



**MUNICIPAL CORPORATION OF DELHI**  
**(HOSPITAL ADMINISTRATION DEPARTMENT)**  
**Director Hospital Administration**  
E1 – Block, 18<sup>th</sup> Floor, Dr SPM Civic Centre,  
J L N Marg, New Delhi – 110002

**No 484/DHA/MCD/2026**

**Dated: 11/02/2026**

**OFFICE ORDER**

**Subject: Clarification regarding deduction of subscription under Municipal Corporation of Delhi Employees Health Scheme (MCDEHS)–2025 in respect of spouse employment cases.**

In continuation of Executive Order issued vide letter No. **DHA/MCD/2026/387 dated 01.01.2026** regarding implementation of Municipal Corporation of Delhi Employees Health Scheme (MCDEHS)–2025, certain queries have been received from employees and Drawing & Disbursing Officers (DDOs) regarding deduction of subscription in cases where spouses are employed in other Government organizations / PSUs or both spouses are working in MCD.

The matter has been examined in line with the prevailing guidelines of Central Government Health Scheme (CGHS). Accordingly, the following clarification is hereby issued for uniform implementation:

**1. Where spouse is working in another Government Organization / PSU / Statutory Body**

If either spouse is employed in Central Government, Delhi Government, Public Sector Undertaking or any Statutory Body and is availing medical facilities from that organization, the MCD employee may opt out of MCDEHS, subject to submission of a **joint declaration** latest by 28 February 2026 by both spouses to their respective offices clearly specifying which spouse shall claim medical benefits, so as to avoid dual benefit / double claim.

**2. Where both spouses are working in MCD**

In cases where both spouses are employees of MCD, **subscription shall be deducted only from the salary of the spouse drawing higher pay**, subject to submission of a **joint declaration** latest by 28 February 2026, by both spouses.

For December and January salaries, where MCDEHS subscription was deducted but declaration submitted, the deducted amounts will be refunded.

All Heads of Departments, Zonal Offices, DDOs and concerned officers are directed to ensure strict compliance of the above instructions.

This issues with the approval of the Competent Authority.

**Director Hospital Administration**

**Copy for online uploading on MCD website & circulation to:-**

1. Addl. Commissioners/MCD
2. CA-cum-FA/MCD
3. All Dy. Commissioners of the Zones/MCD.
4. All Head of Depts./MCD (with the request to circulate to all concerned DDOs).
5. Director (IT)/MCD with the request to get this circular uploaded on the official website of Corporation.
6. All MS's of the Hospitals
7. All CAMOs of the zones/MCD (through Addl. DHA/Primary Health)
8. All DCA Concerned (through DCA -H.Q.)
9. In-charge medical Cell/MCD.
10. Office Copy

**Copy for kind information:-**

1. OSD to Commissioners/MCD for kind information to Commissioner.
2. Municipal Secretary/MCD.

# JOINT DECLARATION FORM

## (For Medical Facility Option under Municipal Corporation of Delhi Employees Health Scheme – MCDEHS 2025)

We, the undersigned, hereby submit this joint declaration for the purpose of availing medical facilities and regulation of subscription under MCDEHS, as per instructions issued by the Department of Hospital Administration, MCD.

### 1. Details of Employee – I

- Name : \_\_\_\_\_
- Designation : \_\_\_\_\_
- Employee ID / PF No. : \_\_\_\_\_
- Department / Zone / Office : \_\_\_\_\_
- Organization :  MCD  Other Govt./PSU/Statutory Body (Specify) \_\_\_\_\_
- Present Pay Level / Basic Pay : \_\_\_\_\_

### 2. Details of Employee – II (Spouse)

- Name : \_\_\_\_\_
- Designation : \_\_\_\_\_
- Employee ID / PF No. : \_\_\_\_\_
- Department / Zone / Office : \_\_\_\_\_
- Organization :  MCD  Other Govt./PSU/Statutory Body (Specify) \_\_\_\_\_
- Present Pay Level / Basic Pay : \_\_\_\_\_

### 3. Declaration

We hereby declare that:

- **Option–A (Spouse working in other Government / PSU / Statutory Body):**  
We mutually agree that medical benefits shall be availed from the organization of:  
Name of spouse: \_\_\_\_\_  
Organization: \_\_\_\_\_

Accordingly, the other spouse shall opt out of MCDEHS to avoid double medical benefit / dual claim.

OR

- **Option–B (Both spouses working in MCD):**  
We mutually agree that MCDEHS subscription shall be deducted from the salary of the spouse drawing higher pay, as per rules.  
Name of spouse (higher pay): \_\_\_\_\_

We undertake that no double medical claim shall be made by either of us. In case of any false declaration or misuse, we shall be personally responsible and liable for disciplinary / financial action as per rules.

### 4. Signatures

Signature of Employee – I: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Employee – II (Spouse): \_\_\_\_\_  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### 5. Verification by Office / DDO

Verified that the above details have been checked from service records.

Signature of DDO / Authorized Officer: \_\_\_\_\_  
Name & Designation: \_\_\_\_\_  
Office Seal: \_\_\_\_\_  
Date: \_\_\_\_\_