

C O M P E N D I U M

**ON PENSION, CGHS AND MEDICAL
FACILITIES FOR CENTRAL GOVT.**

AND BSNL PENSIONERS

(7th Edition - Revised & updated upto November 2011)

Published by:



**KARNATAKA
POSTS AND TELECOMMUNICATIONS
PENSIONERS' ASSOCIATION (R)**

1397, 23rd Main, Banashankari II Stage,
Bangalore-560 070. Phone: 26716198.

Profile of Hon'ble Mr. Justice Y.V. Chandrachud
Chief Architect of 'Magna Carta of Pensioners'

Mr. Yeshwant Vishnu Chandrachud, was born in Poona on 12th July 1920. He passed the LLB examination of the University of Bombay (Law College, Poona) was First in First Class, was enrolled as an advocate of Bombay High Court in 1942 and became judge of Bombay High Court in 1961. He was appointed Judge of the Supreme Court on 28th August, 1972, appointed as Chief Justice of India on 22nd February, 1978 and retired on 11th July 1985 and is credited as the Chief Justice in India's history having the longest tenure of 7 years and 4 months. He breathed his last on 14th July, 2008.



Justice Chandrachud was a rare combination of unquestionable integrity, erudition and friendliness, who earned respect from all who interacted with him. He was a custodian of law 'par excellence,' who always stood for common man's safety and rights and committed to human values. He advocated use of law as a tool of social engineering. He was responsible for pronouncing a large number of landmark and notable judgments having far-reaching implications and made rich and everlasting contribution to the legal history of the Supreme Court. As Chief Justice, he presided over the Five Member Bench, which dealt with the famous Writ Petition filed by 'Nakra & Others,' the judgment in respect of which was delivered on 17th December 1982 by Hon'ble Mr. Justice D.A.Desai on behalf of the Bench.

Other noteworthy judgments to his credit are:

- i) The Shah Bano Begum case, in which the right of divorced Muslim woman to get maintenance under Section 125 of Cr. P.C. was upheld.
- ii) The Keshavananda Bharati case, in which he held, "if the State fails to create conditions in which the fundamental freedoms could be enjoyed by all, the freedom of the few will be at the mercy of the many and then all freedoms will vanish."
- iii) In the Minerva Mills case, he said; "Constitution is a precious heritage and you cannot destroy its identity. The harmony and balance between Fundamental Rights and Directive Principles is an essential feature of the basic structure of the Constitution."
- iv) In the Maneka Gandhi case, he held that "Indian citizens are entitled to exercise right to free speech and expression, wherever they choose, regardless of geographical limitations and Constitution does not confer any power to the Executive to prevent the exercise of such a right on foreign soil."

The pensioner-community will ever remain grateful to him for the declaration in the 'Nakra & Others' judgment with regard to 'classification of pensioners based on the date of their retirement' as violative of Art. 14 of the Constitution.

No.41/88/07-P&PW(E)
Government of India
Ministry of Personnel, Public Grievances & Pensions
Department of Pension & Pensioners' Welfare

Lok Nayak Bhavan, Khan Market
New Delhi, the 10th March, 2008

To

- iii. Karnataka Posts and Telecommunications' Pensioners' Association(R), 1397, 23rd Main Banashankari Second Stage, P.O. Bangalore – 560 070 (Karnataka)

Subject: Web-based 'Pensioners' Portal', a Mission Mode Project under National e-Governance Plan – Identification of Pensioners' Associations – regarding.

Sir,

I am directed to invite your kind attention to this Department's earlier communication of even number dated 28.8.2007 on the above noted subject and to state that based on the parameters evolved by this Department and the response received from your Association thereto, this Department has identified your Association, with the approval of the Competent Authority, for being associated with the implementation of the Web-based 'Pensioners' Portal', a Mission Mode Project under National e-Governance Plan. As already intimated, the Portal envisages welfare of Central (Civil) Pensioners across the country through the redressal of their grievances besides providing them information, guidance, etc. on pension and retirement related matters.

2. Further modalities with regard to your involvement in the implementation of the above said Scheme, are being worked out by this Department and you would hear from this Department in the matter shortly. It is hoped that your association with this Department by way of implementation of 'Pensioners' Portal' would go a long way in benefiting the Pensioners' community.

Yours faithfully,

(Geetha Nair)

Under Secretary to the Government of India
Tele: 24644632

Copy for information to:

1. Sr.PPS to Secretary(Pension, AR&PG)
2. PS to Director(PP)

* Please refer pages 75, 76 & 77

रमेश चन्द्र मिश्रा
Ramesh C. Misra
सचिव
Secretary



डॉ. ए. ल. नंग्पूर (डी.जी.ए.)
भारत सरकार,
कार्मिक, लोक शिवालय तथा पेंशन मंत्रालय,
पेंशन एवं पेंशनभोगी कल्याण विभाग,
लोकन्यायक भवन, खास मार्किट,
नई दिल्ली-110003
GOVERNMENT OF INDIA,
MINISTRY OF PERSONNEL, PUBLIC RELATIONS
& PENSIONS,
DEPARTMENT OF PENSION & PENSIONERS' WELFARE,
LOK NAYAK BHAVAN, KHAN MARKET,
NEW DELHI-110003

March 15, 2010

Dear Shri Bhaskaran,

I have received a copy of the Compendium on Pension etc., you have sent me. I find that the book is very informative and contains information about government policy on pension and relevant government orders on the subject, particularly in the context of Sixth Pay Commission recommendations. The book will be a very useful reference material for the pensioners as also those who are retiring.

2. I appreciate the pains you would have taken to bring out the latest edition. I am sure that Karnataka P&T Pensioners' Association will continue with the good work they are doing for the welfare of the pensioners.

With regards,

Yours sincerely,

Shri N. Bhaskaran,
Secretary
Karnataka P&T Pensioner Association,
1397, 23rd Main,
BSK 2nd Stage,
Bangalore-560 070

(Ramesh C. Misra)

15/3/2010

* Message received in connection with 6th Edition.



DR. (MRS.) L. NONGPIUR
ADDL. DY. DIRECTOR GENERAL (HQ.)

D.O.No. 2523/ADDG(BQ)/2001

Directorate General of
Health Services,
Nirman Bhawan,
New Delhi - 110011
Tele: 91-11-3018683

Date: 23rd May, 2001

Dear Sh. Bhaskaran,

Ever so often, Office of the Directorate General of Health Services receives enquiries from C.G.S. beneficiaries as to the rules and guidelines of medical facilities. While the office has tried its best in assisting Enquiries, we are also aware of the fact that we may not have been able to disseminate such information to all beneficiaries at large.

Thereby, we are appreciative of the fact that the Karnataka Posts & Telecommunications Pensioners Association has published the Compendium on Pension, C.G.S. and Medical Allowance Facilities for Pensioners - a handy and functional manual for our beneficiaries.

As regards to the new package deal of private recognised hospitals, we regret to inform that the revised schedule of C.G.S. recognised private hospitals has not yet been finalized. We are confident that the same shall be completed soon and I assure that a copy of the schedule will then be sent to you.

With regards

Yours sincerely,

L. Nongpiur
23/5/01
(DR. (MRS.) L. NONGPIUR)

Secretary,
Karnataka Posts & Telecommunication
Pensioners Association,
1397, 23rd Main,
Banashankari II Stage,
Bangalore 560 070.

* D.O. letter received in connection with 3rd Edition.

CONTENTS

PART - I : PENSION

SECTION-I A	1	3.	Gratuity
Right to receive pension		i)	Service Gratuity
SECTION-I B	3	ii)	Retirement Gratuity
The Magna Carta of Pensioners		iii)	Death Gratuity for family
The Nakra Judgement		4A.	Commutation of Pension
Influence of Nakra Judgment on Pay Commissions		4B.	Restoration of commuted portion of pension
Major Benefits for Pensioners		5.	Dearness Relief
SECTION-I C	14	6.	Interim Relief
(i) Eligibility for Family Pension to all those who retired prior to 1-1-1964		7.	DA treated as Dearness Pay for retirement benefits at various stages
(ii) Restoration of 1/3rd commuted portion of pension after 15 years.		8.	Interim Relief taken into account for determining retirement benefits
(iii) Restoration of 1/3rd commuted portion of pension of PSU absorbees		9.	Age of retirement
SECTION-II	19	10.	Constitution of Central Pay Commissions
Retirement benefits before VI CPC		11.	Nomination
1. Pension		12.	Interest on delayed payments
A - Entitlement and quantum		13.	Mode of pension disbursement
i) Persons eligible for pension		14A.	Certificates to be furnished by pensioner
ii) When is pension given		14B.	Certificates to be furnished by family pensioner
iii) Classes of pension		15.	Recovery of excess or wrong payment
iv) Pension constituents		16.	Issue of duplicate PPO
B - How pensionary benefits are worked out		17.	Drawal of pension by old, sick and handicapped pensioners
i) Qualifying service		18.	Non-Resident Indian (NRI) pensioners
ii) Emoluments for pension calculation		19.	Staggering of pension payments
iii) Amount of pension		20.	Issue of Identity Cards
iv) Minimum and maximum limits		21.	Other retirement benefits
2. Family Pension		i)	Encashment of earned leave
		ii)	Group Insurance Scheme 1980
		22.	General

SECTION-III

51

A. MODIFICATION TO RETIREMENT BENEFITS UNDER VI CPC

1. Qualifying service
2. Discontinuance of addition to qualifying service
3. Average emoluments
4. Quantum of pension
5. Minimum/Maximum pension
6. Age-related additional pension to old pensioner
7. Gratuity
8. Commutation of pension
9. Restoration of commuted portion of pension
10. Family pension
11. Age-related additional Family Pension
12. Definition of family Category-I, Category-II
13. Constant Attendant Allowance
14. Ex-gratia lumpsum Compensation
15. Floor ceiling, when in receipt of two pensions
16. Dearness Relief
17. Revision of $\frac{1}{3}$ rd commuted portion of pension of PSU absorbees
18. No. of Central Govt. Civilian pensioners

B. REVISION/CONSOLIDATION OF PENSION OF PRE 2006 PENSIONERS/FAMILY PENSIONERS

Revision of Pension / Family Pension

Maximum Pension / Family Pension

Age related additional Pension / Family Pension

SECTION-IV

61

Forums available to pensioners for redressal of grievances.

1. Pension Adalaths

2. Ombudsman (Lok Ayuktha)
3. Dept. of Pension & Pensioners' Welfare
4. Directorate of Public Grievances
5. Central Administrative Tribunal
6. SCOVA
7. Grievance-Redressal Forum for Defence pensioners- Both Civil & Military
8. Information & Facilitation Centre of DoP & PW
9. Pensioners' Portal

SECTION-V

78

Important Court verdicts in favour of pensioners

SECTION-VI

92

Annexures

- 1A. Payment of pension through Post Office Savings Bank Account
- 1B. Relevant Rules of F.H.B Vol. II
- 2A. Payment of pension through PS Banks
- 2B. Master circulars issued by R.B.I. on pension payment
3. Pensioner's letter of authority and undertaking for opening P.O. S.B. A/c.
4. Application for opening joint (pension) A/c. in P.S. Banks
5. Life Certificate/Non-Employment Certificate
6. Revised format of pension calculation sheet
7. Application for restoration of commuted portion of pension
8. Application for endorsement of particulars of spouse from post-retiral marriage
9. Application for grant of family pension
10. Application for family pension for physically-handicapped and mentally-retarded children
11. Procedure for making entry of entitlement of family pension to mentally-retarded children in PPO

12. Commutation Table from 2.9.2008
13. Nomination form for claiming arrears on death of a pensioner

SECTION-VII 134

1. Pay scales of III, IV, V & VI CPCs
2. Classification of posts under VI CPC
3. Pay scales for the staff belonging to the Organised Accounts Departments revised under V CPC
- 4A. D.R. rates from 1.1.1996 - V CPC (CPI Base 1982)
- 4B. D.R. rates from 1.1.2006 - VI CPC (CPI Base 2001)

SECTION-VIII 143

New Structured Defined Contributory Pension Scheme
New Pension System extended to all Citizens

PART - II : CGHS

SECTION-1 148

- A. The Scheme
- B.
 - i Organisational set up
 - ii No. of card-holders and beneficiaries
 - iii Facilities available under CGHS
 - iv What the scheme provides
 - v Beneficiaries of CGHS
 - vi Non-applicability-to whom?
 - vii Eligibility of pensioners/family pensioners to join-CGHS
 - viii Domiciliary visits
 - ix Facilities not permissible to pensioners
 - x Procedure for applying for CGHS Card
 - xi
 1. Case regarding extension of CS (MA) Rules 1944 for pensioners

2. Clarification on extension of CS(MA) Rules 1944 to pensioners
3. Medical Facilities for Inpatient and Post Operative Treatment to CGHS beneficiaries
4. Guidelines for domiciliary rehabilitation medicine intervention for reimbursement to CGHS beneficiaries.

SECTION-2 166

- i Issue of pensioner CGHS cards to Central Government Servants before retirement
Provision of CGHS Cards for Pensioners/ Family Pensioners
Responsibility for deletion of the name of an ineligible member
Female Family Pensioner can avail medical facilities only for the dependents of the deceased beneficiary
Children include children taken as wards
Eligibility of permanently disabled son of a beneficiary to avail CGHS facility
- ii Affixing photographs on CGHS Cards
- iii Renewal of CGHS Card by the pensioner
- iv Loss of CGHS Card and Issue of Duplicate Card
- v Replacement of Mutilated Card
- vi Registration of CGHS Card in the Wellness Centre and change of Wellness Centre
- vii Surrender of CGHS Card by pensioners going out of station
- viii Identity Cards to be in different colours
- ix Temporary permit to pensioners
- x Introduction of plastic CGHS Cards

- xi Clarifications regarding Plastic Cards
- xii Issue of Plastic Cards--guidelines to pensioner beneficiaries
- xiii Medical Facilities to CGHS beneficiaries while on tour, leave or in emergency

SECTION-3 182

- i Contribution and ward entitlement
- ii Revision of rates of subscription due to revision of pay of C.G. Employees and revision of Pension / Family Pension
- iii Free diet to CGHS beneficiaries undergoing treatment for T.B., Leprosy, Cancer etc.

SECTION-4 188

Procurement and supply of medicines

Non formulary medicines, generic equivalents of medicines prescribed, imported drugs, OPD medicines prescribed by specialists of empanelled hospitals, branded medicines, issue of medicines for 6 months for those going abroad, analogue Insulin

SECTION-5 197

Specialised Treatments

ENT, Heart, Dental, Eye, Kidney, Knee & Hip, Neuro implants

Cancer Treatment under CGHS/CS(MA)Rules

SECTION-6 224

Reimbursement of Special Requirements

Reimbursement of Air-conditioning charges, cost of disposable surgical sundries, charges for special Nursing/ Ayah/Attendant, Blood Transfusion, Ambulance charges

SECTION-7 228

Reimbursement of various artificial appliances

Glucometer, Nebulizer, CPAP/BIPAP Machines, prostheses,

calipers, Mobility Aids like Crutches, Wheel Chair, Walking Stick, Cervical and Spinal Braces, Collars.

SECTION-8 237

Referring cases to Govt. referral hospitals/recognised private hospitals

SECTION-9 249

Treatment in unrecognised private hospitals

SECTION-10 251

Delegation of powers in respect of referral system-- Permission cases and ex-post facto approval

SECTION-11 272

Medical advance to pensioners

SECTION-12 274

Grievance-redressal procedure in CGHS

SECTION-13 279

Proposal to Introduce Central Govt. Employees and Pensioners Health Insurance Scheme (CGEPHIS)

SECTION-14 282

Important Court Verdicts in favour of CGHS beneficiaries

SECTION-15 293

List of areas covered by CGHS Wellness Centres in Bangalore

SECTION-16 297

CGHS Bangalore--A Bird's eye-view

SECTION-17 298

Fixed Medical Allowance

Application for Fixed Medical Allowance

SECTION-18	313
A. List of CGHS and Postal dispensaries in India	
B. Extension of medical facilities to retired P&T employees in non-CGHS areas	
C. Renaming of P&T dispensaries as Postal Dispensaries after 1.10.2000	
D. After formation of BSNL on 1.10.2000, BSNL retirees not entitled for treatment in Postal Dispensaries	
SECTION-19	316
Issue of Individual Plastic Cards (At present in Delhi only)	
SECTION-20 ANNEXURES (FORMS)	320
i. Application for admission to CGHS	
ii. Temporary permit--CGHS	
iii. Deletion/addition to family--CGHS	
iv. Preferring Medical claims for reimbursement	
PART-III EMPANELMENT OF HOSPITALS/ DIAGNOSTIC CENTRES - CGHS	
SECTION-1	329
Terms and conditions for empanelment of Hospitals/Diagnostic Centres under CGHS	
SECTION-2	340
Treatment in emergency	
SECTION-3	342
List of New empanelled Hospitals/Diagnostic Centres in Bangalore	
Credit facilities and dedicated service available at Autonomous institutions in Bangalore	

Availability of treatment in State Government Hospitals

PART-IV BSNL PENSION SCHEME

SECTION-1	350
The Scheme	
SECTION-2	359
BSNL Pay Scales	
Wage Revision of Non-Executives in BSNL from 1-1-2007	
SECTION-3	364
I.D.A. Rates from 1.10.2000 / 1.1.2007 for Non-Executives / Executives	

PART-V BSNL MRS

SECTION-1	367
The Scheme	
SECTION-2	383
Private Hospitals recognised under BSNL MRS in Bangalore	
SECTION-3	397
Annexures	
1. Application for registration	
2. Application for reimbursement of outdoor treatment	
3. Application for reimbursement of indoor treatment	
4. Certificate for hospitalisation	
5. Application for Medical Advance	
6. Authorisation letter for treatment in hospital	

SECTION - 1A

RIGHT TO RECEIVE PENSION**Pension is property under Article 31(1)
of the Constitution and by mere Executive Order,
the State had no power to withhold the same**

(Extracts from the Judgment delivered by Supreme Court on 4.5.1971 in Writ Petition No. 217/1968-Deokinandan Prasad, Dy. Inspector of Schools, a Member of Education Department Vs. State of Bihar)

"We are not inclined to accept the contention of the learned counsel for the respondents. By a reference to the material provisions in the Pension Rules, we have already indicated that the grant of pension does not depend upon an Order being passed by the authorities to that effect. For the purposes of quantifying the amount having regard to the period of service and other allied matters, it may be necessary for the authorities to pass an Order to that effect, but the right to receive pension flows to an Officer not because of the said Order but by virtue of the Rules. The Rules, we have already pointed out, clearly recognise the right of persons like the petitioner to receive pension under the circumstances mentioned therein.

The question whether the pension granted to a public servant is property attracting Art. 31(1) came up for consideration before the Punjab High Court in Bhagwant Singh v. Union of India. It was held that such a right constitutes "property" and any interference will be a breach of Art. 31 (1) of the Constitution. It was further held that the State cannot by an Executive Order curtail or abolish altogether the right of the public servant to receive pension. This decision was given by a Learned Single Judge. This decision was taken up in Letters Patent Appeal by the Union of India. The Letters Patent Bench in its decision in Union of India v. Bhagwant Singh approved the decision of the Learned Single Judge. The Letters Patent Bench held that the pension granted to a public servant on his retirement is "property" within the meaning of Art 31 (1) of the Constitution and he could be deprived of the same only by an authority of law and that pension does not cease to be property on the mere denial or cancellation of it. It was further held that character of pension

as "property" cannot possibly undergo such mutation at the whim of a particular person or authority.

The matter again came up before a Full Bench of the Punjab and Haryana High Court in *K.R. Erry v. the State of Punjab*. The High Court had to consider the nature of the right of an Officer to get pension. The majority quoted with approval, the principles laid down in the two earlier decisions of the same High Court, referred to above and held that the pension is not to be treated as a bounty payable on the sweet will and pleasure of the Government and that the right to superannuation pension including its amount is a valuable right vesting in a Government servant.

* * *

"But we agree with the view of the majority when it has approved its earlier decision that pension is not a bounty payable on the sweet will and pleasure of the Government and that, on the other hand, the right to pension is a valuable right vesting in a Government servant. This Court in *State of Madhya Pradesh v. Ranojirao Shinde* and another had to consider the question whether a "cash grant" is "property" within the meaning of that expression in Articles. 19 (1) (f) and 31 (1) of the Constitution. This Court held that it was property, observing "it is obvious that a right to sum of money is property.

Having due regard to the above decisions, we are of the opinion that the right of the petitioner to receive pension is property under Art. 31 (1) and by a mere Executive Order, the State had no power to withhold the same. Similarly, the said claim is also property under Art. 19(1) (f) and it is not saved by sub-article (5) of Art. 19. Therefore, it follows that the Order dated June 12, 1968 denying the petitioner right to receive pension affects the Fundamental Right of the petitioner under Articles. 19(1) (f) and 31(1) of the Constitution and as such, the Writ Petition under Art. 32 is maintainable. It may be that under the Pension Act (*Act 23 of 1871*) there is a bar against a Civil Court entertaining any suit relating to the matters mentioned therein. That does not stand in the way of a *Writ of Mandamus* being issued to the State to properly consider the claim of the petitioner for payment of pension according to law."

SECTION I B

THE "MAGNA CARTA" OF PENSIONERS

The famous Judgment delivered on 17.12.1982 by the Supreme Court provided a rich legacy for the Pensioner community. Pensioners are grateful to the petitioners for their unique initiative in directly approaching the Supreme Court and for the pro-active role adopted by the Hon'ble Judges constituting the Bench in delivering the land mark Judgment. Pensioners Associations quoted extensively the declarations contained in the Judgment in support of the demands submitted before Pay Commissions. The dynamic role pursued by successive Pay Commissions in submitting their recommendations and the benevolent attitude of Administrators in charge of implementing the recommendations improved the lot of Pensioners. There were three petitioners in the legal battle - Sri D.S.Nakra, a Civil Servant, who retired on superannuation as Financial Advisor to the Defence Ministry, Rear Admiral Satyendra Singh, who retired from the Armed Forces and 'Common Cause', a Society registered under the Societies Registration Act, 1860 formed to ventilate the legitimate public problems. The last one joined the legal battle for espousing the cause of Pensioners all over the country. The case treated as Writ Petition Nos. 5939-41 under Article 32 of the Constitution of India, known as *D.S. Nakra others Vs. Union of India*, was heard by a Five Member Bench consisting of Hon'ble Chief Justice Mr. Y.V. Chandrachud, Hon'ble Mr. Justice V.D. Tulzapurkar, Hon'ble Mr. Justice D.A. Desai, Hon'ble Mr. Justice O. Chinnappa Reddy and Hon'ble Mr. Justice Baharul Islam. It will be of interest now to recall the back ground on which the legal battle was fought.

1. THE BACK GROUND

1.1 The 1st CPC (1946-47) recommended that the age of retirement for future retirees should be uniformly 58 years for all services and the scale of Pension should be 1/80 of the emoluments for each year of service, subject to a limit of 35/80 with a ceiling of Rs. 8,000/- per year for 35 years of service, which the Government, while accepting the recommendation raised to Rs. 8,100/- per year, which would earn

a monthly Pension of Rs. 675 at the maximum. The II CPC (1957-59) did not recommend any improvement in the Pension Scheme. The Administrative Reforms Commission (ARC) constituted in 1959 took note of the fact that the cost of living had shot up and the quantum of Pension may be raised to 3/6 of the emoluments of the last three years of service and the ceiling for Pension should be raised from Rs. 675 p.m. to Rs. 1000/- p.m. Before the Government could take a decision on the recommendations of the ARC, the III CPC was constituted. The III CPC (1970-73) also did not examine the question of relief to past Pensioners, as their terms of reference did not include the case of past Pensioners. On the basis of its recommendation, the Government took decision to change the rate of Pension to 66/160 (i.e., for a maximum of 33 years of service) of average emoluments of 36 months and raised ceiling of maximum Pension from Rs. 675/- p.m. to Rs. 1,000/- p.m. From 29-2-1976, Government changed the period for calculation of average emoluments from 36 months to 10 months.

1.2. The Ministry of Finance of Gol issued a Notification on 25th May, 1979 under No.F 19(3) EV 79, introducing a new Pension Scheme, whereby the formula for computation of Pension was liberalized, but made it applicable to Government servants who were in service on March 31, 1979 and retire from service on or after that date. The Liberalisation Scheme was made applicable to Armed Forces personnel with effect from 1-4-1979 through a Notification issued on 28th September 1979 bearing No. B/40725/A/PS4-C/1816/AD (Pension/ Services) of Ministry of Defence. Under the Liberalised Pension Scheme, a slab system was introduced for calculation of monthly Pension according to which a Pensioner was to get (i) 50% for the first Rs. 1,000/- of average emoluments (ii) 45% for the next Rs. 500 of average emoluments and (iii) 40% of balance of average emoluments. The ceiling on maximum Pension was also raised from Rs. 1,000/- to Rs. 1,500/-.

1.3. Having retired under II CPC in 1972, both Sri D.S.Nakra and Sri Satyendra Singh were getting the maximum Pension of Rs. 675 p.m. With the scheme of sanction of relief on Pension from time to time after retirement, Sri Nakra and Rear Admiral (Retd.) Sri Satyendra Singh were getting a total Pension (basic Pension plus relief on basic Pension) of Rs. 935/- and Rs. 981/- respectively at the time of introduction of Liberalisation of Pension Formula. Being aggrieved at the action of the Government in not making applicable to past retirees

(i) the slab system (ii) the ceiling on maximum Pension (both introduced under new scheme) and (iii) the benefit of taking emoluments drawn during last 10 months' service in place of last 36 months' service for calculation of average emoluments introduced from 29-2-1976, the two retirees under reference along with 'Common Cause' approached the Supreme Court in 1979 with Writ Petition (Nos. 5939-41 of 1980) under Article 32 of the Constitution of India. Their contention was that Pensioners should not be classified based on the date of their retirement and any scheme for improvement in the retirement benefits after their retirement should be made applicable to them also. They filed the Writ Petition with a request to declare the action of the Government as being violative of Article 14 of the Constitution. The Five-Member Bench constituted for the purpose was presided over by Hon'ble the Chief Justice Mr. Y.V.Chandrachud and the Judgment running into 64 paras was delivered on 17th December 1982 by Hon'ble Mr. Justice D.A.Desai on behalf of the Bench. Some of the comments made by the Supreme Court in its Judgment are worth reproducing.

2. THE NAKRA JUDGMENT

2.1. Absence of any criterion for classification

Para 12.7: "The classification must not be arbitrary, but must be rational, that is to say, it must not only be based on some qualities or characteristics, which are to be found in all the persons grouped together and not in others who are left out, but those qualities or characteristics must have reasonable relation to the object of the legislation. In order to pass the test, two conditions must be fulfilled, namely, (1) that the classification must be founded on an intelligible differentia which distinguishes those that are grouped together from others and (2) that differentia must have a rational relation to the object to be achieved by the Act."

Para 17: "The basic contention as hereinbefore noticed is that the Pensioners for the purpose of receiving Pension form a class and there is no criterion on which classification of Pensioners retiring prior to specified date and retiring subsequent to that date can provide a rational principle correlated to object, viz., object underlying payment of Pensions."

2.2 Reasons underlying grant of Pension

Para 27: "....The reasons underlying the grant of Pension vary from country to country and from scheme to scheme. But broadly

stated they are (i) as compensation to former members of the Armed Forces or their dependents for old age, disability, or death (usually from service causes) (ii) as old age retirement or disability benefits for civilian employees and (iii) as social security payments for the aged, disabled, or deceased citizens made in accordance with the rules governing social service programmes of the country. Pensions under the first head are of great antiquity. Under the second head, they have been in force in one form or another in some countries for over a century, but those coming under the third head are relatively of recent origin, though they are of the greatest great magnitude.....”

Para 31: “From the discussion three things emerge (i) that Pension is neither a bounty nor a matter of grace depending upon the sweet will of the employer and that it creates a vested right subject to 1972 Rules which are statutory in character, because they are enacted in exercise of powers conferred by the Proviso to Art. 309 and Clause (5) of Art. 148 of the Constitution; (ii) that Pension is not an ex-gratia payment, but it is a payment for the past service rendered; and (iii) it is a social welfare measure rendering socio-economic justice to those who in the heyday of their life ceaselessly toiled for the employer on an assurance that in their old age, they would not be left in the lurch....”

2.3 Quantum and compensation for price rise

Para 26: “.. A Pension scheme consistent with available resources, must provide that the Pensioner would be able to live (i) free from want and with decency, independence and self-respect (ii) at a standard equivalent at the pre-retirement level...”

Para 39: “...Those who rendered the same service earned less Pension and are exposed to the vagary of rising prices consequent upon the inflationary inputs. If, therefore, those who are to retire subsequent to the specified date would feel the pangs in their old age, of lack of adequate security, by what stretch of imagination the same can be denied to those who retired earlier with lower emoluments and yet are exposed to the vagaries of the rising prices and the falling purchasing power of the rupee?”

2.4. Updating of Pensions based on revision of pay scales

Para 46: “... Revised pay scales are introduced from a certain date. All existing employees are brought on to the revised scales

by adopting a theory of fitments and increments for past service. In other words, benefit of revised scale is not limited to those who enter service subsequent to the date fixed for introducing revised scales, but the benefit is extended to all those in service prior to that date. This is just and fair. Now, if Pension, as we view it, is some kind of retirement wages for past service, can it be denied to those who retired earlier, revised retirement benefit being available to future retirees only? Therefore, there is no substance in the contention that the Court, by its approach, would be making the scheme retroactive, because it is implicit in the theory of wages.”

2.5. Benefits not to be denied because of lack of precedent

Para 41: “The last submission, the absence of precedent need not deter us for a moment. Every new norm of socio-economic justice, every new measure of social justice, commenced for the first time at some point of history. If at that time it is rejected as being without a precedent, the law as an instrument of social engineering would have long since been dead and no tears would have been shed.....Over emphasis on precedent furnishes an insurmountable road block to the onward march towards promised millennium. An over emphasis of precedents is the bane of our system which is slowly getting stagnant, stratified and atrophied. Therefore, absence of a precedent on this point need not deter us at all. We are all the more happy for the chance of scribbling on a clean slate....”

2.6. Striking down the relevant portion of the Order

Para 64: “...With the expanding horizons of socio economic justice, the Socialist Republic and Welfare State, which we endeavour to set up and largely influenced by the fact that the old man who retired, when emoluments were comparatively low and are exposed to vagaries of continuously rising prices, the falling value of the rupee consequent upon inflationary inputs, **we are satisfied that by introducing an arbitrary eligibility criteria: ‘being in service and retiring subsequent to the specified date’ for being eligible for the Liberalised Pension Scheme and thereby dividing a homogeneous class, the classification being not based on any discernible rational principle and having been found wholly unrelated to the objects sought to be achieved by grant of Liberalised Pension and the eligibility criteria devised being thoroughly arbitrary, we are of the view that the eligibility for**

Liberalised Pension Scheme of 'being in service on the specified date and retiring subsequent to that date' in the impugned memoranda violates Art. 14 and is unconstitutional and is struck down with this specification that the date mentioned therein will be relevant as being one from which the Liberalised Pension Schemes becomes operative to all Pensioners governed by 1972 Rules, irrespective of the date of retirement. Omitting the unconstitutional part, it is declared that all Pensioners governed by the 1972 Rules and Army Pension Regulations shall be entitled to Pension as computed under the Liberalized Pension Scheme from the specified date irrespective of the date of retirement. Arrears of Pensions prior to the specified date as per fresh computation is not admissible. Let a writ to that effect be issued. But in the circumstances of the case, there will be no Order as to costs."

3. INFLUENCE OF NAKRA JUDGMENT ON PAY COMMISSIONS

3.1. IV CPC (1983-86)

After the Judgment of Supreme Court, for the first time, Pension structure (implying also inclusion of compensation for erosion in the real value of Pensions – i.e., Dearness Relief) for past Pensioners was included in the terms of reference to a Pay Commission. The terms of reference to IV CPC were amended by Govt. of India by a Resolution in November 1985 for the purpose of including the case of past Pensioners.

3.2. Recommendations on Pension and Compensation for price rise

Para 2.3: "...Pension is not by way of charity or an ex-gratia payment, or a purely social welfare measure, but may fairly be said to be in the nature of a 'right' which is enforceable by law. That, in fact, is now beyond controversy by virtue of the law declared by the Supreme Court in Deokinandan Prasad v. State of Bihar and others that "Pension is not a bounty payable on the sweet-will and pleasure of the Government and that, on the other hand, right to Pension is a valuable right vesting in the Government servant." Their Lordships further declared that the right to receive Pension "is property under Article 31(1) and by mere Executive Order, the State had no power to withhold the same." And also, that the claim for Pension "is also

property under Article 19 (1)(f) and it is not saved by Sub-Article of Article 19." Reference in this connection may also be made to the decisions in State of Punjab and another v. Iqbal Singh and D.S.Nakra and others v. Union of India. But even though the high pedestal on which Pensions stand has been supplied by pronouncements of Supreme Court, we are constrained to say that no really useful definition of Pension has been provided by law."

Para 2.43: "... It has been declared to be the law of the land in Nakra's case that Pensioners form a class by themselves and this class is not divisible for purposes of entitlement and payment of Pension to those who retire 'before' and those who retire 'after' a certain date arbitrarily fixed for the purpose..."

Para 2.41: Traditionally, Pensions were unalterable, but that was because the value of money was stable. Now that this has ceased to be so, a serious question for consideration is whether Pensions should be adjusted in line with rise in cost of living, or inflation. It has to be appreciated that while a Pensioner and incumbent employee both suffer from erosion of the real value of his income, the Pensioner is less equipped to find a remedy because of his age and other disabilities to make good the deficit. ..."

Para 11.7: At present, the Dearness Relief payable to Pensioners has no relation to the compensation for price rise which was admissible to them while they were in service. The relief is also subject to a ceiling of Rs. 12.50 for every increase of 8 points in the 12-monthly average index which becomes applicable to all Pensioners drawing Pension above Rs. 500 per mensem.. We are also of the view that the Pensioners also need to be given relief against price rise as a regular arrangement. We accordingly recommend that the Dearness Relief in future should provide full neutralization upto Rs. 1,750 per mensem, 75% to those getting Pension between Rs.1,751 and Rs. 3,000 and 65% to those getting Pension above Rs. 3,000 subject to marginal adjustments...."

3.2 Decision of Government

3.2.1. On Pension - Change in basic Pension for the first time

- (i) Discontinuing the slab system introduced under the Liberalised Pension Formula and giving the benefit of recalculation of Pension at 50% of average emoluments

for 10 months in accordance with Nakra Judgment for those who retired prior to 1-1-1986

- (ii) Consolidating Pensions/Family Pensions of all Pensioners including in respect of those at serial (i) above by adding together Pension and DR. All pre 1986 Pensioners, depending upon their date of retirement, Pension and option for merger of DA with pay, were granted additional relief at different percentages of their Pension plus DR subject to a minimum amount ranging at the minimum of Rs. 50/- and maximum of Rs. 175. In the process, the fitment benefit was at varying degrees.

3.2.2. On Compensation for price rise – Introduction of scheme of Dearness Relief

Instead of sanctioning adhoc relief only, which was in existence since 1958, the scheme was rationalised, with effect from 1-1-1986, by granting 50% of the slabs in DA sanctioned to serving employees.

4. V CPC (1994-97)

Though the Government did not include the case of past Pensioners in the terms of reference to V CPC, the Commission as per paras 127.1 and 137.1 of their Report, interpreted the word 'Pensioners', in the terms of reference to include 'past Pensioners' also, since, as stated by them, Pensioners - both past and future - are a homogeneous class.

4.1. Recommendations on Pension and Compensation for price rise

Para 137.20: "We have no hesitation in conceding the argument advanced by Pensioners that they should receive a Pension at least based on the minimum pay of the post as revised by V CPC in the same way as an employee normally gets the minimum revised pay of the post he holds. We recommend acceptance of this principle which is based on reasonable considerations."

Para 137.21: "The Commission has decided to enunciate a principle for future revision of Pensions to the effect that complete parity should normally be conceded upto the date of last pay revision and modified parity (with Pension equated at least to the minimum of the revised pay scale) be accepted at the time of each fresh pay revision."

Para 138.11: "... We recommend that the Pensioners/Family Pensioners should be given relief against price rise on the same scale as being recommended for serving employees. In other words, they should receive the benefit of full neutralization of cost of living."

4.2 Decision of Government –

4.2.1. Pension - Updating of past Pensions on the principle of 'Parity and modified parity'

Complete parity in Pension was extended between pre1986 and post 1986 Pensioners only and the actual increase in Pension was granted only with effect from 1-1-1996. Modified parity was granted between pre and post 1996 retirees to ensure that Pension of pre 1996 Pensioners consolidated from 1-1-1996 shall not be less than 50% of the minimum of the revised scale introduced with effect from 1-1-1996 corresponding to the pre-revised pay scale from which the Pensioner retired. A similar dispensation was also granted to Family Pensioners with percentage being 30%. Fitment weightage granted was at a uniform rate of 40% for both serving employees and Pensioners.

4.2.2. On compensation for price rise - Dearness Relief

Dearness Relief was granted at a uniform rate to all Pensioners ensuring cent percent neutralization of increase in cost of living and ensuring parity between Pensioners and serving employees in this respect.

5. VI CPC (2006-08)

5.1. Recommendations on Pension

Para 5.1.47: "...All past Pensioners should be allowed the benefit equal to 40% of the Pension excluding the effect of merger of 50% of Dearness Allowance/Dearness Relief as Pension (in respect of Pensioners retiring on or after 1-4-2004) and Dearness Pension (for other Pensioners) respectively. The increase will be allowed by subsuming the effect of conversion of 50% of Dearness Relief/Dearness Pay. Consequently, Dearness Relief at the rate of 74% on Pension (excluding the effect of merger) has been taken for the purpose of computing revised Pension as on 1-1-2006. The fixation will be subject to the provision that the revised Pension, in no case,

shall be lower than fifty percent of the sum of the minimum of the pay in the Pay Band and Grade Pay thereon corresponding to the pre revised pay scale from which the Pensioner had retired.

5.2. Decision of the Government on Pension

Linkage of full Pension with 33 years of qualifying service was dispensed with and full Pension was sanctioned at 50% of the last pay drawn or average emoluments received during the last 10 months, whichever is beneficial. Government servant with a qualifying service of 10 years and above will be entitled to Pension calculated at 50% of the last pay or average emoluments whichever is more beneficial. Qualifying service becomes irrelevant, as full Pension is paid once the minimum Pensionable service of 10 years is put in.

To ensure modified parity between pre and post 2006 Pensioners, consolidated Pension arrived at from 1-1-2006 shall not be less than 50% of the sum of the minimum of Pay Band and Grade Pay thereon corresponding to the pre-revised pay scale from which the Pensioners had retired. Family Pensioners have also been granted a similar dispensation, the percentage being 30%.

6. Major Benefits for Pensioners

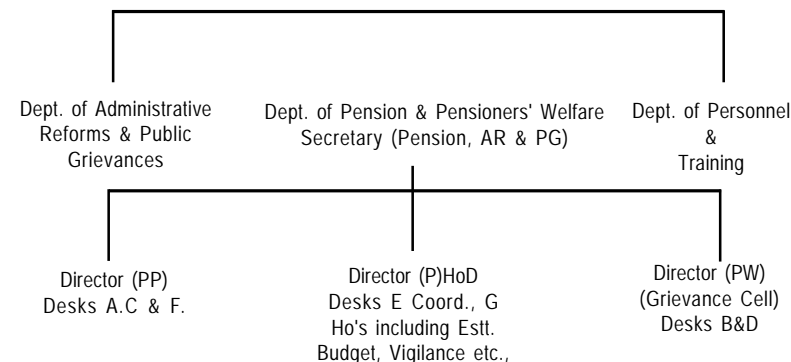
Nakra Judgment is epoch making for Pensioners. Pensioners' Associations throughout the country extensively quoted the declarations made by the Supreme Court in Nakra Judgment while submitting memoranda to successive Pay Commissions containing demands of Pensioners and pressed for their acceptance. IV CPC termed the principle underlying the judgment as "the Law of the Land" and the same was followed by successive Pay Commissions. IV CPC recommended for the first time, change in basic Pension and the scheme for grant of Dearness Relief for price rise on a rational basis (i.e., 50% of the slabs in DA sanctioned to serving employees) instead of the adhoc relief. The principle for conceding "complete parity in Pension to last pay revision and modified parity with Pension equated at least to the minimum of the revised pay scale" as also "parity with serving employees in grant of Dearness Relief" was laid down by V CPC and implemented by the Government. On implementation of the recommendations of VI CPC, once a person becomes entitled for Pension (i.e., after completion of 10 yrs. of qualifying service), qualifying service became irrelevant for drawing full Pension and calculation of Pension based on 50% of the last pay drawn or average emoluments received during the last 10 months, whichever is beneficial was

introduced. The principle of pro-rata Pension is abolished. Now qualifying service is relevant only for voluntary retirement (i.e., on completion of 20 years of qualifying service) and for Govt. to retire an official in public interest (i.e., on completion of 30 years of. qualifying service). However, to the disappointment of the Pensioner-community, on introduction of Pay Band and Grade Pay by VI CPC, the principle of 'modified parity' has got tagged to 50% of the sum of the minimum of the Pay Band and Grade Pay (instead of the sum of the minimum pay in the Pay Band and Grade Pay) corresponding to the pre revised scale from which the Pensioner had retired. Thanks to the VI CPC, the long-pending demand of the Pensioners for grant of age-related additional Pension has been, for the first time, recommended by the VI CPC and implemented by the Govt. also. Pensioners are now entitled to get cent percent increase in Pension on completion of 100 years of age.

17th December is celebrated as "Pensioners' Day" by Pensioners all over India.

ORGANISATIONAL CHART

MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES & PENSIONS
(Hon'ble Prime Minister & Hon'ble MoS)



SECTION I C (I)

ELIGIBILITY FOR FAMILY PENSION TO ALL THOSE WHO RETIRED PRIOR TO 1-1-1964

(Ponnammal & Others Vs. UoI—The background leading to the judgment delivered by Supreme Court on 30-4-1985 on Writ Petition No. 5870-93/81)

Family Pension came to be conceptualized in the year 1950 for being of help to the widow or minor children who face destitution and starvation on the death of the only earning member of the Family. The scheme known as Family Pension Scheme (FPS, 1950) was introduced with effect from 17th April 1950 along with Liberalised Pension Scheme, 1950). Under the scheme, Family Pension was admissible in case of death of an employee after 25 years of service. Family Pension was equal to 50% of the superannuation Pension subject to a maximum of Rs. 150/- per mensem, payable for a period of 5 years from the date of death or unexpired portion of 5 years from the date of retirement. Through an amendment effective from 1-4-1957, the condition of 25 years of service was reduced to 20 years and the Pension was made payable for 10 years. An optional contributory scheme known as Family Pension Scheme, 1964, was introduced with effect from 1-1-1964 (FPS, 1964). The Government servant opting was to contribute two months' emoluments or Rs. 3,600/- (which was raised to Rs. 5,000/- subsequently), whichever is less and the amount was to be deducted from DCRG. The Family of the Government employee became eligible for Family Pension when an employee died after **completion of one year of service**. Family Pension was payable only to spouse **for life** and in the case of sons and unmarried daughters till they attained the age of 18 years or 21 years respectively. The minimum amount of Family Pension was raised to Rs. 40/- with effect from 1-1-1970. The amount of Family Pension was related to the **pay drawn** by the deceased employee at the time of his death. The rates of Family Pension, under III CPC, were 30%, 15% and 12% of pay depending upon the level at which pay was drawn by the

deceased employee.

The Staff Side of JCM demanded that, Family Pension scheme being a social security measure, the employee should not be called upon to contribute towards the scheme and no deduction should be made from the DCRG. The Government adopted a liberal attitude and discontinued the practice of deducting two months' contribution with effect from 22-9-1977 by issuing an Order to that effect. There were two parallel schemes of Family Pension in operation, after 22.9.1977 i.e. (1) FPS, 1950 and (2) FPS, 1964.

This situation resulted in discrimination between FPS, 1950 and FPS, 1964 Family Pensioners. Some widows (Ponnammal & Ors.) drawing Family Pension under FPS, 1950, with the assistance of 'Common Cause', a Regd. Society, approached the High Court of Judicature, Bombay, with a Writ Petition. The High Court rejected the Writ Petition.

The Petitioners approached the Supreme Court under Article 32 of the Constitution of India pleading that they have been discriminated in comparison to those getting Family Pension under FPS, 1964, attracting violation of Article 14 of the Constitution as was decided in respect of Nakra & Others case. At the time of final hearing of the case, the Counsel for the Central Government conveyed to the Court the decision of the Government to extend the benefit of FPS, 1964 to all living widows from 22-9-1977 or from the date of death of the Pensioner, whichever is later, till the date of death of the widow. On a further clarification sought through the Court by 'Common Cause', it was stated by the Government Counsel that the Government would apply its decision to eligible dependent minor sons etc., also of Pensioners, to pay increased Pension rates introduced from 1-1-1973 and arrears with effect from 22-9-1977 and at the same time, would not entertain demand for refund of contribution, if any made. In the background of the decision and clarification given by the Government Counsel, the Supreme Court passed the following Order:

"The appeal against the decision of Division Bench of the Bombay High Court is also allowed in the same terms. This is a happy ending to the extremely humane problem."

SECTION I C (II)

RESTORATION OF 1/3RD COMMUTED PORTION AFTER 15 YEARS

(Common Cause-A Regd. Society & Ors vs. UoI – The background of the case and the judgment delivered by Supreme Court on 9.12.1986 in (1986) INSC 258)

The petitions were under Article 32 of the Constitution for striking down certain provisions of the Central Civil Services (Commutation of Pension) Rules, 1981 which did not permit restoration of commutation and resulted in permanent reduction in amount of Pension. Civilian Pensioners were entitled to commute 1/3rd portion of Pension while in the case of Defence Pensioners, commutation facility was admissible up to 43% in the case of Officers and up to 45% in respect of others. Extract of the judgment:

“The petitioners, “Common Cause” and three retired Government servants, have asked for striking down certain provisions of Commutation of Pension Rules applicable to Civilian and Defence Pensioners as they permit the Union of India to recover more than what is paid to the Pensioners upon commutation and for a direction that an appropriate scheme rationalizing the provisions relating to commutation be brought into force... The argument advanced on behalf of the petitioners that there has been substantial improvement in the life expectancy of the people in India has not been refuted on behalf of the respondent. This Court suggested to the respondent in the course of hearing that in the changed situation now prevailing in the country, a new look should be given to the matter.”

“Commutation brings about certain advantages. The commuting Pensioner gets a lump sum amount which ordinarily he would have received in course of a spread over period subject to his continuing to live. Thus, two advantages are certainly forthcoming out of commutation (1) availability of a lump sum amount and (2) the risk factor. Again many State Governments

have already formulated schemes accepting 15-year Rule. In this background, we do not think we would be justified in disturbing the 15-year formula so far as civilian Pensioners are concerned. The age of superannuation used to be 55 until it was raised to 58. It is not necessary to refer to the age of commuting Pensioner, when the benefit would be restored. It is sufficient to indicate that on the expiry of fifteen years from the period of retirement, such restoration would take place.

