

No.D.12015/1/2025-FEA
GOVERNMENT OF MIZORAM
FINANCE DEPARTMENT
(Economic Affairs)

MINECO, Aizawl,
April 17, 2026

OFFICE MEMORANDUM

Subject : Revised formats for submission of option for enrolment under Mizoram Universal Healthcare Scheme 2.0 (MUHCS 2.0) by Pensioners/Family Pensioners - reg.

In continuation to this Department's Office Memorandum No.D.12015/1(ii)/2025-FEA, dated 15/04/2026, it is hereby notified that **the Formats (Format-I(a), Format-I(b) and Format-2)**(English and Mizo Version) for exercising willingness and option for the purpose of subscription under the **Mizoram Universal Healthcare Scheme 2.0 (MUHCS 2.0)** in respect of pensioner/family pensioner are revised as attached herewith.

Those who have already exercised their option and subscribed to the scheme MUHCS 2.0 shall submit the revised format as supplementary information.

Sd/- RAMCHUANA

Secretary to the Govt. of Mizoram,
Finance Department

Memo No.D.12015/1/2025-FEA : Dated Aizawl, the 17th April, 2026

Copy to:

- 1) Secretary to Governor, Government of Mizoram.
- 2) PS to Hon'ble Chief Minister, Government of Mizoram.
- 3) PS to Speaker/Dy. Speaker/Ministers/Ministers of State, Government of Mizoram.
- 4) Sr. PPS to Chief Secretary, Government of Mizoram.
- 5) Sr. PPS to Finance Commissioner, Government of Mizoram.
- 6) All Administrative Departments, Government of Mizoram.
- 7) All Heads of Departments, Government of Mizoram.
- 8) CEO, Mizoram State Health Care Society (MSHCS) for information and necessary action.
- 9) All Treasury Officers with a request to submit the countersigned copy of Challan to Finance Department (EA) and a copy of Option Form containing details of spouse duly countersigned by competent authority to MSHCS
- 10) Regional Manager, SBI Regional Business Office with a request to circulate to all branches of SBI.
- 11) Website Manager.
- 12) Guard File.


(JENNIFER H.L. DUHAWMI)

Addl. Secretary to the Govt. of Mizoram,
Finance Department (EA)

FORMAT – 1(a)

(to be submitted to concerned Treasury Officer by existing Pensioner/ Family Pensioner as on 01/04/2026)

CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS 2.0 IN RESPECT OF PENSIONER/ FAMILY PENSIONER

This is to certify that I, _____ (Name of the Pensioner/ Family Pensioner), hereby submit my willingness to subscribe to the **Mizoram Universal Healthcare Scheme 2.0 (MUHCS 2.0)** at the rate of ₹ 1000/- per month w.e.f 01.04.2026 or(dd/mm/yy) for the purpose of medical treatment as admissible under MUHCS 2.0.

1. Name of the Pensioner/Family Pensioner* :
2. Book No.*: CTS *: PPO No.* :
3. District Name*: Address :
4. Date of birth*: Gender* :
5. Aadhar No. of Pensioner* :
6. Mobile No. of Pensioner* :
7. Father's / Mother's name :
8. Name of Spouse (Husband/Wife)* :
9. Aadhar No. of Spouse* :
10. Date of birth*: Gender* :
11. Mobile No. of Spouse* :
12. Whether the spouse is a Mizoram Pensioner/ Other Pensioner (Details to be furnished) :
13. e-mail id of Pensioner :

Countersignature:

Signature of the Pensioner/ Family Pensioner

Treasury Officer,
_____ Treasury

*to be filled up mandatorily

To be submitted to Mizoram State Healthcare Society (MSHCS) by the Treasury Officer

FORMAT – 1(a)

(April ni 1, 2026-a Pensioner/ Family Pensioner ni mek le a hnu(dd/mm/yy)-a pension
te'n mahni pension lakna Treasury Office-a thehluh tur)

**CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS
2.0 IN RESPECT OF PENSIONER/ FAMILY PENSIONER**

Kei, _____ (Pensioner/ Family Pensioner hming) hian **Mizoram Universal
Healthcare Scheme 2.0 (MUHCS 2.0)**-in a huam chin medical treatment ka hmuh theih nan,
ka duhthlanna ngei-in ni 01.04.2026 emaw(dd/mm/yy) atangin thla tin ₹ 1000/- ka
pension-a cut turin MUHCS 2.0 hi ka zawm a ni tih ka hriattir e.

