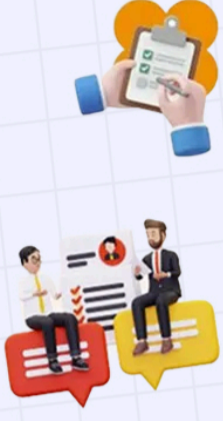




8वाँ केंद्रीय वेतन आयोग
8th Central Pay Commission



मेरी सरकार



8^{वाँ} केंद्रीय वेतन
आयोग
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8th Central Pay
Commission
Memorandum submission



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Memo ID: Memo/2/AUP/150426/336107823

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Association / Union of Serving Employees / Pensioners

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Participant Details

Category *

Association/Union of Pensioners

Name of Association/Union *

ALL INDIA BSNL RETIRED EXECUTIVES ASSOCIATION

Name & designation of representative of Association/Union *

Balasubramanian Ramiah Rajarathinam

Address *

FLAT NO.6, SECOND FLOOR, SUBIKSHA APT., 10/41, SOWRASHTRANAGAR 7TH CROSS STREET, CHOOLAIMEDU, CHENNA

Mobile *

9486100613

Email *

callrrb@yahoo.co.in

State / Union Territory *

Tamil Nadu

Select concerned Central Ministry/Department/Union Territory *

- Central Ministry/Department
 Union Territory
 No Specific Ministry/Department/Union Territory

Concerned Ministry *

Ministry of Communications

Concerned Department *

Department of Telecommunications

Concerned attached office / subordinate office / office under the administrative control of the Ministry/Department (if any)

BHARAT SANCHAR NIGAM LIMITED

Concerned Service/Cadre (if any)

SUB DIVISIONAL ENGINEER

Memorandums / Representations / Submissions

Note: Please enter your concerns/views against the theme below.

There is a limit of 10000 characters for each theme.

Paper based physical response, emails or pdf response are not being considered by the Commission.

Note: Please ensure that you fill at least one (any one) entry from Question 1 to Question 9. Providing a response to any one of these questions is mandatory for successful submission of the form.

Pay Matters

Q1. What concerns / views do you have related to pay matters?

Select those which are applicable

- Basic Pay
 Minimum Pay
 Increment/Annual Increment
 Level in Pay Matrix
 Maximum of Pay Level
 Any Other

Please enter concerns / views related to pay matters here (limited to 10000 characters).

9428 characters remaining

We represent BSNL absorbed pensioners drawing pension under Rule 37 A, now Rule 37 of CCS (Pension) Rules. While the structure of pension, which includes the formula for calculation of pension, gratuity ceiling, qualifying years for pension, commutation, enhancement of quantum of pension as reviewed and recommended by each CPC is applicable to us, recommendation of revision of our pay scales is made by the Pay Revision Committees. Therefore, we have no views to convey in respect of pay scales, allowances, bonus and service conditions of Central Government employees.

Please enter your response to above challenge/problem pay matters here (limited to 10000 characters).

10000 characters remaining

Allowances

Q2. What concerns / views do you face related to Allowances?

Select those which are applicable

- Dearness Allowance
- Allowance Related to Qualifications
- Allowance Related to Additional Duty or Extra Duty or Working on Holidays, etc
- Allowance Related to Capacity Building or Knowledge Upgradation or Trainings
- Allowance Related to Deputation or Posting
- Allowance Related to Housing including HRA
- Allowance Related to Performance, Merit, Good service, etc
- Allowance Related to Risk and Hardship
- Allowance Related to Travel including Travelling Allowance
- Allowance Related to Sports
- Allowance Related to Uniform
- Allowance Related to Running Staff
- Any other

Please enter concerns / views related to allowances here (limited to 10000 characters).

9915 characters remaining

We represent BSNL absorbed pensioners and we have no views to convey in this respect.

Please enter your response related to allowances here (limited to 10000 characters).

10000 characters remaining

Advances

Q3. What concerns / views do you face related to Advances?

Select those which are applicable

- Related to Personal Computer
- Related to House Building
- Any other

Please enter concerns / views related to Advances here (limited to 10000 characters).

9915 characters remaining

We represent BSNL absorbed pensioners and we have no views to convey in this respect.

Please enter your response related to Advances here (limited to 10000 characters).

10000 characters remaining

Facilities

Q4. What concerns / views do you face related to Facilities?

Select those which are applicable

- Leave
- Group Insurance including CGEGIS
- Exgratia/ Compensation
- Medical Facility
- Provident Fund including GPF
- Leave Travel Concession
- Welfare provisions
- Any other

Please enter concerns / views related to Facilities here (limited to 10000 characters).