The respondent-Government has agreed that this benefit should be extended with effect from 1-4-1986. The Writ Petitions were filed in 1983. The matter was placed on Board for hearing in February 1984. The Union Government took some time for responding to the suggestion of the Court and that is how the disposal was initially delayed. Thereafter, the hearing of the matter has again been delayed on account of pressing business in the Court. In these circumstances, we think it just and equitable that the benefit agreed to be extended in respect of the commuted portion of the Pension should be effective from 1-4-1985 so far as civilian employees are concerned.”

“.... We are, therefore, of the view that no separate period need be fixed for the Armed Forces personnel and they should also be entitled to restoration of the commuted portion of the Pension on the expiry of 15 years as is conceded in the case of civil Pensioners. And for them too, the effective date should be 1-4-1985.”

“...We direct the respondent-Government to give effect to this Order within a period of three months from now. We place on record our appreciation of the consideration shown by the Union of India to ameliorate the hardship of the Pensioners.”

SECTION I C (III)

RESTORATION OF 1/3RD COMMUTED PORTION OF PENSION FROM THE DATE OF COMMUTATION OR 1-4-1985, WHICHEVER IS LATER, OF PSU ABSORBEES :

(P.Sundara Rajan and Welfare Assn. of Absorbed Central Government Employees in Public Enterprises Vs. Uol--Judgment delivered by Supreme Court on 15-12-1995 in [C] No. 11855/85).

Extract from the judgment:

“... From the above extracts, it will be seen that a clear-cut distinction is made in Rule 37-A itself between one-third portion of Pension to be commuted without any condition attached and terminal benefits with condition attached to it. It follows that so far as commutation of one-third of the Pension is concerned, the petitioners herein as well as petitioners in “Common Cause” stand on similar footing with no difference. So far as the balance of two-third Pension is concerned, the petitioners herein have received the commuted value (terminal benefits) on condition of their surrendering of their right of drawing two-third Pension.

This was not the case with the petitioners in “Common Cause” case. That being the position, the denial of benefit given to “Common Cause” petitioners to the present petitioners violates Articles 14 and 16 of the Constitution. The reasoning for restoring one-third commuted portion in the case of “Common Cause” petitioners equally applies to the restoration of one-third commuted portion in the case of these petitioners as well.”

SECTION II

RETIREMENT BENEFITS BEFORE VI CPC

(For changes effected from 1-1-2006 and 2-9-2008 see Section- III)

1 PENSION

A ENTITLEMENT AND QUANTUM

i) Persons eligible for Pension

- a) All Central Government civilian employees in Pensionable service appointed before 1.1.2004.
- b) A Contributory Provident Fund (CPF) beneficiary in service on 1-1-1986 unless he/she decided to remain under the CPF scheme.
- c) He/she must be permanent at least in one post, not necessarily in the last post held.
- d) Quasi-permanent and temporary **employees** retiring on superannuation Pension/invalid Pension after rendering not less than 10 years service. They are also entitled to seek voluntary retirement after completion of 20 years service.

Note :

- (i) *An employee who is dismissed or removed from service forfeits his Pension. The Competent Authority may, however in cases deserving special consideration, decide to sanction compassionate allowance, as per the scale laid down in the Rules;*
- (ii) Resignation from service entails forfeiture of past service.

ii) When is Pension given

Pension is payable after attainment of the age of retirement (superannuation).

A retiree will be entitled to receive monthly Pension in case he/she has completed at least 10 years of qualifying service.

Pension is also payable before superannuation age on voluntary retirement after rendering 20 years of qualifying service on retirement from the service on account of any bodily or mental

infirmity which permanently incapacitates him for the service and when a Govt. servant is compulsorily retired from service as a penalty.

Pro-rata Pension is also payable to permanent Government servants on absorption in a PSU/Autonomous Body provided the Government servant has rendered not less than 10 years qualifying service under Government prior to absorption.

Family Pension is payable to an eligible Family member on the death of an employee while in service or after retirement.

iii) Classes of Pension

Pension granted may be :

Superannuation Pension	Compensation Pension
Retiring Pension	Compulsory Retirement Pension
Invalid Pension	Compassionate Allowance

iv) Pension constituents

Pensionary benefits are made up of the following :-

Pension is subject to a minimum of Rs. 1275 per mensem and a maximum of upto 50% of the highest pay in Government. The highest pay is Rs. 30,000/- per mensem from 1-1-1996

Lump sum payment resulting from commutation of a portion (upto 40%) of Pension.

Retirement/death gratuity not exceeding Rs. 3.5 lakhs.

Family Pension in the event of death of an employee/a Pensioner. Enhanced Family Pension equal to 50% of the pay last drawn for a period of 7 years after the death of the Government servant/Pensioner or upto the age of 67 years, whichever is earlier.

B HOW PENSIONARY BENEFITS ARE WORKED OUT

i) Qualifying service:

Prior to coming into force of **Liberalised Pension Rules 1950 (LP Rules)**, only permanent service was treated as qualifying service.

After the implementation of the I CPC Report, half the temporary service and full quasi permanent service, if followed by confirmation, was counted as qualifying service. From 22-4-1950, the entire temporary service followed by confirmation was treated as qualifying service. Prior to 17-4-1950, Group D employees were eligible for Pension only after 20 years of qualifying service, while others qualified for Pension on completion of 10 years of service. This disparity was removed after introduction of LP Rules and all became entitled for Pension on completion of 10 years qualifying service. Service on probation, if followed by confirmation, counts for Pension. Service rendered on training before regular employment counts for Pension in respect of Groups C and D employees, who retired on or after 22.12.1983.

Under the LP Rules, only periods of earned leave were counted for Pension. From 5-9-1973, all periods of leave taken on payment of leave salary were counted as Qualifying Service.

From 5-9-1973 even extra-ordinary leave availed under certain circumstances was counted as Qualifying Service.

ii) Emoluments for Pension calculation

In the LP Rules, pay drawn against a substantive post was treated as emoluments. From 22-4-1960, half of the difference between substantive pay and officiating pay was reckoned as emoluments.

From 15-6-1968, all types of pay as defined in FR 9 (21) (including officiating pay) were reckoned as emoluments.

With effect from 1-1-1986 basic pay as defined in FR 9(21) (a) (i) including stagnation increment and non-practising allowance was treated as "Emoluments."

III) Amount of Pension

Prior to 17-4-1950, full Pension was 30/60th of average emoluments on completion of 30 years of qualifying service.

Average emoluments of 36 months were being taken into consideration upto 28-2-1976.

From 22-4-1960, Pension is being computed in terms of six-monthly periods of service instead of completed years of service i.e., @ 1/160 of average emoluments for every completed six-monthly period of service subject to maximum of 60/160 (i.e., for 30 years) of average emoluments.

From 1-1-1973, maximum Pension raised to 66/160 (i.e., 33 years of service). This position has continued upto 31st December 2005 i.e., full Pension is earned only after putting in 33 years of service.

Pension is calculated with reference to average emoluments namely, the average of the basic pay drawn by him during the last 10 months of the service.

Full Pension with 33 years of qualifying service is 50% of the average emoluments.

For qualifying service of less than 33 years, amount of Pension is proportionate to the actual qualifying service broken into completed half-year periods. For example, if the total qualifying service is 30 years and 4 months (i.e., 61 half-year periods), the entitlement will be calculated as follows:

$$\text{Pension amount} = R/2 \text{ (x) } 61/66$$

(Where R represents average reckonable emoluments for last 10 months of qualifying service)

Pension is payable upto and including the date of death.

Military Pensioners re-employed in Civil Service are allowed to draw full Pension for Civil Service in addition to Military Pension.

Disability Pension and Invalid Pension are distinct. Invalid Pension should be regulated as per CCS (Pension) Rules, 1972, subject to certain minimums as laid down therein and disability Pension should be regulated as per degree of disability. Both these Pensions taken together should not exceed last pay drawn.

In the case of Civil and Military Pensions the floor ceiling of Rs. 1275/- taking the two Pensions together will not apply and the individual Pensions will be governed by respective Pension Rules.

From 29-2-1976, average emoluments of 10 months are

being taken into account.

Between 31-3-1979 and 31-12-1985, Pension was being granted on a slab system as follows :-

- 50% of the first Rs. 1000/- of average emoluments
- 45% of the next Rs. 500/-
- 40% of the balance.

The above slab system was removed w.e.f 1-1-1986 and replaced by an uniform 50% of average emoluments for 33 years of service.

iv) Minimum and Maximum limits

Prior to 1-1-1964 there was no concept of minimum Pension.

Minimum	Maximum
From 1-1-1964 - Rs.25/- p.m	Prior to 17-4-1950 - Rs.6000/- P.A.
" 1-3-1970 - Rs.40/- p.m	From 17-4-1950 - Rs.6750/- "
" 1-1-1980 - Rs.60/- p.m	" 17-4-1956 - Rs.8100/- "
" 1-4-1982 - Rs.150/- p.m (Pen. + Relief)	" 1-1-1973 - Rs.12,000/- "
From 1-4-1983 - Rs. 160/- p.m. (Pen. + Relief)	From 31-3-1979 - Rs. 1500/- p.m.
" 1-1-1986 - Rs. 375/- p.m.	" 31-3-1985 - Ceiling removed
" 1-1-1996 - Rs. 1275/- p.m.	" 1-1-1986 - Rs. 4500/- p.m.
	From 1-1-1996 - Rs. 15000
From 1-4-2004 - Rs. 1913/- p.m. (Pen 1275+DP 638)	From 1-4-2004 - Rs. 22500/- p.m (Pen 15000+DP 7500)

2. FAMILY PENSION :

This was introduced w.e.f April, 1950

It is admissible to the Family of an employee who rendered 25 years of service at 50% of the Pension entitlement for a period of 10 years only, subject to a maximum period of 5 years beyond the date of retirement of the Govt. servant.

The requirement of 25 years of service was reduced to 20

years w.e.f. 1-4-1957.

With effect from 1-1-1964, spouses of all employees who were in service on 31-12- 1963 or who entered service thereafter were made eligible for Family Pension. Subsequently, spouses of those Pensioners who retired prior to 1-1-1964 were also granted Family Pension w.e.f 22-9-1977 as a result of a Judgement of the Supreme Court.

As per the original scheme, 2 months emoluments were required to be surrendered as employee's contribution for the grant of Family Pension. This was made non-contributory w.e.f. 22-9-1977.

The quantum of Family Pension was based on basic pay last drawn before retirement or death.

Family Pension is payable to the widow/widower or an eligible Family member from the day following the date of death of the employee while in service or after retirement.

An employee should have had minimum of 1 year of continuous service before one's death for the family to become eligible for Family Pension.

Family Pension is also admissible in case of an employee dying before completion of one year of continuous service provided the deceased employee immediately prior to the appointment to the service was declared fit by the appropriate Medical Authority.

Family of a retired employee in receipt of monthly Pension or compassionate allowance is eligible for Family Pension after the death of the Pensioner.

Family Pension is also admissible to eligible Family member of a Central Government employee absorbed in a Public Sector Undertaking provided the employee (i) is/was in receipt of monthly Pension or had received lumpsum payment in lieu for the service rendered in the Government. (ii) was in the service of PSU as on 22-1-90 : (iii) had exercised option for being governed by Family Pension Scheme of the Central Government : and (iv) requisite exemption from the operation of EPF & Misc. Prov. Act. 1952 has been granted by the EPF Organisation.

The IV CPC not only introduced different percentages of Family Pension for different slabs of basic pay last drawn by the retiree (as given below) but also prescribed for the first time the minimum Family Pension @ Rs.300/- which was raised by the Govt. to Rs.375/-.

Last pay drawn	% of F.P.	Minimum
Upto Rs.1500/-	30	Rs.375/-
Rs. 1501/- to Rs.3000/-	20	Rs.450/-
Rs.3001/- and above	15	Rs.600/-
		(Max. Rs.1250/-)

The above rates of Family Pension have been replaced w.e.f. 1-1-1996 by an uniform rate of 30% of basic pay last drawn subject to a min. of Rs.1275/- and a max. of Rs. 9000/-. In respect of Pre-1-1-1996 retirees, if the amount of Family Pension fixed falls short of 30% of the minimum of the revised scale of pay of the post held by the deceased employee as revised by the V CPC, the Family Pension should be stepped upto 30% of the minimum of the revised scale of pay of the post last held by the Pensioner/deceased Govt. servant with effect from 1.1.1996.

FAMILY PENSION CONTINUES TO BE RELATED TO THE PAY LAST DRAWN BY THE DECEASED EMPLOYEE.

In case both wife and husband are Govt. servants and are governed by the Family Pension Rules of Central Govt. and one of them dies while in service or after retirement, the Family Pension in respect of the deceased shall become payable to the surviving husband or wife and in the event of the death of both, the surviving child or children are eligible for two Family Pensions subject to the limit of Rs. 15,000/- (50% of Rs. 30000 the highest pay in the Govt. from 1.1.96) if both the Family Pensions are payable at enhanced rate. Similarly, the limit prescribed in Rule 54 (11) (a) (i) and (ii) is increased to Rs. 15,000 if one of the two Family Pensions is payable at enhanced rate and other at ordinary rate and to Rs. 9,000 (30% of the highest pay) under Rule 54 (11) (b) if both the Family Pensions are payable at ordinary rate.

It is payable only to one member of the Family at a time and is as per the Order prescribed under the Rule.

Maximum amount admissible is 30% of the highest pay (presently Rs. 30,000) in Central Government.

In the case of an employee/Pensioner having rendered not less than 7 years of continuous service, Family Pension at enhanced rate is admissible for a period of 7 years following the date of death of the employee/Pensioner or for a period up to the date on which he would have attained 67 years had he survived, whichever is earlier. The rate of enhanced Family Pension is at 50% of the last pay. The entitlement of enhanced Family Pension is however restricted to the amount of Pension in the case of an employee dying after retirement but in no case less than 30% of the last pay

Enhanced Family Pension is not admissible to dependent parents of deceased employees.

Dependent Parents are eligible to Family Pension at ordinary rate only i. e., 30% of the pay of the deceased employee under Sub Rule (2) of Rule 54 of the CCS (Pension) Rules, 1972 – not Pension at enhanced rate under Sub Rule (3) of Rule 54 *ibid.* The mother will receive the Family Pension first and after her death the father will receive the Family Pension.

Like Pension, Family Pension is also payable upto and including the date of death of the recipient.

Family Pension is payable to spouse if she/he is employed under Government or otherwise and even International Organisations. Dearness Relief is payable to employed Family Pensioners with effect from July 18, 1997. Limit of Rs. 1275 is to be applied separately for own Pension and Family Pension.

Payment of Family Pension is discontinued if the spouse remarries. In that event, the entitlement of Family Pension passes on to the eligible son or daughter, including a widowed or divorced daughter without age limit for daughter only and also without the restriction as to whether the divorce/widowhood took place before or after attaining the age of 25 years, provided the son has not attained the age of 25 years or his or her own earning is less than Rs. 2,550 per month. Such daughter including

disabled/divorced/widowed daughter shall, however, not be required to come back to her parental home.

Family Pension will not be stopped if widow gives birth to illegitimate child.

Family Pension is payable to a son/daughter who is suffering from any disorder/disability of mind or is physically impaired/disabled. This is payable to a son till he starts earning more than Rs. 2,550/- p.m. and to a daughter till she gets married or till she starts earning more than Rs. 2,550/- p.m. Spouse can also furnish details of handicapped children to the Pension Sanctioning Authority. [*For proforma see Annexure - 10,*] (P. 129)

Family Pension is payable to the dependent disabled siblings (i.e., Brothers & Sisters) of Central Govt. servants/ Pensioners for life in the same manner and following the same disability criteria as in the case of son/daughter of Govt. servant/ Pensioner suffering from any disorder or disability of mind.

Where the Family Pension is payable to more widows than one, it shall be payable to them in equal shares. On the death of a widow, her share of Family Pension shall become payable to her eligible child. If the widow is not survived by any child her share of Family Pension shall not lapse, but shall be payable to the other widows in equal shares or if there is only one such other widow, in full, to her.

Where the deceased Govt. servant or Pensioner is survived by a widow, but has left behind eligible child or children from another wife who is not alive, the eligible child or children shall be entitled to the share of Family Pension which the mother would have received, if she had been alive at the time of the death of the Govt. servant or Pensioner. On the share or shares of Family Pension payable to such a child or children or to a widow or widows ceasing to be payable, such share or shares shall not lapse, but shall be payable to the other widow or widows and/or to the other child/children otherwise eligible in equal shares or if there is only one widow or child, in full, to such widow or child.

If the marriage of the disabled daughter is legally annulled,

she would be eligible for Family Pension for life from the date her marriage stands annulled—subject to certain conditions. Similarly, the widowed disabled daughter would also be eligible for Family Pension for life from the date of death of her husband.

Family Pension is also admissible to the dependent parents of an employee dying while in service without leaving a spouse or a child. The level of dependency is determined based on the earning of Rs. 2,550 per month as in the case of children. This is effective from 1-1-98 but applicable in past cases also from 1-1-98.- payable till he/she starts earning Rs. 2,550/- p.m. or till death.

Family Pension is allowed to the judicially separated spouse of the deceased Govt. servant after his/her children cease to be eligible for Family Pension till his/her death or remarriage whichever is earlier.

Children of deceased Govt. servant/Pensioner from void/voidable marriage are eligible when their turn comes unless the legally wedded wife is the recipient of Family Pension. Posthumous child is also entitled for Family Pension.

When an employee/Pensioner disappears and whereabouts are not known, Family Pension at normal rate is payable after six months from the date of filing complaint with the police about missing. It is payable from the date of filing FIR with the police.

Family Pension to the eligible Family members of the Govt. Servant kidnapped by insurgents/terrorists is payable after a period of six months from the date of registration of FIR with the police.

Pension Rules do not prohibit Gratuity, Family Pension/Death Gratuity to the Family of a Government servant who commits suicide.

Where the Family Pension is payable to twin children, it shall be paid to such children in equal shares. When one such child ceases to be eligible his/her share shall revert to the other child and when both of them cease to be eligible, the Family Pension shall be payable to the next eligible single child/twin children.

Family Pension is payable also to post-retiral spouses and children born after retirement. [See Annexure-8] (P. 122)

Family Pension admissible under EPS-1995 and FPS-1971 is allowed in addition to Pension under CCS (Pension) Rules, 1972. Second Proviso to Rule 54 (13-B) of CCS (Pension) Rules, 1972 was introduced providing for the above.

It is admissible also to families of Central Govt. employees absorbed permanently in Autonomous Bodies and Public Sector Undertakings, subject to certain conditions.

Dearness Relief to Family Pensioners is paid at the same rates and on the same conditions as for the Pensioners.

Family Pension entitlement is authorised at the same time as Pension. For getting Family Pension, the eligible member of the Family of the deceased Pensioner should apply in the prescribed form together with Death Certificate etc., to the

- i) Pension Disbursing Authority, if the amount of Family Pension is already indicated in the PPO; or
- ii) Head of Office in all other cases. [For proforma of application - see Annexure 9] (P. 129)

The payment of Family Pension at the rate and to the person indicated in the PPO shall be commenced by the Paying Branch of the Bank without waiting for any authority from Pay & Accounts Officer or CPAO.

In case the claimant is a child, payment shall commence after a fresh Payment Authority is received from PAO of the concerned Ministry/Dept. through usual channels.

3. GRATUITY

The system of payment of DCRG (Death-cum-Retirement Gratuity) was introduced w. e. f. 17-4-1950. The rate of payment, when introduced was @ 9/20th of emoluments for each completed year of qualifying service, subject to a maximum of 15 times the emoluments.

From 22-4-1960, this was changed into ¼th of emoluments for each completed six-monthly period of qualifying service subject to a maximum of 15 times of emoluments

From 1-1-1973 the maximum payment was increased to 16½ times of emoluments, subject to an overall ceiling of Rs. 30,000/-. The maximum amount of DCRG payable was increased to Rs. 36,000/- from 31.1.1982 and to Rs. 50,000 from 31.3.1985. Maximum emoluments for calculation purposes was raised to Rs. 4,000/-.

From 1-1-1986, the cash ceiling was again raised to Rs. 1 lakh.

From 16-9-1993, 20% of basic pay was allowed to be treated as "Dearness Pay" for the purpose of reckoning emoluments for calculating Retirement Gratuity and Death Gratuity.

From 1-4-1995, 97% of basic pay was allowed to be treated as "Dearness Pay" for the purpose of reckoning emoluments for calculating Retirement Gratuity and Death Gratuity for those drawing basic pay upto Rs.3,500/-. In respect of those drawing pay above Rs.3,500/- but below Rs.6,000/-, this was 73% subject to a minimum of Rs.3,395/- and in respect of those drawing above Rs.6,000/- this was 63% subject to a minimum of Rs.4,380. The cash ceiling was also raised to Rs. 2½ lakhs.

From 1-1-1986 DCRG was split into "Retirement Gratuity" and "Death Gratuity."

From 1-1-1996, full D.A to count for Gratuity purposes and the ceiling on Gratuity amount was raised from Rs. 2½ lakhs to Rs 3½ lakhs.

i) Service Gratuity

Admissible to a permanent employee who retires before completion of 10 years qualifying service.

Paid at the rate of half a month's emoluments for every completed six monthly period of qualifying service.

"Emoluments" include basic pay, stagnation increment and non-practising allowance, if any.

The Service Gratuity is payable in addition to Retirement Gratuity admissible to those who have completed 5 years qualifying service.

With effect from 1.1.1996, D.A admissible on the date of retirement/death was treated as emoluments for the purpose of computing amounts of gratuities of all types, i.e., Service, Retirement and Death Gratuities.

Further Clarification

- a) The V CPC in its Second Interim Report had recommended that Dearness Allowance linked to average All India Consumer Price Index (AICPI) 1201.66 as on 1.7.1993 had to be treated as Dearness Pay for reckoning emoluments for the purpose of Death-cum-Retirement Gratuity under CCS (Pension) Rules, 1972 and ceiling on DCRG enhanced from Rs. 1 lakh to Rs. 2.50 lakhs. This recommendation was to be implemented w.e.f. 1-4-1995. After acceptance of the recommendation by the Government, O.M No.7/1/95-P&PW (F) dated 14.7.1995 was issued which is effective from 1.4.1995.
- b) The final recommendations of V CPC took effect only from 1.1.1996 and this date was accepted by the Government. As such inclusion of D.A in the definition of emoluments for all kinds of gratuity and ceiling on DCRG (enhanced from Rs. 2.50 lakhs to Rs. 3.50 lakhs,) will be only with effect from 1.1.1996.

ii) Retirement Gratuity

Retirement Gratuity is admissible to permanent employees who retire after completion of 5 years of qualifying service. Retirement Gratuity is calculated at the rate of 1/4th of a month's basic pay plus Dearness Allowance last drawn before retirement for each completed six monthly period of qualifying service.

There is no minimum limit for the amount of gratuity.

Maximum Retirement Gratuity payable is 16 1/2 times the emoluments (basic pay + D.A) limited to Rs. 3.5 lakhs.

With effect from 1-1-1986, a temporary Government servant who retires on superannuation or is discharged from service or is declared invalid for further service after a continuous service of not less than 10 years or retires voluntarily after a continuous

service of 20 years or more or is absorbed in an autonomous body before completing 10 years of continuous service is eligible to Gratuity on the same scale and rates as are applicable to permanent Civil Govt. servants under the provisions of CCS (Pension) Rules 1972.

iii) Death Gratuity for Family

Widow/Widower or the nominee of a permanent or a quasi-permanent or a temporary employee including CPF beneficiaries, dying while in service, is entitled to receive this one time lump sum benefit.

There is no stipulation in regard to any minimum length of service rendered by deceased employee.

Entitlement is regulated as under :

Qualifying service	Rate
Less than 1 year :	2 times of "emoluments"
1 year or more but less than 5 years :	6 times of "emoluments"
5 years or more but less than 20 years :	12 times of "emoluments"
For service of 20 or more years:	1/2 of "emoluments" for each completed six monthly period of qualifying service subject to a maximum of 33 times of "emoluments".

Maximum amount of Death Gratuity admissible is Rs. 3.5 lakhs effective from 1.1.1996.

"Emoluments" include D.A, stagnation increment and non-practising allowance in the case of Medical Officers on the date of death.

4A. COMMUTATION OF PENSION

Commutation is not allowed in respect of employees who die while in service and is also not allowed for Family Pension.

No Government servant against whom departmental or Judicial Proceedings have been instituted before retirement or

instituted after retirement can commute his Pension.

Till April 1950, commutation was allowed upto 50% of Pension.

From 17th April 1950, commutation was allowed upto 33 $\frac{1}{3}$ % of Pension only.

From 1-1-1996, commutation is allowed upto 40% of Pension.

Commutation Table showing commutation value were revised in 1963, 1967 and 1971. The table given below is the one revised in 1971.

Commutation Table from 1971 to 1-9-2008			
Age next birthday	Commutation value expressed as number of years purchase	Age next birthday	Commutation value expressed as number of years purchase
17 to 39	Not printed	53	12.35
40	15.87	54	12.05
41	15.64	55	11.73
42	15.40	56	11.42
43	15.15	57	11.10
44	14.90	58	10.78
45	14.64	59	10.46
46	14.37	60	10.13
47	14.10	61	9.81
48	13.82	62	9.48
49	13.54	63	9.15
50	13.25	64	8.82
51	12.95	65	8.50
52	12.66		

A retiree has an option to commute a portion of Pension not exceeding 40% of it, for a lumpsum payment.

No medical examination is required if the option is exercised within one year of retirement.

If the retiree opts to commute a portion of Pension after the expiry of one year, he will have to undergo medical

examination by the specified medical authority.

Lump sum payable is calculated with reference to the Commutation table constructed on an actuarial basis.

Monthly Pension will stand reduced by the portion commuted. If the commuted value is paid in 2 stages, the reduction in the amount of Pension will be made from the respective dates of payment.

Dearness Relief will continue to be calculated on the basis of the original Pension (i.e., without reduction of commuted portion)

Commutation of Pension becomes absolute:

a) In case of retirement on superannuation

On the date following the date of retirement provided the Govt. servant had applied for commutation in Form 1A not later than three months before the date of retirement.

b) In case of a Pensioner who is in receipt of superannuation Pension, retiring Pension, Pension on absorption in a PSU and desires to commute a portion of Pension any time after the date following the date of retirement, but before the expiry of one year from the date of retirement.

On the date on which the application for commutation of Pension in Form 1 is received by the Head of Office.

c) In case of Pensioner who retires on i) invalid Pension ii) who is compulsorily retired from service iii) is in receipt of compassionate allowance iv) a Pensioner who is in receipt of Pension indicated at (a) and (b) above, but his application for commutation of Pension has not been received by the Head of Office within one year of his retirement.

On the date on which the Medical Authority signs the Medical Report in Part III of Form 4.

4B. RESTORATION OF COMMUTED PORTION OF PENSION

Earlier, there was no system of restoration of the commuted Pension. Restoration after 15 years from the date of commutation was given effect to from 1-4-1985 in view of the Judgment of

the Supreme Court delivered on 9-12-1986.

After the Pensioner has completed 15 years from the date of commutation, he will apply in the prescribed form to the Pension Disbursing Authority/Bank/Post Office who will restore the commuted portion of the Pension as mentioned in the PPO. Application is, however, not necessary if the date of payment of commuted value of Pension is noted in the PPO. If the amount of commuted Pension is received on two or more points of time, restoration of the commuted amount also takes place at two or more points of time as the case may be.

The absorbed employees in Central PSUs/Autonomous Bodies who have become entitled to restoration of 1/3rd commuted portion of Pension, based on the Supreme Court Judgment dated. 15-10-95, will apply to the concerned Ministry/DPA/Office where they were employed prior to absorption. [For proforma of application-see Annexure-7] (P. 123)

5. DEARNESS RELIEF :

Dearness Relief is sanctioned as compensation against price rise.

Till 31-7-1973, there was no scheme to compensate Pensioners for erosion of the real value of Pensions due to increase in cost of living.

Between 1st April, 1958 and January 1973 ad hoc increases were sanctioned in Pension on four occasions as follows.

April, 1958	-	Rs. 10 to Rs.12.50
October, 1963	-	Rs. 5 to Rs.10
September, 1969	-	Rs. 10/- with over-all ceiling of Rs. 220/- (on Pension + Adhoc increase)
January, 1973	-	Rs. 15 to Rs. 35

Relief @ 5% of Pension subject to a minimum of Rs. 5 and maximum of Rs. 25/- per month for every 16 point rise in the 12 monthly average of All India Working Class Consumer Price Index (Base 1960 = 100) was being sanctioned on implementation of the recommendations of the III CPC . Thus, between 1-1-1973 and 31-12-1985, 51 instalments of D.R were sanctioned to the Pensioners.

IV CPC rationalised the scheme of grant of D.R to Pensioners by relating it to grant of D.A to serving employees. It recommended D.R @ 50% of slabs recommended for grant of D.A to serving employees.

Different percentages of neutralisation were being applied in respect of those who drew Pension 1) upto Rs. 1750/-, 2) Rs. 1751/- to Rs. 3000/- and 3) above Rs. 3000/- viz., (1) 100% (2) 75% and (3) 65% respectively.

With effect from 1-1-1996, the slab system has been abolished and D.R and D.A rates have been made uniform in accordance with the recommendations of the V CPC.

Quantum payable will be governed by the Orders issued by the Government. The formulation in this regard is based on 100% neutralisation for Pensioners as in the case of serving employees.

All Pensioners, irrespective of the amount of their Pension, are eligible for this benefit.

D.R is calculated and paid always with reference to the uncommuted Pension.

There is no ceiling in regard to the total of Pension plus Dearness Relief that a Pensioner can receive.

D.R. is payable to re-employed Pensioners who held posts below Group 'A' and those ex-servicemen who held posts below the rank of Commissioned Officers whose pay is fixed at the minimum of the scale of pay on re-employment. It is also payable to employed Family Pensioners. D.R on Pension in respect of the above two categories became payable with effect from July 18, 1997.

6. INTERIM RELIEF:

Sanctioned to both Pensioners and Family Pensioners as follows

w.e.f:	16-9-1993	I Instalment =	Rs. 50/- p.m.
	01-4-1995	II Instalment =	10% of Pension subject to a minimum of Rs. 50/- p.m.
w.e.f:	1-4-1996	III Instalment =	10% of Pension subject to a

minimum of Rs. 100/- p.m.

The V Central Pay Commission observed - "We hope and trust that the nexus between serving employees and Pensioners with regard to grant of Interim Relief is now firmly established and shall subsist" (Para 38.27 of its Report)

7. D.A. TREATED AS DEARNESS PAY FOR RETIREMENT BENEFITS

7.1 Retirement with effect from 1-12-1968

<i>Pay Range</i>	<i>Amount of D.P</i>
Rs.	Rs.
Below Rs 110	47
110 and above but below 150	70
150 and above but below 210	90
210 and above but below 400	110
400 and above but below 999	120
Above 999	amount by which pay falls short of 1119

7.2 Retirement on or after 30-9-1977 D.A. sanctioned upto 272 points

<i>Pay Range</i>	<i>Amount of D.P</i>
(a) Pay upto Rs. 300	36% of pay
Above Rs. 300 upto Rs. 2157	27% of pay--Minimum Rs.108 Maximum Rs. 243
Above Rs 2157	Amount by which pay falls short of Rs. 2400
(b) Officers drawing pay above Rs. 2180 and retiring on or after 1-12-1978	

<i>Pay Range</i>	<i>Amount of D.P</i>
Above Rs. 2180 upto Rs. 2380	Rs. 220
Above Rs. 2380 upto Rs. 2450	Amount by which pay falls short of Rs. 2600
Above Rs. 2450 upto Rs. 2500	Rs. 150
Above Rs. 2500 upto Rs. 2599	Amount by which pay falls short of

	Rs. 2600 plus Rs. 50
Above Rs. 2599 upto Rs. 2650	Rs. 50
Above Rs. 2650	Amount by which pay falls short of Rs. 2700
Officers drawing pay between Rs, 2157 and Rs. 2180	Amount by which pay falls short of Rs. 2400

7.3. Retirement on or after 31-1-1982 D.A. sanctioned upto 320 points

<i>Pay Range</i>	<i>Amount of D.P</i>
Upto Rs. 300	21.5% of pay--minimum of Rs. 42 maximum Rs. 62
Above Rs. 300 upto Rs. 800	15.5% of pay--minimum of Rs. 62
Above Rs. 800 upto Rs. 2037	Rs. 100 plus 3% of pay--maximum Rs. 127
Above Rs. 2037	Rs. 370 including the amount of D.A treated as D.P earlier upto 272 points

7.4 Retirement on or after 31-3-1985 D.A. sanctioned upto 568 points

<i>Pay Range</i>	<i>Amount of D.P</i>
Upto Rs. 300	145.5% of pay--minimum Rs. 35 plus 128% maximum Rs. 434
Above Rs. 300	Rs. 62 plus 124% of pay upto Rs. 400
Above Rs. 400 upto Rs. 800	108.5% of pay--minimum Rs. 496 plus 15.5% of pay
Above Rs 800 upto Rs. 900	Rs. 100 plus 96% of pay
Above Rs. 900 upto Rs. 1000	Rs. 127 plus 93% of pay
Above Rs. 1000 upto Rs. 1030	Amount by which pay falls short of Rs. 2057
Above Rs. 1030	Rs 1027

upto Rs. 2000	
Rs. 2001 to Rs 2749	Rs 1270 D.A plus A.D.A
Rs 2750 and above	Rs 1650 D.A plus A.D.A
Further Adhoc D.A. in respect of Officers getting pay above Rs. 1638	
Pay Rs.1639 to Rs.2749	82% of basic pay less D.A and A.D.A admissible as above subject to further condition that increase in total D.A payable shall not exceed Rs. 150
Rs. 2750 and above	Rs 600
Officers getting pay above Rs. 1518 but below Rs. 1639	
Rs. 1519 to Rs. 1639	60% of pay less D.A+A.D.A i.e., Rs. 243+Rs. 667

7.5. Retirement on or after 1-4-2004

50% of pay in all cases

8. Interim Relief taken into account for determining retirement benefits.

w.e.f. 1-6-1983

Pay below Rs. 300	Rs. 50 p.m.
Rs. 300 and above but below Rs. 700	Rs. 60 p.m.
Rs. 700 and above but below Rs. 1600	Rs. 70 p.m.
Rs. 1600 and above but below Rs. 2250	Rs. 80 p.m.
Rs. 2250 and above	Rs. 100 p.m.

w.e.f. 1-3-1985

10% of Basic Pay Subject to a minimum of Rs. 50 pm

9. AGE OF RETIREMENT :

- 55 years upto 30-11-1962
- 58 years from 1-12-1962: Group D and Ministerial Staff who joined prior to 31-3-1938 to be retained upto 60 years.

3. 60 years from 1-5-1998

10. CONSTITUTION OF CENTRAL PAY COMMISSIONS:

	Constituted in	Report submitted in	Implemented from	Date of O.M.
I CPC	May 1946	May 1947	1-1-1947	
II CPC	August 1957	August 1959	1-7-1959	02-08-1960
III CPC	April 1970	March 1973	1-1-1973	13-11-1973
IV CPC	July 1983	December 1986	1-1-1986	18-03-1987
V CPC	April 1994	January 1997	1-1-1996	27-10-1997
VI CPC	October, 2006	March 2008	1-1-2006	01-09-2008

11. NOMINATIONS

This will relieve one's dependents and dear ones of considerable amount of hardship and trouble.

Nominations are allowed for enabling the nominees to receive in the event of death, life-time arrears of Pension.

In the absence of a nomination, the Family members may be subjected to considerable hardship and hassles in the process of obtaining a Succession Certificate to claim dues. This involves both time and money. Nominations can be changed whenever one's priorities change.

Nominations in the case of lifetime arrears of Pension are to be filed before retirement with the Heads of Office along with the application for Pension. The Pensioner can also file subsequent modifications to nominations with the respective Pension Disbursing Authorities. (*see Annexure No.13*) (P. 110)

In the case of Pensioners drawing Pension from Banks, the nomination referred to in the preceding paragraph will apply only to that amount which has not been drawn and credited to their respective Bank Accounts at the time of death. For the amounts already credited to the account, the Pensioners are governed by the normal banking laws and procedures. Incidentally, Bank

Regulations provide for nomination by the account holder in respect of the balance amount standing to his/her credit in the event of death. Banks can be approached for making such a nomination in addition to the nomination filed with the Head of Office.

Nomination facility is not available to Family Pensioners.

12. INTEREST ON DELAYED PAYMENT

Pensioners are entitled to receive interest on the amount of retirement gratuity if its payment is delayed for administrative reasons beyond a period of 3 months. The prescribed rate of interest is at par with the interest rate admissible on the balances in the General Provident Fund. Interest is not payable on Pension or commuted value of Pension even if there is delay.

13. MODE OF PENSION DISBURSEMENT

Retiring employees other than those belonging to Department of Posts have an option to draw their Pension through:

- (i) Pay and Accounts Officer attached to the Office from which they retire, or
- (ii) Treasury of the place where they permanently settle down after retirement, or
- (iii) A branch of the Public Sector Bank entrusted with disbursement of Pension on behalf of the Central Government at the intended place of their residence after retirement.

Drawal of Pension through Pay and Accounts Offices or through the Treasuries involves claiming Pension every month by presentation of a bill by the Pensioner. Drawal of Pension through Public Sector Banks is simpler as the Bank automatically credits the Pension to the Bank Account of the Pensioner every month. For this purpose Pensioners are required to open an account in their own name with the branch of the Public Sector Bank through which they wish to draw their Pension. Joint Account is now permitted provided it is with the spouse in whose favour

an authorisation for Family Pension exists in the PPO. (*Appn. Form: Annexure No. 4.*) (P. 120) It will be in the interest of Pensioners to operate this account solely for the purpose of Pension without maintaining in this account any other transactions. This will enable them to keep a watch on the amount of Pension and Dearness Relief credited to their account by the Bank from time to time. This will also help them to verify with the Bank authorities immediately on receipt of higher or lower Pension. This will facilitate timely reconciliation and avoid the possibility of the Bank effecting any recovery at a later date.

[For further details refer to Annexure No. 2-A, (P. 98) 2-B] (P. 104)

Retiring employees of the Department of Posts can draw Pension only through Post Offices. This facility of drawing Pension through Post Offices is not available to other Pensioners except those belonging to the Dept. of Telecom and Railways. Those drawing Pension from Post Offices can also avail of the facility of having their monthly Pension credited to their Post Office Saving Bank Account at places where Saving Bank facilities are available at the concerned Post Offices. This will enable them to draw their Pension without the need for presenting themselves in person with a bill every month in the same manner by which other Pensioners draw their Pension through Public Sector Banks. They can also have cheque facility. Here also Joint Accounts are permissible with the spouse in whose favour an authorisation for Family Pension exists in the PPO.

[For further details refer to Annexure No. 1A, Page 92, 1B (P 95) - and Annexure No. 3] (P 119)

Pensioners in receipt of Pension upto Rs. 2250/- p.m. excluding Dearness Relief who are drawing their Pension otherwise than through Banks can also draw their Pension by Money Order at Government cost. In case of Pensioners who retired prior to 1.4.04, the term 'Pension' would include Dearness Pension merged with Pension.

14 A. CERTIFICATES TO BE FURNISHED

BY THE PENSIONER

Pensioners are required to furnish to the Bank the following Certificates:-

- (i) Life Certificate in November every year [*See Form No. I of Annexure-5, Page 121*]

Officers of Reserve Bank of India and of the selected Public Sector Banks are also authorised to give the Life Certificate. If the Life Certificate is not furnished, the Pension from December onwards will not be credited. In case the Pensioner is unable to obtain it due to illness/incapacitation, etc., an intimation to this effect supported by a Medical Certificate from a Registered Medical Practitioner about his/her inability to appear in person should be sent to the Bank. The Bank will nominate an Officer to visit the Pensioner at his/her residence/hospital for recording the Life Certificate.

- (ii) Non-employment or employment/re-employment Certificate in the month of November each year [*See Form No. II of Annexure-5] (P 121)* If this Certificate is not furnished Dearness Relief will not be drawn from December onwards.
- (iii) Those drawing Fixed Medical Allowance should furnish in November of each year a Certificate to the effect that they are not residing in areas covered by CGHS or other similar schemes administered by the Central Govt.
- (iv) In the case of Group 'A' Officers, declaration about
- a) Acceptance/non-acceptance of Commercial Employment within one year of the date of retirement; and
 - b) Acceptance/non-acceptance of employment under any Government outside India/an international Organization of which the Government of India is not a member. [*See Form II of Annexure 5] (P 12)*

Pensioners drawing Pension through Post Office will, similarly, have to furnish the Certificates to the Postmasters.

14B. CERTIFICATES TO BE FURNISHED BY FAMILY PENSIONER

- a) Marriage/remarriage Certificate : In case of widow recipient of Family Pension, an undertaking will have to be given at the time of the commencement of Family Pension that in case she remarries, she will report the fact to the Pension Disbursing Authority.
- b) In case of other recipients of Family Pension (a widower or an unmarried daughter), Certificate of remarriage/marriage is required at six-monthly intervals in the month of May and November.
- c) Certificate for mentally retarded/physically handicapped child :

A mentally retarded/physically handicapped son or daughter is eligible to receive Family Pension for his/her Life. A Certificate obtained from a Medical Board comprising of a Medical Superintendent or a Principal or a Director or Head of the Institution or his nominee as Chairman and two other members, out of which at least one shall be a Specialist in the particular area of mental or physical disability including mental retardation, once, if the disability is permanent or if the disability is temporary, once in every five years will have to be furnished to the Appointing Authority. [See Annexure 10] (P. 129)

- d) Marriage/Income Certificate in respect of recipient son/daughter : The son or daughter including widowed/divorced daughter of the deceased Govt. servant or the Pensioner, in receipt of Family Pension, or the guardian on his/her behalf, as the case may be, is to furnish a Certificate to the Treasury or the Bank, as the case may be, every six months in the months of May and November that he or she has not yet married and is not earning a sum of two thousand five hundred fifty rupees or more per mensem.
- e) Certificate of dependency of parent/s: The dependent parent/s of a deceased Govt. servant in receipt of Family Pension are to furnish a Certificate to the Treasury or the Bank, as the case may be, once in a year in the month

of November, that his or her or their combined income, as the case may be, is less than two thousand five hundred and fifty rupees per mensem from employment or their own Pension or any other source.

15. RECOVERY OF EXCESS OR WRONG PAYMENT

Recovery of wrong payment or excess payments are required to be made only in instalments not exceeding one third of Pension (Pension Plus Relief) each month and recovery higher than this cannot be made without the written consent of the Pensioner.

16. ISSUE OF DUPLICATE PPO

(i) If the Pensioner's portion of PPO is lost, worn out or torn and is sought to be renewed, the Paying Branch of the Bank will forward the request of the Pensioner along with both halves i.e., Pensioner's half and Disburser's half of the PPO, to the CPAO through the Link Branch for renewal. In order that payment of Pension is not delayed in the absence of Disburser's portion of the PPO, all connected documents may be sent to CPAO immediately after the payment for the month is made so as to leave sufficient time with CPAO to do the needful and return the documents by the time payment for the next month becomes due.

(ii) In the case of Pensioners receiving Pension through Post Offices the procedure prescribed in (Rule 92 of FHB-Vol II shall be followed (see Annexure-1B) (P 95)

Note: As per Dept. of P&PW O.M dated 22-7-1998 pay scale and Post/Grade/Rank last held is to be indicated in all pre and post 1996 PPOs issued.

17. DRAWAL OF PENSION BY OLD, SICK AND HANDICAPPED PENSIONER

Pensioner, who cannot sign a cheque and visit the Bank to withdraw Pension, can put his/her thumb/toe impression on the cheque/withdrawal form. In this case, the thumb or toe impression should be identified by two independent witnesses known to the Bank, one of them should be a Pension Disbursing

Branch Official.

If a Pensioner cannot even put his thumb/toe impression, a mark can be obtained on the cheque/withdrawal form and it shall be identified by two independent witnesses, one of them should be a Pension Disbursing Branch Official.

In the above two cases, the Pensioner might also be asked to indicate to the Pension Disbursing Branch as to who could withdraw Pension amount from the Pension Disbursing Branch on the basis of cheque/withdrawal form as obtained above and that person should be identified by two independent witnesses. The person who is actually drawing the amount from the Pension Disbursing Branch should be asked to furnish his/her signature to the Pension Disbursing Branch.

18. NON RESIDENT INDIAN (NRI) PENSIONERS

The Pensioners who have gone abroad after the transfer of their Pension Account to the Public Sector Banks will continue to be eligible to draw the Pensions. So long as the Pensioner is in abroad, his Pension Account will be converted into a Non Resident Ordinary (NRO) account and withdrawal from the account is subject to Foreign Exchange Management Act (FEMA). The Pension amount may be remitted to the Pensioners outside India, on their request by debiting NRO Account.

The NRI Pensioners shall submit Life Certificate issued by authorised official from Embassy/High Commission/Consulate of India, Notary Public or Officer of the Bank Branch in the country where the Pensioner is residing, in November every year.

The Pensioner has to furnish other Certificates viz., Non-employment/re-employment Certificate, non re-marriage/non-marriage Certificate as prescribed in the Pension Scheme.

Change of Citizenship by Non-Resident Indian Pensioner will not affect his entitlement to the Pension in respect of Central Civil/Defence Pensioners.

NRI Defence Pensioners/Family Pensioners who are settled abroad are exempted from personal appearance in the Bank Branch at the time of first drawal of Pension/Family Pension

provided the Indian Embassy/Mission abroad issues a Certificate to the effect that the Pensioner/Family Pensioner has been identified by them on his/her personal appearance on..... (date) with reference to the documents viz., 1. Marriage Certificate 2. Passport 3. PPO

19. STAGGERING OF PENSION PAYMENTS

The Pension is credited on the last working day of the month (except March-Pension, which is to be credited on or after 1st April). To avoid the rush on the last working day, Pension disbursement shall be suitably staggered/spread over a period of last 4 working days of the month for the convenience of the Pensioners at the discretion of the Branch Manager.

20. ISSUE OF IDENTITY CARDS

As per Dept. of Pension and PW decision conveyed in its O.M dt. 16-11-2000, Identity Cards in the format furnished below will be issued by various Ministries/Depts./Offices to its retired and retiring employees and the expenditure on providing laminated card will be borne by the Pensioner. The Card is to be issued at the request of the Pensioner.

Specimen of Pensioner's Identity Card

Government of India Ministry of.....

Front	Back
No.	
Name	: Date of Birth/superannuation
Res. Address	: Post held on the date of retirement/pay scale,
Telephone No	: Last Pay/average emoluments:
Blood Group	: Qualifying service:
	: Pension originally sanctioned:
	: PPO No. and date

Signature of card holder

Signature of Issuing Authority with seal

21. OTHER RETIREMENT BENEFITS

i) Encashment of Earned Leave

The authority competent to sanction leave shall *suo motu* grant lump sum cash equivalent of leave salary admissible for the number of days of earned leave at the credit of the employee on the last day of his service, subject to a maximum of 300 days including the number of days for which encashment was availed along with LTC.