1. Name of the Pensioner/Family :
Pensioner*
2. Book No.*: CTS *: PPO No.* :
3. District Name*: Address :
4. Date of birth*: Gender* :
5. Aadhar No. of Pensioner* :
6. Mobile No. of Pensioner* :
7. Father's / Mother's name :
8. Name of Spouse (Husband/Wife)* :
9. Aadhar No. of Spouse* :
10. Date of birth*: Gender* :
11. Mobile No. of Spouse* :
12. Whether the spouse is a Mizoram :
Pensioner/ Other Pensioner (Details to be
furnished)
13. e-mail id of Pensioner :

Countersignature:

Pensioner/ Family Pensioner sign-na

Treasury Officer,
_____ Treasury

*to be filled up mandatorily

To be submitted to Mizoram State Healthcare Society (MSHCS) by the Treasury Officer

FORMAT – 1(b)

(To be submitted to concerned Treasury Officer by Pensioner/ Family Pensioner on 01.04.2026
or on retirement after 01/04/2026)

**CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS
2.0 IN RESPECT OF PENSIONER/ FAMILY PENSIONER WHOSE PPO HAS NOT BEEN
FINALIZED**

This is to certify that I, _____ (Name of the Pensioner/ Family Pensioner), hereby
submit my willingness to subscribe to the **Mizoram Universal Healthcare Scheme 2.0
(MUHCS 2.0)** at the rate of ₹ 1000/- per month w.e.f 01.04.2026 or _____
(dd/mm/yyyy) for the purpose of medical treatment as admissible under MUHCS 2.0.

1. Name of the Pensioner/Family Pensioner* :
2. Book No.*: CTS *: PPO No.* :
3. District Name*: Address :
4. Date of birth*: Gender* :
5. Aadhar No. of Pensioner* :
6. Mobile No. of Pensioner* :
7. Father's / Mother's name :
8. Name of Spouse (Husband/Wife)* :
9. Aadhar No. of Spouse* :
10. Date of birth*: Gender* :
11. Mobile No. of Spouse* :
12. Whether the spouse is a Mizoram Pensioner/ Other Pensioner (Details to be
furnished) :
13. e-mail id of Pensioner :

Countersignature:

Signature of the Pensioner/ Family Pensioner

Treasury Officer,
_____ Treasury

*to be filled up mandatorily

To be submitted to Mizoram State Healthcare Society (MSHCS) by the Treasury Officer

FORMAT – 1(b)

(April ni 1, 2026-a Pensioner/ Family Pensioner emaw w.e.f.....(dd/mm/yy)-a pension te'n mahni
pension lakna Treasury Office-a thehluh tur)

**CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS 2.0 IN
RESPECT OF PENSIONER/ FAMILY PENSIONER WHOSE PPO HAS NOT BEEN FINALIZED**

Kei, _____ (Pensioner/ Family Pensioner hming) hian **Mizoram Universal Healthcare Scheme 2.0 (MUHCS 2.0)**-in a huam chin medical treatment ka hmuh theih nan, ka duhthlanna ngei-in ni 01.04.2026 emaw(dd/mm/yy) atangin thla tin ₹ 1000/- ka pension-a cut turin MUHCS 2.0 hi ka zawm a ni tih ka hriattir e.

