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GOVERNMENT OF NAGALAND  
DIRECTORATE OF HEALTH AND FAMILY WELFARE  
NAGALAND: KOHIMA

NO: DHFW-19/RTI/42/2022-23/118

Dated Kohima the 29<sup>th</sup> Mar.2023

To,

Jt. Director & SNO (AB-PMJAY/CMHIS)  
Dte. of Health & Family Welfare  
Kohima, Nagaland,

Sub: Information under RTI.

Sir,

Please find enclosed herewith RTI application of Kikru Pfukha & Keve Koza (Adv.) A.J Advocate Chamber, Puro Complex 1<sup>st</sup> Floor Opp. To supply office, kohima Nagaland 797001, received on 29/03/2023.

Therefore, you are kindly requested to furnish the relevant information to the Addl. Director & PIO, DHFW on or before 12/04/2023 for further necessary action please.

Yours sincerely,



(Dr. Chiekroshuyi Tetseo)  
Addl. Director (Dental) & PIO  
Directorate of Health & Family Welfare  
Nagaland, Kohima

Enclosed : As stated

PMJAY/CMHIS  
for n.a.  
u TIME BOUND  
29/03/23



To,

The Public Information Officer,  
Health and Family Welfare Department  
Nagaland, Kohima- 797001.

Sub: Seeking Information regarding CMHIS, under Section 6(1) of RTI act

Sir/Madam.

This RTI is file in regard to the recent implementation of Chief Minister Health Insurance Scheme (CMHIS), for the Legislators/ex-Legislator and their dependents, and all the indigenous or permanent residences of the State who are not beneficiaries under AB PM-JAY or any public funded insurance scheme. That under section 6(1) of the RTI Act, it is requested of you to release the information pertaining to the above scheme:

1. To provide information regarding the source of funding of the said scheme. —
2. To disclosed the authorized bodies, under which this Scheme has been authorized.
3. To clarify the procedure of the utilization of the fund, in regards to health or in any other related source regarding to the above mentioned Scheme.—
4. To clarify from where the Government Servant and Non-Government Servant are to avail the scheme and on what basis the scheme is applicable to them.
5. To specify the law and regulation regarding the Scheme, and the specific details of the aforementioned Scheme.
6. To specify the amount which is to be deducted, whether monthly/quarterly/yearly basis.

Please send the information to email or address given below through registered post of the address.

Yours faithfully;



**Kikru Pfukha**



**Keve Koza**

Email Id: [AJadvocate11@gmail.com](mailto:AJadvocate11@gmail.com)

Postal Address:

AJ Advocates Chamber,

Puro Complex, 1<sup>ST</sup> Floor,

Opp to Supply Colony

Kohima, Nagaland: 797001.

Ph No.: 9774449306, 8258919123.