Method of calculation:

$$\frac{\text{Last pay drawn plus D.A}}{30} \times \text{No of days of E.L. at credit on the date of retirement.}$$

Maximum 300 days including No. of days for which encashment was availed along with LTC

Cash equivalent of leave salary is admissible for half pay leave at credit on the date of retirement subject to certain restrictions. The cash equivalent of leave salary is subject to reduction on account of Pension, D.R and Pension-equivalent of retirement Gratuity. Hence, this will not be beneficial where Pension sanctioned is at 50% of average emoluments.

Revised limits with effect from 1-1-2006 consequent upon implementation of the recommendations of VI Central Pay Commission:

- The number of days of E.L for which encashment was availed along with LTC will not be deducted from the maximum number of days of E.L. encashable at the time of retirement.
- Both EL and HPL shall be considered for encashment of leave subject to overall limit of 300 days.
- Cash equivalent of half pay leave is not subject to reduction on account of Pension, D.R. and Pension-equivalent of retirement Gratuity.

ii) Group Insurance Scheme 1980

Compulsory to all Central Govt. servants. Provides the twin benefits of insurance cover in the event of death while in service

and a lump sum payment on retirement.

A portion of the subscription is credited to the Insurance Fund and the other portion to the Savings Fund. The apportionment is at 30% and 70% respectively.

Interest earned is compounded quarterly.

Monthly contribution:

Group	Rate of Subscription	Amount of Insurance cover
A	Rs. 120	Rs. 1,20,000
B	Rs. 60	Rs. 60,000
C	Rs. 30	Rs. 30,000
D	Rs. 15	Rs. 15,000

VI CPC recommended upgradation of Group D to Group C and placement of existing Group D employees in the entry grade of Group C. Consequently the monthly subscription and Insurance coverage to erstwhile Group D employees placed in PB 1 with a grade pay of Rs. 1800/- and classified as Group C are revised to Rs. 30/- and Rs. 30000/- respectively with effect from January, 2011.

Benefits Payable

- On retirement

Lump sum due to the retiring Govt. servant out of the Savings Fund calculated as per the table of benefits for the Savings Fund updated and circulated by the Ministry of Finance every year.
- Death while in service

The nominee/heir will be paid

 - the amount of appropriate Insurance cover to which the employee was entitled at the time of death and
 - Lump sum as at (a) above.

22. GENERAL

All Pensions including Dearness Relief thereon and

Gratuities are payable in rupees in India only.

They are expressed in whole rupees, the fraction being rounded off to the next higher rupee.

Pension/Family Pension is payable upto and including the day on which its recipient dies.

Grant of Pension and its continuance are subject to future good conduct of the Pensioners.

Pension finally authorised cannot be revised to the disadvantage of the Pensioner except to correct a clerical error.

Pension cannot be attached or seized for any demand against a Pensioner, nor can a Pensioner make any assignments in anticipation of Pension. But if a Pensioner is convicted of a serious crime or is found guilty of grave misconduct or negligence, Pension may be withheld or withdrawn fully or partly for a specified or indefinite period after following the prescribed procedure which inter-alia requires an opportunity being given to the Pensioner to Show Cause against the action proposed to be taken.

Acceptance of certain kinds of post-retirement employment (e.g., Commercial Employment before expiry of one year from retirement, employment under Foreign Governments etc.) by Pensioners who retire from Group A service/post requires prior permission of the Central Government. Failure to comply with this requirement may lead to stoppage of Pension.

Releasing Dearness Relief (D.R) using Orders available in DoPT Website

(Dept. of Posts has issued Order to all CPMGs/PMGs/Directors and Dy. Directors of Postal A/cs in its letter No. 4-8/06-Pen dated 23-9-06. The relevant para of the order is reproduced below)

Para 3: "It is, therefore, requested that the Pension Branch of the Circle Office may be advised to act directly on the Government Orders in respect of Dearness Relief etc. Officer in the Circle Office may be designated to access the DoPT website <http://persmin.nic.in/Pension> and send the copies to the Pension Disbursing Offices without delay."

SECTION III

A. MODIFICATIONS TO RETIREMENT BENEFITS UNDER VI CPC

1. Qualifying Service

Linkage of full Pension with 33 years of qualifying service has been dispensed with. A Govt. Servant who has rendered a minimum qualifying service of 20 years will be entitled to full Pension. This takes effect from 2-9-2008, the date of issue of O.M No. 38/37/08-P&PW (A) by the Department of Pension & Pensioners' Welfare. However, those Govt. servants who retired between 1-1-2006 and 1-9-2008 are eligible for full Pension only on completion of 33 years of qualifying service and proportionate Pension if the qualifying service falls short of 33 years.

The date of effect was subsequently revised from 1-1-2006 to 2-9-2008 and Govt. servants who have retired on or after 1-1-2006 are eligible for full Pension if they have rendered a minimum qualifying service of 10 years. Sanction of pro-rata Pension for less than 33 years of service has been dispensed with from 1-1-2006.

2. Addition to qualifying service

The benefit of adding years of qualifying service for computation of Pension as well as other related benefits such as Gratuity under Rules 29, 30, 48B and 48C of CCS (Pension) Rules, 1972 has been withdrawn from 1-1-2006.

3. Average emoluments

Emoluments drawn during the last 10 months of service continue to be taken into account for calculation of average emoluments for Pension.

4. Pension

Entitlement for Pension continues to be on completion of 10 years of qualifying service.

A Government servant who has rendered the minimum qualifying service of 20 years is to be paid Pension at 50% of the emoluments (last pay drawn) or average emoluments received during the last 10 months, whichever is more beneficial to the retiring Govt. servant. It was initially ordered that the revised provisions for calculation of Pension as above shall come into force from 2-9-2008, the date of issue of the O.M. Subsequently, vide O.M dated 11-12-2008 this was made applicable to all Govt. servants retiring on or after 1-1-2006. However, only those Govt. servants who retired between January 2006 and 1-9-2008 after completion of 33 years of qualifying service will be eligible for full Pension and the Pension of those Govt. servants with less than 33 years of qualifying service will continue to be proportionate to the full Pension based on their actual qualifying service.

The revised provisions for calculation of Pension at 50% of last pay drawn/average emoluments came in to force from 1-1-2006 and shall be applicable to Govt. servants retiring/retired on or after that date as per O.M dated 10-12-2009. Hence, Govt servants who had retired between 1-1-2006 and 2-9-2008 are also eligible for Full Pension calculated as per the revised provisions.

Government servants who become entitled to Pension on completion of qualifying service of 10 years will also be paid Pension at 50% of the emoluments (last pay drawn) or average emoluments whichever is more beneficial to the retiring Govt. servant.

5. Minimum/Maximum Pension

The amount of Pension shall be subject to a minimum of Rs. 3500 p.m. and a maximum of Rs. 45000 p.m.

6. Age-related additional Pension to old Pensioners

The VI CPC has recommended grant of additional Pension to older Pensioners at the rates given below which has been accepted by the Govt.

Completed age of Pensioner	Additional quantum of Pension
From 80 years to less than 85 years	20% of revised basic Pension
From 85 years to less than 90 years	30% of revised basic Pension
From 90 years to less than 95 years	40% of revised basic Pension
From 95 years to less than 100 years	50% of revised basic Pension
100 years or more	100% of revised basic Pension

Dearness Relief sanctioned from time to time is admissible on the additional Pension.

The additional quantum of Pension, on completion of age of 80 years and above, will be admissible from the first day of the month in which the Pensioner's date of birth falls. For example, if a Pensioner completes age of 80 years on 15th August 2006, he will be entitled to additional Pension at the rate of 20% of his revised basic Pension from 1-8-2006. A Pensioner whose date of birth is 1st August and completes age of 80 years or above on 1-8-2006 will also be entitled to additional Pension from 1-8-2006.

7. Gratuity

The maximum limit of all kinds of Gratuity has been increased from Rs. 3½ lakhs to Rs. 10 lakhs from 1-1-2006.

8. Commutation of Pension

Commutation continues to be allowed at 40% of Pension. The existing table for commutation value of Pension has been substituted by a new table. The revised table will be applicable for calculation of commuted value of Pension payable on or after 2-9-2008 (i.e., Commutations which become absolute on or after 2-9-2008). In the case of Govt. servants who have retired between 1-1-2006 and 1-9-2008, the pre-revised table of commutation value will be used for payment of commuted value of Pension based on pre-revised pay/Pension. Revised table of commutation value will be used for commutation of the additional amount of Pension that has become commutable on account of retrospective revision of pay/Pension. In all cases, where the date of retirement/commutation of Pension is on or after 2nd September, 2008 the revised table will be used for commutation of entire Pension.

9. Restoration of commuted portion of Pension

No change in the period. Restoration continues to be after 15 years from the date of commutation. For revised table of commutation value [See Annexure 12]. (P 132)

10. Family Pension

It continues to be calculated at 30% of the basic pay last drawn. Basic pay includes pay in Pay Band plus applicable grade pay from 1-1-2006

Minimum Family Pension increased to Rs. 3500 p.m. Maximum is Rs. 27000 p.m.

Enhanced Family Pension at 50% of the basic pay last drawn (pay in Pay Band plus Grade Pay) is payable for a period of 10 years from the date of death of the Govt. servant without any upper age limit to the Family of a Government servant who dies while in service. This will not apply in case where the period of 7 years for payment of enhanced Family Pension has already been completed as on 1-1-2006 and the Family was in receipt of Family Pension at normal rate on 1-1-2006. The period of payment of Family Pension at enhanced rate to the Family in the case of death of a Pensioner continues to be 7 years or upto age of 67 years in respect of those whose age of superannuation is 60 years at present.

11. Age-related additional Family Pension

Additional Family Pension is admissible to old Family Pensioners from 1-1-2006. The quantum of Family Pension available to them will be increased as follows.

Completed age of Family Pensioner	Additional quantum of Family Pension
From 80 years to less than 85 years	20% of basic Family Pension
From 85 years to less than 90 years	30% of basic Family Pension
From 90 years to less than 95 years	40% of basic Family Pension
From 95 years to less than 100 years	50% of basic Family Pension
100 years or more	100% of basic Family Pension

Dearness Relief will also be admissible on the additional quantum of Family Pension. The additional Family Pension, on

completion of age of 80 years and above, will be admissible from the 1st day of the month in which the Family Pensioner's date of birth falls.

12. Definition of Family

For the purpose of grant of Family Pension the Family has been categorized as given below

Category I

- (a) Widow or Widower, up to the date of death or re-marriage, whichever is earlier. A judicially separated wife or husband, such separations not being granted on the ground of adultery, and the person surviving was not held guilty of committing adultery is entitled to Family Pension.
- (b) Son/Daughter (including widowed daughter) up to the date of his/her marriage/re-marriage or till the date he/she starts earning or till the age of 25 years, whichever is the earliest.
- (c) Son/Daughter, suffering from any disorder or disability or is physically-crippled or disabled so as to render him or her unable to earn a living even after attaining age of 25 years, is entitled to Family Pension for life under certain conditions.

Category II

- (d) Unmarried/Widowed/Divorced daughter, not covered by Category-I above, upto the date of marriage/re-marriage or till the date she starts earning or upto the date of death whichever is the earliest
- (e) Parents who were wholly dependent on the Government servant when he/she was alive, provided the deceased employee had left behind neither a widow nor a child. Family Pension to dependent parents/unmarried/divorced/widowed daughter will continue till the date of death and it shall be payable only after the other eligible Family members in Category I, have ceased to be eligible to receive Family Pension and there is no disabled child to receive Family Pension.
- (f) Dependent disabled siblings (i.e., brothers/sisters)

The childless widow of a deceased Government employee shall continue to be paid Family Pension even after her re-marriage till she starts earning an independent income equal to or higher than minimum prescribed Family Pension.

The dependency criteria for the purpose of Family Pension is the minimum Family Pension of Rs. 3500 plus D.R admissible

13. Constant Attendant Allowance

A Pensioner who retired on Disability Pension, where he/she is completely dependent on somebody else for his/her day to day functions, will be entitled to a Constant Attendant Allowance of Rs. 3000 p.m. for 100% disability in addition to the Disability Pension. This allowance shall be increased by 25% every time the D.A. on the revised Pay Band goes up by 50%

14. Ex-Gratia Lumpsum Compensation

The Ex-Gratia Lumpsum Compensation payable to the families of Central Government Civilian Employees who die in the performance of their bona fide Official Duties under various circumstances has been revised as given below:

- | | |
|---|-------------|
| a) Death occurring due to accidents in the course of performance of duties | Rs. 10 lakh |
| b) Death occurring in the course of performance of duties attributable to acts of violence by terrorists, anti-social elements etc. | Rs. 10 lakh |
| c) Death occurring due to (i) enemy action in International War or Border Skirmishes and (ii) action against militants, terrorists, extremists etc. | Rs. 15 lakh |
| d) Death occurring while on duty in the specified high altitude, inaccessible border posts on account of natural disasters, extreme weather conditions. | Rs. 15 lakh |

In certain cases, relief is also provided to families of deceased Govt. servants from other Govt. sources such as the Prime Minister's Relief Fund, Chief Minister's Relief Fund etc. In such cases the aggregate of the Relief/Ex-Gratia compensation shall not exceed Rs. 20 lakhs in each individual case. (Ceiling of Rs. 20 lakhs was removed with effect from 1-1-2006.)

15. Floor ceiling when a Pensioner is in receipt of two Pensions

Where Disability Pension is drawn in addition to Invalid Pension, they must be treated as distinct Pensions. The Invalid Pension continues to be regulated as per the provisions of Rule 49(2) (C) of CCS (Pension) Rules 1972 and is subject to minimum amount specified therein i.e., the Invalid Pension shall not be less than the amount of Family Pension admissible. The Disability Pension is fixed as per the degree of disability. The minimum limit of Rs. 3500 will apply for 100% disability. For lesser degree of disability, the minimum limit will be proportionately less.

The amount of Disability Pension and Invalid Pension together shall not exceed the last pay drawn.

The floor ceiling of Rs. 3500 will apply individually to the Civil and Military Pension.

In case, a person is in receipt of Pension as well as Family Pension, the floor ceiling of Rs. 3500 will apply individually to such Pension and Family Pension.

16. Dearness Relief

Re-employed Pensioners whose pay on re-employment is fixed at the minimum of the pay scale, ignoring the full Pension and employed Family Pensioners are entitled for Dearness Relief on revised Pension/Family Pension.

17. Revision of 1/3rd commuted portion of Pension of PSU absorbees

- (A) The full Pension of the PSU absorbees shall be notionally revised with effect from 1-1-2006 based on full Pension as on 31-12-2005 in accordance with the instructions for revision of Pension issued in respect of other Central Govt. Pensioners.
- (B) The restorable 1/3rd commuted portion of Pension shall be the sum of the following with effect from 1-1-2006.
- (i) 1/3rd of full Pension as on 31-12-2005
 - (ii) Dearness Pension on the full Pension as on 31-12-2005 i.e., 50% of full Pension as on 31-12-2005.

- (iii) Dearness Relief at 24% of the sum of basic full Pension and Dearness Pension
- (iv) Fitment weightage at 40% of the full Pension as on 31-12-2005

Dearness Relief is admissible on full Pension as notified from time to time subject to the condition that the absorbee was not employed/re-employed at the time of restoration.

If the pre-revised 1/3rd restored Pension plus D.P and D.R as on 1-9-2008 is more than the revised 1/3rd restorable Pension as at (B) above, plus D.R the absorbee shall continue to draw the pre-revised Pension plus D.P and D.R till such time the restored amount of revised Pension plus D.R works out to be more than the pre-revised restored Pension.

The quantum of 1/3rd restorable Pension as at (B) above shall be increased in respect of old Pensioners as follows:

Completed Age of Pensioner	Additional quantum of Pension
From 80 years to less than 85 years	20% of revised Full Pension
From 85 years to less than 90 years	30% of revised Full Pension
From 90 years to less than 95 years	40% of revised Full Pension
From 95 years to less than 100 years	50% of revised Full Pension
100 years or more	100% of revised Full Pension

D.R is admissible on additional quantum of Pension.

The additional quantum of Pension, on completion of age of 80 years and above, will be admissible from the 1st day of the month in which the absorbee's date of birth falls and will be on full Pension and not on $\frac{1}{3}$ rd

18. No. of Central Govt. Civilian Pensioners as per VI CPC

	No. In Lakhs
Railways	10.18
Posts	1.58
Defence (Civil)	19.40
Telecom	1.42
Other Civil Depts.	5.83
Total	38.41

B. Revision/consolidation of Pension of pre- 2006 Pensioners/Family Pensioners

1. The Pension/Family Pension of pre- 2006 Pensioners/Family Pensioners will be consolidated with effect from 1-1-2006 and the amount so arrived at will be regarded as basic Pension/Family Pension with effect from 1-1-2006.

- A. The following shall be added together for such consolidation
 - (i) The existing Pension/Family Pension, i.e., Pension as on 31.12.2005
 - (ii) Dearness Pension at 50% of (i) above
 - (iii) Dearness Relief at 24% of the sum of basic Pension/basic Family Pension and Dearness Pension i.e., 24% of (i) + (ii) above
 - (iv) Fitment weightage at 40% of the existing Pension/Family Pension at (i) above

Note: Existing Pension means basic Pension inclusive of commuted portion if any

- B. The revised Pension (consolidated as above) shall not be lower than fifty percent of the sum of the minimum of the Pay Band and the Grade Pay corresponding to the pre-revised pay scale from which the Pensioner had retired.
- C. The revised Family Pension shall not be lower than 30% of the sum of the minimum of the Pay Band and Grade Pay corresponding to the pre-revised Pay Scale in which the Pensioner/deceased Government servant had last worked

For revised Pay Bands and Grade Pays corresponding to pre-revised pay scales see Section VII. (P. 134)

In case the Pension consolidated as at (A) above, is higher than the Pension calculated at (B) above, the same (higher Pension) will be treated as revised Basic Pension w.e.f: 1-1-2006.

In case the Family Pension consolidated as at (A) above, is higher than the Family Pension calculated as at (C) above, the same (higher Family Pension) will be treated as revised basic Family Pension w.e.f: 1-1-2006.

Where the consolidated Pension/Family Pension at (A) above works out to an amount less than Rs. 3500, the same shall be stepped up to Rs. 3500 with effect from 1-1-2006.

2. Maximum Pension/Family Pension

The upper ceiling on Pension/Family Pension has been increased to Rs. 45000 and Rs. 27000 respectively.

3. Age related Additional Pension

The quantum of Pension/Family Pension available to the old Pensioners/Family Pensioners shall be increased as follows.

Completed age of Pensioner/Family Pensioner	Additional quantum of Pension
From 80 years to less than 85 years	20% of revised basic Pension/Family Pension
From 85 years to less than 90 years	30% of the revised basic Pension/Family Pension
From 90 years to less than 95 years	40% of the revised basic Pension/Family Pension
From 95 years to less than 100 years	50% of the revised basic Pension/Family Pension
100 years or more	100% of revised basic Pension/Family Pension

Dearness Relief will also be admissible on the additional quantum of Pension/Family Pension

The additional Pension/Family Pension on completion of age of 80 years and above, will be admissible from the 1st day of the month in which the Pensioner's/Family Pensioner's date of birth falls.

SECTION IV

FORUMS AVAILABLE TO PENSIONERS FOR REDRESSAL OF GRIEVANCES

1. PENSION ADALATS

Guidelines for holding of Pension Adalats--reg

(O.M. No. 44013/2/2010-Coord. dated 25.3.2011 of DoP & PW)

The undersigned is directed to state that the Department of Pension & Pensioners' Welfare, Ministry of Personnel, P.G. & Pensions, is the Nodal Department for the formulation of general policy relating to Pension and other retirement related benefits of Central Government employees covered under CCS (Pension) Rules, 1972. Besides, it also seeks to promote Pensioners' welfare and serves as a forum for the redressal of Pensioners' grievances.

2. At present, some Ministries/Departments like Defence, Railways and Posts have been conducting Pension Adalats from time to time wherein on-the-spot decisions are taken for a prompt resolution of Pensioners' grievances. However, keeping in view the rising spate of Pensioners' grievances, the cooperation and involvement of all Ministries/Departments in redressing these grievances through various fora (i.e., Pension Adalats, etc.) is considered necessary.

3. The Department of Pension & Pensioners' Welfare has been considering for sometime framing of some sort of guidelines/framework for holding of Pension Adalats. Based on the interaction with Ministries/Departments of Defence, Railways and Posts and the feedback received from Banks with regard to holding of Pension Adalats, this Department has formulated guidelines for holding of Pension Adalats by various Ministries/Departments/Organisations, including the Pension disbursing Banks. A copy of these guidelines is enclosed herewith for perusal. The Ministries/Departments/Organisations may like to organise Pension Adalats for Pensioners as considered appropriate by them. These guidelines are not mandatory in nature and suitable changes could be effected, wherever required, keeping in view

the overall objective of prompt and quick redressal of Pensioners' grievances.

1. Objective

The intention of conducting Pension Adalats is to look into the grievances of Pensioners so as to redress the same by taking on-the-spot decisions thereby reducing the delays, if any, in the settlement of their legitimate dues. This kind of interaction with the Pensioners would instil in them a sense of being cared for and attended to, thus, dispelling their feelings of isolation and neglect. It will also give an idea of the kind of problems/difficulties that are being faced by the Pensioners and help in identifying the areas of concern in policy that require our urgent attention for amendment, etc.

2. Frequency, Date and Time

2.1. Pensioners' Adalats may be held twice around January and July every year. Venue and date will be fixed by the concerned organization in consultation with the stakeholders and notified through advertisements in leading newspapers/other media. For this purpose, the following time frame may be adopted:

- (a) Issue of notice by respective organisations through print and visual media and other means about holding of Pension Adalats indicating date, venue, time of Adalat and the name of Officer to whom the grievances have to be submitted.

At least 4 months in advance of the proposed date of Adalat.

- (b) Last date for submission of grievances by Pensioners, which should be indicated in the Notification mentioned above.

Within 90 days from the date of issue of notice

2.2. About 4 to 6 weeks time is considered adequate to investigate most of the complaints/representations, though some cases may take a little longer. However, keeping in view the fact that the aim of the Adalat is to promote credibility and generate confidence amongst the Pensioners, the last date for receiving the complaints/representations to be heard in the Adalat may be suitably fixed and announced at the time of giving the publicity. Only one Officer will be nominated to receive the complaints/representations. The Officer to whom the complaints/

representations should be sent will also be indicated in the advertisement.

3. Publicity for the Adalat

3.1. Wide and adequate publicity through print and visual media and other means like posters at prominent places, may be given in advance to enable the Pensioners to send their cases in time for consideration in such Adalats. Doordarshan and A.I.R. can also be requested to telecast/broadcast the same through appropriate programmes. This is considered necessary, as reference to various records is very often essential before a grievance can be considered/redressed.

3.2. The most important aspect of the publicity campaign is to reach out to the individual Pensioners. For this purpose a set of hand outs, posters and press releases may be prepared and sent to the following agencies three months in advance.

- * Bank Branches, Post Offices and Treasury Offices for display at their respective premises.
- * Respective organizations at regional level for display at their premises and other crucial points.
- * Pensioners' Associations & Leagues of Pensioners at the station of the Adalat and its adjoining States for dissemination of information to the Pensioners.
- * Special efforts for publicity in the interior villages may be made by the respective organizations located at the station of the Adalat, which are also expected to liaise with the local print and electronic media.
- * For publicity of the Adalat for the information of Pensioners, press releases be issued in various print and electronic media in local/regional languages.
- * The above exercise may be repeated through several rounds of press releases to above mentioned agencies.

4. Admissibility of cases in Pension Adalats

4.1. Cases involving purely legal points e.g., succession, etc., cannot be taken up in the Adalat. This aspect need to be adequately publicized.

4.2. Grievances involving policy matters need not be taken up in such Adalats.

4.3. In the cases of grievances not being tenable, the Pensioners may be suitably advised in writing.

4.4. Normally, no case should be held up for the sake of consideration/decision in the Adalat unless the delay is absolutely inescapable.

5. Advance action

5.1. The representations/grievances of Pensioners may be acknowledged indicating the date, venue and time of Pension Adalat.

5.2. The concerned Officers will examine the grievances/representations admitted and submit necessary reports, at least two weeks before the Adalat meet, to the members of the Adalat. The grievances/representations may be examined in detail and prompt action to finalize the cases be taken. Wherever necessary, liaison may be done with other concerned agencies for prompt settlements of the grievances. The cases which do not fall within the scope of the Adalat, will be required to be communicated to complainants indicating the result of enquiry/investigation, etc., and the decision taken thereon.

6. Representation in Pension Adalats

6.1. All Officers dealing with Pension viz., Senior Officers of Personnel/Administrative Branch and Accounts Department and Managers of the Pension-disbursing Banks from Zonal or Divisional Headquarters should be present with all the relevant records so that decisions are not postponed for the sake of referring to the records.

6.2. The Officers present in the Pension Adalats should be able to take decisions on the spot to redress the grievances. In this connection it is pertinent to note that such meetings are not to take up policy matters but they should deal with specific grievances of the individual Pensioner, when represented by him personally or by a Family member of the Pensioner.

6.3. The authorized representatives of the Standing

Committee of Voluntary Agencies (SCOVA) and the recognized Trade Unions/Pensioner Associations may also be invited to attend the Pension Adalats. But they should not be permitted to present the grievances of the Pensioners.

6.4. However, in the case of illiterate Pensioners, widows, minors etc., it may not be possible for them to effectively prepare and present cases before the Adalat. In such cases, if the Pensioner/Family Pensioner seeks the assistance of the representatives of the SCOVA/Pensioners' Associations attending the Adalat, the SCOVA/Pensioners' Associations representatives may be permitted to present the grievances of such Pensioners/Family Pensioners. It may so happen that the Office Bearers of the SCOVA/Trade Union/Pensioners' Associations may not be available when Pension Adalats are held on different dates, at different places. In such cases, even the representatives of SCOVA/Trade Unions/Pensioners Association, as authorized by the SCOVA/Trade Unions/Pensioners' Associations and whose credentials are sent in advance to the concerned Organization, may be allowed to attend the Pension Adalats and to present the cases, if necessary.

6.5. It needs to be ensured that all the cases which are tenable are settled at the Pension Adalat itself. But in cases where it is not possible to settle the same on the spot, it should be settled and finalized within a period of approximated three months from the date of holding the Pension Adalat.

7. Composition and conduct of Pension Adalat

7.1. The Adalat will comprise of concerned stakeholders at the Regional Level, which may have minimum five members chaired by the Head of the concerned Organizations/Bank. The Head of the Pension Adalat would be assisted by the concerned Officer of the Region concerned. The other three members will be one each from the Operational Wing and Finance Wing and the Bank/Post Office (Pension-Disbursing Authority). It may also have a representative of DoP&PW. However, modification in the composition of the members can be made if the Head of the respective Organization/Pension Adalat feels so in the circumstances.

7.2. The business of the Adalat is conducted through Benches which comprise of experts in Pension matters from various authorities. The Pension Adalat would be more beneficial, if the representatives of DoP&W and all the concerned stakeholders are included in it.

7.3. The Pension Adalats should be conducted at the level of very Senior Officer including Officers of Personnel, Accounts, Finance and other Departments concerned. The representatives of Banks/other Pension-Disbursing Authorities should also be co-opted in the Pension Adalats. The Officers comprising the Adalat should be those, who have been authorized to take decisions on the various aspects of Pension.

8. Jurisdiction and Venue

The Adalats are generally held at places where there is large concentration of Pensioners who draw their Pensions from Public Sector Banks, Post Offices and Treasuries. There will be one Adalat at least at Regional Level which will cover a wide range of organizations/stakeholders. The Adalats may be held at the Headquarter's Station of the Regional Office of the respective organization.

9. Evaluation & Monitoring

9.1. A Summary of outstanding cases may be compiled at the end of the Adalat and the unsettled cases referred to the concerned agencies for appropriate action in a time bound manner. A periodical review of outstanding cases is conducted and follow up action is taken with the internal and external agencies.

9.2. A review of the performance of the Adalat may be completed within 3 months of the Adalat Day. The items for evaluation could be:

- (a) Total No. of grievances/cases.
- (b) Number of cases decided on-the-spot
- (c) Disposal of cases where decision could not be given on-the-spot and another date has been given
- (d) Users satisfaction generated through the Adalat

9.3. An evaluation report after the first Adalat meeting may be prepared by the Head of the Pension Adalat assisted by the concerned Officer at Regional Level clearly indicating further steps, if any, required for improvement, and the same submitted within a month from the date of Adalat to Senior Officers of the respective organization.

9.4. Efforts should always be made to make payment of settlement dues immediately on retirement as per normal practice. No case should be held up for decision in Pension Adalats, unless the delay is absolutely inescapable.

9.5. As the conduct of Pension Adalat is being monitored at the highest level of the respective organization including stakeholders, the guidelines should be followed scrupulously to ensure that the grievances of Pensioners/Family Pensioners are settled promptly without giving any room for complaint whatsoever.

2. OMBUDSMAN (LOKAYUKTA)

"Banking Ombudsman Scheme" was introduced in June, 1995 by the then Governor of Reserve Bank of India. This Institution functions as an effective, inexpensive and expeditious Forum for redressal of customer complaints. Pensioners and Family Pensioners, having problems with Banks, regarding wrong revision and fixation of Pension, non-payment, wrong/delayed payment of Pension arrears, non-payment of Family Pension, delay in transfer of Pension Accounts from one Bank to another, non-payment of dues to Pensioner's nominee after Pensioner's death etc., can approach the OMBUDSMAN of their area for redressal of their grievance. The OMBUDSMAN is a Person of high standing and knowledge in legal, financial, administrative and managerial matters. The OMBUDSMAN has been appointed by the RBI at 15 different areas of operation in the Country.

The complainant, before making a complaint to the OMBUDSMAN must have made a representation to the Bank and the Bank must have either rejected the complaint or has not replied for a period of two months or the reply received is not satisfactory to the complainant. The complaint to the OMBUDSMAN must be lodged within one year after the bank

rejects the representation or sends its unsatisfactory reply. No complaint will be accepted by the OMBUDSMAN if the matter has already been decided earlier by or is pending before a Court, Tribunal or Arbitrator.

The OMBUDSMAN will settle the grievance within 4 months from the date of complaint. He will bring settlement between customer and bank. He will give a recommendation acceptable to both the parties. Any Award given by the OMBUDSMAN against a Bank will be binding on the bank if the complainant agrees to accept that Award in full and final settlement of all his claims as per the case. If the complainant is not satisfied with the Award, he can seek redress in a Court of Law.

The Indian Banks Association, Stadium House, Block 36th Floor, 81-83, Veer Nariman Road, Mumbai-400020 has published a small booklet on OMBUDSMAN, costing Rs. 15/- only, copies of which can be had from them direct.

Location, Telephone No. e-mail ID of Ombudsman

Ahmedabad	079-26582357/6718	bogujara@rbi.org.in
Bangalore	080-22210771/22275629	bobangalore@rbi.org.in
Bhopal	0755-2573772/3776	bobhopal@rbi.org.in
Bhubaneswar	0674-2396207/6008	bobhubaneswar@rbi.org.in
Chandigarh	0172-2721109/1011	bochandigarh@rbi.org.in
Chennai	044-25399170/5964	bochennai@rbi.org.in
Guwahati	0361-2542556/0445	boguwahati@rbi.org.in
Hyderabad	040-23210013/23243970	bohyderabad@rbi.org.in
Jaipur	0141-2570357/0392	bojaipur@rbi.org.in
Kanpur	0512-2361191/2310593	bokanpur@rbi.org.in
Kolkata	033-22306222/5580	bokolkata@rbi.org.in
Mumbai	022-24924607/24960893	bomumbai@rbi.org.in
Delhi	011-23725445/23710882	bodelhi@rbi.org.in
Patna	0612-2201734/6308	bopatna@rbi.org.in
Thiruvananthapuram	0471-2332723/2329676	bothiruvananthapuram@rbi.org.in

3. DEPT. OF PENSION & PENSIONERS' WELFARE

Pensioners may also send details of their grievances addressed to : "The Deputy Secretary," Department of Pension and Pensioners' Welfare, Lok Nayak Bhavan, Khan Market, New Delhi - 110 003 if they are not satisfied with the reply given or if no reply is forthcoming from the Pension Sanctioning Authority.

i) Website of Pension Ministry : <http://persmin.nic.in>

Phone No. 011 - 24625540

Fax No. 011 - 24604665

ii) Suggestions for better liaison and quicker redressal:

penweb@dpt-Pension-delhi.nic.in

4. DIRECTORATE OF PUBLIC GRIEVANCES (DPG)

Set up in Cabinet Secretariat in March 1988 and headed by a Senior Secretary to the Govt. of India is the designated authority to look into the citizens' grievances that have not been resolved through the respective Administrative Departments. DPG looks into complaints relating to 16 Departments/Ministries and their Undertakings. The Departments are CGHS, Posts, Telecom including MTNL and VSNL, Railways, CPWD, Surface Transport, Civil Aviation, Regional Passport Authority, Regional Provident Fund Commissioner, ESI Hospitals, Ministry of Petroleum & Natural Gas, Kendriya Vidyalaya and Central Universities, Banking Division including Public Sector Banks and Insurance Division including LIC and GIC.

Anyone personally aggrieved by the decision of the Departments mentioned above can submit a complaint to the DPG in the proforma furnished separately below. As far as Pensioners are concerned, cases may concern non-settlement of Pension/CGHS problems. Cases taken up with DPG are attempted to be resolved in the least possible time and the DPG sends replies to the complainant about the nature of action taken. The DPG does not deal with cases involving policy matters, where a grievance has already been disposed of at the level of Minister, service matters, cases which are subjudice and cases where quasi judicial procedures (e.g., Railway Claims Tribunal) are prescribed for deciding claims.

Proforma for submitting complaints

1. Sender's name and complete address
2. Subject
3. Whether the grievance petition was addressed to the Competent Authority/Director (Public Grievances) of the concerned Ministry/Dept.
4. If so, result thereof.
5. Reference No. of the concerned Ministry/Dept.
6. Details of the grievance.

The complaint is to be addressed to

**The Secretary (PG),
Directorate of Public Grievances,
Cabinet Secretariat GOI,
2nd Floor, Sardar Patel Bhavan,
Sansad Marg, New Delhi, 110001.
Tel. Nos. 23363886, 23363733, 23743139
Fax No. 23345637**

An "Online Grievances Redressal System" has been launched by the Directorate of Public Grievances on February 18, 2000. The Website (<http://www.darpg-grievance.nic.in>) is linked to the computerised system of registering and monitoring grievances. It is the first fully automated system of its kind under the Central Govt allowing monitoring of individual cases on a daily basis. The website also contains the name, addresses and details of offices in the DPG to whom grievances can be sent.

Addresses of Directors (PG) of some of the Depts. are furnished as follows:-

Dept. of Posts	Dept. of Telecom	Min. of Railways
Dy. Director General (PG & Vig), Room No. 225, Dak Bhavan, Sansad Marg, New Delhi, 110 001 Phone : 23096101	Dy. Director General (PG) Room No. 604, Sanchar Bhavan 20, Ashoka Road New Delhi, 110 001. Phone: 23372131	Executive Director (PG) Railway Board, Room No. 471, Rail Bhavan, New Delhi-110 001 Phone : 23386203

5. CENTRAL ADMINISTRATIVE TRIBUNAL (CAT)

A Tribunal to deal exclusively with all the problems of Central Govt. serving employees, Pensioners and Family Pensioners was created in January 1987, simultaneously delinking such cases from High Courts and Lower Courts. CAT has all the powers of a Civil Court and the affected Central Govt. servants, Pensioners and Family Pensioners can seek redressal only after exhausting departmental channels.

Application to CAT has to be made in the prescribed form in triplicate with attested copies of the Govt. Orders contested including copies of relevant documents. Application to CAT has to be made within one year from the date of final decision of the Govt. rejecting the appeal. If reply is not received within 6 months of appeal, application can be filed in CAT.

6. SCOVA

The Standing Committee of Voluntary Agencies (SCOVA) under the Department of Pension & Pensioners' Welfare, Ministry of Personnel, Public Grievances and Pensions, Govt. of India, was originally constituted on 31st July, 1986 with the following objectives :-

- i) To provide a feed back on programme implementation of the Department of Pension & Pensioners' Welfare.
- ii) To discuss and critically examine new policy initiatives and
- iii) To mobilise voluntary efforts to supplement the Government action.

On the official side concerned Departments are being represented on the SCOVA, while 15 Pensioners' Associations (5 Associations Constitute as "Standing Group" and 10 Associations Constitute as "Rotating Group") are being nominated from time to time on selective basis as non-official members. The Secretary, Department of Administrative Reforms, Public Grievances & Pension functions as the Convener and Member-Secretary of the SCOVA. The standing group would serve for three terms of two years each. The Rotating Group would serve

for one term of two years and would be eligible for re-selection for one more term

(O.M. No. 41/22/2008-P&PW(G)dated 29.5.2009 of DoP&PW)

In the initial stages of SCOVA, meetings were being held somewhat at close intervals, but without an agenda, Minutes of the Meeting and action taken reports. Meetings are now being held with an agenda, followed by minutes and action taken report. The Department of Pension & Pensioners' Welfare being under the Ministry of Personnel, Public Grievances and Pensions is under the charge of the Prime Minister himself, assisted by a Minister of State.

The IV CPC has made the following recommendation on the working of the SCOVA :-

"In our view, Pensioners represent manpower, rich in experience and talent, which should be properly used in the nation-building activities. Constitution of SCOVA, therefore, assumes significance. We would however, suggest that Government may examine broad-basing the objectives (ii) and (iii) referred to above, so as to highlight the various problems of the Pensioners, like medical and housing needs, their utilisation in social welfare schemes like adult education, rural development, urban improvement etc."

The V CPC has made the following observations/ recommendations, vide para-141.29.

"With a view to providing an effective forum to the Pensioners and their Associations, we feel that SCOVA should meet more frequently and atleast once in three months. We are also of the view that SCOVA should be a multi-tier institution and should have the same machinery for implementation of the decisions taken as in the case of JCM, including that of reference to Board of Arbitration, wherever disagreement is recorded and the requirement of going to Parliament where a particular award is not

to be implemented by the Government. Unless the SCOVA becomes an effective institution for providing redressal of disputes and complaints with respect to Pensionary matters, Courts would continue to be flooded with petitions. The Department of Pension & Pensioners' Welfare may evolve a suitable mechanism to regulate the number of Pensioners' Associations and identify effective ones, which only should be consulted on policy matters concerning the Pensioner community."

No recommendation has been made by VI CPC on SCOVA

7. GRIEVANCE REDRESSAL FORUM FOR DEFENCE PENSIONERS - BOTH CIVIL & MILITARY

Defence Pensioners can now check their Pensionary entitlements and can send their complaints through Internet.

2. The Office of Principal CDA(P) Allahabad has launched its Website <http://pcdaPension.nic.in> The Website is expected to cater to the requirements of almost 1 crore of India's population which includes 40 lakh Defence Pensioners and their families. 40,000 Pension Disbursing Agencies (PDAs), 10,000 Offices, Heads of Offices, Record Offices who initiate Pension claims and who deal with PCDA(P) Allahabad on Pension matters and 30 lakhs serving Defence and Defence Civilian personnel and 36,000 working Staff/Officers of Defence Accounts Department itself.

3. The Website will be of considerable interest to all categories of Defence Pensioners. The visitors to the site would be able to broadly satisfy themselves that they are in receipt of correct entitlements. For this purpose, illustrative calculations of Pensionary benefits and also facility to calculate Pension on line has been provided. It also contains details of PDAs from where a Pensioner can draw Pension and also solutions to some of the common problems faced by Pensioners and also gist of important Govt.Orders. The Website explains diverse and complex entitlements and procedures in a cogent and

comprehensive manner.

4. The Website also contains forms/applications for Pension, Pension revision etc., which can be downloaded and submitted. The Website has forward and backward linkages which enables the visitors to reach their areas of Interest in minimum time.

5. The Pensioners can send their complaints and feedback through Internet itself.

6. The Website has some interesting information about Allahabad also for the Pensioners who intend to visit the City.

7. The Pension Disbursing Agencies/Offices/ Heads of Offices/Record Offices who deal with PCDA(P) on Pension matters will find guidelines for them and also forms/data sheet formats for downloading.

8. INFORMATION & FACILITATION COUNTER OF DEPARTMENT OF PENSION & PENSIONERS' WELFARE

i) Defence Pensioners

Address: Public Grievance Officer, O/o. Principal C.D.A. Draupathi Ghat, Allahabad, 211014 (UP).

Website : <http://pcdapension-nic.in>.

Telephones : PBX 2622618, 2622698, 2622699, STD Code : 0532

E-mail: cdaalbd@hub.nic.in

Fax : 0532/ 2624053, 2621549, 2420330, 2420281

ii) Civil Pensioners:

Address : Director (PW) Dept. of Pension & Pensioners' Welfare, Lok Nayak Bhavan, Khan Market, New Delhi- 110003

Website : <http://Pensionerportal.gov.in>.

Phone No. : 011-24652985

Fax No. : 011-24652985

E-mail : pen.gram@nic.in

For prompt attention, all correspondence from Pensioners should contain the following essential details, so that relevant records can be easily linked;-

- 1) Name
- 2) Full address
- 3) Office from which retired (Full form)
- 4) Post held at the time of retirement (and scale of pay) Rank, Regiment No. in respect of Defence Pensioners.
- 5) If Pension has been sanctioned, quantum may be specified along with the following:-
 - a) particulars of Accounts Officer who issued the PPO, Record Officer in case of Defence Pensioners.
 - b) particulars of Pension Disbursing Authority, Bank and Branch, Head Post Office/Post Office and
 - c) PPO number/or a photocopy of the PPO.

9. PENSIONERS' PORTAL

A Mission Mode Project under National e-Governance Plan (NeGP)

(Ref: O.M.No. 41/88/07-P&PW(E) dt. 13th Sept. 07 of Dept. of Pension & PW)

The Pensioners' Portal is a Mission Mode Project of the Department of Pensions and Pensioners' Welfare (DoPPW), Government of India, taken-up under the National e-Governance Plan (NeGP). It is primarily aimed at making the Pension/retirement related information, services and grievances handling mechanism accessible online to the needy Pensioners, through a combination of interactive and non-interactive components, and thus help bridge the gap between the Pensioners and the Government. The portal is also expected to serve as a one-stop information source for the Pensioners of Government of India (especially Civil Pensioners) across the country.

The Objective

In pursuance of the Government's policy of accountable, transparent and Pensioner-centric governance, it was decided to develop a comprehensive Pensioners' Portal to fulfil the following objectives:

- * To smoothen the process of sanctioning and disbursement of Pension and Gratuity.
- * Enable Ministries / Departments /Organisations to pay the dues on or before the date of retirement.
- * To build an effective grievances redress mechanism related to Pensioners.
- * To keep the Pensioners aware of their rights and responsibilities/ obligations.
- * To enable the Pensioners' Associations/Welfare Organizations to access information/lodge grievances on behalf of their members.

a) How to access Pensioners' Portal

Pensioners' Portal is available at [http:// Pensionersportal.gov.in](http://Pensionersportal.gov.in). It can be accessed from any internet-enabled computer system at home or office or from any internet kiosk/internet cafe.

b) Who are the users of this System?

- * Pensioners/Family Pensioners
- * Government Employees
- * Pensioners' Associations/Welfare Organisations
- * Designated Pension Grievance Officers, Heads of Offices, and Secretariat Staff of all Ministries/Departments/Organizations handling the Pension related matters pertaining to their pre-retired or post-retired employees.

c) Others

Important Non-Interactive contents of the Pensioners' Portal

It provides:

- * Details of Pension Rules, Procedures and Schemes
- * Pension Circulars/Orders
- * Guidelines and welfare measures for Pensioners
- * Glossary of common terms related to Pension/Pensioners and

brief information about various benefits to Senior Citizens.

- * Pension Process Map/Time Frame and downloadable Pension-related forms.
- * Lists of PG Nodal Officers of various Ministries and Departments and Central Public Information Officers (CPIO) pertaining to Dept. of Pension & Pensioners' Welfare dealing with RTI matters.
- * Detailed Information on various matters which can be accessed by invoking the links provided in the Portal to a number of web sites useful for Pensioners.
- * Frequently Asked Questions (FAQs).

d) Important Interactive Facilities/Contents of the Pensioners' Portal

It provides:

- * Online calculators for the calculation of Pension/Family Pension, Gratuity and Commutation
- * Pension Payment Order (PPO) Status enquiry by pre/post retired employees.
- * On-line lodging and status enquiry of grievances by the Pensioners.
- * Submission of replies/clarifications by the Pensioners.
- * Generation of Personalised Pension Road Map.
- * Online correspondence by the Pensioners with CPAO
- * Search facility for accessing Pension-related Guidelines, Rules, Schemes etc.

The Dept. of Pension & PW has identified 27 Associations/Organisations in the country for being associated with the implementation of web-based 'Pensioners' Portal.' Karnataka P&T Pensioners' Association is one of the 27 Associations.

SECTION V
IMPORTANT COURT VERDICTS
IN FAVOUR OF PENSIONERS

1. SUPREME COURT. (30-4-1985)

Ordered that the Family Pension Scheme, 1964 introduced with effect from 1-1-1964 should be extended to the Pensioners who retired before 1-1-1964 also, but with effect from 22-9-1977. Also ordered that the Family Pension Scheme should be non-contributory w.e.f. 22-9-1977.

2. SUPREME COURT. (9-12-1986)

Ordered restoration of commuted portion of Pension with effect from 1-4-1985 or after 15 years of retirement, whichever is later. *(Govt., while issuing Order has modified this as 15 years from the date of Commutation)*

3. SUPREME COURT. (29-8-1989)

Held that widows and children of Government servants who get married after retirement are eligible for Family Pension.

4. CENTRAL ADMINISTRATIVE TRIBUNAL, NEW DELHI. (7-6-1991)

Held that withholding payment of Gratuity, leave salary encashment, General Provident Fund, Group Insurance and commuted value of Pension on the ground of non-payment of license fee and water and electricity charges is not legally sustainable and ordered their release.

5. CENTRAL ADMINISTRATIVE TRIBUNAL, LUCKNOW. (14-9-1998)

Held that an employee resigning from service after completion of the qualifying service for Pension is eligible for Pension. Pension cannot be forfeited. (The issue has been represented to VI CPC by Pensioners' One Memorandum Steering Committee.) Neither the VI CPC made any

recommendation on this nor the Government on its own volition revised the Retirement Rule viz., Rule 26 on the subject

6. DELHI HIGH COURT. (28-4-1999)

Held that Government has the Constitutional obligation to provide health facilities to its employees and in case an employee requires a specialised treatment in an approved hospital, it is the duty of the Govt. to bear and reimburse the full expenditure.

7. CENTRAL ADMINISTRATIVE TRIBUNAL, BANGALORE. (29-7-1999)

If a person is in receipt of more than one Pension (i.e., Army & Civil) the minimum Pension requirement applies to each of them individually. "Government has since issued Orders on this vide Govt. of India decision No. 6 below Rule- 49 of CCS (Pension) Rules 72" (Swamys Pension Compilation)

8. ORISSA HIGH COURT (Sept 1999)

Pensioner should be entitled to get 18% interest per annum for the delayed payment of the Pension and interest should be recovered from the concerned Official. Government of India has not agreed to this and accordingly Rule-68 of CCS (Pension) Rules provides for payment of interest only for belated payment of Gratuity.