6701 characters remaining

INCREASE IN FIXED MEDICAL ALLOWANCE UNDER CGHS FROM Rs.1000 TO Rs.3000 PER MONTH:

This memorandum is submitted to the VIII Central Pay Commission to request a long overdue revision of the Fixed Medical Allowance (FMA) paid to Central Government pensioners residing in non CGHS areas. The present rate of Rs.1000 per month, fixed in 2014, no longer reflects the actual cost of outpatient medical care. Prices of medicines, diagnostic tests, and consultations have risen sharply over the past decade, and pensioners, especially those in rural and semi urban regions, bear the full burden of these expenses. The FMA was introduced as a welfare measure to support pensioners who do not have access to CGHS facilities, but its current level has become inadequate and ineffective.

The Parliamentary Standing Committee on Personnel, Public Grievances, Law and Justice, in its 110th Report on Pensioner's Grievances, examined this issue in detail and recommended that the FMA be increased to Rs.3000 per month. The Committee observed that "the existing amount of Rs.1000 is grossly insufficient to meet even basic OPD expenses" and urged the Government to revise the allowance in line with rising medical costs and inflation. The Committee also noted that a large proportion of pensioners live in non CGHS areas and depend entirely on the FMA for routine medical needs. The report is available at:

https://rajyasabha.nic.in/rsnew/Committee_site/Committee_File/ReportFile/20/161/110_2021_7_15.pdf

AIBSNLREA submits that the justification for enhancement is overwhelming. First, the cost of essential medicines has increased by 150 to 300 percent over the last decade, and even common chronic conditions such as hypertension, diabetes, arthritis, and cardiac ailments require monthly expenditure far exceeding Rs.1000. Second, pensioners in non CGHS areas do not have access to OPD treatment at wellness centres or empanelled hospitals. Third, the age profile of pensioners shows a steady rise in the proportion of elderly individuals above 70 years, who require more frequent medical consultations and diagnostic tests. Fourth, the FMA has not been revised for more than ten years, despite repeated representations and clear recommendations from expert bodies.

The principle underlying the FMA is that pensioners in non CGHS areas should not be placed at a disadvantage compared to those covered under CGHS. However, the stagnant allowance has created a widening gap between the two groups. The Parliamentary Committee has already recognized this inequality and recommended a realistic revision. The financial impact on the Government will be modest, but the relief to pensioners will be substantial and immediate. Enhancing the FMA to Rs.3000 per month will help restore the original purpose of the allowance and ensure that pensioners can meet their basic medical needs with dignity.

AIBSNLREA therefore respectfully urges the VIII Central Pay Commission to recommend enhancement of the Fixed Medical Allowance to Rs.3000 per month, in line with the Parliamentary Committee's recommendation and the actual cost of outpatient medical care. Such a decision will bring meaningful relief to lakhs of pensioners residing in non CGHS areas and reaffirm the Government's commitment to their health and welfare.

EXPANSION OF CGHS TO ALL DISTRICT HEAD QUARTERS:

This memorandum is submitted by AIBSNLREA to the VIII Central Pay Commission to place focus on the urgent and nationally significant demand for expanding the Central Government Health Scheme (CGHS) to all District Headquarters across the country. Pensioners residing outside the limited network of existing CGHS cities continue to face severe difficulties in accessing affordable and reliable healthcare. The Ministry of Health & Family Welfare continues to insist on a minimum of 6000 serving Central Government employees for opening a new CGHS centre, a criterion that is impractical and effectively excludes most cities outside State capitals. It is also observed that several existing CGHS centres do not meet these norms, indicating that the criteria are neither uniformly applied nor rational in the present context.

AIBSNLREA submits that the restrictive norms have resulted in a highly uneven and inequitable distribution of CGHS facilities. Pensioners living in non CGHS districts are compelled to depend on private hospitals and pharmacies, where costs are significantly higher and reimbursement mechanisms are cumbersome or unavailable. Expansion of CGHS is repeatedly stalled on the grounds of “resource constraints” and non sanction of posts by the Department of Expenditure, even though the number of districts in India is fewer than 800 and the establishment of one CGHS Wellness Centre per district is a feasible and socially responsible national objective. The Association is of the considered view that such expansion would not only benefit pensioners but also create employment opportunities for the large pool of qualified but unemployed doctors, nurses, and paramedical staff across the country.

