judicial Officers, retired Judicial Officers/Pensioners and Family Pensioners, Official Database Entry Forms and related instructions have been circulated among the Controlling Officers/Authority where the Pensioner had last served. For wider circulation of the Database Entry Forms and related instructions, this notice is issued to the retired Judicial Officers/Pensioners and Family Pensioners and they are to go through the instructions, complete the relevant forms (Annexure-II for retired Judicial Officers/Pensioners; Annexure-III for Family Pensioners) together with the prescribed self-declaration and submit the same **within Thirty (30) days from the date of publication of this notice** to the concerned Controlling Officer/Authority where the Pensioner had last served/District Judge where the Pensioner or Family Pensioner has opted to settle for onward transmission of the same to the Court for taking further course of action. The retired Judicial Officers/Pensioners and Family Pensioners can also send an advance copy of the relevant forms (Annexure-II for retired Judicial Officers/Pensioners; Annexure-III for Family Pensioners) with the prescribed self-declaration through e-mail to **soa.od-hc@od.gov.in**.

By Order of the Court


Registrar (Administration)

High Court of Orissa, Cuttack

INSTRUCTIONS FOR SUBMISSION OF DATA

1. The Controlling Officers/Heads of the Department (*in case of Officers on deputation/officers in charge of independent establishment*) shall circulate Annexure-I, II and III (Official Database Entry Forms, together with the prescribed declaration) to the in-service Judicial Officers, Retired Judicial Officers/Pensioners and Family Pensioners.

2. (a) The in-service Judicial Officer shall fill up the relevant form and submit it, together with the prescribed declaration and self-attested copies of any of the following the relevant supporting documents - Aadhaar, birth certificate, marriage certificate, school certificate or any other Government-issued document establishing relationship with the Judicial Officer.

(b) The Retired Judicial Officer/Pensioner and the Family Pensioner shall fill up the relevant form and submit it, together with the prescribed declaration and self-attested copies of the PPO and self-attested copies of any of the following the relevant supporting documents - Aadhaar, birth certificate, marriage certificate, school certificate or any other Government-issued document establishing relationship.

3. Each form shall be filled legibly and completely in BLOCK LETTERS. No column shall be left blank; inapplicable columns shall be marked as "N.A." Incomplete forms or forms submitted without the prescribed declaration shall not be accepted.

4. The relationship with the Judicial Officer/Retired Judicial Officer/Pensioner/Family Pensioner must be clearly indicated.

5. Date of birth and other dates shall be mentioned in DD-MM-YYYY format.

6. After collection of the all the forms, the Controlling Officers/Heads of the Department shall ensure that all the forms have been completely filled. If any discrepancy, deficiency or ambiguity is found, the form shall be returned for rectification within a reasonable time. As the Medical Attendance Order permits *self-declaration* by the officer/applicant as sufficient proof of income/dependency, submission of any separate income proof/details must not be insisted.

7. Thereafter, the Controlling Officers/Heads of the Department shall:

A. Fill-up the summary in Annexure-IV indicating:

- i. total number of officers;

- ii. total number of pensioners/family pensioners; and
- iii. total number of dependent family members; and

B. Consolidate the final verified data in a single excel file for each category of Judicial Officers i.e.

- In-service Judicial Officers,
- Retired Judicial Officers/Pensioners and
- Family Pensioners

by creating worksheet for each category. For this purpose proforma excel files have been provided, which may be referred to.

8. The Controlling Officers/Heads of the Department shall send consolidated excel file along with the scanned copies of Annexure-I, II, III and IV and the supporting documents submitted, through e-mail to soa.od-hc@od.gov.in and the physical copies to the Court for further course of action.

OFFICIAL DATABASE ENTRY FORM**(For Retired Judicial Officers/Pensioners)****PART - A : PARTICULARS OF THE RETIRED JUDICIAL OFFICERS/PENSIONERS**

1. Full Name:
2. Gender:
3. Date of Birth (DD-MM-YYYY):
4. Age:
5. Last Designation held:
6. Last Place of Posting:
7. Date of Retirement:
8. PPO Number:
9. Residential Address:
10. Mobile Number:
11. e-mail ID (if any):

PART - B : PARTICULARS OF SPOUSE

1. Full Name :
2. Date of Birth (DD-MM-YYYY):
3. Gender:
4. Age:
5. Whether a retired Judicial Officer? If yes, last designation and last place of posting:

PART - C : PARTICULARS OF DEPENDENT FAMILY MEMBERS**(As per Clause 2(v) of the Odisha Judicial Officers (Medical Attendance) Order, 2013 as amended on 18.07.2025)**

Sl. No.	Name of Dependent	Gender	Relationship with the Retired Judicial Officer/ Pensioner	Date of Birth (DD-MM-YYYY)	Age	Marital Status	Remarks
1.							
2.							
3.							
4.							
5.							
6.							

(Add additional members if eligible)

PART - D
DECLARATION

I, _____, retired Judicial Officer drawing pension, hereby declare that:

- A. The information furnished above is correct and complete.
- B. The monthly income of the family members shown as dependents in Part - C does not exceed the prescribed limit and they fall within the definition of "Members of the family" under Clause 2(v) of the Odisha Judicial Officers (Medical Attendance) Order, 2013 as amended on 18.07.2025.
- C. I understand that furnishing any false, incorrect or misleading information may result in withdrawal of cashless health insurance facility.

I undertake to intimate the Controlling Officer immediately in case of any change in dependency status or income of any family member.

Date: _____

Place: _____

Full Signature of the retired Judicial Officer

OFFICIAL DATABASE ENTRY FORM**(For Family Pensioners)****PART - A : PARTICULARS OF THE DECEASED JUDICIAL OFFICER**

- | |
|---|
| 1. Name of the Deceased Judicial Officer: |
| 2. Last Designation held: |
| 3. Date of Death: |
| 4. PPO Number: |

PART - B : PARTICULARS OF THE FAMILY PENSIONER

- | |
|--|
| 1. Name of Family Pensioner: |
| 2. Gender: |
| 3. Relationship with Deceased Officer: |
| 4. Date of Birth (DD-MM-YYYY): |
| 5. Age: |
| 6. Residential Address: |
| 7. Mobile Number: |
| 8. e-mail ID (if any): |

PART - C : PARTICULARS OF DEPENDENT FAMILY MEMBERS (IF ANY)**(As per Clause 2(v) of the Odisha Judicial Officers (Medical Attendance) Order, 2013 as amended on 18.07.2025)**

Sl. No.	Name	Gender	Relationship with the Family Pensioner	Date of Birth (DD-MM-YYYY)	Age	Marital Status	Remarks
1.							
2.							
3.							
4.							

(Add additional members if eligible)

PART - D
DECLARATION

I, _____, family pensioner of late _____,
do hereby declare that:

- A. The information furnished above is correct and complete.
- B. My Total Monthly Income (excluding the family pension relating to Late _____) does not exceed the prescribed limit under Clause 2(v) of the Odisha Judicial Officers (Medical Attendance) Order, 2013 as amended on 18.07.2025.
- C. The monthly income of the family members shown as dependents in Part - C does not exceed the prescribed limit and they fall within the definition of "Members of the family" under Clause 2(v) of the Odisha Judicial Officers (Medical Attendance) Order, 2013 as amended on 18.07.2025.
- D. I understand that furnishing any false, incorrect or misleading information may result in withdrawal of cashless health insurance facility.

I undertake to intimate the Controlling Officer immediately in case of any change in dependency status or income of any family member.

Date: _____

Place: _____

Full Signature of the Family Pensioner