9. CENTRAL ADMINISTRATIVE TRIBUNAL, MUMBAI (15-10-1999) - CAMP - NAGPUR.

Employee retiring on the afternoon of a particular day is deemed to be continuing in service till the midnight of that day for practical and technical purposes. Govt. has not implemented the Judgement.

10. CENTRAL ADMINISTRATIVE TRIBUNAL, MUMBAI (23-3-2000)

Recovery of excess payments made due to mistake

committed by the Department (like wrong fixation of pay etc.) from the retirement dues of an employee is not justified.

11. RECOMMENDATIONS OF IV CPC ARE NOT RETROSPECTIVE AND RETIREES PRIOR TO ITS COMING INTO FORCE ARE NOT ELIGIBLE TO ITS LIBERALIZED PROVISIONS OF PENSION.

Where an employee under the terms and conditions of service or under relevant Rules relating to Pension is not eligible to earn Pension on his retirement, any amendment to the Rules covering a new class of Pensioners would not confer Pensionary benefits to the employees who had retired prior to the coming into force of such amendment of Rules. However the position would be different if the amendment is with retrospective effect as to cover the new class of employees including those who were not entitled to earn Pension under the existing Rules or condition of service etc. Where an employee, at the time of retirement, is entitled to Pension under the relevant Rules, any subsequent amendment to the relevant Rules, enhancing Pension or conferring additional benefit would also be applicable to him.

(OA No. 5346 of 1997–Dr. Vijayarapu Subbayamma Vs. Union of India & Ors-D.O.J. : 22-09-2000)

12. ELIGIBILITY FOR APPLYING THE SAME COMMUTATION FACTOR AS WAS APPLICABLE ON THE DATE OF RETIREMENT.

CAT/Chandigarh has held that those who retired prior to issue of O.M No. 45/86/97–P & PW (A) – Part – I dated 27-10-1997 and commuted at the rate of 1/3 of their Pension (as per Rule existing prior to that date) are eligible to commute 40% of their Pension as per O.M dated 27-10-1997 with commutation factor applicable as on date of retirement.

(OA No. 44/PB/2000 of CAT/Chandigarh – D. O. J. – 16-10-2000.)

13. INTEREST PAYABLE ON ACCOUNT OF PRO-CRASTINATION OF PAYMENT OF RETIRAL BENEFITS

In cases where a retired Government servant claims interest

for delayed payment, the Court can keep in mind the time schedule prescribed in the Rules/instructions apart from other relevant factors applicable to the case.

Decision in respect of a retiree who retired on 31-10-1980: He was compulsorily retired on 30-12-1975 and was reinstated on 21-9-1978. His dues were settled by the Govt. only in Sept, 1998. The Court itself quantified the interest payable as Rs. 1,36,000 and directed the Govt. to pay it within two months.

(OA No. 411 of 1999 – Dhirendra Narayandas Vs Union of India & Ors. D.O.J: 5-1-2001)

14. WHERE THERE IS DELAY IN PAYMENT OF RETIREMENT BENEFITS WHICH IS NOT ATTRIBUTABLE TO THE RETIREE, INTEREST BECOMES PAYABLE INCLUDING THE GRACE PERIOD.

Retirement benefits relating to DCRG and Commutation were not paid to the applicant in the case—Held :

“Grace period of 2/3/6 months provided for different categories of retiral benefits is given at the cost of beneficiaries or retirees. If the administration fails to settle the claim within the grace period they have no right whatsoever to claim the advantage for the said grace period. If the payments are made beyond the grace period interest @ 12% to be paid from the date the same has become due for payment”.

(OA No. 217 of 2001–CAT Kolkata–Siba Prasad–Vs–Uol.- D. O. J : 17-1-2001.)

15. ONLY PERSONS WHO ARE DIRECTLY AND IMMEDIATELY AFFECTED BY THE ORDER IMPUGNED CAN BE CONSIDERED PERSONS AGGRIEVED TO BE ABLE TO FILE APPLICATIONS UNDER THE ADMINISTRATIVE TRIBUNAL ACT.

As per S C Judgment (1998 (3) AT–1365–Dr. D. Sahoo Vs–J. K. Mishra) Administrative Tribunals can not entertain application which is in the nature of a Public Interest Litigation (PIL.)

(OA No. 576 of '98–CAT Cuttack–DD Jena Vs Union of India. D.O.J.: 27 – 2- 01)

16. PAYMENT OF INTEREST ON PENSION BY GOVT., WHEN INTEREST ON PROVIDENT FUND IS RECOVERED

If Government recovers interest on the Provident Fund amount, which the employees had received at the time they had left Government service, the Government should also pay interest on the Pension which, according to its own policy, it was required to pay to those employees for the period of delay in disbursing their Pension.

(WP-9007 of 2000–High Court of Chennai–Commissioners of Central Excise, Chennai & Madurai Vs CAT represented by Registrar, Chennai- D.O.J.: 29-8-2001)

17. BENEFIT OF MERGER OF 97% D.A WITH PAY TO PENSIONERS WHO RETIRED B/W 1-7-93 & 31-3-95.

Central Government servants who retired between 1-7-1993 and 31-3-1995 are also entitled to the benefit of the scheme of merger of 97% of Dearness Allowance with pay for the purpose of “Emoluments” for calculating Death/Retirement Gratuities.

(OAs Nos. 542, 942, & 943 of 1997 of CAT Mumbai, Full Bench – Babu Rao Shankar Dhuri & Ors.Vs UOI - D.O.J.: 21-09-2001)

Note: Government had filed an SLP on the above in the Supreme Court of India, which has upheld Govt's. contention that the financial constraint is relevant in the matter.

18. INCREMENT DUE ON THE DATE OF RETIREMENT COUNTS FOR PENSIONARY BENEFITS

Respondents are entitled for the benefit of increment due to them for the services rendered by them during the year preceding their retirement.

(OAs. 518, & 862 of 1997--CAT Hyderabad--Orders dtd 1-5-97 & 16-7-97--upheld by High Court of AP by its Judgment dtd 13-12-01 in WP Nos. 1219 & 1409 of 1998) (Reversed by the Full Bench - Represented to VI CPC by P.O.M.S.C. with no result)

19. REFUSAL TO GRANT THE BENEFIT OF REVISION OF PAY SCALE OF AN EMPLOYEE WHILE HE IS ON LEAVE IS TOTALLY UNJUSTIFIED AS PERSON ON

LEAVE IS ALSO UNDER SERVICE TILL HE RETIRES ON SUPERANNUATION.

(OA No. 144 of 2001–CAT Guahati--Kumar Bhattacharya Uol & Others– D.O.J.: 19-1-02)

20. PRE 1986 RETIREES – SPECIAL PAY TO COUNT FOR NOTIONAL PAY/PENSION: FAVOURABLE DECISION

(OA No. 1331 of 2002 – CAT B.R.A. Agnihotri Vs CAG – D.O.J.: 28-8-2002) (Appeal by Gol was rejected by High Court of Delhi CW 962003/CM/140/ 2003 dt. 22.1.2004)

21. PENSIONERS SHALL BE SANCTIONED D.R AT THE SAME RATE AND FROM THE SAME DATE AS AND WHEN D.A IS SANCTIONED TO SERVING EMPLOYEES–CASE OF MADHYA PRADESH STATE GOVERNMENT PENSIONERS.

(OA No. 3137 of 2000- CAT, Jabbalpur, MP Pensioners' Samaj Vs State of Madhya Pradesh-D.O.J. 1-5-2002) (MP Govt. filed an appeal in High Court. The High Court set aside the Order of Tribunal.)

22. ADMISSIBILITY OF FULL D.A FOR DRAWAL OF GRATUITY OF A PRE 1996 RETIREE--SUPREME COURT'S REFUSAL TO INTERFERE UNDER ARTICLE 136 OF THE CONSTITUTION WITH THE DECISION OF THE LOWER COURT:

Case of Preetam Singh, who retired from Indian Railway Workshop, Jagadhari in 1990 and was allowed under the payment of Gratuity Act 1972, the full benefit of D.A as on the date of his retirement for Gratuity purpose by the Lower Court. This was not accepted by the Union of India which filed an appeal in the Supreme Court. The Judgment stated “This is not a fit case for our interference under Art. 136 of the Constitution. Hence appeal dismissed”

(No. 937/95 --SLP No. 11043/1995 application for stay and application for condoning delay in filing appeal – Date of Judgment: 13-2-2002.(Author's Note: Under Article 136 of the Constitution, the S.C, without going into the merits of the case, declared that unnecessary appeal by Government may be discouraged where only one party's liability is involved.)

23. APPLICABILITY OF IV CPC TO EMPLOYEE PERMITTED TO RETIRE VOLUNTARILY ON 1-1-86: DETERMINATION OF DATE OF RETIREMENT FOR PENSIONARY BENEFITS

Decision of the Supreme Court in the case of S. Banerjee. Offg. Addl. Registrar (permanent Dy. Registrar) of the Supreme Court who was permitted to retire with effect from the forenoon of 1-1-86. The petitioner contended that though, as per clause(j) to (m) Rule 56 of F.R or Rule 48 (or Rule 48A), the date of retirement is to be treated as non-working day, his retirement takes effect from the forenoon of 1-1-86 and the benefits of IV CPC should be extended to him. The Court cited para 17.3 of the recommendations of IV CPC, which stated that the benefits recommended will be applicable to employees retiring between 1-1-86 and 30-9-86 and upheld the right of the petitioner to get the benefits under IV CPC.

(AIR 1990 Supreme Court 285--Writ Petition (Civil) 1155 of 1987--S. Banerjee Vs. Union of India - Date of Judgment 24-10-1989)

24. WHERE THE EMPLOYEE WAS NOT RESPONSIBLE FOR THE OVERPAYMENTS OF PAY MADE TO HIM, THE ORDER FOR RECOVERING THE OVERPAYMENTS CANNOT BE SUSTAINED.

Held: "...The Learned Counsel for the applicant urged that, though the Apex Court in certain cases has permitted recovery of the amount paid in excess in instalments, the law as it stands and which flows from the basic opinion expressed in the case of "Shyam Babu Verma and others Vs. Union of India and others (1994 ATC 121), is that, the excess amount erroneously paid without the fault of the employee should not be recovered. The said decision of the Apex Court was rendered by a Bench of three Hon'ble Judges. This principle of law was reiterated by the Apex Court in the subsequent decision of Sabib Ram Vs. State of Haryana [(1995 (2) RSI 139]. In that case, the appellant, Sahib Ram was appointed as Librarian in Govt. College. He did not possess the required educational qualification and therefore, he was not entitled to the relaxation. The Principal of the College

herein granted him the relaxation. Since the date of relaxation, Sahib Ram has been paid salary on the revised scale, the Apex Court found that it was not on account of any misrepresentation made by Sahib Ram that the benefit of higher pay was given to him, but by wrong construction made by the Principal for which Sahib Ram could not be held to be at fault. Under the circumstances, the Hon'ble Supreme Court held that the amount paid till date may not be recovered from the appellant."

Citing that there is an unsavoury feature in the case under consideration, the Court held that it cannot pass a blanket Order restraining the respondents from effecting recovery of the whole of the amount paid in excess to the applicant during the period 1-4-1991 to 31-1-2002 for the reason that the applicant knew that he was being erroneously paid the salary in the higher scale since July, 1993. The Court Ordered recovery of overpayments made only for the period from 1-8-1993 to 31-1-2002.

(OA No. 613/CH of 2002 – CAT Chandigarh – Ram Prakash Bhatti Vs. Uol & others – Date of Judgment: 14-8-2002)

25. ADDITION OF QUALIFYING SERVICE ON VOLUNTARY RETIREMENT–APPLICABILITY OF THE RULE TO THOSE WHO RETIRED PRIOR TO THE INTRODUCTION OF THE RULE 48B OF CCS (PENSION) RULES 1972 INTRODUCED W.E.F. 10-9-1983.

Both the petitioners retired prior to 1983, i.e., before the introduction of Rule 48B. The Court held that since the applicants are covered by the Liberalised Pension formula which is applicable to all those who retired from service on or after 31st March 1979, they are entitled to the benefits under Rule 48B also.

(OA No. 340 and 341 of CAT, Chennai – V.S.Swaminathan and T.Ramanujam Dept. of Posts & Ors. – DOJ: 27-9-2002) (Also OA No. 713/2003 of CAT Mumbai- R.K.Katti-Chief PRO, Bombay Telephones Vs Uol)

26. APPLICATION OF JUDGMENT TO "SIMILARLY-PLACED PERSONS" - CASE OF PUNJAB STATE

GOVERNMENT PENSIONERS - DIRECTIVE OF PUNJAB AND HARYANA HIGH COURT TO THE STATE OF PUNJAB.

Directive of Punjab and Haryana High Court to Punjab State Government in CWP No. 4382 of 2002, involving Satbir Singh, an employee of Punjab State Government, challenging the limit of Rs. 6000 per annum for outdoor expenses in connection with the treatment of chronic diseases—Date of Judgment: 21-3-2002: In compliance with the directive of the High Court, Punjab State Government, in their Department of Personnel (Personnel Policies Branch-II) Memo No. I.D. 12/39/2002-5 P.P.- II/9406 dated 17-7-2002, has issued instructions to all the Financial Commissioners, Principal Secretaries and Administrative Secretaries to extend the benefit/relief to other members whose claims are based on identical facts and points of law, where the Judgment has attained finality in the Court.

27 (I): EXTENDING THE BENEFIT OF COURT JUDGMENTS TO SIMILARLY-CIRCUMSTANCED PERSONS – EXTRACT FROM THE JUDGMENT OF SUPREME COURT IN THE CASE OF YANAMANDRA GANANDA SHARMA VS. UOI AND OTHERS IN 1991-92 – AT J 1125 (CALCUTTA) DELIVERED ON 30-05-1991:

“We have noticed that, in spite of several judgments of the Tribunals and confirmation of the said decisions by the Supreme Court, the respondents, Union of India, are sticking to their own views and are not extending the benefits of decided cases to the persons similarly-circumstanced until they are constrained to move the Tribunal. In short, the respondents are indirectly fomenting unnecessary litigations and wasting public money, making it prestige issue of the same. The respondents, as model employers, are expected to take reasonable attitude and rational view of the whole thing and to act according to settled law of the land instead of bittering the relationship of the master and servant in this manner. We expect, in future, respondents (Government) will behave rationally as a model employer instead

of driving the desperate employee to take legal recourse. All decisions of this type should be treated as judgments *in-rem* and be applied to the persons similarly-circumstanced.”

(II) RECOMMENDATION OF V CPC IN PARA 141.26:

“Court Judgments, when delivered on merits, should not only be implemented invariably, but their benefits should also be extended to similarly-placed persons without resorting to litigation.”

(III) CENTRAL GOVERNMENT’S STAND ON THE ISSUE OF SUO MOTU EXTENSION OF BENEFITS OF COURT/CAT JUDGMENTS TO SIMILARLY-CIRCUMSTANCED PERSONS AS CONVEYED TO JCM-- MINUTES OF THE MEETING DATED 12-1-02:

“Different Courts in the country, at times, give conflicting Judgments on similar issues. The Supreme Court has also considered this issue in the Judgment in the case of Prahlad Singh Vs. Union of India, where it has held that, when the Court would like its Judgment to extend to similar situations, it would be desirable to formulate a set of appropriate guide lines indicating when directions referred by the Court in one particular case can be operative in other cases. In view of the above, it is not possible to automatically extend a Judgment in all cases. Where specific directions are given by the Court, the same are complied with, if the Government has not decided to go on appeal.”

28. APPLICANT WHO RETIRED ON 31-12-2001 SHOULD BE TREATED AS HAVING RETIRED ON 1-1-2002 AND ACCORDINGLY INCREMENT AND INSTALMENT OF D.A ADMISSIBLE WITH EFFECT FROM 1-1-2002 TO BE GIVEN TO HIM.

Relying on decision in WP Nos. 1219 & 1409 of 1998 by AP High Court (R. Malakondiah & P. Chandrakanth George) and Judgement of Supreme Court in the case of S.Banerji Vs. UOI (reported in AIR 1990 SC 285 and decision of Full Bench of

CAT Mumbai (camp Nagpur) in OA 459/97 and 460/97 the CAT Hyderabad held that the applicant Sri C. Subba Rao, Sr. Audit Officer was eligible to (1) get increment due on 1-1-2002 with all the consequential benefits including Pensionary benefits along with (2) D.A as per his entitlement treating his date of retirement as 1-1-2002.

[OA: 797/2002 of CAT/Hyderabad Bench--decided on 12-11-2002 - C. Subba Rao Vs. Principal AG Andhra Pradesh, Hyderabad and others]

29. COUNTING OF D.A AS APPLICABLE TO AICPI- 1201.66 SANCTIONED WITH EFFECT FROM 1-7-1993 AS D.P FOR PURPOSE OF COMPUTING GRATUITY AMOUNT TO ALL THOSE WHO RETIRED BETWEEN 1-7-1993 AND 31-3-1995.

Based on CAT (Full Bench) Mumbai Orders passed on 21-09-2001 in OAs 542, 942 & 943 of 1997 in Baburao Shankar Dhuri & others Vs Union of India, CATs at Chennai, Chandigarh, Hyderabad & Bangalore have allowed applications of Pensioners.(since dismissed by the Supreme Court of India)

30. INCLUSION OF D.A WITH PAY FOR GRATUITY PURPOSE FOR THOSE WHO RETIRED BETWEEN 1-7-1993 AND 31-3-1995.

Application allowed - To be paid within 3 months, but as in the case of Mumbai High Court Order, the petitioner to furnish an undertaking to refund with interest @ 6% p.a. if the decision of Mumbai High Court or the Supreme Court goes against the excess payment.

(OA No 644-HR/2002 decided by Chandigarh CAT on 12-3-2003 Ram Batra, Retd. Postmaster Vs Union of India) (since dismissed by the Supreme Court of India)

31 INCLUSION OF D.A SANCTIONED W.E.F 1-7-1993 FOR PURPOSE OF COMPUTING AMOUNT OF GRATUITY- CASE OF THOSE WHO RETIRED BETWEEN 1-7-1993 AND 31-3-1995.

The Tribunal does not agree that the OA is hit by delay and laches as this is a matter relating to Pension and it is well

settled law that under calculation of Pension can be raised at any time, because it is a continuous cause of action. Secondly, although a writ has been filed before the Bombay High Court, no stay has been granted.

Application allowed subject to the applicant giving an undertaking to the effect that he will refund the amount received with interest @ 6%, if the writ petition filed by Govt. succeeds.

(OA: 944/PB-2002-CAT Chandigarh--M.L. Panghothra IA & AS, DAG (Retd) Vs. U.o.I. & others DoJ 16-1-2003) (Since dismissed appeal by the Supreme Court of India)

32 INCLUSION OF D.A AS ON 1-7-1993 FOR PURPOSE OF COMPUTING AMOUNT OF GRATUITY FOR THOSE WHO RETIRED BETWEEN 1-7-1993 AND 31-3-1995.

(OA: 526/2003 - CAT/Bangalore, P.K. Shetty, Retd Sub Post Master Vs Union of India decided on 30-10-2003)

Cases of 130 other Pensioner-applicants have also been decided in favour of the applicants on 30-10-2003, 4-11-2003 & 5-11-2003. by CAT/Bangalore. *(Since dismissed by the Appeal by whom Supreme Court of India)*

33 TREATING THOSE WHO RETIRED ON 30-6-1993 AS HAVING RETIRED ON 1-7-1993

Three Pensioners who retired on 30-6-1993 have been treated as having retired on 1-7-1993 and extended the benefit of including D.A as on 1-7-1993 for the purpose of computing the amount of Gratuity

(OA: 636/2003-CAT/Bangalore - K.R. Subanna Vs. Union of India & others- -- decided on 5-11-2003 - Two other cases were also decided accordingly) (Writ Petition filed by Govt. in High Court - but dismissed by S.C)

34 EFFECTIVE DATE OF RETIREMENT OF THOSE WHO RETIRED ON THE AFTERNOON OF 31-12-1995 ON SUPERANNUATION TO BE 1-1-1996

Those who relinquished charge on superannuation on the afternoon of 31-12-1995 to be treated as having retired on

1-1-1996 and recommendations of V CPC given effect to from 1-1-1996 to be made applicable to them also.

(OA: 694/2003 - CAT/Bangalore - M. Jagannath Vs. Union of India and Ors- decided on 5-11-2003. Two other cases were also decided accordingly. An SLP (Civil) No. 21111 of 2003 filed in Supreme Court on the subject by CGM(BSNL) Kerala is still pending)

35 a) GOVERNMENT SHOULD GIVE THE BENEFIT OF A FINAL DECISION TO ALL SIMILARLY PLACED PERSONS AND SHOULD NOT UNNECESSARILY SEND PEOPLE TO COURT.

b) WHEN THE BENEFIT OF EARLIER JUDGEMENT IS PRAYED BY SIMILARLY PLACED PERSONS, THE BAR OF LIMITATION WOULD NOT BE ATTRACTED.

(OA No. 273 of 2002 & MA No. 127 of 2002, CAT Jodhpur, Nem Singh Vs- Uol & others. DoJ: January 2004)

IMPORTANT

The Department of Personnel and Training vide their letter No. 28027/9/99 Estt. (A) dated 1-5-2000 has directed that any Order passed by Central Administrative Tribunals against the Government should not be implemented by the Ministries/ Departments without first informing the matter to the Department of Legal Affairs for advice and to the Department of Personnel and Training.

A Supreme Court Judgement

Disposing of Writ Petition No. 35 of 2006, between the States of UP and Orissa Vs the Government of India, the Supreme Court issued the following Judgement on 30th July 2008:

'Having regard to the acts and circumstances of the case, we direct that every Pensioner whether he/she is employee of Government of India, State Government, Corporation or Public Sector, is entitled to Pension on the beginning of every month. The respondents are directed to ensure that every incumbent

should get the Pension from the Bank in the first week of every month. As and when there is a revision of Dearness Allowance and revision of pay scales, then the effect of that revision should be ensured promptly and the fixation should be released as far as possible within two months of the so called revision, but that revision shall not suspend the payment of Pension at the old rate till it is finalized. As and when the fixation is done, the arrears should be released to the members promptly within a period of two weeks."

SECTION VI - ANNEXURES

Annexure-1A

PAYMENT OF PENSION THROUGH THE POST OFFICE SAVINGS BANK

Salient features:

1. This facility is available to the Postal, Telecom and Railway Pensioners only.
2. The Pension including Dearness Relief will be credited automatically to the Post Office Savings Bank Account, specially opened for this purpose, on the last working day of the relevant month except the Pension for March, which will be credited on the first working day of April. No bill need be prepared.
3. The money can be withdrawn as from a normal POSB Account, on the day of crediting itself or anytime thereafter.
4. The Pension Account can be opened in addition to ordinary single/joint account, if any, in the same Post Office and also with cheque facility.
5. Commutation amount will also be credited to this account.

Procedure :

Letter of Authority and an undertaking (see Annexure-3) (Page 119) to the Head/Sub-Postmaster concerned has to be furnished. This letter authorizes him to receive Pension and credit the same to the SB Pension Account every month and also conveys consent that any excess/wrong payments credited to account may be recovered or withdrawn from the account.

The PPO Issuing Authority will forward both halves of PPO (in case of Railway Pensioners, only Disburser's half) along with specimen signature and the Letter of Undertaking to the concerned Head Post Office through the Director of Accounts (Postal). On receipt of these documents in the Head Post Office, the Postmaster will make necessary entries in his/her records and send an intimation to the Pensioner to present himself/herself

at the HO for opening the S.B Account.

In case the Pensioner wants to open the account at a Sub Post Office, the HO will authorize the Sub-Postmaster to credit the Pension in the S.B Account and forward the documents to him. The Pensioner will receive an intimation from the HO to present himself/herself at the Sub Office for opening the account.

On receipt of the intimation, the Pensioner should approach the Post Office concerned in person for opening the S.B Account. The Postmaster will make over the Pensioner's half of the PPO to the Pensioner. The Pension and Dearness Relief will be credited to this account every month automatically. The Pensioner can withdraw the amount on the day of crediting itself.

Pension S.B Accounts in Post Offices can now be operated jointly (On either or survivor basis) with the Pensioner's spouse in whose favour authorisation for Family Pension exists in the PPO. Existing single Pension S.B Accounts can also be converted into joint Pension S.B Accounts. (Dept. of Post S.B. Order No. 11/2007) as conveyed in O.M No. 113-10/2004-SB dt. 20.7.2007 of Director General (Posts)

Payment of commutation amount :- On receipt of Payment Authority through the Director of Postal Accounts, the Post Office will credit the amount to S.B Pension Account.

Revision of Pension :- When Pension is revised, the Post Office on receipt of the amendment letter, will obtain the Pensioner's half of PPO and will carry out the corrections in both halves of PPO and return the Pensioner's half to the Pensioner. The additional amount will be credited to Pensioner's S.B Account.

Arrears of Pension on death of the Pensioner :- Pension is payable for the day of death of the Pensioner. The Post Office will, on receipt of the Death Certificate of the Pensioner, verify his account and recover overpayment, if any, made. Arrears of Pension due will be disbursed to the nominee, if the deceased had left behind a nomination either under the provisions of Post Office Savings Bank Rules or under the provisions of "Payment of Arrears of Pension (Nomination) Rules, 1983". [See Annexure 13] (P 133)

Appearance of Pensioner/furnishing of Certificates:-

The Pensioner should appear in person once a year in November before the Postmaster concerned and furnish a Life Certificate. The Pensioner should also furnish a non-employment Certificate in the prescribed form and Certificate for drawal of Fixed Medical Allowance once a year in the month of November. In case the Pensioner fails either to appear in person or to send the Life/non-employment Certificate the Pension/Dearness Relief will not be credited to his account from December onwards.

Transfer of Pension Account:- A Pensioner can get his S.B Pension Account transferred from one Post Office to another by applying in a prescribed form just like an ordinary S.B Account.

Revocation of option:- A Pensioner who has opted for this facility is free to revoke his option and draw his Pension otherwise by giving a notice of a minimum period of three calendar months to the Post Office.

Family Pension :- Family Pensioners can also avail this facility, except minor Pensioners as a minor is not legally competent to appoint agents on his/her behalf. The amount of Family Pension payable is given in the PPO. The claimant has to furnish to the Post Office the following documents:-

- (i) Death Certificate of the Pensioner;
- (ii) Application for the Family Pension
- (iii) A copy of his/her photograph;
- (iv) A Letter of Authority and Undertaking in the prescribed proforma.

An S.B Pension Account will be opened after necessary scrutiny and the Family Pension will be credited automatically every month. A widow claiming the Family Pension should furnish an undertaking that she will report to the Post Office if she remarries and a widower/daughter claiming it should furnish a declaration twice a year in June and December regarding non-marriage. Sons/daughters and dependent parents drawing Family Pension have to furnish a Certificate once an year to the effect that their earnings do not exceed Rs.3500/- p.m. Those drawing Fixed Medical Allowance have also to furnish the required Annual Certificate.

Annexure - 1B**PAYMENT OF PENSION THROUGH POST OFFICE**

(Relevant Rules of Financial Hand Book Vol. II of Postal Dept.)
Rule-92 = Issue of duplicate Pension Payment Order by Head Post Masters.

92. Head Postmasters are authorized to renew Pension Payment Orders without reference to the Postal Accounts Office or Circle Telecom Accounts Office in cases in which Pensioner's half is lost, worn or torn, or the entries on the reverse of either the Pensioner's or the disbursing officer's half are completely filled up. The renewed Pension Payment Orders shall bear the old number date and facsimile of signature of the Issuing Officer and the old ones, if available, shall be retained by the Post Master for 3 years and then destroyed. A note of the issue of the renewed Pension Payment Order shall be made in the "Remarks" column of the register of Pension Payment Orders.

Rule- 93: On the renewal of a Pension Payment Order the portion of the Original Order containing the specimen of the pensioner's signature or his thumb impressions as the case may be and the copy of his photograph where it is kept, shall be cut off from the old and pasted on the renewed Pension Payment Order, before the latter is signed by the Head Postmaster.

Rule-94: If both halves of a PPO are reported lost in transit due to floods etc., before commencing payment, the Director / Dy. Director of Accounts (Postal)/ GM(PAF)/ CCA will issue a duplicate PPO, which would be prominently marked as "Duplicate – No payment to be made against original PPO." A note to this effect will also be kept by him against the relevant entry in the Register of PPOs issued and before forwarding the duplicate PPO (both halves) to the Disbursing Officer.

Rule- 103: A Pensioner specially exempted by the Orders of Competent Authority from personal appearance, a female Pensioner not accustomed to appear in public, or a Pensioner who is unable to appear in consequence of bodily illness or infirmity, may receive his or her Pension through a representative

upon the production of a Life Certificate signed by a responsible Government Officer or by some other well known and trustworthy person.

Rule 104: A Pensioner of any description, who produces a Life Certificate signed by some person exercising the powers of a Magistrate under the Criminal Procedure Code, or by any Registrar or Sub-Registrar appointed under the Indian Registration Act, 1908, or by any Pensioned Officer who, before retirement, exercised the powers of a Magistrate or by any Gazetted Officer, or by a Munsiff, or by a Police Officer not below the rank of Sub-Inspector in-charge of a Police Station, or by a Postmaster, a Departmental Sub-Postmaster, or an Inspector of Post Offices, or by a Class I Officer of the Reserve Bank of India, or an Officer of the State Bank of India or a Sub-Accountant appointed as an Agent or as an Accountant at a Branch of the State Bank of India, or an Officer of a Subsidiary Bank of the State Bank of India, or by the Head of a Village Panchayat, Gram Panchayat or by the Head of an Executive Committee of a village, or by a Bank included in the Second Schedule to the Reserve Bank of India Act, 1934, in respect of a Pensioner drawing his Pension through that Bank is exempted from personal appearance.

Rule 105: A Pensioner not resident in India may draw his Pension in India through a duly Authorised Agent, possessing a legally valid Power of Attorney, who must produce a Life Certificate on each occasion, unless the duly Authorised Agent has executed an Indemnity Bond to refund overpayments, in which case he has to produce the Life Certificate at least once a year.

Rule- 106. A Pensioner of any description resident in India is exempted from personal appearance if he draws his Pension through an Agent who has Executed a Bond to refund overpayments and produce at least once a year a Life Certificate signed by a person authorised under Rule 104 to sign such Certificates.

Rule 107: The Pension of a person drawing his Pension through an Authorised Agent who has Executed a Bond to refund

overpayments, shall not be paid after a period of more than a year after the date of the Life Certificate last received, and the Disbursing Officer shall be on the watch for authentic information of the death of any such Pensioner, and on receipt thereof, shall promptly stop further payments.

Rule 108: When a Pensioner is a minor, or is for any other reason incapable of managing his own affairs, and has no regularly appointed Manager or Guardian or when the Guardian so appointed dies or forfeits the position of a Guardian (as in the case of a widow on account of her remarriage) payments may be made to the person, who comes with the Pensioner as the Guardian for the first time, provided the same person produces a Certificate from the Collector of the District or the Deputy Commissioner declaring him to be the Manager or Guardian for the purpose of receiving, on behalf of the Pensioner, Pension due to him. The payment to the Guardian shall be made in the same way as to the original Pensioner, provided that sufficient proofs are forthcoming at the time of each payment, of the Pensioner being alive and eligible to receive the Pension for the period covered by the payment.

Remittance of Pension by M.O at Government expense--Central Treasury Rules Vol. I amended.

Pension upto Rs 2250/- per month plus Relief on Pension admissible thereon may, at the request of the Pensioner be remitted by Postal Money Order at the cost of Government with effect from the Pension payable for the month of January. 1999.

(As the minimum Pension payable has now been raised to Rs. 3500/- Govt. is likely to amend this Rule suitably-Editor)

Annexure - 2A
PAYMENT OF PENSION THROUGH
PUBLIC SECTOR BANKS

Salient Features :

1. This facility is available to all Central Government Pensioners except the Pensioners of the Department of Posts.
2. Payment of Pension (including Family Pension) will be automatic; no bill need be prepared.
3. The monthly Pension, including Dearness Relief, will be automatically credited on the last working day of every month (and in any case not later than 7th of the following month) to individual's Savings/Current Account. However, Pension for the month of March will be credited on the first working day or within 7th of April.
4. 'Joint' or 'Either or Survivor' Account is also permitted under this scheme provided the joint holder is the spouse in whose favour authorisation for payment of Family Pension exists in the PPO.
5. Commutation amount will also be credited to the account on receipt of the Authority.

Procedure :

Pensioners are to indicate the name of the Bank and the Branch in Pensioner's application for Pension. The Authority issuing PPO will forward both halves of PPO to the concerned Bank through the Link Branch of the Bank, under intimation to the Pensioner. On receipt of intimation the Pensioner should go to the Paying Branch in person with the following documents:-

- (1) Personal copy of the intimation received from the PPO Issuing Authority;
- (2) In case the Pensioner held a Group 'A' Post at the time of retirement, non-employment Certificate;
- (3) An undertaking to refund excess payments, if any.

- (4) An undertaking in the prescribed proforma [See Annexure 4, Page 116] for opening a Joint Account.

A physically handicapped Pensioner need not appear in person but he should submit to the Bank a Certificate from a Registered Medical Practitioner, about his being physically handicapped. In such a case, Bank Manager or the designated Officer will visit the Pensioner's residence/hospital for the purpose of identification and obtaining specimen signatures, etc.

Before commencing payment, the Paying Branch of the Bank will obtain the Pensioner's specimen signature or thumb-impression, as the case may be, in the space provided for the purpose in the Disburser's portion of the PPO and hand over the Pensioner's portion of the PPO to the Pensioner after proper identification.

After proper personal identification, the first payment of Pension will be made for which the Pensioner should open a Savings/Current Account in his/her name or in the joint name of his/her spouse, in whose favour authorisation for payment of Family Pension exists in the PPO if the Pensioner does not have one already. The Pensioner's half of the PPO will be given to him/her. Thereafter, the Pension will be credited automatically to the Pensioner's account every month.

The personal identification of the Pensioner stated above will be only for the first payment of Pension at the Paying Branch.

The Paying Branch will be responsible for deduction of Income Tax at source from the Pension payments in accordance with the rates prescribed from time to time. Where such deductions are made, the Paying Branch will issue to the Pensioner, a Certificate of Tax Deducted in the Prescribed Form in April each year.

Payment/drawal of Pension on the last day of the month to which it pertains spread over a period of last 4 working days of the month.

All Public Sector Banks have been advised vide RBI's Pension Circular GANB No. 307/45-01.001/94-95 dated 1-6-1995 that the work pertaining to crediting of Pension to the respective

Pensioners accounts and their disbursement can be spread over a period of last four working days of the month except Pension for the month of March, Pension for which will continue to be credited on or after the first working day of April. This decision was taken in consultation with the CPAO, Govt. of India. The details and modalities of phasing out is left to the Bank Managers of the Public Sector Banks.

Public Sector Banks should fill up the columns provided in Part VII of both halves of PPOs, especially in Pensioner's half of PPO, so that Pensioners drawing Pensions through Pensioners' S.B Accounts may understand break up details like Pension, Dearness Relief etc.

(Authority: Letter No. CPAO/Tech/Pen.Assn./2000-2001/289 dated 5-10-2000 from MOF., DOE., CPAO New Delhi to GMs of all Public Sector Banks)

Revision of Pension: If Pension is revised, the authority who issued the PPO will send an amendment letter to the Bank through the Link Branch. The Paying Branch will obtain the Pensioner's half of the PPO and make necessary corrections in both the halves of the PPO. The Bank will credit the arrears to Pensioner's Account, after the due and drawn statement is received duly verified.

Payment of Relief to Pensioners:- Whenever any additional Relief on Pension is sanctioned by Government, an intimation to this effect will be sent by the Government to each nominated Public Sector Bank. Each Paying Branch will promptly determine the revised rates of Relief on Pensions payable to the Central Government Civil Pensioners under its payment jurisdiction and commence payment of Relief at the revised rates and/or payment of arrears, if any, due to the Pensioners on this account. The Bank will call for the Pensioner's half of the PPO and record thereon the revised rate of Relief indicating the date from which the revision is effective and return the same to the Pensioner.

Arrears of Pension on death of the Pensioner: Pension is payable for the day of the Pensioner's death, irrespective of the time of death. In case a valid nomination exists, payment will be made to the nominee, after verification, for which the

nominee has to apply to the Paying Branch along with the Pensioner's half of the PPO and a duly stamped receipt for the amount. If the deceased Pensioner had not made any nomination, the arrears will be paid to the heir(s) under the instructions of the concerned authority. Overpayment, if any, will be recovered from the account of the deceased.

Transfer of Pension payment from one Branch of the Bank to another:

- (i) Pensioner can get Pension payments transferred from one Branch of the Bank to another as shown below for which Pensioner has to give his request for the transfer to Pension Paying Branch who will take necessary action in this regard and Pensioner can draw his future Pensions from the new Branch of his choice:
- (ii) Transfer from one Paying Branch to another of the same Public Sector Bank at the same station or in the same District;
- (iii) Transfer from one Public Sector Bank to another at the same station (such transfers to be allowed only once in a Financial Year); and

Transfer from one place to another in a different District.

- a) Request falling under category (i) above may be entertained by the Bank itself. In case transfer is at the same station, Link Branch will make necessary entries in the register maintained by them and forward the Bank's portion of PPO to the Paying Branch at which payment is desired under intimation to the CPAO and the Pensioner. In case transfer is to a different station, Link Branch after keeping the requisite note, will forward Bank's portion of the PPO to the Link Branch at the new station for arranging payment through the new Paying Branch. Necessary intimation of effecting such transfer will be sent to CPAO by the new as well as old Link Branches, for keeping a note of change in their records under intimation to the Pensioner. The receiving Link Branch, on receipt of the Pension documents, will ensure forwarding the PPO to the

Paying Branch within three days and intimate the Pensioner simultaneously.

Before forwarding the Bank's portion of PPO to the new Paying Branch/Link Branch, it will be ensured that the month upto which the payment has been made is invariably indicated in the Bank's portion of PPO.

- b) In cases falling under categories (ii) and (iii) above, when a Pensioner applies for transfer on a simple sheet of paper, the old Bank (transferor Branch) will send a letter duly signed by its Branch Manager to the Branch Manager of the new Paying Branch, wherever located, along with photocopy of the Pensioner's PPO showing the last payment made. This will be sent by Speed Post/Courier/Regd. Post to the new Paying Branch at the new location, along with a copy each to the Pensioner, CPAO and for information to the Link Branch of the old Paying Branch. Simultaneously, the old Paying Branch will send the Bank's original copy of the PPO to its Link Branch, duly completing all entries for further transmission, to the new Link Branch of the new Bank. However, Pensioner's copy of PPO will be retained by the Pensioner and produced at the new Paying Branch.
- c) The new Paying Branch will commence the Pension payment immediately on receipt of letter of the last payment Certificate as at (a) above. Simultaneously, it will send an intimation to its Link Branch with full details of the commencement of the Pension. The old Paying Branch and its Link Branch will ensure that the Bank's copy of PPO is transmitted to the new Paying Branch through its Link Branch.
- d) Pension will be paid for 3 months on the basis of the photocopy of the Pensioner's PPO at transferee (new) Branch, from the date of last payment made at the transferor (old) Branch. During this time, it

will be the joint responsibility of both old and new Bank Branches to ensure that all the documents, under the procedure, are received by the new Branch within the period of 3 months.

To avoid the risk of overpayment at the time of transfer, the following Certificate may be recorded on the Bank's portion of the PPO by the Paying Branch of the Bank.

"Certified that payment of Pension has been made upto the month of _____ and that this PPO consists of _____ continuation sheets for recording disbursement.

Seal
Date

Signature

Annexure - 2B

RESERVE BANK OF INDIA

Master Circular No. RBI/2009-10/61 dated July 01, 2009
DGBA.GAD.No.H-3/31.05.001/2009-10

Master Circular - Disbursement of Pension by Agency Banks

Payment of Pension to retired Government employees is governed by the relevant Schemes prepared by concerned Ministries/Departments with the approval of Controller General of Accounts, Ministry of Finance, Government of India or by State Governments and involves payment of basic Pension, increased Dearness Relief and other benefits, as and when announced by the Government. Various Circulars issued in this connection are summarized hereunder for information.

2. Hosting of Government Orders on Dearness Relief (D.R) etc., to State Government Pensioners on web sites of State Governments.

(Ref: DGBA. GAD.No. H-416/45.01.003/2002-03 dated March 21, 2003 & No. DGBA. GAD.No. 770/45.01.003/2003-04 dated February 25,2004)

In order to obviate the time lag between issue of Dearness Relief Orders and payment of Dearness Relief to the beneficiary and to render expeditious service to the Senior Citizens, it has been decided that Pension Paying Agency Banks should act on the copies of the Orders supplied by Government to the Head Offices and/or Regional Offices of authorized Banks in the State Headquarters.

Further, it was decided to host the Circulars on the State Government's secured website.

All State Governments have been given the option to send the Government Orders relating to Dearness Relief to RBI in electronic format and also hard copy to enable Reserve Bank to host the same on its website.

3. Payment of Pension to Central Government Pensioners through Public Sector Bank - Steps taken by Government to minimize delay in payment of Dearness Relief (D.R) to Pensioners Discontinuation of forwarding Government Orders in respect of D.R etc., through Reserve Bank of India.

(Ref: DGBA. GAD. No. H-506/45.01.001/2002-03 dated April 12, 2003)

In order to obviate the time lag between the issue of Dearness Relief etc., Orders and actual payment to the beneficiaries and to render expeditious service to the Senior Citizens, Ministry of Personnel, Public Grievances and Pensions, Department of Pension and Pensioners' Welfare, Government of India have taken following steps:

- i). As soon as the sanction of Dearness Relief at revised rates is received from Ministry of Finance, Orders for payment of Dearness Relief to Pensioners at revised rates are issued and the copies of such Orders are immediately sent to Heads of all Agency Banks by e-mail as well as by Fax with instructions to take necessary action for expeditious payment of Dearness Relief
- ii). The Orders are put on web-site of Ministry of Personnel, Public Grievance and Pensions (<http://www.persmin.nic.in>)
- iii). Copies of Orders are also sent by post to Heads of all Agency Banks and published in leading newspapers by Indian Banks Association.

RBI would no longer be forwarding Government Orders in respect of Dearness Relief to Agency Banks.

4. Disbursement of Pension through Public Sector Banks--Payment of Dearness Relief (D.R) (Ref. DGBA, GAD No. H.11303/45.01.003/2005-06 dated February 06, 2006)

Pension Paying Banks were advised to put in place mechanism to immediately obtain copies of Government Orders and release it to the Pension Paying Branches for action at their end, so that the Pensioners should get the benefits announced by Government in the succeeding month's Pension-payment itself. The Controlling Offices/Head Offices of Agency Banks

should closely monitor and supervise timely and correct disbursement of Government Pension to eligible Pensioners. Further, in the cases of Central Civil and Railway Pensioners, the Pension Paying Banks should endorse the names of nominees as per nomination Forms 'A' and 'B' on the front page of the Pass Book and the Branches may be advised to ensure that the procedure laid down in schemes for disbursement of Pension to Pensioners by Public Sector Banks are followed scrupulously. In order to create better awareness among staff about Pension Payment Schemes/Rules, Banks may include this as an integral part of the training programmes conducted by their training establishments.

5. Acceptance of Nomination in Forms 'A' and 'B' - Central Civil Pension

(Ref: DGBA, GAD. No.H-94/45.05.031/2004-05 dated August 24, 2004)

With a view to redressing inconvenience to the Pensioners and their heirs, it has been advised by the Government that all Pension Paying Bank Branches should accept Nomination in Form 'A' or 'B' as the case may be, submitted by the Pensioners for the payment of arrears of Pension to the heirs.

6. Acceptance of Railway Nomination (Forms 'A' & 'B') in respect of Railway Pensioners for the payment of arrears of Pension.

(Ref. DGBA.GAD.No. H-3611/45.03.002/2005-06 dated October 10, 2005)

With a view to avoid inconvenience to the Pensioners, Ministry of Railways (Railway Board), has decided to adopt the Nomination Forms ('A' & 'B') prescribed by Central Pension Accounting Office (CPAD) for Railway Pensioners also. Agency Banks were advised to issue necessary instructions to all Pension Paying Branches to accept Nomination Forms 'A' or 'B' as the case may be, submitted by Railway Pensioners for the payment of arrears of Pension to the heir(s).

7. Implementation of procedure for payment of Pensions and other retirement benefits to All India Service Officers retiring from Government of India while on Central Deputation as follows:

- i) PPO number for All India Service Pensioners would incorporate, besides the 12 digit numeric component used for Central Civil Pensioner, a prefix indicating the service and the State Cadre to which the Pensioner belongs. A sample PPO number for an IAS Officer of Punjab Cadre would be- IAS/Pb/438840400191.
- ii) All India Service Pensioners will have the option to draw Pension only through the authorised Banks i.e., Public Sector Banks and the four authorized Private Sector Banks viz. IDBI Bank Ltd., UTI Bank Ltd., ICICI Bank Ltd. and HDFC Bank Ltd.

(Note: IDBI Bank Ltd. has since been classified as a Public Sector Bank and UTI Bank has now been renamed as AXIS Bank Ltd.)

- iii) The Special Seal Authority (SSA) issued by the CPAO would be in blue colour to distinguish it from authorities issued for Central Civil Pensioners. In addition, the authority will indicate the State Government to which the payment is debitible.
- iv) The concerned Paying Branches of the Bank, after following the necessary procedure for identifying the Pensioner, would release the payment and add the name of All India Service Pensioner to the scrolls prepared for State Government Pensioners to be routed for reimbursement to the reimbursing branches of the Reserve Bank/State Bank as the case may be. Such scrolls are not being handled under Single Window System of Pension reimbursement for Central Government Civil Pensioners and should NOT therefore be sent to CPAO.
- v) The reimbursing branches would follow the procedure for the State Government Pensioners and send advice to Reserve Bank, CAS, Nagpur and the corresponding scrolls to the concerned Accountant General.
- vi) The RBI, CAS, Nagpur would debit the concerned State Government Account as per the procedure.

(Serial 8 : Omitted)

9. Scheme of Payment of Pension to Railway Pensioners by Public Sector Banks--Steps to avoid fraudulent payments

(No. RBI/2005/334) (Ref. DGBA.GAD.No. H 3389-3421/45.02.01/2004-05 dated January 6, 2005)

We have been informed by the Ministry of Railways, Government of India, (Railway Board) that their Vigilance Department has detected cases of fraud wherein Pension/ Pension arrears have been disbursed to unauthorized persons by some of the Public Sector Banks against fake Pension Payment Orders (PPOs). They have also observed that such fraudulent payments are made by Pension Paying Branches without observing prescribed checks i.e., releasing payments by relying upon calculation sheet not signed by authorized signatory etc., as also, non-compliance of laid down procedures, in particular regarding receipt of PPOs by Banks.

Railway Pension Paying Branches are requested to strictly follow the procedure laid down in "Scheme for Payment of Railway Pension through Public Sector Banks" by the Ministry of Railways (Railway Board) for disbursement of Pension to Railway Pensioners to avoid fraudulent payments against fake Pension Payment Orders.