The justification for expanding CGHS to all District Headquarters is compelling. First, the demographic profile of Central Government pensioners shows a steady rise in the proportion of elderly individuals who require regular medical care, chronic disease management, and access to affordable medicines. Second, the cost of outpatient treatment, diagnostics, and essential medicines has increased sharply, making CGHS the only dependable mechanism for predictable and subsidized healthcare. Third, the existing empanelment and reimbursement systems outside CGHS are inconsistent, often delayed, and financially burdensome for pensioners. Fourth, the principle of equality demands that pensioners residing in smaller towns and rural districts should not be placed at a disadvantage compared to those living in metropolitan cities. Fifth, the Parliamentary Standing Committee on Health and Family Welfare has repeatedly emphasized the need for wider coverage of government supported healthcare systems, noting that access to affordable medical care is a fundamental requirement for senior citizens. The Committee’s observations on strengthening CGHS and expanding its reach are available in its reports, including the 132nd Report on Demands for Grants of the Ministry of Health & Family Welfare:

https://rajyasabha.nic.in/rsnew/Committee_site/Committee_File/ReportFile/14/158/132_2020_3_12.pdf

AIBSNLREA submits that the present criteria for opening new CGHS centres are outdated and do not reflect the realities of today’s administrative and demographic landscape. District Headquarters already serve as hubs for government administration, public health infrastructure, and essential services. Establishing CGHS Wellness Centres in these locations would ensure accessibility for pensioners, serving employees, and their families, while also enabling better integration with district level hospitals and diagnostic facilities. The Association believes that with policy level support and administrative commitment, CGHS coverage can be extended to all District Headquarters within a reasonable timeframe, without imposing an unsustainable financial burden on the Government.

In light of these considerations, AIBSNLREA respectfully urges the VIII Central Pay Commission to recommend expansion of CGHS to all District Headquarters across India. Such a recommendation will promote equality, strengthen public healthcare delivery, reduce out of pocket expenditure for pensioners, and reaffirm the Government’s commitment to the welfare of its retired employees. The expansion of CGHS is not merely an administrative reform but a necessary step toward ensuring dignified and affordable healthcare for lakhs of senior citizens who have served the nation throughout their careers.

Performance Incentive

Q5. What concerns / views do you face related to Performance Incentive?

Select those which are applicable

- Variable Pay
- Performance Pay
- Bonus
- Any other

Please enter concerns / views related to Performance Incentive here (limited to 10000 characters). 9915 characters remaining

We represent BSNL absorbed pensioners and we have no views to convey in this respect.

Please enter your response related to Performance Incentive here (limited to 10000 characters). 10000 characters remaining

Empanelment / Postings in GOI

Q6. What concerns / views do you face related to Empanelment / Postings in GOI?

Select those which are applicable

- Empanelment
- Postings in GOI
- Any other

Please enter concerns / views related to Empanelment / Postings in GOI here (limited to 10000 characters).

9915 characters remaining

We represent BSNL absorbed pensioners and we have no views to convey in this respect.

Please enter your response related to Empanelment / Postings in GOI here (limited to 10000 characters).

10000 characters remaining

Cadre Management

Q7. What concerns / views do you face related to Cadre Management?

Select those which are applicable

- Cadre Management
- Any other

Please enter concerns / views related to Cadre Management here (limited to 10000 characters).

9915 characters remaining

We represent BSNL absorbed pensioners and we have no views to convey in this respect.

Please enter your response related to Cadre Management here (limited to 10000 characters).

10000 characters remaining

Career Progression

Q8. What concerns / views do you face related to Career Progression?

Select those which are applicable

- Modified Assured Career Progression (MACP)
- Any other

Please enter concerns / views related to Career Progression here (limited to 10000 characters).

9915 characters remaining

We represent BSNL absorbed pensioners and we have no views to convey in this respect.

Please enter your response related to Career Progression here (limited to 10000 characters).

10000 characters remaining

Retirement Benefits

Q9. What concerns / views do you face related to Retirement Benefits?

Select those which are applicable

- Death-cum-Retirement Gratuity (DCRG) under OPS/NPS/UPS
- OROP
- Leave Salary/Encashment
- Pension Commutation
- Pension
- Any other

Please enter concerns / views related to Retirement Benefits here (limited to 10000 characters).

5752 characters remaining

RESTORATION OF COMMUTED VALUE OF PENSION EARLIER THAN THE PRESENT 15 YEAR PERIOD:

This memorandum is submitted to the VIII Central Pay Commission to place before it the long pending and fully justified request to reduce the restoration period of the commuted portion of pension from the present 15 years to a fair and reasonable period of 12 years. The existing 15 year rule was framed nearly four decades ago, at a time when interest rates were high and life expectancy was much lower. Today, the economic and demographic situation has changed completely. Interest rates on government securities and bank deposits have fallen sharply, and actuarial calculations show that the lump sum paid on commutation is fully recovered, together with the interest element, within 7 to 11 years, depending on the rate applied. Yet the Government continues to restore the commuted portion only after 15 years, causing avoidable financial hardship for pensioners in their advanced years.