1. Name of the Pensioner/Family Pensioner* :
2. Book No.*: CTS *: PPO No.* :
3. District Name*: Address :
4. Date of birth*: Gender* :
5. Aadhar No. of Pensioner* :
6. Mobile No. of Pensioner* :
7. Father's / Mother's name :
8. Name of Spouse (Husband/Wife)* :
9. Aadhar No. of Spouse* :
10. Date of birth*: Gender* :
11. Mobile No. of Spouse* :
12. Whether the spouse is a Mizoram Pensioner/ Other Pensioner (Details to be furnished) :
13. e-mail id of Pensioner :

Countersignature:

Pensioner/ Family Pensioner sign-na

Treasury Officer,
_____ Treasury

FORMAT-2

(To be submitted to concerned Bank/Pension Disbursing Authorities by Pensioner/Family Pensioner as on 01.04.2026)

CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS 2.0 IN RESPECT OF PENSIONER/FAMILY PENSIONER DRAWING THEIR PENSION FROM BANK

This is to certify that I, _____ (Name of the Pensioner/ Family Pensioner), hereby submit my willingness to subscribe to the **Mizoram Universal Healthcare Scheme 2.0 (MUHCS 2.0)** at the rate of ₹ 1,000/- per month and at the rate of ₹ 12,000/- per annum for one year w.e.f. 01.04.2026 for the purpose of medical treatment as admissible under MUHCS 2.0

1. Name of the Pensioner/Family Pensioner* :
2. Book No.*: CTS *: PPO No.* :
3. District Name*: Address :
4. Date of birth*: Gender* :
5. Aadhar No. of Pensioner* :
6. Mobile No. of Pensioner* :
7. Father's / Mother's name :
8. Name of Spouse (Husband/Wife)* :
9. Aadhar No. of Spouse* :
10. Date of birth*: Gender* :
11. Mobile No. of Spouse* :
12. Whether the spouse is a Mizoram Pensioner/ Other Pensioner (Details to be furnished) :
13. e-mail id of Pensioner :

Pensioner/ Family Pensioner sign-na

Certified by:

Countersignature:

Manager,

_____Branch

Treasury Officer,_____Treasury

*to be filled up mandatorily

To be submitted to Mizoram State Healthcare Society (MSHCS) by the Treasury Officer

FORMAT-2

(April ni 1, 2026-a Pensioner/Family Pensioner ni mek te'n mahni pension lakna Bank/Pension Disbursing Authorities-a thehluh tur)

**CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE
MUHCS 2.0 IN RESPECT OF PENSIONER/FAMILY PENSIONER DRAWING THEIR
PENSION FROM BANK**

Kei, _____ (Pensioner/ Family Pensioner hming) hian **Mizoram Universal Healthcare Scheme 2.0 (MUHCS 2.0)** in a huam chin medical treatment ka hmuh theih nan, ka duhthlanna ngei-in ni 01.04.2026 atangin thla tin subscription rate ₹ 1,000/- in kum khat atan ₹ 12,000/-pein MUHCS 2.0 hi ka zawm a ni tih ka hriattir e.

1. Name of the Pensioner/Family Pensioner* :
2. Book No.*: CTS *: PPO No.* :
3. District Name*: Address :
4. Date of birth*: Gender* :
5. Aadhar No. of Pensioner* :
6. Mobile No. of Pensioner* :
7. Father's / Mother's name :
8. Name of Spouse (Husband/Wife)* :
9. Aadhar No. of Spouse* :
10. Date of birth*: Gender* :
11. Mobile No. of Spouse* :
12. Whether the spouse is a Mizoram Pensioner/ Other Pensioner (Details to be furnished) :
13. e-mail id of Pensioner :

Pensioner/ Family Pensioner sign-na

Certified by:

Countersignature:

Manager,
_____Branch

Treasury Officer, _____Treasury

*to be filled up mandatorily

To be submitted to Mizoram State Healthcare Society (MSHCS) by the Treasury Officer