10. Payment of Central Civil Pension - Entry of Dearness Relief in both Halves of Pension Payment Orders (PPOs)

(Ref.DGBA.GAD.No. H 3452-3485/45.01.001/ 2004-05 dated January 11, 2005)

It has come to our notice that some of the Pension Paying Bank Branches do not update the amount of basic Pension/ Family Pension whenever there is change in basic rates in both halves of the Pension Payment Order (PPO) concerned.

In this connection, we reproduce below paras 12,17 and 19.1 of the "Scheme for Payment of Pensions to Central Government Civil Pensioners by Public Sector Banks."

"Whenever there is change in the basic rates of Pension and/or Dearness Relief on Pension, the Paying-branch shall call back the Pensioner's half of the PPO and record thereon the changes, indicating, inter-alia, the date(s) from which the changes are effective. After this is done, those halves will be returned to the Pensioners" (Para 12.17)

Whenever any Additional Relief on Pensions is sanctioned by Government, an intimation to this effect will be sent by the Ministry of Personnel, Public Grievances and Pensions (Department of Pension and Pensioners' Welfare) to the authorised representative (by name) of each nominated Public Sector Bank at the address given by the latter. Thereafter, it shall be the responsibility of the Banks to collect through their representatives operating at Delhi or otherwise, the required number of copies (to be intimated in advance) of the Sanction Orders, along with the ready-reckoner relating thereto, from the Ministry of Personnel, Public Grievances and Pensions (Department of Pension and Pensioners' Welfare) and send them immediately to their respective Head Offices for direct transmission to the Paying-Branches within ten days for implementation. Each Paying Branch will promptly determine the revised rates of relief on Pensions payable to the Central Government Civil Pensioners under its payment. The calculations of these rates applicable to individual Pensioners would be made as in Annexure XXII (Page 41) and they will be noted in Disburser's Portion of the PPOs along with the date from which Relief would take effect, under attestation by the Branch Manager or In-Charge before commencing payment of Relief at the revised rates and/or payment of arrears, if any, due to the Pensioners on this account..." (Para 19.1)

Banks are requested to draw the attention of their Pension Paying Branches to the above provisions and advise them to strictly follow the instructions.

11. Disbursement of Railway Pension by Agency Banks--Main areas where Banks tend to make over payment.

(Ref. DGBA.GAD.No. 6073/45.05.0317 2004-05 dated May 30, 2005).

A list of main areas where the Banks tend to make overpayments in respect of Railway Pensioners received from Financial Adviser & Chief Accounts Officer's Office, Central Railway, Mumbai was forwarded to all Agency Banks with a request to circulate the same among their Pension Paying Branches and instruct them to take appropriate action so as to avoid overpayments of Railway Pension.

12. Scheme of Payment of Pension to Railway Pensioners through Public Sector Banks-- Designation of FA & CAOs of seven new zones by Ministry of Railways.

(Ref.DGBA. GAD.No.H.10746/45.03.001/2005-06 dated January 24, 2006)

The Ministry of Railways has decided to designate FA & CAOs of seven new zones (viz.. North Western Railway, Jaipur, East Central Railway, Hajipur, East Coast Railway, Bhubaneshwar, North Central Railway, Allahabad, South East Central Railway, Bilaspur, South Western Railway, Hubli, and West Central Railway, Jabalpur) to accept/settle Pension debits in respect of Pension payment disbursed to Railway Pensioners by authorized Banks with effect from April 1, 2006.

13. Payment of Pension through Authorised Banks-- Credit of Pension to Joint Account operated by Pensioner with his/her spouse.

(Ref,DGBA.GAD.No. 12736/45.03.001/2005-06 dated February 24, 2006)

The instructions issued by Central Pension Accounting Office (CPAO) in regard to crediting of Pension amount to the joint Account along with spouse in whose favour an authorization for Family Pension exists in the Pension Payment Order (PPO) in respect of Central Civil Pensioners have been made applicable to Railway Pensioners also vide Ministry of Railways (Railway Board), Circular No. RBA. 63/2005 (2005/ACII/21/19) dated October 13, 2005. The Joint Account of the Pensioner with the spouse could be operated either by 'Former or Survivor' or 'Either or Survivor' basis subject to certain terms and conditions

mentioned in Ministry of Railways Circular dated October 13, 2005 referred to above.

14. Payment of Pension through Authorised Banks-- Credit of Pension to Joint Bank Account operated by a Pensioner with his/her spouse:

(Ref.DGBA.GAD.No. H-2134/45.02.001/2006-07 dated August 4, 2006)

Ministry of Defence and the Principal Controller of Defence Accounts have modified the scheme for payment of Pension permitting credit of Pension also to a Joint Account operated by Pensioner with his/her spouse in whose favour an authorization for Family Pension exists in the Pension Payment Order (PPO). The Joint Account of the Pensioner with the spouse could be operated either by 'Former or Survivor' or 'Either or Survivor' basis subject to the following terms and conditions:

- a) Once Pension has been credited to a Pensioner's Bank Account, the liability of the Government/Bank ceases. No further liability arises, even if the spouse wrongly draws the amount.
- b) As Pension is payable only during the life of a Pensioner, his/her death shall be intimated to the Bank at the earliest and in any case within one month of the demise, so that the Bank does not continue crediting monthly Pension to the Joint Account with the spouse, after the death of the Pensioner. If, however, any amount has been wrongly credited to the Joint Account, it shall be recoverable from the Joint Account and/or any account held by the Pensioner/spouse either individually or jointly. The Legal Heirs, Successors, Executors etc., shall also be liable to refund any amount, which has been wrongly credited to the Joint Account.
- c) Payment of Arrears of Pension (Nomination) Rules 1983 would continue to be applicable to a Joint Account with the Pensioner's spouse. This implies that if there is an 'accepted nomination' in accordance with Rules 5 and 6 of these Rules, arrears mentioned in the Rules shall be payable to the nominee.

Existing Pensioners desiring to get their Pension credited to a Joint Account as indicated above are required to submit an application to the Branch Bank, from where they are presently drawing Pension in the prescribed form. This would also be signed by the Pensioner's spouse in token of having accepted the terms and conditions laid down in this Office Memorandum. These

instructions are also applicable to the Government Servants who will be retiring after the issue of this Office Memorandum.

(Serials 15 to 20 : omitted)

21. Disbursement of Central Government Pension through Public Sector Banks-- Issue of Pension Slips to the Railway Pensioners.

Ministry of Railways, Railway Board has decided to issue Pension Slip to Railway Pensioners/Family Pensioners on par with the existing system as applicable to Central Government (Civil) Pensioners. Accordingly, Pension Slips as per the prescribed format are to be issued to Railway Pensioners/Family Pensioners at the commencement of Pension and thereafter, whenever there is a change in quantum of Pension. All the Agency Banks were advised to issue suitable instructions to their Pension Paying Branches.

Note:

RBI Guidelines regarding Agency Commission on the Pension transaction

Agency Banks would be eligible to claim Agency Commission for pension transactions at the rate of Rs. 60/- per transaction only when the entire work relating to disbursement of pension including pension calculation is attended to by the concerned Government Department/Treasury and the Bank Branches are required only to credit the amount of pension to the Pensioners' Accounts maintained with them by a single debit to Government Account. Transaction to be categorised under "other than pension payment refers to DCRG, Commutation etc., would be eligible for payment of Agency Commission @ 9 paise per Rs. 100/- turnover.

(DGBA, GAD No. 13034/31.12.2010(c)/2006-07 dated February 27, 2007)

Disbursement of Pension through Public Sector Banks--Payment of Dearness Relief

(RBI/2006/296 DGBA GAD. No. H 11303/45.01.003/2005-06 dated 6.2.2006)

3. We once again request that the Pension-Paying Banks may put in place a mechanism to immediately obtain copies of Government Orders and release it to the Pension Paying Branches for action at their end. The intention is that Pensioners should get the benefits announced by Government in the succeeding month's Pension payment itself. The Controlling Offices/Head Offices of Agency Banks should closely monitor and supervise timely and correct disbursement of Government Pension to eligible Pensioners.

4. We also advise that in the cases of Central Civil and Railway Pensioners, the Pension-Paying Banks should endorse the names of nominees as per Nomination Forms A & B on the front page of the Pass Book. The Branches may be advised to ensure that the procedures laid down in Schemes for Disbursement of Pensions to Pensioners by Public Sector Banks are followed scrupulously.

5. In order to create better awareness among staff about Pension Payment Schemes/Rules, Banks may include this as an integral part of the training programmes conducted by their training establishments. We also suggest that knowledge of Pension Rules may be given due weightage in the appraisals made on Staff and Officers.

Annexure - 2C

Extracts from Reserve Bank of India

Master Circular No.: RBI/2011-12/98 dated July 1, 2011
DGBA.GAD.No.H-1/31.5.001/2011-12

1. Scheme for payment of Pension to Telecom Pensioners through Authorized Banks--Credit of Pension to Joint Bank Account operated by a Pensioner with his/her spouse:

(Ref. DGBA. GAD. No.H-1917/45.4.001/2008-09 dated August 21, 2008)

It has been decided in consultation with Central Pension Accounting Office (CPAO) to permit credit of Pension also to a Joint Account operated by DoT/Ex-DoT, DTS & DTO Pensioner (absorbed in BSNL) and drawing Pension through authorized Banks, with his/her spouse in whose favour an authorization for Family Pension exists in Pension Payment Order (PPO). The Joint Account of the Pensioner with the spouse could be operated either by 'Former or Survivor' or 'Either or Survivor' basis subject to certain terms and conditions as mentioned in the Office Memorandum of Government of India, Ministry of Communications & I.T., Department of Telecommunication, New Delhi. All Agency Banks have been advised to issue the instructions to their Pension Disbursing Branches accordingly.

2. Scheme for payment of Pension to Central Government Civil/Defence/Railway/Telecom/Freedom Fighters/State Government Pensioners by Public Sector Banks--Staggering of Pension payments by PSBs.

(Ref. DGBA.GAD.No.H - 7652/45.5.031/2008-09 dated March 3, 2009)

We have been receiving a large number of complaints from Pensioners regarding non payments of Pension in the last four working days of each month. Instead, Pension is paid by the Agency Banks on the last working day of the month which causes much hardship to the Pensioners and they have to wait in queue for a long time.

In this connection, we had reiterated the instructions contained in our earlier circular GA.NB.No.307/45.01.001/94-95 dated June 1, 1995 and advised all Agency Banks to spread over disbursement of Pension during the period of last four working days of the month, except for the month of March, which will continue to be credited on or after the first working day of April.

3. Issue of Pension Slips/Updation of Pension Payment Order by Pension Paying Branches of Agency Banks.

(Ref.DGBA.GAD.No.H-9326/44.01.001/2008-09, dated April 29, 2009)

Although suitable instructions were issued to the Agency Banks, for issue of Pension Slips and for updation of PPO, we have been receiving complaints from Pensioners' Associations regarding non-issue of Pension Slips by Pension Paying Branches. They have also complained that the Pension Paying Branches do not update both halves of Pension Payment Order (PPO), whenever there is change in basic rates of Pension advised by the concerned Government Departments. We have, therefore, advised all Regional Offices to ensure that the Inspecting Officers from PADs invariably look into the aspect of Pension Slips and updation of PPO and furnish specific comments thereon while conducting the inspection of Agency Banks.

4. Refund of overpayment of Pension to the Government Account

(Ref. DGBA.GAD.No.H-10450/45.3.001/2008-09 dated June 1, 2009)

Government of India have advised us that the overpayments of Pension made by the Banks are not credited back to Government Account by the Banks in lump sum but are remitted in instalments as and when recovered from the Pensioner. As this causes loss to the Government, all Agency Banks have been advised that whenever any excess/overpayment is detected the entire amount thereof should be credited to the Government Account in lump sum immediately.

5. Scheme of Payment of Pension to Railway Pensioners through Public Sector Banks--issue of 'Due and Drawn' statement.

(Ref. DGBA, GAD, No.H 2084/45.3.001/2009-10 dated September 1, 2009)

The Ministry of Railways (Railway Board), New Delhi has informed that Banks are not advising the Pensioners about the details of the payments made to them on account of the revised Pension. Therefore, in order to bring more transparency in the procedure of payment of arrears Ministry of Railways have requested us to instruct all Public Sector Banks to provide a copy of the 'Due and Drawn' statement to the Pensioners. All the Public Sector Banks have, therefore, been advised to issue suitable instructions to their Pension Paying Branches for issuance of 'Due and Drawn' statement in the prescribed form to Railway Pensioners, whenever there is a change/revision in their Pension, so as to avoid inconvenience to the Pensioners.

6. Scheme for payment of Pension to Central Civil/Defence/Railway/Telecom Pensioners/Freedom Fighters/State Government Pensioners through Public Sector Banks--Facility for withdrawal of Pension by old/sick/disabled/incapacitated Pensioners.

(Ref.DGBA.GAD.No.H 3194/45.01.001/2009-10 dated October 14, 2009)

It is observed that the guidelines issued by RBI are not being meticulously adhered to by the Banks, may be due to ignorance of the Bank Staff and that of the Pensioners. In order to take care of the problems/difficulties faced by the sick and disabled Pensioners in withdrawal of Pension/Family Pension from the Banks, we have reiterated the instructions issued earlier to all the Agency Banks and advised them to categorize the cases of sick and incapacitated Pensioners as under:

1. Pensioner who is too ill to sign a cheque/unable to be physically present in the Bank
2. Pensioner who is not only unable to be physically present in the Bank but also not even able to put his/her thumb impression on

the cheque/withdrawal form due to certain physical defect/incapacity.

With a view to enabling such old/sick/incapacitated Pensioners to operate their Accounts, Banks have been advised to follow the procedure as under:

a) Wherever thumb or toe impression of the old/sick Pensioner is obtained, it should be identified by two independent witnesses known to the Bank, one of whom should be a responsible Bank Official.

b) Where the Pensioner cannot even put his/her thumb/toe impression and also would not be able to be physically present in the Bank, a mark can be obtained on the cheque/withdrawal form, which should be identified by two independent witnesses, one of whom should be a responsible Bank Official.

Accordingly, the Agency Banks are requested to instruct their Branches to display the instructions issued in this regard on their Notice Boards so that Sick and Disabled Pensioners could make full use of these facilities. The Banks are also advised to sensitise the staff members in the matter and to refer to the FAQs on Pension Disbursement hosted on our Website www.rbi.org.in in case of any doubt.

7. Pension Payment to Central/State Govt. Pensioners by Agency Banks--Delay

(Ref. D.O.No.CSD.CO/8793/13.1.001/2009-10 dated April 09, 2010, DGBA.GAD.No.H- 46/45.01.001/2010-11 dated July 2, 2010 and DGBA.GAD.No.H- 6212 & 6213/45.01.001/2010-11 dated March 11, 2011)

Reserve Bank of India is receiving several complaints from the Pensioners alleging inordinate delay in disbursing the revised Pension and arrears. Position was reviewed by RBI and the Agency Banks have been instructed as under:

- i) Pension Paying Banks should compensate the Pensioner for the delay in crediting the Pension/ arrears thereof by Paying compensation at Bank Rate plus 2% penal interest for the delay after the due date and the compensation shall be credited

to the Pensioner's Account automatically without any claim from the Pensioner on the same day when the Bank affords credit for revised Pension/Pension arrears, in respect of all delayed Pension payments made since October 1, 2008.

- ii) Pension Paying Banks have been requested to put in place a mechanism to obtain immediately the copies of Pension Orders from the Pension Paying Authorities directly and make payments without waiting for receipt of instructions from RBI so that Pensioners should get the benefits announced by the Governments in the succeeding month's Pension payment itself.
- iii) System of attending to customer service including Pension payments may be reviewed.
- iv) The Branch continues to be a point of referral for the Pensioner lest he/she feel disenfranchised.
- v) All Branches having Pension Accounts should guide and assist the Pensioners in all their dealings with the Bank
- vi) Suitable arrangements are made to place the arithmetic and other details about the Pension calculations on the web, to be made available to the Pensioners through the net or at the Branches at periodic interval as may be necessary and sufficient advertisement is made about such arrangements.
- vii) All claims for Agency Commission in respect of Pension payments must be accompanied by a Certificate from E.D./CGM-in-Charge of Government business in case of SBI and its Associate Banks that there are no Pension arrears to be credited /delays in crediting regular Pension/arrears thereof.

**PENSIONER'S/GOVERNMENT SERVANT'S
LETTER OF AUTHORITY AND UNDERTAKING
FOR OPENING PENSION S.B ACCOUNT NO....
IN P.O FOR CREDITING PENSION**

To,
.....

1. I hereby authorize the Postmaster/Sub-Postmaster to receive my monthly Pension on my behalf and credit the same to my Savings Bank Account (Pension) on the last working day of every month as per particulars given below:-
 - (i) Name in full
 - (ii) Particulars of Post Office/Sub-Post Office
 - (iii) Particulars of Head Post Office concerned
 - (iv) Savings Bank Account (Pension) No.....
 - (v) Amount of Pension per month (in words)
 - (vi) Designation, Office at the time of retirement
2. I agree to undertake that any amount of excess/wrong payment of Pension, if credited to my above S.B Account, may be recovered or withdrawn from the said Savings Bank Account by the said Postmaster/Sub-Postmaster.
3. This authority shall remain in force until due notice in writing of its revocation is given by me.

.....
Signature of the
Government Servant/Pensioner
(with name, father's name &
address)

.....
Signature of
Joint holder
(with name, father's name &
address)

Date:

1. Signature of witness
(with name, address)

2. Signature of witness
(with name, address)

Annexure - 4

**APPLICATION FOR OPENING A JOINT ACCOUNT
(PENSION) IN A PUBLIC SECTOR BANK.**

APPLICATION FORM

(For crediting Pension to Joint Account operated by Pensioner with his/her spouse.

.....(Bank)
.....(Branch and Address)

Dear Sir/Madam,

Sub: payment of Pension under PPO No..... through your Bank Branch.

I wish to receive my Pension under PPO No..... by getting it credited to the Savings / Current Bank Account No..... which is operated jointly in your Branch by me and my spouse Mr. / Mrs..... in whose favour an authorization for Family Pension exists in the Pension Payment Order (PPO).

I have read and understood the contents of the Government of India, Ministry of Finance, Department of Expenditure, Central Pension Accounting Office O.M No. CPAO/Tech/Amendments/ Sch. Book/200506/ 69 dated 09.06.2005 which contain the following terms and conditions: "Once Pension has been credited to a Pensioner's Bank Account, liability of the Government/Bank ceases. No further liability arises, even if the spouse wrongly draws the amount."

a. As Pension is payable only during the Life of a Pensioner, his/her death shall be intimated to the Bank at the earliest and in any case within one month of the demise, so that the Bank does not continue crediting monthly Pension to the Joint Account with the spouse, after the death of the Pensioner. If, however, any amount has been wrongly credited to the Joint Account, it shall be recoverable from the Joint Account and/ or any other account held by the Pensioner / spouse either individually or jointly. The Legal Heirs, Successors, Executors etc., shall also be liable to refund any amount, which has been wrongly credited to the Joint Account.

b. Payment of arrears of Pension (Nomination) Rules 1983 would continue to be applicable to a Joint Account with the Pensioner's spouse. This implies that if there is an accepted nomination in accordance with Rules 5 and 6 of these Rules, arrears mentioned in the Rules shall be payable to the nominee.

I accept the above terms and conditions. My spouse too, in token of having accepted these terms and conditions, has put his / her signature below.

Place: 1. Signature of Pensioner
Date: 2. Signature of Spouse

Annexure - 5

FORM - I

**LIFE CERTIFICATE TO BE SUBMITTED
BY PENSIONER**

*Certified that I have seen the Pensioner Shri/Smt.....
(Name of the Pensioner) holder of Pension Payment Order
No..... and that he/she is alive on this date.*

Place..... Name.....
Date..... Designation of Authorized Officer
(with seal)

FORM - II

**NON-EMPLOYMENT CERTIFICATE
(FOR PAYMENT THROUGH POST OFFICE)**

- * I declare that I have not received any remuneration for serving in any capacity in an establishment of the Central Government or a State Government or a Government Undertaking or from a Local Fund during the period December to May, 20____/June to November. 20_____.
- * I declare that I have been employed/re-employed in the Office of _____ and was in receipt of the following emoluments during the period** _____ .
- * I declare that I have accepted commercial employment after obtaining/without obtaining sanction of the Government (to be furnished by Central Service Class I Officers during first one year from the date of retirement.
- * I declare that I have/have not accepted any employment under any Government outside India after obtaining/without obtaining sanction of the Government (to be furnished by Central Service Class I Officers only).

Signature.....
Place..... Name of the Pensioner.....
Dated..... PPO No.....

Annexure - 6

REVISED FORMAT OF PENSION CALCULATION SHEET

1. Name
2. Designation
3. Date of Birth
4. Date of entry in to Govt. Service.
5. Date of retirement
6. Length of qualifying service reckoned for Pension/ Gratuity (as indicated in PPO)
7. Emoluments drawn during the last 10 months
8. (1) Emoluments (Pay last drawn)
(2) Average emoluments for Pension (as indicated in PPO)
(3) Pension admissible

Calculations to be shown as follows:

50% of the emoluments as at 8(1) or 50% of average emoluments as at 8 (2) whichever is more.

9. (1) Emoluments for Gratuity (as indicated in PPO)
(2) Retirement Gratuity admissible

Calculations to be shown as follows:

Emoluments X Q.S (In completed 6 monthly period not exceeding 66)
4

10. (1) Emoluments for Family Pension (as indicated in PPO)
(2) Family Pension admissible

Calculations to be shown as follows:-

- a) Ord. Family Pension : Pay last drawn x Prescribed
Percentage
(subject to prescribed min & max)

- b) Enhanced Family Pension

Family Pension at ordinary rate as at (a) above x 2 or 50% of the last pay drawn whichever is less, subject to prescribed minimum and maximum as per Rule 54.

Counter signed
P.A.O

Head of Office

Annexure - 7

APPLICATION FORM FOR RESTORATION OF COMMUTED PENSION

From
(write Pensioner's Name and address)

To
(write Pension Disbursing Bank Manager's address/the Head Postmaster of HPO drawing Pension.

Dear Sir,

Subject : Restoration of Commuted Pension 15 years after date of Commutation

Ref : Order No. 34/2/86 - P& PW dated 5-3-1987 of the DoP & PW

In terms of the Order under reference above, I request you to restore my Commuted Pension, for which I give below all the required particulars.

1. Name and address
2. Date of retirement
3. Date of commutation
4. Amount of Pension Commuted
5. Pension Payment Order (PPO) No.
6. Original Pension amount before Commutation.
7. Accounts Officer who issued the PPO.

Yours faithfully

Date :

Signature of the Pensioner.

* Note: This application is not necessary, if the date of payment of Commuted Value of Pension has been noted in the PPO.

Annexure - 8

**APPLICATION TO BE SUBMITTED BY
PENSIONERS FOR ENDORSEMENT OF
PARTICULARS OF SPOUSE FROM POST-
RETIRAL MARRIAGE AND CHILDREN BORN
AFTER RETIREMENT IN THE PPO.**

*[to be filled in triplicate and submitted to Head of Office
which processed Pension papers initially]*

Sir,

I am to state that I have married/remarried on.....
I give below the requisite particulars of my spouse for necessary
endorsement on my PPO.

I also enclose 3 copies of passport size joint photograph with
my spouse duly attested for necessary action.

1. Name of the Pensioner (as recorded in PPO)
2. Full present address
3. Date of retirement
4. i) PPO No. and date
- ii) Name of PPO Issuing Authority.....
5. Name of the Pension Disbursing Authority.....
 - i) Station
 - ii) Treasury/DPDO/PAO/PSB,
as the case may be
 - iii) Bank Branch with full address and S.B/Current
Account No.
6. (a) Details of Family (as recorded in PPO)

Sl. No.	Name(s) and addresses of members of Family	Relationship with the Pensioner	Marital status (in case of daughter)	Date of Birth of children	Whether the child/children physically handicapped

- (b) If the application is for inclusion of post-retiral spouse,

the date of death/divorce of the previous spouse
*(attested copies of Death Certificate/divorce decree
to be enclosed)*

7. Particulars of spouse from post-retiral marriage :-

- i) Name
- ii) Date of marriage with the Pensioner
(please attach attested copy of Marriage Certificate)
- iii) Joint photograph of the Pensioner with the spouse referred to at item (i) above duly attested

8. Particulars of children born after retirement

Sl. No.	Name(s) and addresses of Post-retiral members of Family	Relationship with the Pensioner	Date of Birth	Whether the Child/Children is / are physically handicapped

(Please attach attested copies of Birth Certificates)

9. Verification

I certify that the particulars furnished above are correct.

Yours faithfully

Attested by :

Signature of Pensioner

1. Signature

Place :

Name (in block letters)

Date :

Address :

2. Signature

Name (in block letters)

Address :

Note: Attestation should be done by two Gazetted Government servants or by two respectable persons in the Town/Village or Pargana in which the applicant resides.

Annexure - 9

FORM OF APPLICATION FOR THE GRANT OF FAMILY PENSION, 1964, ON THE DEATH OF A GOVERNMENT SERVANT/PENSIONER

1. Name of the applicant

- (i) Widow/Widower
- (ii) Guardian if the deceased person is survived by child or children

2. Name and age of surviving widow/widower and children of the deceased Government servant/Pensioner

Sl. No.	Name	Relationship with the deceased person	Date of Birth by Christian era
---------	------	---------------------------------------	--------------------------------

i).

ii).

3. Name and No. of the PPO of the deceased Pensioner

4. Date of death of the Government servant/Pensioner

5. Office/Department/Ministry in which the deceased Government servant/Pensioner last served

6. If the applicant is guardian, his date of birth and relationship with the deceased Government servant/Pensioner

6-A. If the applicant is a widow/widower the amount of service Pension which she/he may be in receipt on the date of death of the husband/wife

7. Full address of the applicant

8. Place of payment of Pension and Gratuity (Treasury, Sub-Treasury or Public Sector Bank Branch, Post Office and Pay and Accounts Office)

9. Enclosures

- i) Two specimen signatures of the applicant duly attested (To be furnished in two separate sheets)

- ii) Two copies of passport size photographs of the applicant, duly attested
- iii) Two slips each bearing left hand thumb and finger impressions of the applicant, duly attested.
- iv) Descriptive Roll of the applicant, duly attested, indicating (a) height and (b) personal marks, if any, on the hand, face, etc.
(Specify a few conspicuous marks, not less than two, if possible)
(To be furnished in duplicate)
- v) Certificate(s) of age (in original with two attested copies) showing the dates of birth of the children. The Certificate should be from the Municipal Authorities or from the Local Panchayat or from the head of a Recognized School if the child is studying in such school. (This information should be furnished in respect of such child or children, the particulars of whose date of birth are not available with the Head of Office)

10. Indicate whether Family Pension is admissible from any other source--Military or State Government and/or a Public Sector Undertaking/Autonomous Body/Local Fund under the Central or a State Government

11. Signature or* left hand thumb-impression of the applicant

** To be furnished in case the applicant is not literate enough to sign his name.*

In the case of re-marriage of the widow, while applying for Family Pension on behalf of the minor child, the widow should furnish (i) the date of her re-marriage, (ii) name of the Treasury/Sub-Treasury at which payment is desired and (iii) her full address in the application for Family Pension. It is not necessary to furnish a fresh application nor the documents as they are already available with the Pension papers on which Family Pension was originally admitted to her.

12. Attested by:

	Name	Full Address	Signature
i)
ii)

13. Witnesses:

	Name	Full Address	Signature
i)
ii)

Note: Attestation should be done by two Gazetted Government servants or two or more persons of respectability in the Town, Village or Pargana in which the applicant resides

Additional documents to be submitted along with application

1. Death Certificate
2. Pensioner's half of PPO for verification and return
3. Non-remarriage Certificate
4. Letter of undertaking in connection with crediting Pension in S.B Account if Family Pension is preferred to be drawn through S.B Account.
5. Certificate regarding employment status and Income Certificates if the claimant is not spouse

Annexure - 10

FAMILY PENSION FOR PHYSICALLY HANDICAPPED AND MENTALLY RETARDED CHILDREN

To avail the facility an endorsement is necessary in the PPO. Application should be addressed to the original Pension Sanctioning Authority (not to the Accounts Officer) along with a Medical Certificate in the format furnished below from a Medical Board Comprising of a Medical Superintendent as Chairman and 2 other members out of which at least one shall be a Specialist in the particular area of mental or physical disability including mental retardation, with two copies of the photograph of the child concerned along with the original PPO. The Pension Sanctioning Authority will sanction Family Pension, forward a copy of the same to the Pensioner and endorse another copy to the Accounts Officer for making necessary entries in the PPO.

FORMAT

Certified that I/We,.....
 Dr./Drs.....examined
 this day (date)..... Sri/Smt.....Son/
 Daughter of Sri/Smt. and I/we find that he/
 she is suffering from (nature of disease).....
 and in my/our opinion that he/she is permanently/temporarily disabled.

or

he/she is suffering from mental disorder :-
 Nature of disability and to what extent.....
 Details of mental disorder and its percentage.....
 His/her age according to his/her statement isyears and by
 appearance about..... years.
 Having regard to his/her physical disability/mental disorder
 Sri/Smt. is hereby certified to be completely
 incapacitated from earning his/her livelihood.

Signature

Name/Names of the Doctor/Doctors and designation
 of Medical Board
 with seal

Place :

Date:

Signature of the child

Annexure 11
PROCEDURE FOR MAKING ENTRY OF ENTITLEMENT OF FAMILY
PENSION TO MENTALLY-RETARDED CHILDREN IN PPO

As per Govt. of India decision No. 8 under Rule 54 of CCS (Pension) Rules 1972, the Gol has clarified that “ the existing stipulation in regard to Guardianship Certificates/appointment of guardians will continue to apply in respect of the physically-crippled/disabled children who are *minors* and the children suffering from any disorder or disability of mind as they are covered by the **existing laws** for the purpose of obtaining Guardianship Certificates/appointment of guardians by the Courts.”

The Ministry of Social Justice & Empowerment has got enacted, on 30th December 1999, “The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999” No. 44 of 1999. As per the Act, a “National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability” shall be constituted “*to acquire, hold and dispose of property, both movable and immovable and to contract by the said name, sue or be sued.*” Under the National Trust, a three-member Local Level Trust with an Officer of the Civil Service of the Union of India not below the rank of District Magistrate or Commissioner of a District as head of the Local Trust, is also to be constituted. After passing of the Act under reference, only Local Trust is empowered to appoint guardian for the person suffering from Autism, Cerebral Palsy or Mental Retardation. A parent of a person with such disability or his relative or any registered organization has to make an application in the **prescribed form*** (*on next page*) to the Local Committee for appointment as guardian for a person with such disability. The guardianship (including for parents) for persons with such disability has, therefore, to be got approved by the Local Trust. Parents having children with mental disability are advised to take note of Act passed by the Parliament and act accordingly for protecting the interest of mentally retarded children in getting Family Pension without hassles. In Bangalore, The Dy. Commissioner, Bangalore Urban Dist. has been appointed as the Chairman of the Local Trust.

The Guardianship Certificate issued by the Local Level Committee has the same sanctity and force as the one issued by a Court of Law. Therefore all the Ministries/Departments shall accept the same as Legal Guardianship Certificate.

Form-A
 (see Rule (16(1))

FORM OF APPLICATION TO THE LOCAL LEVEL
COMMITTEE BY A PARENT, RELATIVE OR A REGISTERED
ORGANISATION FOR APPOINTMENT OF GUARDIAN FOR
A PERSON WITH MENTAL RETARDATION.

From _____ Date: _____

To
 The Local Level Committee

Sir/Madam,

_____ is a person with disability and requires protection of his person and property through a Guardian. We hereby request that _____ be appointed as Guardian of the said _____ for the protection of his person/property.

We furnish hereunder further details and request early decision:

1. Particulars of the person to be provided Guardian

Name:
 Age:
 Nature of disability:
 Address:

2. Particulars of the person proposed to be appointed as Guardian

Name:
 Age:
 Relationship with ward, if any:
 Address

We enclose herewith Disability Certificate to the said _____ obtained from

Yours faithfully,

Witness
 1st Witness

2nd Witness

Authorised signatory
 Name:
 Designation:
 Office Stamp:

Consent of the person proposed to be appointed Guardian

I hereby agree to be the Guardian of the person and property of _____ and shall discharge my obligations with due diligence.

Signature:
 Name
 Date:

Consent of the guardian, if any, to the aforesaid proposal

I hereby agree to the above proposal to appoint _____ as the Guardian of _____

Signature:
 Name
 Date:

Annexure - 12

TABLE
COMMUTATION VALUES FOR A PENSION OF
RUPEE ONE PER ANNUM FROM 2-9-2008

Age next birth day	Commutation value expressed as number of years purchase	Age next birth day	Commutation value expressed as number of years purchase	Age next birth day	Commutation value expressed as number of years purchase
20	9.188	41	9.075	62	8.093
21	9.187	42	9.059	63	7.982
22	9.186	43	9.040	64	7.862
23	9.185	44	9.019	65	7.731
24	9.184	45	8.996	66	7.591
25	9.183	46	8.971	67	7.431
26	9.182	47	8.943	68	7.262
27	9.180	48	8.913	69	7.083
28	9.178	49	8.881	70	6.897
29	9.176	50	8.846	71	6.703
30	9.173	51	8.808	72	6.502
31	9.169	52	8.768	73	6.296
32	9.164	53	8.724	74	6.085
33	9.159	54	8.678	75	5.872
34	9.152	55	8.627	76	5.657
35	9.145	56	8.572	77	5.443
36	9.136	57	8.512	78	5.229
37	9.126	58	8.446	79	5.018
38	9.116	59	8.371	80	4.812
39	9.103	60	8.287	81	4.611
40	9.090	61	8.194	82	

(Basis: LIC (94-96) Ultimate Tables and 8.00% interest)

Annexure 13

Form A : Nomination for payment of (Arrears of pension on the death of a pensioner)

Pension Disbursing Authority/Head of Office

(Name of Bank/Treasury/Post Office/Accounts Officer, etc.)

Place

I,, (Name of the pensioner in Capital Letters) hereby nominate the person named below, under Rule 5 of the Payment of Arrears of Pension (Nomination) Rules, 1983

Name and address of the nominee	Relationship with the pensioner		If nominee is minor		Name & address of other nominee in case the nominee under Column (1) predeceases the pensioner	Relationship with pensioner	Date of birth if the other nominee is minor	Name & address of person who may receive the pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid
	Date of birth	Name & address of person who may receive the pension during the nominee's minority	Date of birth	Name & address of person who may receive the pension during the other nominee's minority					
1	2	3	4	5	6	7	8	9	

Place: Signature (or thumb-impression if illiterate) and name of pensioner

Date: Address:

Witness: Signature:

Name & Address:

Signature of Pension Disbursing Authority/Head of Office / Acknowledgement to be sent by the Pension Disbursing Authority/Head of Office

Certified that application/nomination has been received from (name of pensioner) whose address is.....

Signature of Pension Disbursing Authority

Bank/Treasury/Post Office/Accounts Officer/Head of Office.

Full Address

Place:

Date:

SECTION VII

1. PAY SCALES OF III, IV, V AND VI PAY COMMISSIONS

III CPC (1-1-1973 to 31-12-1985) Pay Scale Rs.	IV CPC (1-1-1986 to 31-12-1995) Pay Scale Rs.		V CPC (1-1-1996 to 31-12-2005) Pay Scale Rs.		Name of Pay Band/ Scale	VI CPC (1-1-2006 onwards) Pay Band/ Scale Rs.		Corresponding Grade Pay Rs.
	Pay Scale Rs.	Post/ Grade	Pay Scale Rs.	Post/ Grade		Corresponding Pay Band/ Scale Rs.	Corresponding Grade Pay Rs.	
160-2-170	750 fixed				-1S	4440-7440		1300
180fixed	750-12-870-EB-14-940	S1	2550-55-2660-60- 3200		-1S	4440-7440		1300
196-3-232/200-3-212-4-240 (SG)								
200-3-206-4-250	775-12-871-14-1025	S2	2610-60-3150-65- 3540		-1S	4440-7440		1400
200-3-212-4-240-5-250								
200-3-212-4-240/210-4-250	775-12-871-14-955-15 1030-20-1150	S2A	2610-60-2910-65- 3300-70-4000		-1S	4440-7440		1600
210-4-250-5-270/210-4-270	800-15-1010-20-1150	S3	2650-65-3300-70- 4000		-1S	4440-7400		1650
210-4-250-5-290								
200-3-212-4-240-5-280	825-15-900-20-1200	S4	2750-70-3800-75- 4400		PB-1	5200-20200		1800
225-5-260-6-308								

III CPC (1-1-1973 to 31-12-1985) Pay Scale	IV CPC (1-1-1986 to 31-12-1995) Pay Scale		V CPC (1-1-1996 to 31-12-2005) Pay Scale		Name of Pay Band/ Scale	VI CPC (1-1-2006 onwards) Pay Band/ Scale		Corresponding Grade Pay
	Pay Scale	Post/ Grade	Pay Scale	Post/ Grade		Corresponding Pay Band/ Scale	Corresponding Grade Pay	
225-5-260-6-326-8-350	950-20-1150-EB-25-1400							
260-6-326-8-350								
260-6-326-8-390-10-400	950-20-1150-EB-25-1500	S5	3050-75-3950-80 4590		PB-1	5200-20200		1900
290-6-326-8-350								
320-6-326-8-390-10-400	1150-25-1500							
260-8-360-10-430	975-25-1150-30-1540	S6	3200-85-4900		PB-1	5200-20200		2000
290-6-326-8-390-10-400	975-25-1150-EB-30-1660							
260-8-340-10-360-12-480								
330-8-370-10-450	1200-30-1440-30-1800							
330-8-370-10-480								
330-10-380-12-500-15-560								
330-10-350-380-15-560								
330-8-370-10-500-15-530	1200-30-1560-40-2040	S7	4000-100-6000		PB-1	5200-20200		2400
290-8-330-10-350-12-500-15-560								
290-10-350-12-410-15-500								
380-12-500-15-530	1320-30-1560-40-2040							
380-12-500-15-560								
380-12-440-15-560-20-620	1350-30-1440-40-1800-EB-50- 2200	S8	4500-125-7000		PB-1	5200-20200		2800
380-12-440-15-560-20-640								
425-15-560-20-600								
470-15-560-20-580	1400-40-1800-50-2300							
425-15-560-20-640								
425-15-560-20-700								
455-15-560-20-700								
425-15-560-20-600-25-700								

III CPC (1-1-1973 to 31-12-1985) Pay Scale	IV CPC (1-1-1986 to 31-12-1995) Pay Scale	V CPC (1-1-1996 to 31-12-2005)		VI CPC (1-1-2006 onwards)		
		Pay Scale	Post/ Grade	Name of Pay Band/ Scale	Corresponding Pay Band/ Scale	Corresponding Grade Pay
425-15-560-20-700-25-800 425-15-560-20-700-25-750 440-15-560-20-700-25-750 470-15-530-20-650-25-750 470-20-650-25-750 440-20-500-25-750	1400-40-1600-50-2300-60-2600	5000-150-8000	S9	PB-2	9300-34800	4200
550-20-650-25-800 550-20-650-25-750 550-20-650-25-700 550-25-750	1600-50-2300-60-2660					
550-25-900 550-25-750-30-900 550-20-750-30-900 500-20-700-25-900 500-25-750-30-900 550-20-650-25-750-30-900	1640-40-2600-75-2900	5500-175-9000	S10	PB-2	9300-34800	4200
650-30-710	2000-60-2120	6500-200-6900	S11	PB-2	9300-34800	4200
650-30-740-35-880-40-960 700-30-760-35-900 650-30-740-35-880-40-1040 740-35-800 775-35-880-40-1000	2000-60-2300-EB-75-3200					
650-30-740-35-880-40-1200 650-45-1100-50-1200 775-35-880-40 1000-40-1200	2000-60-2300-EB-75-3200-100-3500	6500-200-10500	S12	PB-2	9300-34800	4600

III CPC (1-1-1973 to 31-12-1985) Pay Scale	IV CPC (1-1-1986 to 31-12-1995) Pay Scale	V CPC (1-1-1996 to 31-12-2005)		VI CPC (1-1-2006 onwards)		
		Pay Scale	Post/ Grade	Name of Pay Band/ Scale	Corresponding Pay Band/ Scale	Corresponding Grade Pay
840-40-1200 840-40-1040	2375-75-3200-EB-100-3500 2375-75-3200-100-3500-125-3750	7450-225-11500	S13	PB-2	9300-34800	4600
	2500-4000	7500-250-12000	S14	PB-2	9300-34800	4800
700-40-1100-50-1300 700-40-1100-50-1600 900-40-1100-50-1400	2200-75-2800-100-4000 2300-100-2800	8000-275-13500	S15	PB2	9300-34800	5400
	2200-75-2800-EB-100-4000	8000-275-13500		PB-3	15600-39100	5400
	(New Scale) Group A entry					
	2630 Fixed	9000 Fixed	S16	PB-3	15600-39100	5400
	2630-75-2780	9000-275-9550	S17	PB-3	15600-39100	5400
	3150-100-3350	10325-325-10975	S18	PB-3	15600-39100	6600
1100-50/1500-50-1600 1100-50-1300-60-1600 1250-1600/1250-50-1700 1300-50-1800/1200-60-1800 1100-50-1500-60-1800 1200-50-1500-60-1800	3000-100-3500-125-4500					
1200-50-1300-60-1900 1200-100-2000/1300-50-1700 1200-50-1300-60-1900-100-2000	3000-100-3500-125-5000	10000-325-15200	S19	PB-3	15600-39100	6600
1500-50-1800	3000-125-3625 3200-100-3700-125-4700	10650-325-15850	S20	PB-3	15600-39100	6600

III CPC (1-1-1973 to 31-12-1985) Pay Scale	IV CPC (1-1-1986 to 31-12-1995) Pay Scale	V CPC (1-1-1996 to 31-12-2005)		VI CPC (1-1-2006 onwards)		
		Pay Scale	Post/ Grade	Name of Pay Band/ Scale	Corresponding Pay Band/ Scale	Corresponding Grade Pay
1500-60-1800	3700-150-4450	12000-375-16500	S21	PB-3	15600-39100	7600
1500-80-1900/100-2000	3700-125-4700-150-5000	12750-375-16500	S22	PB-3	15600-39100	7600
1500-60-1800-100-2000	3950-125-4700-150-5000	12000-375-18000	S23	PB-3	15600-39100	7600
1650-75-1800//1800 Fixed	3700-125-4950-150-5700					
1800-100-2000	4100-125-4850-150-5300	14300-400-18300	S24	PB-4	37400-67000	8700
1800-100-2000-125/2-2250						
1500-60-1800-100-2000-125-2500	4500-150-5700	15100-400-18300	S25	PB-4	37400-67000	8700
2000-125/2-2500		16400-450-20000	S26	PB-4	37400-67000	8900
2000-125/2-2250		5100-150-5700-200-6300				
2250-125/2-2500	4800-150-5700	16400-450-20900	S27	PB-4	37400-67000	8900
	5100-150-5700	14300-450-22400	S28	PB-4	37400-67000	10000
	5100-150-5700-200-7300					
2250-125/2-2750	5100-150-6300-220-6700	18400-500-22400	S29	PB-4	37400-67000	10000
	4500-150-5700-200-7300					
2250-125/2-2500//2500 Fixed	5900-200-6700	22400-525-24500	S30	HAG	67000-79000 annual increment	Nil
2500-125/2-2750//2750 Fixed	5900-200-6700					
2500-125/2-3000//2500-100-3000	5900-200-7300					
3000 Fixed	7300-100-7600					

III CPC (1-1-1973 to 31-12-1985) Pay Scale	IV CPC (1-1-1986 to 31-12-1995) Pay Scale	V CPC (1-1-1996 to 31-12-2005)		VI CPC (1-1-2006 onwards)		
		Pay Scale	Post/ Grade	Name of Pay Band/ Scale	Corresponding Pay Band/ Scale	Corresponding Grade Pay
3000-100-3500	7300-200-7500-250-8000	22400-600-26000	S31	HAG+Scale	@ 3% 75500- (annual increment@3%) 80000	Nil
	7600 Fixed// 7600-100-8000	24050-650-26000	S32	HAG+Scale	75500- (annual increment@3%) 80000	Nil
3250 Fixed	8000 Fixed	26000 Fixed	S33	Apex Scale	80000(Fixed)	Nil
4000 Fixed	9000 Fixed	30000 Fixed	S34	Cab. Sec.	90000 (Fixed)	Nil

2. Classification of Posts Under VI CPC

S.No.	Description of Posts	Classification of Posts.
1.	<p>(a) A Central Civil post in Cabinet Secretary's scale (Rs. 90,000/- fixed) Apex Scale (Rs. 80,000/- fixed) and Higher Administrative Grade plus scale (Rs. 75,500/- 80,000) and</p> <p>b) A Central Civil post carrying the following grade pays: Rs. 12,000/- Rs. 10,000/- Rs. 8,900/- and Rs. 8,700/- in the scale of pay of Rs. 37,400-67,000 in Pay Band-4, and Rs. 7,600/- Rs. 6,600/- and Rs. 5,400/- in the scale of Pay of Rs. 15,600/- 39,100/- in Pay Band -3.</p>	Group A
2.	<p>A Central Civil Post carrying the following grade pays:</p> <p>Rs. 5,400/- Rs. 4,800/- Rs. 4,600/- and Rs. 4,200/- in the scale of pay of Rs. 9,300/- 34,800/- in Pay Band-2</p>	Group B
3.	<p>A Central Civil post carrying the following grade pays: Rs. 2,800/- Rs. 2,400/- Rs. 2,000/- Rs. 1,900 and Rs. 1,800/- in the scale of pay of Rs. 5,200/- 20,200/- in Pay Band-1</p> <p>A Central Civil post carrying the following grade pays: Rs. 1,300/-, Rs. 1,400/- Rs. 1,600/- and Rs. 1,650/- in the scale of pay of Rs. 4,440/- - 7,440/- in IS Scale.</p> <p>(Group D till the posts are upgraded)</p>	Group C

Explanation: For the purpose of this Order Pay Band, in relation to a post, means the running Pay Band specified in Part A, Section 1 of column 5 of the First Schedule to the Central Civil Services (Revised Pay) Rules, 2008.

Gazette Notification from Department of Personnel and Training Order No. SO 946 (E) dtd. 9.4.2009 (F.No). 11012/772008-Estt. (A).

3. Pay Scales for the staff belonging to the Organised Accounts Departments revised under V CPC

The Govt. had approved grant of higher scales for the Accounts Staff of Railway on notional basis with effect from 1.1.1996 and the actual payment being made prospectively from 20-2-2003. Keeping in view the fact that pay scales of corresponding categories in various Organised Accounts Cadres have traditionally been on par, it has been decided that the dispensation approved in case of the Accounts Staff of Railways may be extended to the corresponding categories in all the Organised Accounts Cadres.