Meanwhile, several judicial forums have taken note of the unfairness. They have clearly indicated that the 15 year rule requires fresh examination.

Before 1987, the reduction in pension due to commutation was permanent. Restoration after 15 years was introduced only after the Supreme Court's 1986 judgment in Common Cause Society vs. Union of India, following which the Department of Pension & Pensioners' Welfare issued the Office Memorandum dated 05.03.1987. The Fifth Central Pay Commission, after examining the matter in 1997, recommended that the restoration period be reduced to 12 years, noting that several State Governments such as Kerala, Madhya Pradesh, Orissa, and Punjab were already following the 12 year norm. Unfortunately, this recommendation was not accepted, and the Sixth CPC did not revisit the issue.

A major development has come from the Second National Judicial Pay Commission (SNJPC) headed by Justice P. V. Reddy, appointed by the Supreme Court in 2021. The Commission undertook a detailed actuarial and policy analysis and found the 15 year restoration period to be excessive and unjustified. The SNJPC stated that "the Government should neither make profit nor incur loss in the commutation transaction, which is essentially a welfare measure." It further observed that "the restoration period must be such that the lump sum paid is recovered with reasonable interest, without resulting in undue gain to the Government." The Commission noted that life expectancy has increased significantly since 1987, now averaging 77 to 79 years, and that with an interest rate of 8% per annum, "the commuted amount is fully recovered in 131 months," which is less than 11 years. Even after accounting for contingencies, the Commission concluded that recovery would not exceed 12 years. It therefore held that "restoration after 12 years is more than adequate" and that the 1986 Supreme Court judgment "has lost relevance in the present context." The SNJPC also emphasized that the risk factor cited by the Government is mitigated because, upon the death of a pensioner, the liability to pay full pension ceases and family pension being substantially lower, reduces the financial burden on the exchequer. The full report of the SNJPC is available at:

<https://doj.gov.in/wp-content/uploads/2023/11/SNJPC-Report-Vol-1.pdf>

AIBSNLREA now urges the VIII Central Pay Commission to take a forward looking and humane view. The 15 year restoration period is outdated and imposes unnecessary hardship on pensioners who face rising medical and living expenses. The economic rationale for the 15 year period has collapsed; actuarial evidence supports restoration within 11-12 years; and expert bodies, including the SNJPC, have clearly recommended reform. The Commission has the opportunity to correct a long standing injustice and align pension policy with contemporary realities. We therefore respectfully request that the VIII CPC recommend restoration of the commuted portion of pension after 12 years, in line with the Fifth CPC's recommendation, the SNJPC's findings, and the principles of fairness, equity, and financial neutrality. Such a decision will bring meaningful relief to millions of pensioners and reaffirm the Government's commitment to their welfare.

Please enter your response related to Retirement Benefits here (limited to 10000 characters).

4040 characters remaining

GRANT OF ADDITIONAL QUANTUM OF PENSION – 5%, 10% AND 15% ON ATTAINING THE AGE OF 65, 70 AND 75 YEARS:

This memorandum from AIBSNLREA presents the request for revising the age limits for Additional Quantum of Pension for Central Government pensioners. At present, pensioners receive 20% additional pension after they turn 80 years old and 30%, 40%, 50% and 100% after 85 years, 90 years, 95 years and 100 years respectively. This rule was introduced about twenty years ago. Since then, India's population and health patterns have changed significantly. According to the Government of India's Sample Registration System (SRS) Abridged Life Tables 2016–20, the life expectancy at age 60 in India is about 18.3 more years. This means most pensioners depend mainly on their pension for nearly two decades after retirement. [Source: Page 9 of Registrar General of India – SRS Life Tables 2016–20:

["https://censusindia.gov.in/nada/index.php/catalog/44377"](https://censusindia.gov.in/nada/index.php/catalog/44377)]

During these years, medical needs increased sharply while earning capacity was reduced. The National Health Accounts (NHA) Estimates 2019–20 show that Out of Pocket Expenditure (OOPE) still forms 47.1% of total health spending in India, which is a heavy burden on senior citizens. [Source: Press Information Bureau – NHA 2019–20: <https://pib.gov.in/PressReleasePage.aspx?PRID=1919582>]