Designation extended prospectively	Pay Scale prior to 1.1.96	Existing Pay Scale	Pay scale to be notionally w.e.f. 1-1-96 with actual payments being made from 20-2-2003
Auditor/ Accountant	1200-30-1560-40-2040-	4000-100-6000	4500-125-7000
Sr. Auditor/ Sr. Accountant	1400-40-1600 50-2300-60-2600	5000-150-8000	5500-175-9000
Section Officer	1640-60-2600-75-2900	5500-175-9000	6500-200-10500
Asst. Audit Officer/ Asst. Accounts Officer	2000-60-2300-75-3200	6500-200-10500	7450-225-11500

4A. D.R RATES FROM 1-1-1996 UNDER V CPC (CPI BASE - 1982)

Period	D.R	Period	D.R
1-1-1996 to 30-06-1996	Nil	1-7-1996 to 31-12-1996	4%
1-1-1997 to 30-06-1997	8%	1-7-1997 to 31-12-1997	13%
1-1-1998 to 30-06-1998	16%	1-7-1998 to 31-12-1998	22%
1-1-1999 to 30-06-1999	32%	1-7-1999 to 31-12-1999	37%
1-1-2000 to 30-06-2000	38%	1-7-2000 to 31-12-2000	41%
1-1-2001 to 30-06-2001	43%	1-7-2001 to 31-12-2001	45%
1-1-2002 to 30-06-2002	49%	1-7-2002 to 31-12-2002	52%
1-1-2003 to 30-06-2003	55%	1-7-2003 to 31-12-2003	59%
1-1-2004 to 31-03-2004	61%		
1-4-2004 - Dearness Pension (D.P) created after treating D.R upto 50 points as D.P & D.R calculated on basic pension + D.P			
1-4-2004 to 30.06.2004	11%	1-7-2004 to 31.12.2004	14%
1-1-2005 to 30.06.2005	17%	1-7-2005 to 31.12.2005	21%
1-1-2006 to 30.06.2006	24%	1-7-2006 to 31.12.2006	29%
1-1-2007 to 30.06.2007	35%	1-7-2007 to 31.12.2007	41%
1-1-2008 to 30.06.2008	47%		

4B. D.R RATES FROM 1-1-2006 UNDER VI CPC (CPI BASE - 2001)

1-1-2006 to 30-06-2006	Nil	1-7-2006 to 31-12-2006	2%
1-1-2007 to 30-06-2007	6%	1-7-2007 to 31-12-2007	9%
1-1-2008 to 30-06-2008	12%	1-7-2008 to 31-12-2008	16%
1-1-2009 to 30-06-2009	22%	1-7-2009 to 31-12-2009	27%
1-1-2010 to 30-06-2010	35%	1-7-2010 to 31-12-2010	45%
1-1-2011 to 30-6-2011	51%	1-7-2011 to 31-12-2011	58%

SECTION VIII NEW STRUCTURED DEFINED CONTRIBUTORY PENSION SCHEME (NPS)

*(Applicable for new entrants on & after 1.1.2004 to
Central Government except to Armed Forces)*

Contributory Pension Scheme Introduced to those joining Central Govt. Service on or after 1.1.2004

*[Ministry of Finance (Department of Economic Affairs) (ECB & PR Division)
Resolution, New Delhi dtd. 10-10-2003. F.N. 5-7-2003-ECB & PR]*

*G.o.I., M.F., F.No. 1(7) (2) 2003/TA/11, dated 7.1.2004 read with O.M.
No. 1(7) (2)/2003/GA/67-74, dated 4.2.2004*

Salient features of New Pension Scheme:-

Government of India have introduced a new Defined Contribution Pension Scheme replacing the existing system of Defined Benefit Pension System vide Government of India, Ministry of Finance, Department of Economic Affairs Notification dated 22-12-2003. The New Pension Scheme comes into operation with effect from 1-1-2004 and is applicable to all new entrants to Central Government service, except to Armed Forces, joining Government service on or after 1-1-2004.

The salient features of the New Pension Scheme are as follows:-

1. The New Pension Scheme will work on defined contribution basis and will have two tiers--Tiers I and II. Contribution to Tier-I is mandatory for all Government servants joining Government service on or after 1-1-2004, whereas Tier-II will be optional and at the discretion of Government servants.

2. In Tier-I, Government servant will have to make a contribution of 10% of his basic pay plus D.A, which will be deducted from his salary bill every month by the PAO concerned. The Government will make an equal matching contribution.

3. Tier-I contribution (and the investment returns) will be kept in a non-withdrawable Pension Tier-I Account. Tier-II contributions will be kept in a separate account that will be

withdrawable at the option of the Government servant. Government will not make any contribution to Tier-II account.

4. The existing provisions of Defined Benefit Pension and GPF would not be available to new Government servants joining Government service on or after 1-1-2004.

5. In order to implement the Scheme, there will be a Central Record Keeping Agency and several Pension Fund Managers to offer three categories of schemes to Government servants, viz., options A, B and C based on the ratio of investment in fixed income instruments and equities. An independent Pension Fund Regulatory and Development Authority (PFRDA) will regulate and develop the pension market.

6. As an interim arrangement, till such time the Statutory PFRDA is set up, an interim PFRDA has been appointed by issuing an Executive Order by Ministry of Finance (DEA).

7. Till the regular Central Record Keeping Agency and Pension Fund Managers are appointed and the accumulated balances under each individuals account are transferred to them, it has been decided that such amounts representing the contributions made by the Government servants and the matching contribution made by the Government will be kept in the Public Account of India. This will be purely a temporary arrangement as announced by the Government.

8. It has also been decided that Tier-II will not be made operative during the interim period.

9. A Government servant can exit at or after the age of 60 years from the Tier-I of the scheme. At exit, it would be mandatory for him/her to invest 40 per cent of pension wealth to purchase an annuity (from an IRDA, regulated Life Insurance Company), which will provide for pension for the lifetime of the employee and his dependent parents/spouse. In the case of Government servants who leave the Scheme before attaining the age of 60, the mandatory annuitization would be 80% of the pension wealth.

Introduction of New Pension Scheme

- * Comes into operation with effect from 1.1.2004.
- * Applicable to all new entrants to Central Government service except Armed Forces.
- * Will have two tiers--Tier-I and Tier-II.
- * In Tier-I, Government servants have to make mandatory contribution of 10% of (Basic Pay plus D.A.), and Government will make an equal matching contribution.
- * Tier-I is non-withdrawable
- * Separate Account for Tier-II - Withdrawable--No matching contribution by Government
- * There will be Central Record Keeping Agency and several Pension Fund Managers to offer 3 categories of Schemes A, B, C.
- * Statutory Pension Fund Regulatory and Development Authority (PFRDA) to regulate and develop the pension market.
- * Government servant can exit at or after 60 years of age from Tier-I
- * 40% of pension wealth mandatory for investment at exit.
- * This will provide for pension for lifetime of the employee and his/her dependents.
- * To leave the scheme before 60 years of age, 80% of pension wealth mandatory for investment.

NEW PENSION SYSTEM EXTENDED TO ALL CITIZENS

Government of India introduced New Pension System which came into operation for Government Employees with effect from 1.4.2004. This scheme is extended to all citizens with effect from 1.5.2009.

The scheme is operated by the National Securities & Depository Ltd. (NSDL) through Central Record Keeping Agency (CRA). Pension Fund Regulatory and Development Authority (PFRDA) under the overall administrative control of the Ministry of Finance will effectively regulate, promote and ensure orderly growth of the pension market

Highlights of the Scheme

- * Open to any Indian Citizen in the age group of 18 to 55 years
- * Central Government Employees who are appointed prior to 1.1.2004 are also eligible except Armed Forces Personnel
- * The Pension contribution invested in various schemes by any one of the seven Pension Fund Managers appointed by PFRDA
- * Subscribers' contribution would be invested as per the preference opted by the subscriber
- * Income security for retired people
- * Highly effective mechanism of Fund Management and cost effective
- * World's lowest operation cost of Pension Fund Manager @ 0.0009%
- * Pension Fund Regulatory and Development Authority is a Government Authority under MoF
- * Regular audit in all PFM
- * Highly accountable scheme
- * Nomination facility available
- * Tax Benefit would be applicable as per the Income Tax Act, 1961 as amended from time to time
- * Government of India deposits Rs. 1000/- in all new accounts opened during the Financial Year 2010-2011

Types of NPS Accounts

Tier I- Forms your Non-withdrawable Corpus Retirement Fund

Tier II- Forms your Voluntary Savings Account which provides liquidity.

This is optional

Limits and Conditions

Tier I Account

- * Minimum contribution - Rs. 500/-
- * Minimum contribution per year - Rs. 6000/-
- * Minimum number of contributions per year - 4
- * No maximum limits
- * No periodicity prescribed
- * Contributions accepted through Cash, Local Cheque or Demand Draft

Tier II Account

- * Minimum - Rs. 1000/- per contribution
- * Withdrawal permitted any time
- * Net Asset Value added to Fund

You may decide where to invest your pension Fund and by whom

Seven Pension Fund Managers

ICICI Prudential Pension Funds Management Co., Ltd.

IDFC Pension Fund Management Co., Ltd.

Kotak Mahindra Pension Fund Limited

Reliance Capital Pension Fund Limited

SBI Pension Funds Pvt., Ltd.

UTI Retirement Solutions Ltd.

LIC Pension Fund

Asset Allocation Class Options

Asset Class E- Equity Investment-- High returns. Cap up to 50%

Asset Class C- Investment in Corporate Bonds- Medium risk

Asset Class g- Investment in Government Securities- Lowest risk

**India Post is one of the point of presence
Head Post Office is a service provider for NPS**

Services offered in Head Post Office

- * Subscriber Registration
- * Initial contribution processing
- * Regular Subscriber Contribution
- * Subscriber Servicing
- * Grievance handling

SECTION 1

A. THE SCHEME

Brochure on Central Government Health Scheme Facilities for Civilian Govt. Pensioners, published by Government of India, Ministry of Personnel, Public Grievances and Pensions, Department of Pension and Pensioners' Welfare.

(Ministry of Personnel, PG & Pensions O.M No. 22/1/90-P&PW dtd. 17-12-90)

From the enquiries received in this Department, it has been observed that retired/ retiring Civilian Central Government employees are not aware of the full details of CGHS facilities available to them after retirement. In order to bridge this communication gap, this Department has, in consultation with the Department of Health, brought out a Brochure on this subject, a copy of which is enclosed. Ministry of Agriculture, etc., are requested that this may be widely circulated in their Department including attached and subordinate offices.

Foreword:

A large number of references are received enquiring about the availability of CGHS facilities for Civilian Central Government Pensioners, the rate of contributions, authorities to be approached for obtaining these facilities, etc. An attempt has been made to provide general information on these points in this Brochure so that it is readily available to Pensioners. However, for full details and authoritative interpretation, original orders issued by the Department of Health, will need to be referred to.

I. Eligibility:

1.1 All Central Government Pensioners (except Railway and Armed Forces) who were eligible for availing CGHS facilities are eligible for availing CGHS facilities even after retirement. The scheme is also applicable to Central Govt., employees who retired with Contributory Provident Fund benefits. Similarly, families of Central Govt. employees are eligible for the facilities if the deceased Govt. servant was eligible for these facilities while in service.

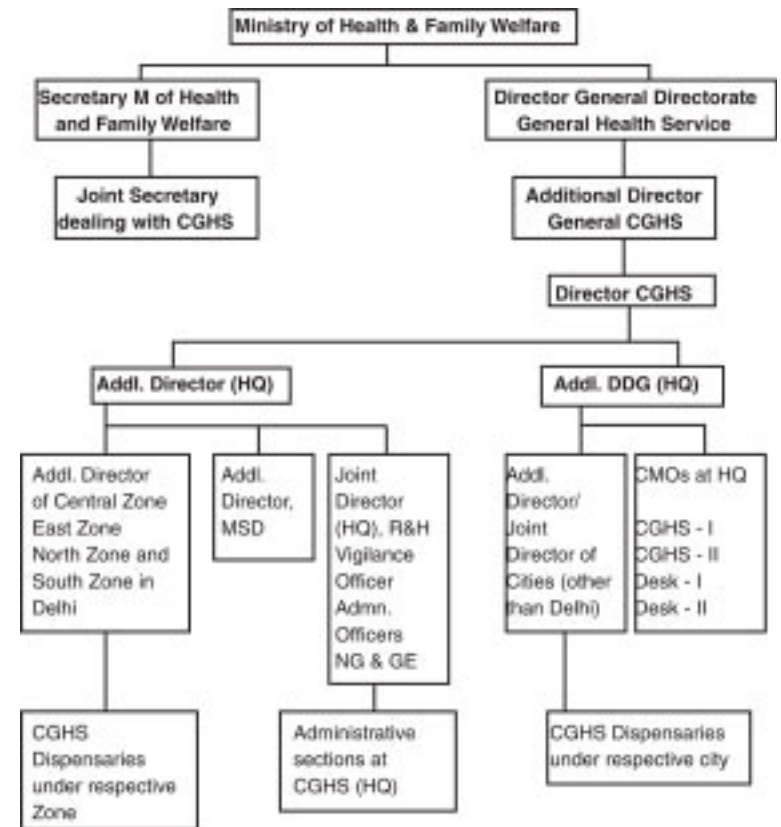
1.2 It is not that only those Central Govt. employees who were actually availing of CGHS facility during service are eligible to enjoy them after retirement. All retired personnel of Ministries / Departments, Offices who are eligible to enjoy CGHS facility while in service are eligible to enjoy them after retirement, even if immediately prior to their retirement they were not actually availing or never availed these facilities on account of their posting to a station where CGHS facilities were not available.

1.3 Pensioners/ Family Pensioners / CPF retirees whose children are serving Central Government employees and are eligible for CGHS facilities can avail of the CGHS facilities as member of the Family of the said serving employee provided their Pension / Family Pension does not exceed Rs. 500 if Pension/ Family Pension was sanctioned after average CPI 608 is taken into account (*Revised to Rs. 1,500 under V CPC and to Rs 3500/- under VI CPC*) As far as Contributory Provident Fund retirees are concerned their monthly income is worked out with reference to the Pension equivalent of employees' contribution to the Contributory Provident Fund along with interest thereon received by them at the time of their retirement.

1.4 Even though CGHS facilities are at present available only at specified places and it may not be possible for Central Government Pensioners living away from these places to avail of the CGHS facilities on day-to-day basis as in the case of persons living at these places, it may be in the interest of the Pensioners to enrol themselves as beneficiaries of the CGHS scheme so that at least in the case of major ailments/ major surgery they will be able to come to the CGHS station to avail of these facilities if and when such a need should arise.

B) Central Government Health Scheme (CGHS) is in operation since 1954.

I Organisational set up.



CGHS was established initially with 14 Dispensaries in Delhi/ New Delhi. As on 2004, CGHS operates in 24 Cities with a total of 246 Dispensaries, 65 laboratories and 19 Polyclinics.

C) Changes in the administrative set up of CGHS

(O.M. F.No-A 48013/2009-E.I. dt. 19th November 2010 of MoH & FW)

The administrative control of the CGHS will be with the newly created post of AS & DG (CGHS) and will include the following:

- i. The full administrative control of all Officers and Staff of CGHS will vest in AS & DG (CGHS)
- ii. All the sanctioned posts and the existing incumbents at different levels for CGHS in DGHS will be under AS & DG (CGHS)
- iii. Until the separate sections for cash, budget, Parliamentary matters etc., are established, the present working arrangement may continue in the concerned sections in the DGHS.
- iv. The CGHS will be given a separate Budget Head from the Fiscal 2011-12. Until such time this is done, the present Budget Head of DGHS may continue.

2. In all technical matters, AS&DG (CGHS) will consult and route files through the DGHS before circulating the files to Secretary (HFW) and Minister of Health & Family Welfare.

3. DGHS will continue to be the Chairman of the Committee for examining requests of high value claims of treatment abroad.

4. A Central Government Health Care Scheme Board has been constituted and will comprise the following members:

- * Secretary (HFW) : Chairperson
- * DGHS : Member
- * Representatives of 3 Pensioners' Associations as nominated by Secretary (HFW) : Members
- * Secretary DoP&T : Member
- * Representative of Secretary (Expdr) : Member
- * AS&FA, MoHFW : Member
- * AS&DG (CGHS) : Member Secretary

5. The terms of reference of the Board will be as follows:

- * The approval of the recommendations to the Government on policies related to Central Government Employees & Pensioners Health Care Scheme (GE&PHCS) subject to Rules & Regulations;
- * Approval of annual operational plans for implementation of the scheme.
- * Approval of Budget proposals
- * Approval of reallocation of Funds between components
- * Approval of the appointment of Consultants and outside Agencies

- * Coordination with other Ministries/Departments, wherever necessary in regard to expansion of the scheme.
- * Matters related to Insurance for CGHS
- * Overall supervision of the CGE & PHCS
- * Any other matter related to improving the functioning and incremental efficiency of the scheme for the welfare and benefit of the beneficiaries.

6. The Board shall meet at least four times every Financial Year

7. This issues with the approval of the Minister of Health & Family Welfare.

II No. of Card holders and beneficiaries as on 31.3.2004

	<i>Card holders in lakhs</i>	<i>% and distribution of Card holders</i>	<i>beneficiaries in lakhs</i>
Serving employees	8.44	79.2	39.80
Pensioners	2.07	19.4	5.51
Freedom Fighters	0.12	1.1	0.19
Ex-Journalists, MPs and others	0.03	0.3	0.08
Total	10.66	100	45.58

(Source: Ferguson Committee Report)

III Facilities available under CGHS

Out patient care is provided in all systems namely

1. Allopathy
2. Homoeopathy
3. Indian System of Medicines e.g.
 - i) Ayurveda
 - ii) Siddha
 - iii) Unani and
 - (iv) Yoga.

IV The scheme provides

1. Consultation in all systems including specialist consultation
2. Supply of medicines

3. Diagnosis
4. Hospitalisation with the permission of CGHS.
5. Domiciliary visits to seriously ill-patients
6. Hospitalisation even without permission of CGHS in case of emergency in specified cases.

V Beneficiaries of CGHS

The C.G.H.S. was initially meant for the Central Govt. Employees and was later extended to various other categories of people. The various categories of people who are beneficiaries under CGHS are as given below:

- (i) Central Government employees
- (ii) Central Government Pensioners
- (iii) Widows of Central Govt, employees in receipt of Family Pension
- (iv) Defence civilian workers (non-industrial)
- (v) Defence Industrial workers in Cities (except Bombay)
- (vi) Defence Industrial Pensioners of all Cities outside Delhi (except Bombay)
- (vii) Members of Parliament
- (viii) Ex-Vice President, Ex-MPs, Ex-Governors
- (ix) Retired Judges of High Courts and Supreme Court
- (x) Employees of Delhi High Court
- (xi) Delhi Police
- (xii) Freedom Fighters
- (xiii) Accredited Journalists upto April 2007
- (xiv) Employees of Semi-Govt. and Autonomous Organisations.
- (xv) Employees of Employees State Insurance Corporation, Kanpur
- (xvi) Employees of Kendriya Vidyalaya Sangathan in Calcutta

Bangalore, Madras, Bombay, Hyderabad, and Secunderabad

- (xvii) Members of general public of specified areas covered by 14 CGHS dispensaries in Delhi
- (xviii) Retired employees of Indian Council of Agricultural Research (non-optees in Delhi/New Delhi).
- (xix) Employees of Statutory Canteens in cities where the scheme is functioning and they are not covered under any other medical scheme.
- (xx) Retired employees on N.I.H & F.W. New Delhi
- (xxi) Since Feb. 1988, CGHS facilities have also been extended to such of the employees of CGHS as are not residing in the covered areas.
- (xxii) Employees of Central Council of Indian Medicine
- (xxiii) Chief Justice and Judges of Delhi High Court
- (xxiv) Since September, 1991, the scheme has also been extended to the retired employees of Ordnance Factories.
- (xxv) CGHS facility extended to those Pensioners of Prasar Bharati, (even after conversion into autonomous body) provided PPOs are issued by CPAO under DoP & PW
- (xxvi) Facility extended to PSU absorbees withdrawn in February 1999, again restored in August 2009 to those PSU absorbees in whose case 1/3rd commuted portion of their Pension has been restored.

VI The scheme does not apply to:

- i) Armed Forces personnel
- ii) Coast Guard personnel
- iii) Border Roads Organisation
- iv) Border Security Force
- v) Railway Personnel
- vi) Accredited Journalists beyond the Dispensary Level.

- vii) Retirees of certain autonomous and semi autonomous bodies.
- viii) Employees of some Semi Government Bodies and Semi Government Organisations beyond the Dispensary Level.
- ix) CGHS employees who are working on monthly wages basis.
- x) Pensioners getting ex-gratia Pension

VII Eligibility of Pensioners/Family Pensioners to join CGHS

All Central Government Pensioners (except Railway Pensioners and Armed Forces Pensioners) who were eligible for availing CGHS facilities while in service are eligible for CGHS facilities after retirement. The scheme is also applicable to Central Government employees who retired with Contributory Provident Fund benefits. Similarly, families of Central Government employees are eligible for the facilities for which the deceased Government servant was eligible while in service.

All India Service Pensioners who retire while serving under State Governments are also eligible to avail CGHS.

Pensioners can join CGHS immediately after retirement or at anytime thereafter.

Pensioners joining CGHS sometime after retirement are not required to pay the contribution for the intervening period. However, in such cases, they shall be required to pay admission fee of Rs. 30/-.

Similarly, Pensioners who had discontinued their CGHS membership and want to be readmitted to the scheme shall not be required to pay the contribution for the intervening period, but pay a readmission fee of Rs. 30/-

Pensioners have the option to get their names registered with any of the CGHS dispensaries in CGHS-covered Cities.

For availing CGHS facilities in other CGHS covered Cities which they may visit for a short period, Pensioners may obtain temporary permit from CMO-in-charge

(MF. F.No. 12/165/90 - Coord. dated 21.1.1991)

Pensioners residing in an area not covered by CGHS and who have opted for availing Rs. 100/- p.m. as medical allowance, but also desire to avail CGHS facilities for indoor Hospitalisation treatment from the nearest CGHS covered City can be issued CGHS Cards bearing stamp "Not valid for OPD Treatment"

(O.M.No. 1105/1/2000-CGHS(P) dated 25.2.2000)

VIII Domiciliary visits

Domiciliary visits, except in cases of emergent nature, should be made before or after the dispensary working hours, provided the beneficiary resides within 3 kms. of CGHS dispensary. Such visits, when requested during the working hours, should be made by the Medical Officers receiving the call and not left to the doctor on emergency duty. In case a visit becomes necessary during the working hours, the Chief Medical Officer-in-charge/Medical Officer-in-charge, should be informed to ensure that as far as possible not more than one Medical Officer is absent from the dispensary at anyone time during the working hours. He should keep Chief Medical Officer-In-charge informed of his/her departure and arrival from the visit. Relevant entries of domiciliary visits by the Medical Officers must be made in the records and signed by him/her before he/she leaves the dispensary for visit. Lady Doctors are exempted from paying domiciliary visits from 8 p.m. to 6 a.m.

CGHS Doctor's duties include 20 number of domiciliary visits each month for which they are being paid Rs. 3300/- p.m. (F.No. A. 45012/03/2008-CHS V dated 20-2-2009 of MoH & FW)

IX Facilities not permissible to the Pensioners

Treatment in non-recognised Hospitals

Private Nursing Home.

Outside India

Administration of routine injections at one's residence

Dressing of wound at residence

Supply of artificial appliances e.g., spectacles, contact lens etc.

Orthodontic treatment

Treatment for obesity due to ingenuous factors.

(Except in case of acute emergency)

(MF O.M.No. 12/165/90. Co.ord. dated 21.1.1991)

Pensioners of P&T Dept. not participating in CGHS while in service not entitled to CGHS facility.

"It has been decided that those Post and Telegraph Pensioners who were members of CGHS Scheme prior to retirement may be allowed to transfer their CGHS Cards from one CGHS covered City to another CGHS covered City. However, the Post and Telegraph Pensioners who were not participating in CGHS while in service may not be extended this facility."

[Gol Lr. No. S-11011-46/95-CGHS DI/CGHS (P) dtd. 1.8.1996 addressed to Director, CGHS, New Delhi with copy to All Additional Directors / Deputy Directors of CGHS and Dept. of Posts and Telegraphs, Sanchar Bhawan New Delhi].

(O.M No. H.11016/44/96-CGHS(P) dated 16.2.1999)

Refer: Serial No. 9 and 19 under important Court verdicts in favour of CGHS beneficiaries

CGHS facility for PSU absorbees extended with effect from August, 2009.

(O.M No. C. 14012/11/2003-CGHS-Desk I dated 18.8.2009 of DoH & FW)

Pensioners of Kendriya Vidyalaya Sangathan are not entitled to CGHS facility

Note: CAT Bangalore in its Order dated 13.4.2011 in OA:/131/2010 has directed DG, HS, New Delhi and AD, CGHS Bangalore (Respondents 2 & 3) to issue a suitable general clarification confirming availability of CGHS facilities to retired employees of KVS in Bangalore.

X Procedure for applying for CGHS Card by Pensioner

A Pensioner has to get a separate Identity Card surrendering the one being used while in service. Application should be submitted to the Addl. Director, CGHS, in the prescribed form (Annexure-1) (P 320) with the documents mentioned below:-

1. Photo copy of last pay certificate.
2. Photo copy of Pension Payment Order
3. Group photograph with eligible dependents

4. Dependency Certificate in the application form duly certified.
5. Certificate about surrender of CGHS Card used while in service.
6. Certificate from Pension-Drawing Authority indicating non-drawal of Fixed Medical Allowance.
7. Bank Draft from a Nationalised Bank / Postal Order for the required amount in favour of Addl. Director CGHS.

Application can be given three months prior to retirement or within one month of retirement. If there is delay in applying, a readmission fee of Rs. 30/- (or if contribution for the intervening period is less than Rs. 30/-, actual contribution) is to be paid. Contribution can be made either on the basis of uncommuted Pension including Dearness Pension under V CPC or notional pay under V CPC including Dearness Pay drawn at the option of the applicant. Changes made under VI CPC effective from 1.6.2009. Ref: Chapter 3 While there is no difference in OPD treatment, contribution on the basis of last pay drawn will entitle a Pensioner for better ward facilities in case of Hospitalisation. A permanent Card can be got, if contribution is made on one-time basis for 120 months or if it is made for six monthly/yearly periods continuously for 120 months or if the contribution after retirement totals to 120 months after discontinuance and readmission. It has to be ensured that the Card indicates "ward entitlement in case of Hospitalisation."

(O.M.No. S-12015/2/93-CGHS(P)dated 5.11.93 of MoH&FW)

XI Case so far regarding extension of medical facilities to Pensioners in non-CGHS areas

1 Extension of CS (MA) Rules, 1944 to Pensioners residing in areas not-covered by CGHS.

It has been decided by Ministry of H & FW that the Pensioners should not be deprived of medical facilities from the Government in their old age when they require them most. This Ministry has, therefore, no objection to the extension of the CS (MA) Rules to the Central Government Pensioners residing in

non-CGHS areas as recommended by the Pay Commission. However, the responsibility of administering the CS (MA) Rules for Pensioners cannot be handled by CGHS. It should be administered by the respective Ministries/Deptts. as in the case of serving employees covered under CS (MA) Rules, 1944. The Dept. of Pension and Pensioners' Welfare would need to have the modalities worked out for the implementation of the Rules in consultation with the Ministries/Deptts prior to the measure being introduced to avoid any hardships to the Pensioners. The Pensioners could be given a one-time option at the time of their retirement for medical coverage under CGHS or under the CS (MA) Rules, 1944. In case of a Pensioner opting for CGHS facilities, he/she would have to get himself/herself registered in the nearest CGHS City for availing of Hospitalization facilities. In such cases, the reimbursement claims would be processed by the Additional Director, CGHS of the concerned City. For those opting for medical facilities under the CS (MA) Rules, the scrutiny of the claims would have to be done by the parent office as in the case of serving employees and the payment would also have to be made by them. The list of AMAs to be appointed under CS (MA) Rules would be decided by Ministry/Dept.-wise as provided under the Rules. The beneficiaries of the CS (MA) Rules, 1944, would be entitled to avail of Hospitalisation facilities as provided under these Rules.

The Department of Pension and Pensioners' Welfare are requested to take further necessary action in the matter accordingly.

[Gol Ltr. No. S 14025-4/96 - MS dtd. 5-6-1988 and refer Dept. of P&PW (C) dtd. 15-4-1997 on this issue].

2 Clarification on recommendation of the V Central Pay Commission on extension of CS (MA) Rules, 1944 to Central Government Pensioners residing in areas not covered by CGHS.

The CS (MA) Rules, 1944 is not applicable to the Central Government Pensioners. The V Central Pay Commission had recommended extension of CS (MA) Rules, 1944 to the Central Government Pensioners residing in the areas not covered by

CGHS. On a reference received from the Department of Pension and Pensioners' Welfare on this subject, the response of the Department of Health had been conveyed through the O.M No. S-14025/4/96-MS, dtd. 5-6-1998. The response of this Department was that, it did not have any objections to the proposal of extension of CS (MA) Rules, 1944 to Central Government Pensioners residing in non-CGHS areas as recommended by the V Pay Commission subject to the condition that the responsibility of administering the CS (MA) Rules, 1944 for Pensioners would be of the Departments/Ministries concerned.

The said O.M dtd. 5-6-1998 was in reply to a reference in O.M No. 45/74/97 P & PW (C) dtd. 15-4-1997 from the Department of Pensions and Pensioners' Welfare. After that also, communication between these two departments had continued on this subject. In fact in a subsequent O.M of the same number, dtd. 12-1-1999, the views of all the Ministries/Departments of the Government of India had been sought before a final decision could be taken. But unfortunately, the O.M dtd. 5-6-1998 has been misinterpreted by some Pensioners as the final order of the Government of India to extend CS (MA) Rules, 1944 to Pensioners. A lot of avoidable litigation has already taken place, because some Pensioners have obtained favourable Orders from various Courts/Tribunals on the basis of the said letter dtd. 5-6-1998.

It is, therefore, considered necessary to clarify unequivocally that the O.M dtd. 5-6-1998 was not intended to be a final order extending the applicability of CS (MA) Rules, 1944 to Pensioners. In fact, it is not possible for any individual department to take such policy decisions without obtaining views of various departments and particularly, the Department of Expenditure. Such being the case in the process of examining the recommendation of the V Pay Commission on this issue, the Department of Expenditure has categorically said that in view of huge financial implications, it is not feasible to extend CS (MA) Rules, 1944 to Pensioners.

Therefore, any interpretation based on the O.M dtd. 5-6-1998 of this Department that the Pensioners come within the purview of the CS (MA) Rules, 1944 is wholly misplaced.

3. Medical Facilities for Inpatient Treatment and Post-operative follow-up treatment to CGHS Beneficiaries in Non-CGHS Areas

The undersigned is directed to invite attention to the Office Memorandum of even number dated 30th September, 1999, issued by the Ministry of Health & Family Welfare on the above subject and to state that keeping in view the difficulties being faced by the **pensioner-CGHS beneficiaries residing in non-CGHS covered areas**, it has now been decided to liberalise the CGHS Rules with regard to pensioner-CGHS beneficiaries and serving employees, as below, to enable them to avail medical facilities for **in-patient treatment and post-operative follow-up treatment**:

- a) (i) CGHS pensioner-beneficiaries (and their dependent and eligible family members), who are holding a valid CGHS Card and are residing in non-CGHS areas shall be eligible to obtain treatment from Government Hospitals (Central Government/State Govt./Local Self Government/Hospitals recognised under Central Services (Medical Attendance) Rules, 1944/Hospitals and Clinics empanelled under Ex-Servicemen Contributory Health Scheme (ECHS) and submit the medical reimbursement claim to the Additional Director/Joint Director of CGHS through the CMO in charge of CGHS Wellness Centre, where the CGHS Card is registered.
- (ii) In case of non-emergency treatment from Hospitals approved under Central Services (Medical Attendance) Rules, 1944 and Ex-Servicemen Contributory Health Scheme (ECHS). It is necessary to obtain prior approval from CMO in charge of concerned Wellness Centre where the CGHS Card is registered.
- (iii) In case of medical emergency, treatment may be obtained from any Hospital and medical claim shall be submitted to Additional Director/Joint Director, CGHS of the concerned City through CMO in charge of the Wellness Centre, where the CGHS Card is registered.
- (iv) Reimbursement shall be limited to the CGHS rates of the City where the Card is registered and as per the ceiling rates and ward entitlements or as per actuals, whichever is lower.

- (v) CGHS pensioner-beneficiaries/serving Central Government employees (and their dependant and eligible family members) and holding a valid CGHS Card and on a visit to non-CGHS covered area may obtain treatment under emergency from Government Hospitals (Central Government / State Government /Local Self Government/Hospitals recognised under Central Services (Medical Attendance) Rules, 1944/ Hospitals and Clinics empanelled under Ex-servicemen Contributory Health Scheme (ECHS) and the medical claim shall be submitted to Additional Director / Joint Director, CGHS of the concerned City through CMO in charge of the Wellness Centre, where the CGHS Card is registered, in case of pensioners etc., and to the concerned Ministry/ Department/Office in case of serving employees
- (vi) Reimbursement shall be limited to the CGHS rates of the City nearest to the place where treatment is obtained and as per the ceiling rates and ward entitlements or as per actuals, whichever may be less.
- b) (i) CGHS pensioner-beneficiaries (and their dependant and eligible family members) who are holding a valid CGHS Card and residing in a non-CGHS area shall be eligible to obtain post-operative follow-up treatment from Government Hospitals (Central Government / State Government / Local Self Government / Hospitals approved under Central Services (Medical Attendance) Rules, 1944/Hospitals and Clinics empanelled under Ex-servicemen Contributory Health Scheme (ECHS) in follow up cases of Renal Transplant Surgery, Knee and Hip Joint Replacement, Cancer Treatment, Neuro-Surgery and Cardiac Surgery. However, prior permission is to be obtained from the CMO in charge of the concerned Wellness Centre, where the CGHS Card is registered.
- (ii) Permission shall be issued for 3 to 6 months at a time and may be extended based on medical requirement. Reimbursement for consultation, procedures and investigation shall be limited to CGHS rates of the City, where the Card is registered and as per the ceiling rates and ward entitlements or as per actuals, whichever may be lower. OPD medicines shall be obtained from the concerned Wellness Centre for a maximum period of 3 months at a time.
- c) Wherever treatment is obtained from a Hospital approved under Central Services (Medical Attendance) Rules, 1944/ECHS approved Hospital, the beneficiaries (as in (a) (b) & (c) above) shall submit a Certificate from the Hospital that they have not charged more than the approved applicable to Hospitals approved

- under Central Services (Medical Attendance) Rules, 1944/ECHS rates.
- d) This Office Memorandum supersedes the earlier O.M of even number dated 30th September 1999.
 - e) This arrangement is provisional and would be in place till such time the proposed Health Insurance Scheme for Central Government employees & pensioners is brought into effect.
 - f) These Orders will come into effect from the date of issue.
(O.M No. S-11011/7/99-CGHS (P) dt. 27.4.2011 of Ministry of Health & FW)

4. Guidelines for domiciliary rehabilitation medicine intervention for reimbursement to CGHS beneficiaries

The undersigned is directed to as per extant instructions, state that domestic rehabilitation of CGHS beneficiaries is not permitted and the patients have to go to Hospitals for physiotherapy. etc. CGHS received representations with the request that domiciliary physiotherapy rehabilitation may be permitted, since, in many cases, it is not possible for the patients to be transported/shifted to Hospitals for Physiotherapy, etc. The request was examined by a Committee of Experts /Specialists in Government Hospitals, and it has been decided to issue the following guidelines for domiciliary rehabilitation medical intervention for reimbursement to CGHS beneficiaries:

(Gl. M.o.H, O.M, No.S. 11011/24/2011-CGHS(P). dated 1-6-2011)

Guidelines

Domiciliary (home-based) care is medically justified in the practice of rehabilitation medicine which involves the care of the patient with chronic diseases or temporary or permanent disability of functional limitation due to lack of health or disease. It is justified, as such persons find ambulation practically impossible or are significantly dependent on care giver or the cost of visiting the Hospitals become higher than the cost of treatment given. In view of this, it would be necessary to consider providing holistic domiciliary rehabilitation medicine service instead of piece-meal home-based physiotherapy only, to CGHS beneficiaries as part of their routine health coverage.

Scope of the service

The following allied health services need to be considered for domiciliary case as stated above:

- (i) Physiotherapy;

- (ii) Occupational therapy; and
- (iii) Speech therapy (for patients of stroke / head injury)

The decision to provide domiciliary care should be based on thorough evaluation and specific prescription including the exact intervention and frequency by a PMR Specialist. In a situation of non-availability of PMR Specialist, the treating Government Specialist having allopathic Postgraduate qualifications in Ortho / Neurology/Neurosurgery / ENT may allow such benefits following the specific prescription criteria for conditions listed below:

Conditions requiring domiciliary rehabilitation intervention and recommended duration of domiciliary therapy:

- (1) **Orthopaedic disorders:** Post-joint replacement surgery in acute phase: Physiotherapy up to two weeks, post - discharge.
- (2) **Neurological disorders (for up to six weeks)**
 - (i) *Post stroke:* Occupational Therapy (OT), Physiotherapy (PT) and Speech Therapy (ST);
 - (ii) *Traumatic Brain Injury:* OT, PT and ST;
 - (iii) *Gullian - Barre syndrome:* OT and ST;
 - (iv) *Spinal Cord Injury with significant disability / deformity:* OT and PT: and
 - (v) *Motor Neuron Disease:* OT, PT and ST.
- (3) **Locomotor disabilities:**

With a disability of over 80% or those who are totally dependent on care-giver based on the opinion of two Government specialists, by certified care-giver. (Care-giver means Rehabilitation Council of India certified personnel + Physiotherapist and Occupational Therapist(duly qualified Diploma / Degree holder).

Prescription information

The prescription for home-based rehabilitation programme should include the following descriptive specifics:

- (1) The therapy to be used:
 - (a) Electrotherapy
 - (b) Active Exercise Therapy

- (c) ADL Training
 - (d) Speech Therapy
 - (e) Gait Training; and
 - (f) Passive Exercises.
- (2) The technical person required to institute the therapy:
 - (3) The frequency of the therapy required by the patient; and
 - (4) Duration of the therapy programme.

Admissible rates for reimbursement:

The following rates may be reimbursed:

- (1) **Physiotherapist:** Maximum of Rs. 300 (Rupees Three hundred only)
 - (2) **Occupational Therapist:** Maximum of Rs. 300 (Rupees Three hundred only)
 - 3) **Speech Therapist:** Maximum of Rs. 300 (Rupees Three hundred only)
 - (4) **Certified Care-Giver:** Maximum of Rs 150 (Rupees one hundred and fifty only) of Rs. 3,000 (Rupees Three thousand only) per month for long-term requirements, whichever is less; and
 - (5) No reimbursement to be allowed for the purchase / hiring of therapy equipment / devices.
- (2) The guidelines will take effect from the date of issue of the Office Memorandum.
 - (3) This issues with the concurrence of IFD. vide Dy. No: 790 / SS & FA, dated the 23rd May, 2011.

SECTION 2

PROVISION OF CGHS CARDS FOR PENSIONERS/FAMILY PENSIONERS

I Issue of Pensioner CGHS Cards to Central Government servants before retirement

Central Government servants on their retirement from service are entitled to CGHS facility, if they retire from Ministries/ Departments/Offices covered by CGHS. For availing CGHS facility, if eligible, after retirement from service, pensioners are required to fill up requisite form and deposit the appropriate lumpsum amount equivalent to one year's contribution for availing CGHS facility for one year (which can be extended on an annual basis on payment of the appropriate contribution as applicable at the time of renewal or pay in lumpsum equivalent to ten years' contribution for availing CGHS facility with life-time validity). The process of issuing of pensioner CGHS Cards starts only after the Government servant retires from service and only after the Pension Pay Order (PPO) and Last Pay Certificate (LPC) are issued by the Ministry/Department/Office. The completion of the formalities takes two to three months, which puts pensioners in a problematic condition for getting treatment from the date on which they retire from service and the time when a pensioner CGHS Card is issued to them.

2. The Ministry of Health and Family Welfare has received representations from retired Central Government servants and from officials due for retirement within the next few months with the request that the policy regarding issue of pensioner CGHS Cards be simplified so that they are in a position to get the pensioner CGHS Card a day after their retirement from service.

3 The matter has been examined by the Ministry of Health and Family Welfare in consultation with CGHS and it has been decided that the following course of action will be taken in respect of officials who are entitled to avail CGHS facility after his/her retirement from Government service:

- (i) All Ministries/Departments will, along with pension papers, give the application for issue of pensioner CGHS Cards to the officials three months before the due date for retirement of the official;
- (ii) The official, if he/she is interested in availing CGHS facility after his/her retirement, will:
 - (a) Fill up the form for issue of pensioner's Card;
 - (b) affix stamp sized photographs of the family members entitled to avail CGHS facility in the pro forma for issue of pensioner's Card;
 - (c) enclose Demand Draft/Pay Order for the appropriate amount with reference to his/her decision to get CGHS Card with life-time validity (the amount will be equal to ten years' contribution) or with validity for one year (the amount will be equal to one year's contribution). For obtaining the card in Delhi, the Demand Draft/Pay Order will have to be made payable to "Pay and Accounts Officer (CGHS), payable at Delhi" and for obtaining Card in a CGHS City outside Delhi, the Demand Draft/Pay Order will have to be made payable to "Additional Director or Joint Director (as the case may be) of the CGHS City, payable in that city."
- (iii) The Ministry/Department will add a Certificate of pay, grade pay, etc., drawn by the applicant to the application form and also mention the entitlement of Ward (Private Ward/ Semi Private Ward / General Ward) at the time of retirement of the official;
- (iv) The Ministry / Department will forward the application complete in all respects to the Additional Director in the concerned CGHS City after verifying particulars furnished by the applicant six weeks before the date of retirement of the officials;
- (v) CGHS pensioner cell in the concerned CGHS City will initiate action to get the pensioner Card prepared;
- (vi) The validity of the pensioner Card will start from a date after the last day of service of the official;
- (vii) If the beneficiary, while in service, has been issued Plastic Card, then the Beneficiary Identification Number (Ben ID No.) will not be changed at the time of preparation of

- pensioner Card and the same Ben ID number will be carried forward in the pensioner Card;
 - (viii) The pensioner Card will be handed over to the retired official only after the date of superannuation/retirement from service; and
 - (ix) Before the pensioner CGHS Card is issued to the beneficiary, the plastic CGHS Cards issued to all the members of the family will be surrendered.
4. All Ministries / Departments are requested to give wide publicity to the contents of these instructions.

Application for CGHS Card for Pensioners of Central Government

CGHS Card No. while in service:

1. Name of the Applicant:.....
2. Category: Pensioners Others (Pl. Specify)
3. Name of Department/Service from where retiring/retired:.....
4. Pay and the Pay Band:..... Grade Pay:.....
Likely Pension:..... Per month
5. Residential Address:
6. Telephone Number: (R) (M)
7. e-mail ID
8. Date of Superannuation:/...../.....
.....
9. Details of Family
(* Please see definition of Family before filling up this column.)

Sl. No.	Name of Family Member	Relationship to CGHS Card Holder	Date of Birth (Compulsory)	Blood Group (optional)	Ben. ID No. if Plastic Card issued while in service
1.		Self			
2.					
3.					
4.					
5.					

(# Please attach Proof of age of Persons, except for spouse, mentioned above)

10. Are all the persons whose names are given above are dependent upon you and are residing with you? Yes / No

[Please attach valid proof of their staying with you, like copy of Ration Card / Election ID / Passport / Identity Card issued by College / School / University / Bank Pass Book, etc., (issued within the last six months)]

11. Paste one stamp size of Photograph of each member of Family (including self) whose names are proposed to be included (in the same sequence as mentioned in Col. 9 above) as part of your family in the space given below.

Name	Name	Name	Name	Name
Sl.No.	Sl.No.	Sl.No.	Sl.No.	Sl.No.

I undertake to intimate to CGHS immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the CGHS comes to know of the change, then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.

I undertake to surrender the CGHS Card(s) on ceasing to be eligible for CGHS benefits.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand

by the same.

D.D bearing No. dated drawn on Bank..... Branch...../Postal Order No.....for Rs. (Rupees..... only)

Signature of Applicant

(To be filled by the sponsoring authority)

The information furnished by the applicant has been verified and found to be correct. The applicant and his/her family members are entitled to avail CGHS facility after retirement.

Shri/Smt. Kumari..... Designation in this Ministry/Department/Organization. It is recommended that Pensioner CGHS Card be issued to Shri/Smt.Kumari..... I am authorized sponsoring authority in the matter and approval of the competent Authority has been obtained.

No.

Date

*Signature and Name of the Sponsoring Authority
Designation (Stamp) with Tel. No.*

To

The Additional Director, CGHS (HQ), 9, Bikaner House Hutments, Shahjahan Road, New Delhi

The Additional Director /
Joint Director of (Name of the CGHS City to be entered)

(To Be filled by CGHS)

Verified-by Authorized Signatory, CGHS valid up to//...../ for Rest of Life

CGHS Dispensary Allotted.....

Entitlement: General Ward / Semi-Private Ward /Private Ward in Private empanelled Hospitals.

Entitled / Not entitled to Nursing Home Facility in Government Hospitals.

Signature

Instructions

Definition of Family:

- 1) Husband/Wife* (* First wife only)
- 2) Dependent Parents / Stepmother (in case of adoption, only adoptive and not real parents)
- 3) If adoptive father has more than one wife, the first wife only
- 4) A female employee has a choice to include either her dependent parents or her dependent parents-in-law; option exercised can be changed only once during service.
- 5) Children including legally adopted children, stepchildren and children taken as wards subject to the following conditions:
 - (i) Unmarried Son Till he starts earning or attains the age of 25 years, whichever is earlier
 - (ii) Daughter Till she starts earning or gets married, irrespective of the age-limit, whichever may be earlier
 - (iii) Son suffering from any permanent disability of any kind not less than 40% (physical or mental) as defined below. Irrespective of age-limit
 - iv) Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband/widowed sisters Irrespective of age-limit
 - v) Dependent Minor brother(s) Up to the age of becoming a major (18 years)

For the purpose of availing CGHS facility for disabled son(s) above 25 years, please attach a copy of the Certificate of Disability issued by the Competent Authority.

"Disability" Means

The following disabilities are presently covered for eligibility of sons of CGHS beneficiary to avail CGHS facility:-

(A) As defined in Section 2 (1) of 'The Persons with Disabilities (equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (No. 1 of 1996) which is reproduced below:

(i) Blindness; (ii) Low Vision; (iii) Leprosy Cured; (iv) Hearing impairment; (v) Locomotor Disability; (vi) Mental Retardation; and (vii) Mental Illness"

and

(B) As defined in Clause (j) of Section 2 of National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 (No. 44 of 1999), which presently covers a person suffering from any of the conditions relating to autism, cerebral palsy, mental retardation or a combination or any two or more of such conditions and includes a person suffering from several multiple disability.

Dependency:

Members of family (other than spouse) whose income is less than Rs. 3,500 + D.A- per month are treated as dependants and are normally residing with CGHS beneficiary.

The following Documents are to be enclosed by pensioners applying for issue of new pensioners CGHS Card.

- I) Proof of Residence / Stay of dependants-(copy of Ration Card/Election ID/Passport/Identity Card issued by College/School/University/Bank Pass Book, etc.)
- II) Proof of age of son
- III) Attested Copy of Disability Certificate issued by Competent Authority (in case of dependant son aged 25 and above)

(MH & FW O.M No. 3T-1/2009-C&P/CGHS(P) dated 23.2.2011)

Eligibility of permanently disabled son of a CGHS beneficiary to avail CGHS facility--relaxation of condition about disability

The undersigned is directed to invite reference to the Office Memorandum, of even number, dated 2-8-2010 / 3-9-2010, vide which the scope of entitlement of permanently disabled sons of CGHS beneficiaries was expanded to include sons of CGHS beneficiaries who were suffering from 80% or more of disabilities as defined in Section 2 (i) of The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (No. 1 of 1996) and Clause (j) of Section 2 of National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 (No. 44 of 1999). Subsequent to the issue of the Office Memorandum, requests have been received from beneficiaries that the level of 80% disability was very harsh and also that their sons though suffering from disability, but are below 80% disability level, are dependent on them financially and otherwise also, and want that the minimum level disability should be reduced from the present level of 80%.

2. After careful examination of the matter in consultation with the Directorate General of Health Services, it has been decided that sons of CGHS beneficiaries suffering from 40% or more of one or more disabilities as defined in Section 2 (i) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (No. 1 of 1996) and Clause (j) of Section 2 of National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 (No. 44 of 1999), will be eligible to avail CGHS facilities, provided they are financially dependent on the CGHS beneficiaries.

(O.M No. 4 24/96-C&P CGHS (P) dated 4.11.2010 of MoH FW)

II Affixing photographs of Pensioners and members of their Family on CGHS Identity Card

1. The photographs of Pensioner and members of his/her Family availing of the CGHS facilities should be affixed on the CGHS Identity Card issued to him/her. **The cost of photographs**

will be borne by the Pensioner only. The photographs will be changed after every ten years when new Cards are issued to them.

(O.M.No. 5/37/87-C&P/CGHS (P) dtd. 28.10.1988)

2. Purdahnashin women should not be insisted to affix their photographs on CGHS Token Cards.

(O.M. No. S-11011/3/94-CGHS(P) dtd. 12.7.1994)

III Renewal of CGHS Identity Card by the Pensioners

The Pensioner must obtain CGHS Identity Card within three months from the date of retirement and in cases where the Pensioner is already holding CGHS Card, Pensioner should renew the Card within three months from the date of expiry of the Card. If the CGHS Identity Card is renewed after the expiry of three months (grace period), the Pensioner will not be entitled for any medical reimbursement/CGHS benefits for that period of treatment which happens to fall between the actual date of renewal of the Card and the date on which the Card could be renewed.

2. The above grace period has been given for the reasons that there might have been cases where Pensioners were not able to get their CGHS Cards renewed in time for certain unavoidable reasons like old age, being out of station etc.

(O.M No. S-11011/4/91-CGHS (P) dtd. 26-3-1991; No. S-12015/2/93-CGHS (P) dtd. 5-11-1993 and No. D-12011/64/98-CGHS Desk-I/CGHS (P) dtd. 1-7-1999)

3. The renewal of CGHS Cards of Pensioners should be done from the date of payment of subscription by them and not with retrospective effect, in case the Card is got re-evaluated within the grace period of three months.

(O.M. No. D-12011/64/98-CGHS Desk-I/CGHS (P) dtd. 1-7-1999)

4. Pensioners will not be eligible for reimbursement of medical expenditure for the period for which the CGHS Card has not been renewed.

(O.M No. 4469/95-R & H-CGHS (P) dtd. 18-12-1996)

5. The renewal of Pensioner's Card shall be done in the Dispensary. Before accepting the IPOs the Chief Medical Officer-In-charge must see the date of issue of IPO/DDs' which should be within one month of issue from the Post Office. The Chief Medical Officer-in-charge will obtain a Certificate from each Pensioner for any rise of Pay/Pension due to increments rise after every two years for calculation of rate of Pension or the fact may be verified from his Pension Payment Order before revalidation of Card. The Chief Medical Officer-in-charge may therefore re-fix the rate of contribution accordingly. In case of Pensioner, the transfer of Card from one Dispensary to another shall be done by the Chief Medical Officer-in-charge of the Dispensary.

(O.M. No. S-11011/4/91-CGHS(P) dated 26.3.1991)

IV Loss of CGHS Card and issue of duplicate Card

Duplicate CGHS Card in place of lost Card is to be issued by the authority who had issued the original CGHS Card to the Pensioner. On receipt of report regarding loss of CGHS Card an application for the issue of duplicate CGHS Card along with following documents may be given :

- (i) Copy of Complaint lodged with the Police about the loss of CGHS Identity Card.
 - (ii) Copy of FIR from Police Station.
- (Information booklet on CGHS, - 2000 Edition)*

V Replacement of mutilated Card

In the case of mutilated Card, the Card-Issuing Authority shall forward the application received from the Card holder for the issue of a duplicate CGHS Card along with the mutilated Card to the Additional Director/Deputy Director of CGHS who, in turn, shall send a blank duplicate CGHS Card to the Issuing Authority. The Issuing Authority shall issue the same under his seal bearing number of original CGHS Card. No charges will be collected from the Card holder for the mutilated Card, if the Card was issued before *five years* from the date of application for such request.

If the request for the issue of mutilated Card is before five years from the date of issue of the Card DD/IPO for Rs. 5/- should be collected for the first loss, Rs. 7/- for the second loss and Rs. 10/- for the third and subsequent losses.

(Information booklet on CGHS, 2000 Edition)

VI Registration of CGHS Card in the Wellness Centre and change of Wellness Centre

Card-holder must deposit the Identity Card in the Wellness Centre and obtain receipt from the Receiving Clerk. The Receiving Clerk, will initial the Token Card in confirmation. Until he deposits the Card, he is not entitled for treatment in the said Wellness Centre. On transfer to another Wellness Centre the Card holder must collect the Card from the Wellness Centre and deposit the same along with necessary forms (in duplicate) to the new Wellness Centre which has been allotted to him. It is only after the deposition of Card in the Wellness Centre that the members mentioned in the Card are entitled to obtain CGHS facilities.

(Information booklet on CGHS, 2000 Edition)

VII Surrender of Identity Card by Pensioners going out of station

Pensioners shifting to a City not covered by CGHS or abroad are required to surrender their Identity Card to the Dispensary concerned under acquittance. However, contributions already paid will not be refunded. On their return, they may get the Card issued again on the basis of the acknowledgement obtained at the time of surrender without paying the contribution for the intervening period.

However, if the Card is not surrendered at the time of shifting, they shall be required to pay the actual contribution for the intervening period or a readmission fee of Rs.30/- whichever is less

(O.M No. 12016/6/80-CGHS(P) dated 14.9.1981)

(O.M No. 12016/6/80-CGHS (P) dated 15.1.1987)

VIII Identity Cards to be issued in different colours

All Pensioner beneficiaries will be given Identity Cards in Pink Colour with "P" series. Serving personnel of "Paying Departments" like P&T and Kendriya Vidyalaya Sangathan will be given Identity Cards in Blue Colour with "R" series. Serving personnel of the other Departments will be given Identity Cards in Green Colour with "S" series.

IX Temporary permit to Pensioners:

The Pensioners holding CGHS Card on which the photographs (along with those of dependent members of Family) are affixed, will not require any temporary permit but will be given CGHS facilities on the basis of their CGHS Identity Card with photographs, in all Cities having CGHS facilities which they (including Family members) may be visiting.

X Introduction of Plastic CGHS Cards

1. Consequent on computerization of CGHS, it has now been decided to introduce CGHS Cards in Plastic to CGHS beneficiaries individually, containing photograph of the beneficiary and details regarding Card number, name of the beneficiary, entitlement of ward facility, date of issue along with the date of validity and a bar code to identify the beneficiary.

2. As there are different categories of beneficiaries, it has been decided to have four colour codes to identify the category to which the beneficiary belongs - Yellow colour code is for serving employees; Red colour for Members of Parliament; Green colour for Pensioners and Blue for other category of beneficiaries. A copy of the Cards proposed to be introduced is enclosed for ready reference (*not printed*)

(O.M No. S-11011/6/91-CGHS(P) dtd. 10-06-1991)

XI Clarifications regarding Plastic Cards for Individual CGHS beneficiaries

With reference to the above-mentioned matter, the undersigned is directed to state that individual Plastic Cards are being issued to all CGHS beneficiaries in Delhi and NCRT in place

of Family Cards. In this regard, this Office has been receiving several queries seeking clarifications and therefore, this Ministry has decided to issue an Office Memorandum clarifying the issues.

It is clarified that:-

- 1) Data of CGHS beneficiaries is available on Data base of Servers located at NIC Headquarters.
- 2) The individual Plastic Cards are only Identity Cards bearing a unique number for each beneficiary. It is only an Identity Card for accessing the Data on Computer Data Base, Address of beneficiary, validity for CGHS facilities, name of Wellness Centre are available in Database.
- 3) The Plastic Cards are issued for a maximum period of Five years or till entitled for CGHS benefits, whichever may be earlier. In case of CGHS Pensioners who have paid for 'Rest of Life' facilities a new Plastic Cards shall be issued after 'Five years' without any additional contribution. Similarly, New Plastic Cards shall be issued to serving employees after 'Five Years.'
- 4) The Plastic Cards bear a colour strip on the top side of Card. The Colour of Strip is Blue in case of serving employees, Green in case of Pensioner beneficiaries, Freedom Fighters etc., Yellow in case of Autonomous Bodies and others and Red in case of Members of Parliament.
- 5) As of now, computerizaion is under process in Cities other than Delhi. After computerization of all CGHS covered Cities, the Plastic Cards will be valid all over India and there is no need for obtaining temporary attachment while on a visit to another CGHS City.
- 6) In case of Pensioners applying for CGHS Cards applying for the first time in Delhi, an acknowledgement slip is issued immediately on submission of complete Set of Documents and prescribed subscription fee. The print-out slip is valid for availing CGHS facilities till Plastic Cards are issued. Individual Plastic Cards are issued within '7' days after receiving the same from Agency appointed for preparation of Plastic Cards. The acknowledgement slips are valid for availing treatment from empanelled Hospitals with permission/under emergency.
- 7) Beneficiaries/Empanelled Hospitals/Diagnostic Centres can verify the Data at <http://cghs.nic.in/welcome.jsp>.
- 8) Permissions for treatment shall be granted on the basis of Ben ID (Beneficiary Identity Number) printed on Plastic Cards. While

granting permission, Data like the name of serving employee/ Pensioner and the relationship of individual Family Member etc., can be verified at <http://cghs.nic.in/welcome.jsp>. Similarly, Hospitals/ Diagnostic Centres can verify Data at <http://cghs.nic.in/welcome.jsp>, in case a beneficiary is admitted under emergency.

- 9) At the time of submission of Medical Claim, the Ben ID number of serving employee or Pensioner shall be entered on Modified Medical 2004 Form as he/she shall be the claimant. Copy of Plastic Card of Patient shall be enclosed along with Medical Reimbursement Claim
10. In case of loss of Plastic Card, serving employee/Pensioner shall apply at CGHS(HQ) for Duplicate Plastic Card along with IPO for Rs. 50/- a copy of FIR lodged with Police, a copy of old Card A 'print out slip' shall be issued immediately for availing CGHS facilities and Plastic Card after '7' days. In case of serving employees, the application shall be forwarded by his/her Department.
11. In case of change in residential address and shifting from one Dispensary to another, CMO I/C of Dispensary shall make modifications in Data Base and transfer the Cards to new Dispensary. CMO i/c of new Dispensary shall accept transfer of Card and Data shall be transferred to new Dispensary.
12. In case of superannuation/transfer to another City, serving employees get the Card deleted from Data Base at Dispensary and obtain a Certificate from CMO i/c and surrender the Card to his / her Department. Department shall issue a Surrender Certificate to employee for getting a new Card at another City (if covered under CGHS) or for obtaining a Pensioner CGHS Card in case of superannuation.
13. It is compulsory to bring original Plastic Cards every time for availing CGHS benefits.
14. All beneficiaries entitled for semi-private ward in empanelled Private Hospitals are eligible for Nursing Home facilities in Government Hospitals and those entitled for Private Ward are eligible for Direct Consultation with Specialists in Government Hospitals. Similarly, beneficiaries entitled for Private Ward in empanelled Private Hospitals are also eligible for Private Ward facilities at A.I.I.M.S., New Delhi. No separate endorsement is required for these criteria.

(O.M No. F.No. 11-1/2004-C&P/Pt-XII, dated 15-5-2009)

XII Issue of Individual Plastic Cards to each CGHS Beneficiary--guidelines to Pensioner beneficiaries

The undersigned is directed to draw attention to the Office Memorandum of even number, dated the 30th December, 2009 and to clarify that in response to representations received from Pensioner CGHS beneficiaries, it has now been decided to partially modify Para E (2) of the said Memorandum.

Para E (2) of the Office Memorandum of even number, dated the 30th December, 2009, which reads as:-

The Plastic Cards (which are Identity Cards) are issued for a maximum period of Five years or till entitled for CGHS benefits, whichever may be earlier. The actual validity of CGHS Card for availing services shall be as per records available in CGHS Database. In case of CGHS Pensioners who have paid for 'Rest of Life' facilities, new plastic Cards shall be issued after 'Five years' without any additional contribution. However, the beneficiaries would not be denied CGHS facilities, if there is any inadvertent delay in procurement of new plastic Cards after five years, provided the beneficiary is entitled for CGHS benefits is replaced by the modified paragraph which reads as follows:-

Para. E (2)- The Plastic Cards (which are Identity Cards), would, hereinafter, be issued with validity till the Pensioner beneficiary is entitled for CGHS benefits. In respect of Pensioner CGHS beneficiaries, who have paid CGHS contribution for 'Rest of Life' CGHS facilities, the Plastic Cards would, hereinafter, be issued for 'Rest of Life.'

The Plastic Cards already issued with a printed validity of five years to Pensioner beneficiaries, who had paid CGHS contribution for 'Rest of Life' CGHS, would be taken as valid for use for 'Rest of Life.' However, such CGHS Pensioner beneficiaries have the option to obtain new Plastic Cards after five years, if they choose to do so.

The other contents of the Office Memorandum of even number, dated the 30th December, 2009, remain unchanged.

*(O.M No. Misc. 6024/2007/CGHS (HQ) CGHS (P),
dated 27-12-2010)*

XIII Medical Facilities to CGHS beneficiaries while on tour, leave or in emergency

Keeping in view the difficulties being faced by the CGHS beneficiaries including the CGHS Pensioner beneficiaries in availing medical services while on tour, leave or in unforeseen emergency at outstation, it has been decided to liberalise the CGHS Rules with respect to serving employees and Pensioners as follows so as to enable them to avail of the medical services on production of their CGHS Cards:

Sl. No.	Category of CGHS Beneficiary	Availing of Medical Services	Mode of reimbursement
1.	Serving employees	During tour or visit, in any CGHS Dispensary/recognized Hospital or in case of a non -CGHS area, A.M.A and recognized Private Hospital.	By the Head of the Office after following due procedure.
2.	Pensioners	During visit to any other CGHS covered City in the concerned Dispensary / Recognized Hospital or in case of a non- CGHS area, A.M.A and recognized Private Hospital.	By the CGHS where registered

These Orders will come into effect from the date of issue.

(O.M No. S-11011/7/99-CGHS (P) dt. 30-9-1999.)

SECTION - 3

I. CONTRIBUTION AND WARD ENTITLEMENT

1. Pensioners / Family Pensioners shall pay in advance for a block period of six months commencing from 1st Jan. to 30th June or 1st July to 31st December or from the month in which he/she avails the benefit on proportionate basis upto June or December as the case may be.

Contributions can be deposited

(1) half yearly (2) annually to the respective Additional Directors / Jt. Directors / Deputy Directors in the form of Bank Drafts / Pay Order / Postal Orders.

(O.M. No. 12014/2/82-CGHS (P) dated 24.3.1982)

(O.M. No. S-1201/42/82-CGHS(P) dated 28.4.1982)

2. For purposes of Pension, the gross Pension before commutation is to be the reference for deciding the slab rate.

(O.M. No. S-12020/84-CGHS(P) dated 20.9.1984)

3. Payments can be made for a period of 3/4 years at a time. Pensioners / Family Pensioners have the option to pay contributions based on last pay drawn or their Pension / Family Pension. The Last Pay Drawn in respect of Family Pensioners refer to the deceased employee / Pensioner. Pension means gross Pension before commutation. Where the Pensioner / Family Pensioner had opted for Last Pay Drawn for contributions the entitlement of wards is with reference to the Last Pay Drawn. Otherwise the Pension drawn will decide the ward entitlement etc. This applies to Family Pensioner also.

(O.M. No. S-11011/9/86-CGHS(P) dated 11.10.1989)

(O.M. No. S-11022/98-CGHS(P) dated 29.4.1999)

4. Pensioners / Family Pensioners may opt for a one-time payment equal to ten times the annual contributions either on Last Pay Drawn basis or gross Pension basis to get a permanent CGHS Card valid for whole life.

(O.M. No. S-11011/3/91-CGHS Desk-1 dated 17.10.1991)

(Note: Paras 1, 2, 3 & 4 above have been superseded by O.M No. 11011/2/2008-CGHS (P) dated 20.5.2009)

(O.M. No. S-11011/3/91-CGHS (P) dated 12.12.1991)

5. If the beneficiary has already retired and has paid for say three years and further pays contribution for seven years whole life Card may be issued. In case the Pensioner has already paid contribution for ten years or more, the Card may be renewed without any further contribution for whole life. Pensioners desirous of becoming a member of CGHS at the age of 70 years or above will have to pay ten times the annual contribution for getting the permanent CGHS Card for whole life.

(O.M. No. S-11011/3/91/-CGHS Desk-1 dated 17.10.1991)

(O.M. No. S-11011/3/91/-CGHS (P) dated 12.12.1991)

(O.M. No. 4/1/87/-CP section/CGHS/1035-1535 dated 22.1.1992)

6. From Pensioners, who go out of CGHS stations without renewing or surrendering the Card, contribution for the intervening period for which the Card was not surrendered or the readmission fee of Rs.30/- whichever is less is to be realised.

(O.M. No. S-12016/80/-CGHS (P) dated 15.1.1987)

(O.M. No. S-12016/80/-CGHS (P) dated 26.10.1988)

7. Pensioners who do not renew the Card in time, actual contribution for the intervening period will be recovered.

(O.M. No. S-12016/6/80/-CGHS (P) dated 15.1.1987)

8. Employees taking voluntary retirement, say at the age of 45 or 50, shall also pay contributions equal to 10 times the annual contribution for getting a permanent CGHS Card for life.

(O.M. No. S-11011/3/91/-CGHS (P) dated 12.12.1991)

9. Superannuated Officials on extension or re-employed will also have to pay ten times the annual contributions to get a permanent CGHS Card. The period of re-employment or extension will not be taken into account. Retirement for this purpose will be counted only from the date when the Government employee has ceased to receive salary for the work done within the Government structure, whereupon on paying 10 years subscription, validity of the CGHS Card is extended for whole life.

(O.M. No. S-11011/3/91/-CGHS (P) dated 29.8.1995)

II Revision of rates of subscription under Central Government Health Scheme due to revision of pay and allowances of Central Government employees and revision of Pension/Family Pension on account of implementation of recommendations of the VI Central Pay Commission

The undersigned is directed to invite reference to the Office Memoranda, No: S-11011/18/99-Desk I/CGHS(P) dated the 3rd July, 2000; and Nos: S-11011/6.98-CGHS(P) dated the 27th May, 1998, 20th September, 2004 and 28th October, 2005, issued by the Ministry of Health & Family Welfare, vide which Orders were issued revising the rates of monthly subscription for availing CGHS facility, as also the entitlement for free diet, entitlement of accommodation in private empanelled Hospitals under CGHS, etc. On the basis of the recommendations of the VI Central Pay Commission, pay and allowances of serving employees and Pension of Civil Pensioners/Family Pensioners have been revised by the concerned authorities.

2. The upward revision of pay/Pension of Doctors and other staff in the CGHS has increased the cost of operating the Central Government Health Scheme. It has, therefore, been decided to revise the rates of subscription, to be made by employees/Pensioners, for availing benefits under the CGHS, with effect from 1st June, 2009. It has also been decided to revise the monetary ceiling limits for various entitlements of the beneficiaries for availing CGHS facilities.

3. In supersession of all earlier instructions the following revisions are being made, in so far as it relates to the facilities mentioned below:

(A) Monthly Contributions for availing CGHS facility

SL. No.	Grade pay drawn by the Officer	Contribution (Rupees per month)
1.	Upto Rs. 1,650/- per month	50/-
2.	Rs. 1,800/- Rs.1,900/ Rs. 2,000/- Rs. 2,400/- and Rs. 2,800/- per month	125/-
3.	Rs. 4,200/- per month	225/-
4.	Rs. 4,600/- Rs. 4,800/- Rs. 5,400/ Rs. 6,600/- per month	325/-
5.	Rs. 7,600/- and above per month	500/-

(B) Entitlement of wards in Private Hospitals empanelled under CGHS

Sl.No.	Ward entitlement	Pay drawn in Pay Band
1.	General Ward	Upto Rs. 13,950/-
2.	Semi-private Ward	Rs. 13,960/- to Rs. 19,530/-
3.	Private Ward	Rs. 19,540/- and above

(C) Monetary Ceiling for Free Diet: The monetary ceiling for free diet for CGHS beneficiaries is revised to Pay/Pension/Family Pension of Rs. 7,450/- per month.

(D) Monetary Ceiling for free diet for beneficiaries suffering from TB or mental disease: The monetary ceiling for free diet in case of beneficiary suffering from TB or Mental disease is revised to Pay/Pension/Family Pension of Rs. 11,160/- per month.

(O.M No. S-11011/2/2008-CGHS (P) (Pt.), dated 22-3-2010)

(E) Pay slab for determining the entitlement of Nursing Home facilities in Government/State Government/Municipal Hospitals: The monetary ceiling for determining the entitlement of nursing home facilities in Central Government/State Government/Municipal Hospitals is revised to Pay/Pension/ Family Pension Rs. 13,950/- per month and above

(F) Monetary Ceiling for direct consultation with Specialists in Central Government/State Government/Municipal Hospitals: The monetary ceiling for determining the entitlement for direct consultation with Specialists in Central Government/State Government/Municipal Hospitals is revised to Pay/Pension/Family Pension of Rs. 33,480/- per month and above.

(G) Pay slab for determining the entitlement of accommodation in AIIMS, New Delhi: The revised entitlement, be revised as per the pay drawn by the Officials, as given below:

Sl.No.	Pay (in the Pay Band) Pension/ Family Pension drawn per month	Ward entitlement
1.	Upto Rs. 19,530/-	General Ward
2.	From Rs. 19,540/- to Rs. 25,110/-	Private Ward
3.	Rs. 25,120/- and above	Private Ward/ Deluxe Ward

4. It is clarified that the reference to pay in this Order relates to the pay drawn in the Pay Band.

5. Pensioners have an option to get their CGHS Pensioner Card made by either making CGHS contribution on an annual basis (twelve months) or by making contribution for 10 years (ten) / 120 months (one hundred and twenty) for getting a Pensioner CGHS Card with Life-Time validity. It is clarified that:

- (i) Contributions to be made by Pensioners/Family Pensioners would be the amount that they were subscribing at the time of their retirement or at the time of death of the Government servant;
- (ii) Pensioner beneficiaries, who have already obtained CGHS Card with life time validity by paying a lump sum amount equivalent to 10 years contribution, will not be required to pay any additional amount as a result of the revision in the rates of contribution for availing CGHS facility.
- (iii) Entitlement of Pensioners/Family Pensioners, who have already deposited their contribution for Life Time CGHS facility, will not be changed;
- (iv) Pensioners/Family Pensioners who are contributing to the CGHS on an annual basis and wish to continue to avail CGHS benefits will have to contribute at the revised rates upto the time of contribution needed to cover a period of a total of ten years from the time Pensioner CGHS Card would be with reference to the grade pay that he/she would have drawn in the post held by him/her (at the time of his/her retirement/death) had he/she continued to be in service now but for his/her retirement/death; and
- (v) Any Pensioner/Family Pensioner who is entitled to avail CGHS facility has not so far got his/her Pensioner CGHS Card made, the rate of contribution in such cases will be with reference to the grade pay that he/she would have drawn in the post held by him/her (at the time of his/her retirement/death) had he/she continued to be in service now but for his/her retirement/death.

6. This issues with the concurrence of the Department of Expenditure vide its Office Memorandum. No:18(1) EV/2009 dated the 17th April. 2009.

(O.M No. S 11011/2/2008-CGHS(P) dated 20.5.2009)

III Request for free diet to CGHS beneficiaries undergoing treatment for TB, Leprosy, Mental Illness, Cancer, etc.

The undersigned is directed to invite reference to this Ministry's Office Memorandum, of even number, dated the 20th May, 2009 vide which the rates for subscription by CGHS beneficiaries to avail CGHS facilities were revised. The monetary ceiling for free diet was also revised. The following provisions had been made in respect of entitlement of free diet: in Paras. 3 (C) and (D) of the Office Memorandum under reference:

(C) Monetary Ceiling for Free Diet:

The monetary ceiling for free diet for CGHS beneficiaries is revised to Pay/Pension/Family Pension of Rs. 7,450 per month.

(D) Monetary ceiling for free diet for beneficiaries suffering from TB or mental disease:

The monetary ceiling for free diet in case of beneficiary suffering from TB or Mental disease is revised to Pay/Pension/Family Pension of Rs. 11,160 per month."

2. Staff Side, National Council (JCM) had proposed a demand for discussion in the meeting of the National Council that free diet to employees and their dependants undergoing treatment for TB, Leprosy, Mental Illness, Cancer and HIV/AIDS, Renal Dialysis Therapy and Thalassemia be also provided.

3. The demand of the Staff Side, National Council (JCM) has been examined in the Ministry of Health and Family Welfare in consultation with IFD (Health), and it has been decided to extend free diet provision for CGHS beneficiaries undergoing treatment for TB, Leprosy, Mental Illness, Cancer and HIV/AIDS, Renal Dialysis Therapy and Thalassemia when they undergo treatment in Central Government Hospitals, subject to the condition that the free diet will be restricted to beneficiaries who are drawing their pay in Pay Band 1 or retired from a post which now carries pay in Pay Band 1 and further subject to monetary limit of Rs. 11,160 per month.

(O.M No. 11011/2/2008-CGHS(P) (Pt) dated 22.3.2010)

PROCUREMENT AND SUPPLY OF MEDICINES

i) Procurement of non-formulary medicines prescribed by Specialist

Supply of medicines prescribed by Specialists outside the formulary will be procured by the CGHS Dispensary concerned and supplied to the beneficiary.

(O.M No. S-11013-2/94-CGHS Desk II/CGHS(P) dtd. 30.8.1994 in modification of earlier letters of even numbers dtd. 21.7.1994 and 16.8.1994)

ii) Cost of medicines purchased for OPD treatment are not reimbursable

(O.M No. S-11018/6/95-CGHS(P) dated 24.7.1995)

iii) Provision of generic equivalents of the prescribed medicines

It has been observed that Doctors in the Central Government Hospitals and Autonomus Institutions under the Ministry of Health and Family Welfare prescribe specific brands of medicines quite often with a rider that no substitute should be supplied. Instances have also come to notice where the prescribed drug was very expensive and cheaper substitutes were available. However, the patient did not have any choice but to procure the prescribed drug.

The matter has been considered by the Competent Authority. It is observed that generic drugs are usually much cheaper than branded drugs. Therefore, Central Government Hospitals must provide only good quality generic medicines. It has, therefore, been decided that whenever any branded drug is prescribed in the above-mentioned institutions, it shall invariably also be mentioned that any other equivalent generic drug could also be provided. For instance, if the prescription is for Tablet

Crocin, then the prescription should read as 'Tab Crocin' or any other equivalent generic drug. The Hospital would then give the flexibility of providing generic equivalents of the prescribed medicine.

It has also been decided that henceforth the prescription will be regularly monitored in Dte. G.H.S. to verify compliance with these instructions.

(G.o.I., M.F., Order No. S-11025/45/10-MH-I, dated 26.5.2010)

iv) Indent for imported drugs

The Specialist should issue a Certificate that all available medicines have been tried without satisfactory result. The drug may be indented for the patient showing dose and duration of treatment [i.e., total quantity to be indented].

Two Photostat copies of the prescription are to be submitted along with an application from the beneficiary with a request to supply the medicines. The original prescription will have to be submitted for verification along with the application, which will be returned to the beneficiary duly verified. The Specialist should mention, if possible, the name of Company and Country and any other relevant information about the drug to be imported by the MSD to facilitate early procurement of the drug.

v) Local purchase of medicines, if not collected by the beneficiaries within 15 days should be taken into Stock Register

vi) Conditions for supply of OPD medicines prescribed by the Specialist of Private Hospitals recognized under CGHS through CGHS Dispensaries for major diseases

The matter of providing OPD medicines prescribed by Specialist of Private Hospitals recognized under CGHS through CGHS Dispensaries for treatment of diseases like Cancer, Heart, Neuro-Surgery, Organ Transplant and Knee/Hip replacement

has been under consideration of the Government for quite some time past. It has now been decided that OPD medicines for the purposes stated above would be provided through CGHS Dispensaries on the basis of the prescription of the Specialist of the Private Hospitals recognized under CGHS subject to the following conditions:-

- (a) As drugs are costly, a Utilization Certificate from the treating Specialist should be obtained by the patient from time to time for accountability.
- (b) In respect of follow-up treatment in Private Hospitals recognized under CGHS, the procedure as given in this Ministry's O.M No. S-11017/1/95-CGHS,(P), dt. 20-9-1995 would continue to be applicable.

(O.M No. 13.26.97-R&H-CGHS (P) dated 11.9.1998)

vii) Instructions regarding issue of medicines to the CGHS beneficiaries for chronic illness reiterated

1. I am directed to say that as per existing instructions, the Central Government servants / Pensioners who are availing of medical facilities under the Central Government Health Scheme and are suffering from chronic illnesses like Diabetes, Tuberculosis, Heart ailment, Hypertension, I.H.D., Epilepsy, etc., can be issued medicines for a period of three months at a time by the Officer- In-charge of the CGHS Dispensary, provided the Specialist has prescribed the medicine for a long period. The Ministry has been receiving complaints from the patients suffering from long term diseases and the Pensioners' Organizations etc., that the patients are not being issued medicines for a period of three months at a time and they have to go to the Dispensary every month for issue of the requisite medicines.

2. In order to alleviate the hardships being faced by such CGHS beneficiaries, CMO In-charge of the CGHS dispensaries all over the country are requested to issue them medicines for a period of 3 months at a time against the individual valid prescription containing the advice of the Government Specialists.

They may, however, satisfy themselves of the circumstances for the period for which the medicines are issued.

3. The CMO In-charge may also maintain the records indicating all such cases where medicines are issued to CGHS beneficiaries for a long period along with the name of the beneficiary, diagnosis and justification for issue of medicines.

(O.M No. S 11011/8/99 - CGHS (P) dt. 13-10-1999)

viii) Purchase of drugs prescribed by doctors directly from the authorised Chemist Shops by the CGHS beneficiaries during emergency-- Reimbursement of the expenditure incurred on purchase of drugs by the concerned administrative Ministry/Department-regarding

1. The undersigned is directed to say that the Staff Side members of the National Council (JCM) had requested that the CGHS beneficiaries may be allowed reimbursement of the expenditure incurred on purchase of medicine directly from authorised Chemist Shops during emergency.
2. The above mentioned issue has been examined by this Ministry and it has been decided to delegate the powers to the Heads of the Ministries / Departments and the Additional / Joint/ Deputy Directors of the CGHS covered Cities to reimburse the expenditure incurred by CGHS beneficiaries on purchase of medicines directly from authorised/ registered Chemist Shops during emergency.

(O.M. No. 3426/99, JD(M) CGHS (CGHS) P dated 18.2.2000)

ix) Reimbursement of the cost of OPD medicines for treatment in post operative conditions like Cardiac Surgery, Organ Transplantation, Knee/Hip Replacement, Neuro Surgical/Neurological cases and Cancer

The Issue of reimbursement of the cost of OPD medicines in certain conditions has been under consideration in the Ministry of Health and Family Welfare for some time. As per existing

procedure the cost of OPD medicines are not reimbursable except in cases of maintenance Haemodialysis. However, keeping in view the difficulties and financial hardship faced by the CGHS beneficiaries, it has now been decided that reimbursement of the cost of OPD medicines may be considered for the following cases:-

- (a) Post-operative cases of major Cardiac Surgery/Cardiology
- (b) Oncology cases.
- (c) Post-operative Organ Transplant cases.
- (d) Post-operative Joint Replacement cases.
- (e) Post-operative Major Neurosurgical/Neurology cases.

2. As drugs are costly, a Utilisation Certificate from the treating Specialist should be obtained by the beneficiary while preferring claims.

3. The reimbursement will be permissible only if the initial treatment has been taken with prior permission of competent authority in a Government/Private Recognised Hospital.

4. The reimbursement will be allowed for an initial period of six months from the date of discharge from the Hospital and in case further extension is required, fresh recommendation from a Government Specialist will have to be obtained for further continuation of the treatment.

(O.M F.No.. Misc. J0001/2000AJD/R&Q/CQHS/CGHS (p) dt. 30.4.2001)

x) OPD treatment is not allowed in Private Hospitals/Diagnostic Centres. However follow-up treatment is allowed in following conditions

- (a) Neurosurgery
- (b) Cardiac Surgery including CABG, Angioplasty and various implants
- (c) Cancer Surgery, Chemotherapy and Radiotherapy
- (d) Kidney Transplantation
- (e) Joint Replacement
- (f) Accidental cases.

(O.M No. S-11011-13/2003-CGHS Desk II dtd. 16.12.2003)

xi) Issue of branded (proprietary) medicines provided

by Government Medical Store Depot (GMSD)/CGHS Medical Store Depot through the CGHS Dispensaries to the beneficiaries

"Specialists of the Hospital are advised to prescribe formulary drugs of MSD to the beneficiaries of CGHS, as far as applicable, so that immediate availability of drugs can be ensured. Further, medicines prescribed by the Specialist having identical pharmaceutical formulation and therapeutic values, if available in the CGHS/MSD Dispensary, same may be issued to the beneficiaries except otherwise marked as essential/inescapable."

(Gol, Directorate (CGHS), F.No. 3.10/2004/CGHS/VC/1054-1354, dated 16.11.2005 addressed to the Medical Superintendent, Dr. RML Hospital/Safdarjung Hospital, New Delhi)

xii) Issue of branded medicines to CGHS beneficiaries

The undersigned is directed to state that grievance of CGHS beneficiaries are often received regarding issue of substitute medicine by CGHS Wellness Centre to its beneficiaries in lieu of the branded medicine prescribed by the Government Specialists.

2. After detailed consultation with Specialists of Dr. RML & Safdarjung Hospitals, New Delhi, it has now been decided that:-

- a) Specialists of these Hospitals are advised to prescribe only those drugs which are available in the CGHS Wellness Centres, as far as possible, so that immediate availability of drugs to beneficiaries can be ensured.
- b) Medicines, available in CGHS Wellness Centre and having identical formulation and / or therapeutic values may be issued to the beneficiaries.

3. It is for the information of the CGHS beneficiaries that proprietary/branded drugs manufactured by different manufacturers and having same generic composition have the same therapeutic effect.

4. The above instructions may be circulated to all concerned for information/compliance

(O.M No. F.No. 25-1/09-10/CGHS/MSD/CGHS (P), dt. 30-9-2009)

xiii) Change of medicines prescribed by Specialist by

Medical Officer at dispensary level--regarding

The undersigned is directed to state that while replying to Lok Sabha Unstarred Question No. 5844 regarding change of prescribed medicines, it was stated that "If any complaint is preferred by a beneficiary against supply of substitute medicines with different potency or salt component then the concerned Doctors would be requested to show cause as to why disciplinary action should not be initiated against them."

A copy of the reply given to the Lok Sabha to the Unstarred Question No. 5844 is enclosed for information.

You are requested to ensure that in all cases where a complaint is preferred by beneficiaries that a Doctor in Wellness Centre has supplied substitute medicine with potency or salt components different from the medicine prescribed by Specialist and prima facie complaint is found correct a Show Cause should be issued to the Doctor concerned as to why disciplinary proceedings should not be initiated against him/her for interfering with the prescription of the Specialist.

These instructions may also be passed on to all Joint/ Additional Director in charge of CGHS Cities and the Additional Director (Hqrs).

(O.M No. 11.11016/50/2010-CGHS-P dt. 18th May 2010)

xiv) Issue of medicines for 6 months for those going abroad

Requests are being received from the CGHS beneficiaries for issue of medicines for more than 3 months on the ground that they are going to stay abroad for more than 3 months period and the treatment has been prescribed by the Govt. Specialist for chronic diseases upto 6 months. As they are not covered in General Rules, they may only be approved in special case. In future, all such requests should have the following documents attached with 1) photocopy of the prescription of the Specialist valid for 6 months, countersigned by HoD of the Dept. 2) photocopy of CGHS Token Card, 3) photocopy of Passport/ Air Ticket.

(Circular F.No. 420/2003-C&P Section/2517 dt. 28.4.05 from
Dr. R. Anand, Jt. Director (HQ) Addl. Dir. CGHS, Nirman Bhawan)

xv Non-admissibility of preparation such as primary food, tonics, cosmetics and vaccines

The undersigned is directed to say that the question of admissibility or otherwise to beneficiaries under CGHS/CS(MA) Rules, 1944 of preparations which are primary food, vitamins, Haematinic minerals, anti-oxidants, cosmetics and vaccines, has been under consideration for some time. On the recommendations of an Expert Committee and Drug Controller General of India, it has been decided that:-

- i) Product manufactured/ marketed as food supplement, cosmetics and Ayurvedic preparation prescribed by Allopathic Doctors will be inadmissible.
- ii) Supply of vitamins, minerals and anti-oxidants will be restricted to prevalent CGHS formulary only
- iii) Vaccines, in general, will be admissible, except Hepatitis-B, Influenza and Leprovac Vaccines for high risk individual, is recommended by Specialist with justification and countersigned by HoD of concerned Speciality of Government Hospital.

These instructions take effect from the date of issue of the Office Memorandum.

(O.M No. F.No. 39-3/2003-04/CGHS/MSD/RS, dated 23-7-2009)

Corrigendum to O.M, dated 23-7-2009 above

The undersigned is directed to invite reference to the Office Memorandum, of even number, dated the 23rd July, 2009 on the above subject, and to refer to Para. (iii), in which a typographical error has crept in. The Para (iii) as it appeared in the Office Memorandum is reproduced below:-

"(iii) vaccines, in general, will be admissible, except Hepatitis-B, influenza and Leprovac vaccines for high risk individual, is recommended by Specialist with justification and countersigned by HoD of concerned Speciality of Government Hospital.":

The Paragraph (iii) may be amended to read as follows:-

"(iii) vaccines, in general, will be inadmissible, except Hepatitis B, influenza and Leprovac vaccines for high risk individual, is recommended by Specialist with justification and countersigned by HoD of concerned Speciality of Government Hospital."

There is no change in other paragraphs in the Office Memorandum of 23rd July, 2009, referred to above.

(Corrigendum No. 39-3/2003-04/CGHS/MSD/RS dt. 3-8-2009)

xvi) Issue of Analogue Insulin (Vial/Cartridge) to CGHS beneficiaries

The undersigned is directed to invite reference to this Ministry's O.M of even number dated 22.04.08 on the subject mentioned above and to state that in partial modification of the above referred Office Memorandum, the Ministry of Health and Family Welfare has decided to permit Insulin (Analogue) penfil/ vial/cartridges to the CGHS beneficiaries on valid prescription by a Specialist.

2. Following types of Inj Insulin (Analogue) will be procured Centrally and supplied to CGHS dispensaries for issue to the beneficiaries.

1. Inj. Novomix 30
2. Inj. Levemir
3. Inj. Novorapid
4. Inj. Lantus Vial/Solostar

CMO i/c will keep the record of such beneficiaries at dispensary level.

3. Other types of Insulin (Analogue) injections could be issued to CGHS beneficiaries only after obtaining permission from the Additional Director (MSD), CGHS on the specific recommendation of Specialist on a case to case basis.

4. As a policy, CGHS does not provide disposable syringes and needles to the beneficiaries. Similarly, the beneficiaries will bear the cost of the pen from their own sources for utilizing the Inj. Insulin (Analogue) in Cartridge form.

5. The Orders will come into effect from the date of issue of this Office Memorandum.

(O.M. F.No.37-6/02-03/CGHS/MSD/PSM/MISC dated the 22nd Oct., 2008.)

SECTION 5

SPECIALISED TREATMENT

(I) ENT

i) **Reimbursement of cost of Hearing Aids to CGHS beneficiaries**

The undersigned is directed to say that the question of reimbursement of cost of Hearing Aids to CGHS beneficiaries has been engaging the attention of the Government for quite some time past. In supersession of all the previous Orders on the subject, it has been decided that the maximum ceiling for reimbursement of Hearing Aid, would be as under subject to recommendation by an ENT Specialist for a particular type of Pocket Hearing Aid and recommendation of the Committee of ENT Specialists for special type of Hearing Aid :

Degree of Deafness	Maximum ceiling for reimbursement of Hearing Aid
Pocket Type	
Mild Deafness	Rs. 700/-
Moderate Deafness	Rs. 1,250/-
Moderate to Severe Deafness	Rs. 1,950/-
Severe Deafness	Rs. 1,500/-
Profound Deafness	Rs. 2,080/-
Special Type	
Behind the ear and A.C. Spectacles	Rs. 5,500/-

(No. 2-30(25)91-R&H/CGHS (P) dt. 26-11-1992, of MH & FW)

ii) **Ceiling for Hearing Aid**

Type	Maximum ceiling
For body worn/pocket behind the ear type/ in the canal type (conventional)	Rs. 10,000/-
Bilateral Hearing Aid	Rs. 20,000/-
Digital Hearing Aid	Rs. 60,000/-

It has been decided to fix the maximum ceiling rate upto Rs.10,000 for body worn/ pocket / behind the ear type / in the canal type (conventional), as per requirement of the patient for one-sided Hearing Aid. Any patient requiring a bilateral Hearing Aid on the basis of his/her hearing loss and its attendant disability/ speech training requirement / rehabilitation, specially in child/ job requirement in adult may be permitted upto a maximum ceiling of Rs.20,000/-. However, the Hearing Aid should be recommended by ENT Surgeon after considering the hearing loss of a patient and its attendant disability supported by audiometric evidence.

2. In special circumstances, Digital Hearing Aid may also be reimbursed upto a limit of Rs.60,000 on the recommendation of three ENT experts.

3. Keeping in view the average life of Hearing Aid as five years, a replacement may be permitted on the basis of a Condemnation Certificate from a technical expert and on approval of an ENT Specialist.

(O.M No - S 14025/36/93-MS, dtd. 17-8-1999 of MH & FW)

iii) **Clarification for reimbursement of expenses on purchase/replacement/ repair/adjustment of Hearing Aid**

The special circumstances under which the Digital Hearing Aid may be reimbursed upto a limit of Rupees sixty thousand should include:-

- Moderate to severe sensory neural hearing loss with aided speech discrimination score which cannot be improved to 70% by use of Analog Hearing Aid.
- Sharply sloping audiogram seen on Pure Tone Audiometry, inverted V audiogram or U shaped audiogram involving 2000 Hz.

2. This should be done on the recommendation of three ENT Surgeons of three different Government Hospitals who have facilities to audiometric assessment and have all performed their independent audiological assessment.

3. However, factors like the age of the patient/educational or work requirement and bilateral congenital losses can also be taken into consideration by the prescribing Surgeons for prescribing Hearing Aids based on digital technology. The request for the procurement of Digital Hearing Aid need not be put up to the Standing Committee.

4. The technical expert competent to condemn a Hearing Aid after 5 years would be the Service Engineer of the authorized Hearing Aid Centre/Dealer. The above Certificate would be required to be countersigned by the ENT Surgeon of a Government Hospital.

5. These Orders will be applicable to both types of beneficiaries, viz., CGHS beneficiaries and the beneficiaries covered under CS (MA) Rules, 1944.

6. The Orders will come into effect from the date of issue.

(O.M No. S. 14025/10/2002.MS, dated 28-10-2002/15-11-2002)

iv) Revision in the schedule of charges for reimbursement of expenses on purchase/ replacement/repair/adjustment of Hearing Aid

In continuation of this Ministry's O.M of even number dated 28-10-2002, on the subject mentioned above, the undersigned is directed to say that the issue whether the ceiling limit of Rupees sixty thousand towards reimbursement of expenditure incurred on a Digital Hearing Aid is applicable for a single ear or for both ears has been examined in consultation with Directorate, CGHS and it is accordingly clarified that the said limit of Rupees sixty thousand was applicable for a single Hearing Aid only. However, keeping in view the fact that the rates of the Digital Hearing Aids have come down drastically, an exercise was undertaken for revising the ceiling limit for reimbursement by calling fresh rates from different Manufacturers/Dealers of Hearing Aids. In accordance with the recommendations of the experts in Directorate of CGHS, the ceiling limit for reimbursement of expenditure incurred on purchase of a Digital Hearing Aid is fixed at Rupees thirty thousand only. The other terms and conditions of the O.M under reference shall remain unchanged.

(OM No. S. 14025/10/2002-MS, dated 19-12-2003.)

v) Reduction in replacement period of Hearing Aids

The undersigned is directed to refer to O.M No. S. 14025/36/93-MS dated 17.8.1999 and O.M Nos. S. 14025/10/2002-MS, dated 28.10.2002 and 19.12.2003 respectively on the subject mentioned above and say that the aspect of the life of Hearing Aids has been reviewed recently by a Committee of Experts in Directorate, CGHS. Based on the recommendation of the said Committee, it has been decided that a Hearing Aid of child below 12 years of age may be replaced, if damaged, after three years of its purchase on the basis of a Certificate of Condemnation from a technical expert and on advice of an ENT Specialist of a Government Hospital. The other terms and conditions of the O.M under reference shall remain unchanged.

2. These Orders would also be applicable in the case of beneficiaries covered under the CGHS.

(O.M No. S. 14025/5/2004-MS dated 3.6.04/7.7.04)

vi) Clarification for reimbursement of expenses on purchase / replacement/ repair/ adjustment of Hearing Aid

The special circumstances under which the Digital Hearing Aid may be reimbursed upto a limit of Rs.30,000 (Rupees thirty thousand only) for one ear should include:-

- (a) Moderate to Severe Sensory Neural Hearing Loss with Aided Speech Discrimination Score, which cannot be improved to 70% by use of Analog Hearing Aid.
- (b) Sharply sloping audiogram seen on Pure Tone Audiometry, inverted V audiogram or U shaped audiogram involving 2000 Hz.

2. This should be done on the recommendation of two ENT Surgeons of two different Government Hospitals who have facilities to audiometric assessment and have all performed their independent audiological assessment and an undertaking that he/she has not been reimbursed a Digital Hearing Aid in the preceding five years.

3. However, factors like the age of the patient/educational or work requirement and bilateral congenital losses can also be

taken into consideration by the prescribing Surgeons for prescribing Hearing Aids based on digital technology. The request for the procurement of Digital Hearing Aid need not be put up to the Standing Committee.

4. The technical expert competent to condemn a Hearing Aid after 5 years would be the Service Engineer of the authorized Hearing Aid Centre/Dealer. The above Certificate would be required to be countersigned by the ENT Surgeon of a Government Hospital.