Health problems also rise quickly after age 65. The Longitudinal Ageing Study in India (LASI) Wave 1 reports that more than 70% of people aged 60 and above suffer from at least one chronic illness such as hypertension, diabetes, lung disease, or stroke. [Source: LASI Wave 1, Ministry of Health & Family Welfare: ["https://www.iipsindia.ac.in/lasi/"](https://www.iipsindia.ac.in/lasi/)]

These facts clearly show that vulnerability begins much earlier than 80 years. Recognizing this, the Parliamentary Standing Committee on Personnel, Public Grievances, Law and Justice recommended in its 110th Report (10 December 2021) that additional pension should start earlier – 5% at 65 years, 10% at 70 years and 15% at 75 years. The Committee stated that rising longevity and medical costs require a more humane pension structure.

Although the Department of Expenditure did not accept the proposal in 2022 due to financial concerns, the matter was reopened in the SCOVA meeting held on 22 February 2024. The Chairman advised both DoP&PW and the Department of Expenditure to re-examine the issue, acknowledging that the proposal has merit and deserves a fresh review.

A practical example already exists in the Government of Himachal Pradesh, which has been giving additional pension at 65, 70, and 75 years since 2014. This system has worked smoothly for more than a decade, even though Himachal Pradesh is a financially constrained State. This shows that such a model is both workable and sustainable.

It is also important to note that before the Seventh Central Pay Commission, the Department of Pension & Pensioners' Welfare itself supported lowering the age for additional pension to 75 years. The proposal was not accepted mainly because of objections from the Ministry of Defence, not because the idea lacked merit. Between ages 60 and 80, pensioners face steep medical expenses, loss of supplementary income, and rising costs of essential services. The National Sample Survey (75th Round) shows that medical expenses for senior citizens are almost double that of the general population. Internationally, many countries provide age linked pension increases starting at 65 or earlier, recognizing that vulnerability does not begin at 80.

Financial concerns are manageable. Only about 1.1% of India's population is aged 80 and above, according to the UN World Population Prospects 2024. A small increase at 65, 70, and 75 years will not create a heavy financial burden, especially if introduced in phases. [Source: UN DESA – World Population Prospects 2024: <https://population.un.org/wpp/>]

Ensuring dignity in old age is a constitutional and moral responsibility. All available evidence viz. government statistics, expert recommendations, international practice, and the successful Himachal Pradesh model, supports the need to revise the age thresholds for additional pension.

In view of the above, it is respectfully submitted that the Eighth Central Pay Commission may kindly recommend granting additional quantum of pension at 65, 70, and 75 years, as proposed by the Parliamentary Standing Committee.

RECTIFICATION OF ANOMALY IN GRANT OF ADDITIONAL QUANTUM OF PENSION:

AIBSNLREA hereby draws the attention of the VIII Central Pay Commission to an important anomaly in the grant of additional quantum of pension on attaining the age of 80 years, 85 years, 90 years, 95 years and 100 years. Under the existing rules, pensioners become eligible for the additional quantum from the first day of the month in which their date of birth falls. This system, however, creates an unintended inequality for pensioners born on the 1st day of any month. Such individuals retire a full month earlier than others born later in the same month, but when it comes to the additional quantum of pension, both are granted the benefit from the first day of the same month, even though the person born on the 1st actually completes the milestone age on the last day of the previous month. As a result, the pensioner born on the 1st suffers a double disadvantage—first by retiring a month earlier, and second by not receiving the additional quantum a month earlier despite attaining the eligible age earlier. This inconsistency goes against the principle of fairness and equal treatment, especially when the date of birth is a verified and uncontrollable factor. This association therefore urges the Commission to recommend that pensioners born on the 1st of any month be

association therefore urges the Commission to recommend that pensioners born on the 1st of any month be granted the additional quantum of pension from the previous month in which they actually complete the 15th anniversary of their service to remove the anomaly and ensuring just and equitable treatment for all pensioners.

Upload Supporting Documents

The Commission may contact you via the provided email address or mobile number should any additional information or clarification be required in respect of the submissions made through the structured memorandum. If you still wish to upload any additional document, kindly limit them to specific judgments, datasets, or evidence that directly support/strengthen your response. Memorandums or representations need not be uploaded again.

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Consent*

- I agree that the information, data, details, suggestions, etc provided in this Memorandum may be processed by the Commission at its discretion and in the manner it likes. I also agree that the Commission may share the above with relevant ministries/departments or stakeholders for consultation, views, feedback or further processing without further notice or intimation to me at any stage.

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