5. These Orders will be applicable to both types of beneficiaries viz., CGHS beneficiaries and the beneficiaries covered under CS (MA) Rules, 1944.

6. These Orders will come into effect from the date of issue.

(O.M No.S. 14025/10/2002-MS, dated 17.11.2006)

vii) Reimbursement of the cost of Cochlear implant to beneficiaries under CGHS/Central Services (Medical Attendance) Rules, 1944

The undersigned is directed to state that the Ministry of Health & Family Welfare has received requests from CGHS beneficiaries and beneficiaries under Central Services (Medical Attendance) Rules, 1944, requesting for permission to be given for a dependant Family member to undergo Cochlear Implant Surgery. Each request is considered 'on merits' of each case and permission granted by the Central Government Health Scheme. This was mainly because there were no guidelines for considering requests for Cochlear Implant Surgery. The Ministry of Health & Family Welfare, therefore, had the matter considered by a Committee of Specialists and it has been decided to permit the beneficiaries under CGHS and Central Services (Medical Attendance) Rules, 1944 to undergo Cochlear Implant Surgeries as per the guidelines outlined below :

1 Guidelines for Cochlear Implant Surgery

A Prelingually deaf children (severe to profound B/L S.N.H. loss)

- (a) Age group between 1 and 16 years. However, children using Hearing Aids and getting auditory training from age 1 year or less may be considered at higher age also on a case to case basis.
- (b) No appreciable benefit from Hearing Aids after 6 months of trial with Hearing Aids. No speech formation seen.
- (c) No mental retardation.
- (d) No active middle ear cleft disease. Perforation of the TM should be closed at least three months prior to implantation.
- (e) No Cochlear Aplasia and / or Agensis of Cochlear Nerve.
- (f) No Retro Cochlear Lesion or central deafness; and
- (g) Good Family support for post operative rehabilitation.

B Post-lingually deaf candidates (B/L profound S.N.H. loss)

- (a) There should be no appreciable benefit from hearing aids (both ears).
- (b) No active middle ear cleft disease.
- (c) Perforation of the TM should be repaired three months prior to the implantation
- (d) Deafness should be due to Cochlear Lesions and
- (e) Post-meningitic labyrinthitis ossificans of the cochlear is a contraindication. However, cases like post inflammatory ossificans of coches, cochlear dystrophies and cochlear otosclerosis with visible perilymphatic shadow in MRI and relative indications and can be done on case to case basis.

2. Type of implants

Only multi-channel Cochlear Implant duly approved by appropriate authority should be recommended.

3. Implant Centres and Standing Committee

Cochlear implant surgery should be allowed only in Government Hospitals / Centres having proper post operative rehabilitation. These centres should have well-trained Speech Therapist related to Cochlear implant.

The reimbursement for Cochlear Implant Surgery will be permitted only after the request has been approved and

recommended by a Standing Committee comprising of the following

- | | |
|---|----------|
| (1) Addl DG, CGHS/DDG (M)
(as the case may be) | Chairman |
| (2) HoD, ENT,
Dr. R.M. L. Hospital | Member |
| (3) HoD, ENT,
Safdarjung Hospital | Member |
| (4) HoD, ENT, LHMC &
Smt. S.K. Hospital | Member |

The request for Cochlear Implants should be accompanied by complete clinical details and report of relevant investigations as below and independent opinion from two ENT Specialists of Government Hospitals undertaking Cochlear Implant Surgery about indications for Cochlear Implant Surgery.

4. Basic pre-operative investigations for Cochlear Implant

(a) Audiological

- (1) OAE
- (2) BERA / ASSR
- (3) Impedence (in Children)
- (4) Audiogram / Aided audiogram

(b) Radiological

- (1) HRCT temporal bone for bony cochlear and middle ear cleft;
- (2) 3D NRI for membranous cochlear. Neural Bundle and brain.

(c) IQ / Psychiatric evaluation in children with prelingual deafness

5. Ceiling Rate

The ceiling rate for Cochlear Implant shall be Rs.5,35,000/- (Rupees Five lakh thirty five thousand only) for reimbursement of cost of Cochlear Implant with 12 Channels/ 24 Electrodes with behind the ear speech processor.

The best results are achieved if Cochlear Implants take place between the age of 1-5 years. Hence, it is, therefore, proposed to permit reimbursement in a graded manner. In the pre-lingual deafness, total reimbursement of the ceiling rate or actuals, whichever is less, for Cochlear Implant will be allowed in respect of implants carried out on children aged between 1 and 5 years. For children between the age of 5 and 10 years, 80% of the ceiling rate for implant will be reimbursed. For children above the age of 10 years but below 16 years of age, only 50% of the ceiling rate for the implant will be reimbursed.

50% of the cost of the wearable components, e.g., Speech Processor, Microphone, etc., (excluding cords, batteries) for the purpose of up-gradation and/or replacement due to wear and tear may be allowed, after a period of three years, to be considered on the basis of advice of two ENT Surgeons of Government Sector and on the recommendations of the Standing Committee.

6. Only unilateral implantation will be allowed.

7. As Cochlear Implant Surgery is a planned surgery, prior permission has to be obtained before the surgery is undertaken.

8. Pensioner CGHS beneficiaries and serving employees, who are CGHS beneficiaries, may submit their requests for permission for Cochlear Implant to the Director, CGHS. Central Government employees, who are beneficiaries under Central Services (Medical Attendance) Rules, 1944, may submit their requests for permission, to MG II Section, Directorate General of Health Services. Nirman Bhavan, Maulana Azad Road, New Delhi 110 108

9. These instructions take effect from the date of issue of the Office Memorandum.

10. This issues with the concurrence of IFD, vide their Dy. No. 494/AS & FA/2009 dated the 24th January, 2008.

(O.M F. No. 6-469/2003-CGHS/R&H dated 12-6-2009 of Dept of Health & FW)

(II) HEART

i Reimbursement of the cost of Heart Pacemaker to CGHS beneficiaries

In continuation of this Ministry's O.M of even number, dated 14.10.1992 on the subject cited above, the undersigned is directed to say that the payment towards the cost of Heart Pacemaker, i.e., Rs. 26,000, or cost of Heart Pacemaker, whichever is less, may be made to the CGHS beneficiary instead of to the supplying agents, where the beneficiaries have already paid the cost of Pacemaker from his/her own resources. This is subject to submission of a Certificate from the treating physician of Government/Organized Hospital under CGHS, that "the Pacemaker has been implanted successfully and is functioning satisfactorily."

(O.M No. S-12015/2/92-CGHS(P), dt. 18.3.1993.)

* No quotation need be furnished by the CGHS beneficiary, if he/she is already treated in the Hospital and any of the items is recommended for implantation.

ii Ceiling rate of MRI test for reimbursement to CGHS beneficiaries

The undersigned is directed to say that it has been decided to fix the ceiling for MRI test at Rs. 3,000 for reimbursement to CGHS beneficiaries for those who get it done in Private Hospital not recognised under CGHS on the advice of a Specialist of Govt/ Recognised Hospital due to non availability of the same in the said Govt. Recognised Hospital.

(O.M No. -S/12020/9/93-CGHS(I). dt. 7-12-1993)

iii Reimbursement of repeat Angioplasty and Bypass Surgery charges

In supersession of this Ministry's O.M No S-12015/1/91-CGHS (P) dt. 21-10-1991, it has been decided to allow repeat Angioplasty and Bypass Surgery (CABG) to Central Govt. employees / Pensioners, provided the same has been recommended by a Cardiologist of a Govt. / Private Recognised Hospitals under CGHS.

2. The above will be applicable to both CGHS beneficiaries and beneficiaries covered under CS(MA) Rules.

(O.M No. S-12015/1/91-CGHS (P) dt. 13-5-1994 of MH&FW)

iv) Revision of charges for Bypass Surgery (CABG) in respect of Private Hospitals recognised under CGHS

The undersigned is directed to convey the approval of Government for revision of rates of Coronary By-pass Surgery for the recognised Private Hospitals with effect from the date of issue of this Office Memorandum for treatment of CGHS beneficiaries. The revised rates are as under :-

		Rates to be charged by the Private Recognised Hospitals
I. Rates for CABG Entitlement		
(a)	General Ward (Basic pay upto Rs. 2,500/-)	Rs. 64,000/-
(b)	Semi-Private Ward (Basic pay Rs. 2,501/- Rs. 3,500/-)	Rs. 72,000/-
(c)	Private Ward (Basic Pay Rs. 3,501/- and above)	Rs. 89,000/-
II. Rates for Coronary Angiography		
(a)	General Ward	Rs. 8,500/-
(b)	Semi-Private Ward	Rs. 9,000/-
(c)	Private Ward	Rs. 10,500/-
III. Rates for other Investigations		
	Stress Thallium Test	Rs. 6,000/-
	Rest Muga study	Rs. 1,000/-
	Stress Muga study	Rs. 1100/-
	Doppler Echo Cardiography	Rs. 700/-
	Holters Monitoring	Rs 800/-

2. The above mentioned revised rates are subject to the following conditions :-

(i) The rates for CABG, Coronary Angiography and other

investigations will be regulated on package deal basis. A package for CABG and Coronary Angiography includes support from the date of admission to the date of discharge, Service Charges, Nursing/ Medical Care, Surgeon's and Anaesthetist's fee, Operation Theatre charges etc., but does not include Diet, Cosmetics, Toiletry, Telephone charges, etc., which would be borne by the CGHS beneficiaries themselves.

- (ii) The Hospitals will not charge over and above the package deal rates mentioned above from the CGHS beneficiaries.
- (iii) The Hospitals should provide credit facilities to Pensioners and after the treatment is over, submit the claim to the concerned Additional Director, CGHS of the City concerned for reimbursement.
- (iv) The above rates will remain in force for a period of 2 years and no request for revision of rates will be entertained during this period.
- (v) Reimbursement in respect of CGHS beneficiaries including Pensioners will be made at the above mentioned rates or at the rates charged by the Hospital, whichever is less.

3. All the Private Recognised Hospitals mentioned in Annexure-1 are requested to confirm within one month from the date of issue of this Office Memorandum that they accept the above revised rates, failing which it will be presumed that the terms and conditions are acceptable to them.

(No. D-12015/3/91-CGHS (P) dt. 20-7-1994)

v) CGHS beneficiaries entitled for reimbursement from 23.6.1995 for Angioplasty (PTCA) in Recognised Hospitals

The undersigned is directed to say that the proposal for fixation of maximum ceiling for reimbursement for Angioplasty under CGHS was under consideration for quite some time past. It has now been decided that the CGHS beneficiaries undergoing PTCA in the Recognized Hospitals mentioned in the Annexure 1 with prior permission of CGHS will be entitled for maximum reimbursement as indicated below:

Sl. No.	Beneficiaries entitled for*	Amount of Maximum reimbursement
1.	General Ward (Basic Pay up to Rs. 2,500)	Rs. 25,000 plus the cost of medicines in full
2.	Semi-Private Ward (Basic Pay Rs. 2,501 to Rs. 3,500)	Rs. 55,000 plus the cost of medicines in full
3.	Private Ward (Basic Pay Rs. 3,501 and above)	Rs. 60,000 plus the cost of medicines in full

2. Reimbursement in respect of serving Central Government employees and Members of Parliament, etc., covered under CGHS will be made by the respective Ministries/Departments from Service Head. As regards retired beneficiaries, Freedom Fighters, etc., reimbursement will be made from CGHS Head.

3. The above Order will come into force with effect from 1st June, 1995.

(O.M No. S-11012/14/94-CGHS(P), dt. 23.6.1995)

vi) Revision of Rates and guidelines for various Coronary Stents for CGHS/CS(MA) beneficiaries

The undersigned is directed to invite attention to the Office Memorandum No. 9005/2003/R&H/CGHS/CGHS (P) dated 1st August, 2005, of the Ministry of Health & Family Welfare vide which rates for different types of Stents were revised and to convey approval of Ministry for revised rates and guidelines for Coronary Stents for reimbursement to beneficiaries under CGHS and under Central Services (Medical Attendance) Rules, 1944.

2. The following Coronary Stents are approved for reimbursement to beneficiaries under CGHS and under Central Services (Medical Attendance) Rules, 1944, as per the ceiling rates given below:

Sl. No.	Name of Drug Eluting Stent (DES) / Bare Metal Stent	Revised Ceiling Rate Rs.
1.	Cypher Stent	95,000/- + VAT
2.	Taxus Stent	67,300/- + VAT
3.	Endeavor	85,000/- + VAT
4.	Xience V EECSS	95,000/- + VAT
5.	Yukon Choice	55,000/- + VAT
6.	Bare Metal Stent	50,000/- (all inclusive)

Reimbursement to beneficiaries or to empanelled Hospitals (in case of Pensioner-CGHS beneficiaries, who are not to be charged by the Hospital) shall be limited to ceiling rate or actual cost, whichever may be less.

3. A maximum of three Coronary Stents shall be permitted on the advice of Government Specialist, of which not more than two shall be of Drug Eluting Stents. However DES shall be permitted only for patients where re-stenosis will involve high risk to patient's life, i.e.,

- (a) Osteal/Proximal LAD Lesions
- (b) Stenosis of a Coronary Artery, which is giving collaterals to another blocked Artery, thus supplying a large area of MyoCardium
- (c) Stenting of Restenotic Lesions after previous Angioplasty.

Permission shall be granted as per laid down procedure

4. If a beneficiary under CGHS or under Central Services (Medical Attendance) Rules, 1944, has been implanted by any other non-approved Drug Coated Stent or a Drug Eluting Stent is implanted in conditions other than those mentioned above, reimbursement shall be limited to the cost of Bare Metal Stent.

If a non-approved Drug Eluting Stent is implanted or a Drug Eluting Stent is implanted in conditions other than those mentioned above in an empanelled Hospital and no written informal consent was obtained from the beneficiary, that he/she would bear the difference in cost between the DES and Bare Metal Stent, and the Hospital has charged this amount from the beneficiary, the additional amount shall be deducted from the pending bills of Hospitals and shall be paid to the beneficiary.

5. It is essential for the empanelled Hospitals to quote the batch number when a Coronary Stent of any type (Ordinary Metal / Drug Eluting Stent) is implanted in the case of a beneficiary under CGHS or under Central Services (Medical Attendance) Rules, 1944. In addition to this, the outer pouch of the Stent packet along with the sticker on it on which details of the Stent are printed shall also be enclosed with the medical bill for claiming reimbursement from the Government. In case the private empanelled Hospital has not given the batch number and/or outer pouch of the Stent(s) in a particular case the beneficiary is required to obtain the same from the Hospital before the CGHS/concerned Department, as the case may be, finally settles the claim for reimbursement.

6. These Orders shall supersede this Ministry's Office Memorandum No. 9005/2003/R&H/CGHS/CGHS(P) dated 1st August, 2005, on the same subject and shall come into force from the date of issue.

(O.M No. Misc.1002/2006/CGHS(R&H)/CGHS (P) dated 12.9.2007)

vii) Revision of rates and guidelines for various Coronary Stents for CGHS/CS (MA) beneficiaries - Clarification regarding

The undersigned is directed to invite reference to the Office Memorandum, of even number, dated the 12th September, 2007, issued by the Ministry of Health and Family Welfare on the above mentioned subject, vide which ceiling rates for five types of Coronary Stents were conveyed, as also the decision of the Ministry of Health and Family Welfare to permit reimbursing up to three Stents and the guidelines to be followed by the Ministries/ Departments for allowing reimbursement up to three Stents and to state that the Ministry of Health and Family Welfare has been requested to clarify as to whether Ministries/Departments have been delegated powers to handle reimbursement claims in which three Stents have been implanted or the approval of the CGHS/ Ministry of Health and Family Welfare will be necessary before the reimbursement is allowed.

2. The undersigned is directed to clarify that powers have been delegated to Ministries/Departments to settle reimbursement claims involving implantation of three Stents, of which not more than two are Drug Eluting Stents (DES), subject to the conditions mentioned in Paras 3 to 5 of the Office Memorandum of 12th September, 2007, referred above and only in case relaxation of instructions is involved the files have to be referred to Director, CGHS, Nirman Bhawan, New Delhi, in respect of CGHS beneficiaries and to DS (MS), Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi, in respect of beneficiaries under Central Services (Medical Attendance) Rules, 1944, for approval.

(O.M No. Misc. 1002/2006/CGHS (R&H)/CGHS (P), dt. 8.2.2010)

(III) DENTAL

i) Treatment of Pyorrhea and Gingivitis

Expenses incurred towards the treatment of Pyorrhea and Gingivitis may be reimbursed under the Rules as it is covered under the term "Gum Treatment."

(O.M No. S 14025/ 63/ 79-MS, dt. 1st January 1981)

ii) Dental Treatment

Dental treatment, even when it is obtained at a Govt. Hospital under the advice of the Authorised Medical Attendant is not covered by these Rules, but if the diagnosis of the physiological or other disability from which a Government servant is suffering indicates that teeth are the real source of disturbance, he is entitled to free dental treatment of a 'major' kind, such as treatment of Jaw Bone Disease, wholesale removal of teeth etc. It does not include treatment from a Private Dentist or outside the Hospital, even on the advice of the Authorised Medical Attendant.

(O.M No. F 16-4/42-H dt. the 8th July 1942.)

Explanation : Surgical operations needed for removal of *Odontomes* and impacted wisdom-tooth also fall under the category of Dental Treatment of major kind.

Treatment of Gum Boils comes under Oral Surgery (of the mouth) and as such it is admissible under the Rules.

It has since been decided that the expenses incurred by Central Govt. employees in connection with the following types of Dental Treatment obtained at Govt. Hospitals recognized under CS(MA) Rules may be reimbursed :-

- (a) Extraction (b) Scaling and Gum Treatment.
- (c) Filling of teeth (cost of denture will not be reimbursed).
- (d) Root Canal Treatment.

(O.M No. S 14025 / 87/75-MS, dtd. 31-8-1977)

iii) Reimbursement of complete denture for CGHS beneficiaries including Pensioners and their Family members

Decided to reimburse subject to a limit of Rs. 2000/- (for complete denture) and Rs. 1000/- for one jaw—should be authorized by a Specialist of CGHS/ Govt. Hospital in writing. Permission to be given by CMO—In—charge in case of Pensioners.—Reimbursable as a one-time measure only.

(O.M No. 26/2000—CGHS/JD—CGHS (P) dated 13-12-2001)

(IV) EYE

i) Testing of Eye Sight for glasses at Recognised Hospitals by Specialists :

Govt. servants may have their Eye Sight tested for glasses at a Govt. / Recognised Hospital, once in every three years on the recommendation of the Authorised Medical Attendant. Fees paid to the Specialists for such services will be reimbursed according to the scheduled rates prescribed in various States. The above concession does not include provision of spectacles at Govt. cost. Families of the Govt. servant are not entitled for the above concession. A Govt. servant desirous of availing this facility should produce a Certificate from the Controlling Authority empowered to countersign the medical claim bill that he has not availed of the concession within the last three years.

(O.M No. F. 17 / (VIII) 35/57-H.I. dt. 18-6-1957.)

ii) Testing of Eye Sight for glasses

It has been decided that prior permission of State Administrative Medical Officer for consultation with a Eye Specialist for purposes of testing of Eye Sight for glasses need not be insisted upon in such cases. It has also been decided that testing Eye Sight should be conducted only in the Hospital and not in private consulting room of the Specialist.

Normally no fees should be levied for testing of eyes in a Govt / Recognised Hospital. If, however, any fees are charged in accordance with the Rules of any particular Hospital, these will be reimbursed.

(O.M No. F 17 (VIII) 35-37 H. I. No. 8 dt. 22-5-58.)

iii) Correction of Squint Eye

The medical expenses incurred for treatment of Squint Eye should be reimbursed under CS(MA) Rules 1944

(O.M No. S-12015-2/92-CGHS (1) dated 14.10.1992 amendment to O.M No.S-14025-43/78-MS dated 3.3.1979)

iv) Reimbursement of cost of Intra-Ocular Lens implantation charges etc.

1. On the introduction of advanced technology by implanting Intra-Ocular Lens in Cataract patients to that of conventional Cataract Operations, there were representations to allow the cost of Intra-Ocular Lens implantation under the Central Services (Medical Attendance) Rules, 1944, to the Central Govt. employees.
2. The matter had been considered in this Ministry and it has been decided to allow the expenditure incurred for Intra-Ocular Lens implantation to the Central Govt. employees, and their dependent Family members as under :
 - (a) Charges for Intra Ocular Lens Implantation and treatment thereto is reimbursable in full, if the same has been undertaken in a Govt. hospital, and actual cost or Rs. 6,500, whichever is less, if undertaken in a private recognised hospital. The cost of spectacles is not reimbursable in such cases
 - (b) In case of conventional operation for Cataract, the actual cost of spectacles for correction of distance/near vision subject to a maximum of Rs. 200/- shall be reimbursed. Reimbursement shall be allowed for the replacement of such spectacles once in every three years provided the same has been undertaken on the advice of the Authorised Medical Attendant/ Specialist in the field.

(O.M No. S 14025/47/86-MS, dt. 4th May 1982)

v) Phaco Surgery and Intra Ocular Lens (IOL)- Rates

Ceiling rates applicable for all the CGHS covered Cities in respect of non-foldable IOL will be Rs. 125/- (Rupees one hundred and twenty five only) and the ceiling rates for foldable IOL will be Rs. 900/- (Rupees nine hundred only) or actual expenditure, whichever is less.

(O.M No. S-11011-36/2001-CGHS Desk II-CGHS (P) dtd. 21.12.2004)

vi) Revision of ceiling rates for Intra Ocular Lens (IOL)

The undersigned is directed to refer to the Office Memorandum No: S-11011/30/2001/CGHS Desk II/CGHS (P)

dated the 21st December, 2004, issued by the Ministry of Health & Family Welfare, vide which rates for foldable and non-foldable Intra-Ocular Lenses (IOL) were fixed and to state that representations were received in the Ministry requesting for revision of the rates. The representations received were examined by a Committee of experts constituted by the Ministry of Health & Family Welfare. Based on the recommendations of the Committee, it has decided to revise the rates for IOL, as followed by the All India Institute of Medical Sciences, and to circulate the guidelines to be followed for various types of IOL for reimbursement to beneficiaries under CGHS/CS (MA) Rules, 1944, with regard to the purchase of IOL:

1. Hydrophobic Foldable IOL	Rs. 5,000/-
2. Silicon Foldable IOL	Rs. 3,600/-
3. Hydrophilic Acrylic Lens	Rs. 5,800/-
4. PMMA IOL	Rs. 490/-

2. The ceiling rates, mentioned above for the different types of IOL implants to be used will be as per actual expenditure or the rates mentioned, whichever is less, and will be reimbursable in addition to the package rates for Cataract Surgery procedure.

3. The reimbursement at the above mentioned ceiling rates will be done as per the rates fixed for the various IOL mentioned above and the IOL actually used in the surgery. It is mandatory for the operating Surgeon of all Private Empanelled Hospitals/ CGHS and CS (MA) beneficiaries to attach the empty IOL sticker, bearing the signature and stamp of the operating surgeon on it, along with the bill in support of the type of IOL used, containing its batch number. In the event of the Private Empanelled Hospital not giving the batch number and / or empty IOL sticker then the beneficiary will be required to obtain the same from the Hospital before the CGHS/ concerned Department/Ministry finally settles the claim for reimbursement.

4. The revised rates take effect from the date of issue of the Office Memorandum.

(O.M No. F.No.S-1413/2005-06/CGHS/R&H dt. 26.6.08)

(V) KIDNEY

i) Reimbursement charges for T.A., Surgery, post-operative care of donor of Kidney admissible.

They will be entitled to claim reimbursement of T.A expenses of the donor in connection with the journey undertaken in this connection at the following rates:

(1) If the donor is a private person, TA will be admissible at the rates applicable to the recipient Government servant.

(2) If the donor is a Government servant or his Family member, T.A will be admissible at the rates applicable to the donor Government servant.

(O.M No. S-14025-30/86-MS dtd. 30.9.1986 extended to CGHS beneficiaries vide O.M No. S-14019-1/88-CGHS (P) dtd. 26.9.1988)

ii) Reimbursement rates for Renal Transplantation

	For serving Govt. employees	For Central Govt. Pensioners availing CGHS facilities.
General Ward	Rs. 20,000/-	Rs. 26,500/-
Semi-private Ward	Rs. 25,000/-	Rs. 31,500/-
Private Ward	Rs. 30,000/-	Rs. 36,500/-

The rates for Renal Transplantation are exclusive of the rates of preliminary investigations, the rates of which will be as under:-

1. Tissue match : Rs. 850/- per donor;
2. Renal Angiogram : Rs. 2,500
3. Dialysis : Rs. 425/- for General Ward and Semi-Private and Rs. 700/- for Private Room.

The cost of disposable appliances and special nursing charges which is approximately Rs.6,500/- for Renal Transplantation will be recovered by the Hospital from the CGHS beneficiaries referred to them and the beneficiaries will claim

these charges from their respective Departments.

(O.M No. S-11011 / 29/90/ CGHS DII, dt. 1-12-1990)

(VI) KNEE AND HIP

Ceiling for reimbursement of the cost of Knee and Hip implants

The issue of ceilings for reimbursement of the cost of Knee and Hip Implants to beneficiaries covered under CGHS and CS (MA) Rules and the procedure for their reimbursement have been under consideration of the Govt. Considering the procedural delay involved in getting reimbursement of their costs, it has been decided to fix the maximum ceilings for reimbursement of the implants to the beneficiaries covered under CGHS and CS(MA) Rules as under :

Maximum ceiling:

- a) Knee implant: Rs. 60,000/- plus Rs. 5,000/- as the cost of Bone Cement. ;
- b) Hip Implant: Rs.35,000/- plus Rs.5,000/- as the cost of Bone Cement.

2. The reimbursement of the cost of the implants is subject to fulfilment of the following conditions :

- a) The beneficiary should have taken treatment in a Govt. or Private Recognised Hospital with prior permission of competent authority.
- b) The beneficiary should have purchased the implant on the recommendations of the Orthopaedic Specialist of the Recognised Hospital and on the basis of lowest of three quotations.
- c) The treating Orthopaedic Specialist of the Recognised Hospital will give a Certificate in writing to the effect that the Implant has been Implanted successfully and is functioning satisfactorily.

3. The above ceiling will be effective from 1-4-1995 and

will remain in operation for a period of 5 years.

4. The reimbursement of the cost of the Implants in respect of working CGHS beneficiaries and the beneficiaries covered under CS (MA) Rules will be done by the respective Ministries or Departments from their Service Heads. As regards retired Central Govt. employees, Ex-Members of Parliament, retired Judges and Freedom Fighters covered under CGHS, the reimbursement in this regard will be made by the Additional Director, CGHS of the City concerned from the CGHS Head.

5. Medical advance in this regard may be granted direct to the supplying agent upto 80% of the lowest of the three quotations or 80% of the above maximum ceiling, whichever is less.

(O.M No. S 11018 / 1/95-CGHS(P), dt. 7th March 1995.)

(VII) NEURO-IMPLANTS

i) **Permission / approval for reimbursement of cost of Neuro-implants, viz., Deep Brain Stimulation Implants, Intrathecal Beclofen Pump, Intrathecal Morphine Pump, Spinal Cord Stimulators for CGHS beneficiaries/beneficiaries covered under CS (MA) Rules**

The undersigned is directed to state that the Ministry of Health and Family Welfare has been receiving requests for grant of permission/approval for reimbursement of cost of Neuro Implants, viz., Deep Brain Stimulation Implants, Intrathecal Beclofen Pump, Intrathecal Morphine Pump, Spinal Cord Stimulators for CGHS beneficiaries/beneficiaries covered under CS (MA) Rules, subject to the following conditions:-

The prescribing Authority:

- DBS Implant: Neurologist of a Government Hospital.
- Intrathecal Beclofen Pump*
- Intrathecal Morphine Pump*
- Spinal Cord Stimulator*

- * Any two Government Specialists of concerned Speciality/ Head of Department of Neurology/Neuro-Surgery/ Anaesthesiology

Approving Authority

- * CGHS - Additional Director of the concerned CGHS City.
- * CS(MA) Rules - DDG (M) or equivalent level Officer of Directorate General of Health Services.

Ceiling Rate:

- DBS Implant: including MER (or actual, whichever is less).
Rs. 3,46,153 + VAT. Rs. 13,847 - i.e., Total Rs. 3,60,000
- Intrathecal Beclofen Pump, Intra-theal Morphine Pump
Rs. 2,51,923 + VAT. Rs. 10,077 - i.e., Total Rs. 2,62,000
- Spinal Cord Stimulator: Rs. 2,51,923 + VAT. Rs. 10,077 -
i.e., Total Rs. 2,62,000

Recurring expenditure on Beclofen/Morphine as per Rules applicable for OPD medicines.

Life of Battery:

Life of Battery is 3-5 years in case of DBS Implants and Spinal Cord Stimulator depending on parameters selected for stimulation and usage and upto 7 years in case of Intrathecal Infusion Pump.

Cost of Battery for DBS Implant: Rs. 2,40,385 + VAT Rs. 9,615, i.e., Rs. 2,50,000 (or actual, whichever is less)

Intrathecal Infusion Pump:

Rs. 2,16,346 + VAT Rs. 8,654, i.e., Rs. 2,25,000 (or actual, whichever is less)

Spinal Cord Stimulator:

Rs. 1,92,308 + VAT Rs. 7,692, i.e., Rs. 2,00,000 (or actual, whichever is less)

Replacement of Battery before 4 years may be permitted in exceptional cases on the basis of justification by the treating Specialist and shall be considered on a case-to-case basis by Department of Health and Family Welfare.

Guidelines

1. DBS Implant

The patient should be a case of Idiopathic Parkinsonism resistant to conservative treatment. The patient shall be informed in writing by treating Specialist of the cost of Implant and the efficacy of the treatment.

2. Intrathecal Pumps / Spinal Cord Stimulators

All conservative treatment procedures have failed and the diagnosis was confirmed. Treating Specialist shall certify that there is reasonable chance of survival of terminally ill patient. Therapeutic trials shall be conducted and recommendation should be based on positive Therapeutic trials. The treating Specialist shall certify as such in writing. The patient shall be informed in writing by treating Specialist of the cost of Implant and the efficacy of the treatment.

Warranty:

The Company offers limited warranty for two years from date of Implantation to provide free replacement, if battery failure or malfunction of device is reported by the concerned Physician. The Company shall also supply all the Implants with not more than 1/6 of the life of battery exhausted.

Validity period of the ceiling rates

These prices shall remain in force till 31st March, 2008 and in case of any fall in prices, the Company shall charge the CGHS beneficiaries/beneficiaries covered under CS (MA) Rules at lowered rates. The Company The India Medtronic claimed the DBS Implant, Synchronised Intrathecal Pump and Spinal Cord Stimulator as proprietary items and certified that the rates offered to CGHS are lowest and the Company have not supplied to any other individual or organization on lower price than those proposed to CGHS. In case of any change in this status, the ceiling rate conditions and proprietary status of the firm will then be reviewed by the CGHS.

(O.M No. 1214/2005/CGHS(R&H) CGHS(P) dated 23.6.2006)

II Extension of permission/approval for reimbursement of cost of Neuro-implants, viz., Deep Brain Stimulation Implants, Intrathecal Beclofen Pump, Intrathecal Morphine Pump, Spinal Cord Stimulators for CGHS beneficiaries/beneficiaries covered under CS (MA) Rules

The undersigned is directed to invite reference to the Office Memorandum, of even number, dated the 23rd June, 2006, on the above subject, vide which rates for reimbursement towards the cost of neuro-implants were intimated and to state that it has now been decided to continue to allow the reimbursement of the cost of Neuro-implants, viz., Deep Brain Stimulation Implants, Intrathecal Beclofen Pump, Intrathecal Morphine Pump, Spinal Cord Stimulators for CGHS beneficiaries/beneficiaries covered under CS (MA) Rules. It has now been decided to allow reimbursement of Cost of Neuro-implants, viz., Deep Brain Stimulation Implants, Intrathecal Beclofen Pump, Intrathecal Morphine Pump, Spinal Cord Stimulators for CGHS beneficiaries/beneficiaries covered under CS(MA) Rules, under the same terms and conditions, as was mentioned in the above referred Office Memorandum of 23rd June, 2006, viz:-

(O.M No. MISC.12014/2005/CGHSR&H)/CGHS(P), dt. 4.12.2008)

(VIII) CANCER TREATMENT UNDER CGHS/CS (MA) RULES, 1944

The process of empanelment of Private Hospitals and diagnostic centres in Delhi, on the basis of quotations received during 2004 has been completed. The list of empanelled Hospitals, however, does not include a single Hospital for treatment of Cancer patients. Earlier there were four Hospitals, viz., Rajiv Gandhi Cancer and Research Institute; Dharmshila Cancer Hospital and Research Centre; Batra Hospital and Medical Research Centre and Indraprastha Apollo Hospital. The situation in other CGHS Cities is almost the same.

2. As the list of empanelled Hospitals under CGHS, Delhi, did not have any Hospital providing treatment for cancer patients,

it was decided as an ad hoc measure, to permit CGHS beneficiaries to get themselves treated at these four Hospitals subject to the conditions that they would have to initially pay for the treatment and claim reimbursement later. The reimbursement will be limited to the rates notified in 2001. The ad hoc arrangement is currently valid upto 31st December, 2008.

3. The undersigned is directed to invite reference to the Office Memorandum No. S. 11011/31/2007-CGHS-D-II, dated the 5th May, 2008, vide which the decision of the Ministry of Health and Family Welfare was conveyed for permitting beneficiaries under CGHS/CS(MA) Rules, 1944, to get themselves treated at any of the under-mentioned 25 (twenty five) Regional Cancer Centres recognized by the Ministry of Health and Family Welfare under the National Cancer Control Programmes that are funded by the Government of India, subject to the condition that the reimbursement will be as per the rates fixed in Regional Cancer Centres under Central Government or actual, whichever is less:-

- 1) Kamla Nehru Memorial Hospital, Allahabad, Uttar Pradesh (NGO);
- 2) Chittaranjan National Cancer Institute, Kolkata, West Bengal (State Government Institute)
- 3) Kidwai Memorial Institute of Oncology, Bangalore, Karnataka (State Government Institute)
- 4) Regional Cancer Institute (WIA), Adyar, Chennai, Tamil Nadu (NGO);
- 5) Acharya Harihar Regional Cancer Centre for Cancer Research and Treatment, Cuttack, Orissa (State Government Institute);
- 6) Regional Cancer Centre, Thiruvananthapuram (State Government Institute)
- 7) Gujarat Cancer Research Institute, Ahmedabad, Gujarat (NGO)
- 8) MNJ Institute of Oncology, Hyderabad, Andhra Pradesh (State Government Institute)
- 9) Pondicherry Regional Cancer Society, JIPMER, Pondicherry (Central Government Institute)
- 10) Dr. B.B. Cancer Institute, Guwahati, Assam (State Govt. Institute)
- 11) Regional Cancer Control Society, Shimla, Himachal Pradesh (State Govt. Institute)

- 12) Cancer Hospital and Research Centre, Gwalior, Madhya Pradesh (NGO);
- 13) Indian Rotary Cancer Institute (AIIMS), New Delhi (Central Government Institute);
- 14) RST Hospital and Research Centre, Nagpur, Maharashtra (NGO);
- 15) Pt. JNM Medical College, Raipur, Chhattisgarh (State Government Institute)
- 16) Tata Memorial Hospital, Mumbai, Maharashtra (NGO);
- 17) Indira Gandhi Institute of Medical Sciences, Patna, Bihar (State Government Institute);
- 18) Acharya Tulsi Regional Centre Trust and Research Institute (RCC), Bikaner, Rajasthan (State Government Institute)
- 19) Regional Cancer Centre, Pt. B.D. Sharma Postgraduate Institute of Medical Sciences, Rohtak, Haryana (State Government Institute)
- 20) Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh (Central Government Institute)
- 21) Sher-I-Kashmir Institute of Medical Sciences, Soura, Srinagar (State Government Institute)
- 22) Regional Institute of Medical Sciences, Manipur, Imphal (State Government Institute)
- 23) Civil Hospital, Aizawal, Mizoram (State Government Institute)
- 24) Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow (State Government Institute) and
- 25) Government Arignar Anna Memorial Cancer Hospital, Kancheepuram, Tamil Nadu (State Government Institute)

4. The Ministry of Health and Family Welfare has been receiving representations about non-availability of adequate Hospitals providing treatment to beneficiaries under CGHS/CS(MA) Rules, 1944, who are Cancer patients, as the list of Hospitals where the treatment can be taken is limited to around thirty Hospitals in the Country. After careful examination of the representations received, it has been decided with the approval of the Competent Authority that CGHS/CS (MA) Rules, 1944, beneficiaries, who are Cancer patients (both old and new) may

be permitted to take treatment in any multi-speciality general purpose Hospital that provides treatment to Cancer patients, subject to the condition that reimbursement will be limited to actual expenditure or the rates notified in 2001, whichever is lower.

5. As the Private Hospitals are not on the list of CGHS empanelled Hospitals, these Hospitals will not extend credit facilities to Pensioners and hence the beneficiaries under CGHS will have to claim reimbursement, at the rates notified in 2001 or actuals whichever is lower, after getting themselves treated at the Hospitals. Similarly, serving employees and their Family members, who are beneficiaries under CGHS/CS (MA) Rules, 1944, may be reimbursed as per the rates notified in 2001 or actuals whichever is lower.

6. In so far treatment taken in Regional Cancer Centres is concerned, the position will remain the same in so far as reimbursement is concerned, as has been mentioned in Para. 3 of this Office Memorandum.

(O.M No. 1-13/Hospital cell / R&H/CGHS(PEA) dated 2.9.2008 of MoH & FW)

SECTION 6

REIMBURSEMENT OF SPECIAL REQUIREMENTS

i) Reimbursement of Air-Conditioning charges

CGHS beneficiaries are entitled to reimbursement of Air Conditioning Charges or expenses on heating arrangement subject to the following conditions:

- (1) Treatment should be undertaken in a Govt. Hospital or recognised Private Hospital.
- (2) Treating Medical Attendant should certify that the Air-Conditioned Room or heating arrangement is absolutely essential for patient's treatment or is a normal part of Hospital amenities provided to all private wards.

(O.M No. 4-13015/28/77-CGHS dated 6-10-1977)

ii) Reimbursement of cost of disposable Surgical Sundries

CGHS beneficiaries are entitled to reimbursement of cost of disposable Surgical Sundries subject to the following conditions:

- (1) Treating Specialist/Doctor should certify that the disposable Surgical Sundries were essential as a part of treatment.
- (2) No re-imburement is allowed for the items of common surgical materials like Gauze, Bandages, Leucoplast, Cotton, Crepe Bandage etc., which are supplied from the Hospitals/Dispensaries.

Note : The term 'Surgical Sundries' includes those surgical subsidiaries as are used in surgical and other operations which cannot be reused.

(O.M. No. 4-13015/11/80-CGHS (P) dated 17-6-1982)

iii) Ceiling for reimbursement of Special Nursing and Ayah/Attendant charges to CGHS beneficiaries

The undersigned is directed to say that the beneficiaries covered under CGHS are eligible for claiming reimbursement of expenses incurred by them for engagement of a Special Nurse and/or Ayah/ Attendant as advised by treating Doctor / Specialist and the amount for such reimbursement is limited to the amount which is in excess of 25% of the pay of the Govt., servant concerned for the period for which Special Nursing was necessary. Keeping in view the increase in pay and allowances and wages of Nurses and Ayah / Attendants and in order to simplify the existing procedure, it has been decided to fix ceiling rates of Special Nurse and Ayah/ Attendant for reimbursement to CGHS beneficiaries. The ceiling rates are indicated below :-

Special Nurse : Rs. 150/- per shift of 12 hours.
Ayah / Attendant : Rs. 75/- per shift of 12 hours.

The reimbursement of special charge for Nurse/Ayah/ Attendant at above rates is subject to the condition that the Medical Officer of the Hospital should have given a Certificate to the effect that the services of a Special Nurse / Ayah / Attendant were essential for the recovery; prevention of serious deterioration in the condition of the patient.

The reimbursement in respect of Central Govt. employees and members of their families covered under CGHS will be borne by the respective Ministries / Departments from Service Head. As regards Pensioners, Ex-MPs, Freedom Fighters, etc., the reimbursement will be made from CGHS Head by the respective Additional / Deputy Directors of the CGHS City concerned.

(O.M. No. 1-4-1994 - R&H / CGHS (P) dt. 15-9-95.)

iv) Travelling Allowance for medical treatment

Admissibility

Travelling Allowance for journeys undertaken for medical treatment (both ways), is admissible in the following cases:

- (i) (ii) and (iii) : *(For serving employees)*
- (iv) Pensioners permitted for treatment in another City, if such treatment is not available in the same City, on the advice

of the Government/CGHS Specialists, shall be entitled for Travelling Allowance restricted to the distance up to the Referral Hospitals available in the nearest City by the shortest route. In case of any deviation, prior permission of Director, CGHS may be obtained.

(O.M. No. 12020/4197-CGHS(P) dated 7.4.1999)

v) Reimbursement of Blood Transfusion charges

CGHS beneficiaries are entitled to reimbursement of charges on Blood Transfusion subject to the condition that the treating Physician certifies that the specific blood group was not available in the Hospital and the charges of blood are comparable with the rates of Red Cross, State/Central Govt. Hospitals.

(O.M. No. S-11012/1/91-CGHS(P) dt. 18.3.1992)

vi) Reimbursement for CAPD Fluids and related items

The reimbursement of expenditure incurred on procurement of CAPD Fluids and related items which include Y-set, Transfer Set, Mini-Cap etc., is allowed subject to the following conditions:

- (a) The treatment should be advised by a Specialist of a Govt./ Recognised Hospital.
- (b) The beneficiary should obtain prior permission from his/her parent Department.
- (c) The beneficiary should purchase the items for one month at a time and claim reimbursement from his/her parent Department later.
- (d) The beneficiary should submit a utilization Certificate from his/her treating Doctor certifying that the CAPD Fluids, etc., have been fully utilized while requesting his/her Department to procure the same items for the use of subsequent months.
- (e) The beneficiary is entitled to claim advance for the purchase of above mentioned items.

(O.M No. S-14025/18/2000-MS, dt. 29.5.2000)

VII Clarification regarding reimbursement of Ambulance charges to CGHS beneficiaries

The undersigned is directed to refer to the subject mentioned above and to state that this Ministry has been receiving several representations seeking clarifications regarding Ambulance charges to CGHS beneficiaries.

2. It is accordingly clarified that expenditure incurred on engagement of Ambulance by CGHS beneficiaries, comprising both serving Government employees and Pensioners, is reimbursable provided that:

- (i) The Doctor treating the patient certifies in writing that conveyance of patient by any other mode would definitely endanger the patient's life or would grossly aggravate his/her condition and
- ii) That the journey is undertaken within the same City.

(O.M No. S. 4924/2010/CGHS(R&H)/CGHS(P), dated 17-1-2011.)

SECTION 7

REIMBURSEMENT OF COST OF VARIOUS ARTIFICIAL APPLIANCES

The power for allowing the reimbursement of cost of various Artificial Appliances including the cost of Heart Pacemaker and replacement of Pulse Generator, cost of replacement of diseased Heart Valves, Artificial Electronic Larynx, Artificial Hearing Aid including initial supplies is delegated to the Administrative Ministries/Departments. The supply/replacement should be on the prescription by the Specialist in Govt./Recognised Hospitals. This is applicable to all CGHS beneficiaries.

i) List of Artificial Appliances:

Unilateral Long Leg Brace without Hip Joint; Hip Joint with Pelvic Band; Spinal Brace; Unilateral Short Leg Brace; Shoe or Boot protective or aiding to paralysed or weak legs; Bilateral Hip Joint with Pelvic Bone/ Weak Leg; Bilateral Long Leg Brace without Hip Joint; Bilateral Short Leg Brace; Lumbe-Sacral or Spinal Support or Back Support; Taylor's Brace; Milwaukee Brace; Mermain Splint; Posterior Slab; Cervical Brace; Rigid Cervical Collar with head extension; Cervical Collar; Dynamic Splint (aluminium); Cock-up Splint Plain (Aluminium); Cock - up Splint (Plastic) or Long Opponents; Turn Buckle Splint; Anterior Knee Guard Splint; Nickel Bender Splint; Denis Brown Splint; Congenital Talipes-Equino.-Varus/ Valgus Splint; Short Opponents PVC (Plastic); Knee Cage; Long Opponents with MP. fl. bar and Finger; Extension (Plastic) Dynamic; Boot with C and E heel and arch Support; M.T. Pad; M.T.E raising 1; T Strap; Sponge Heel; Wedge 1/8; Universal raising 1; Foot Drop Splint; Below Knee Prosthetics (PTB type Prosthetics); AK Prosthetics; Aluminium adjustable above Knee Right Splint; Plastic Shoulder Abduction Splint; Plaster of Paris or Gypsona Cast; Modified Shoes; Below Elbow Prosthetics; Hooks; Cosmetic Hand; Splint for C.D.H; Splint for Elbow; Above Elbow and below Elbow Prosthetics; Above Elbow and below Elbow Orthotics; Corset; Wheel Chair; Protective Shoes with Microcellular Rubber without nails often with additional

gadgets like adjustable springs and rockets; Crutches; Walking iron with plastic casts. Calipers; Braces; Artificial limbs; Illeleostomy kit.

(G.O.I., M.H. O.M No. S 14025/31/79/MS dt. 11/6/1981 addressed to Chief Controller of imports and Exports, New Delhi.)

(O.M No. S-14025/67/84/MS dt. 20/24-2-1985 and

O.M No. S-12011/1/88/CGHS/DI/CGHS(P) dt. 13/6/1988)

ii) Issue of Glucometer to CGHS beneficiaries suffering from Diabetic Gangrene

Can be issued to CGHS beneficiaries suffering from Diabetic Gangrene – cost of Glucostics to be used has to be borne by the beneficiaries themselves. – will be issued to the beneficiary through the Dispensary concerned with the approval of Head of CGHS-covered City.

(O.M. No. 26-234/99–R&H/CGHS (P) dated 27–11–2000)

iii) Fixation of ceiling limit for Nebulizer for reimbursement under CGHS and CS (MA) Rules, 1944

Fixed as Rs. 3000 /- or actual cost whichever is less. Replacement may be allowed after 5 years with Certificate of condemnation obtained from the treating Physician / Specialist.

(O.M No. 11006/2000–JD (R&H) CGHS (P) dated 11-6-2001)

iv) Permission/Ex-Post Facto approval for CPAP/BIPAP machines for CGHS beneficiaries for domiciliary use.

May be considered subject to fulfilment of the following conditions:

- i) Request to be considered by a Screening Committee consisting of Additional Director and two Medical Specialists in the concerned field.
- ii) Request to be accompanied by copies of Sleep Lab Report and all basic Investigation Reports.
- iii) Beneficiaries to submit an affidavit for return of the machine to CGHS after its utility is over.

- iv) Maximum ceiling limit :

CPAP Machine = Rs.50,000 /-

BIPAP Machine = Rs.1,00,000 /-

- v) Reimbursement would be done in accordance with the procedure laid down for procuring Artificial Appliances under CGHS.
- vi) Machine could be provided once a life time to a particular beneficiary.
- vii) Responsibility for maintenance and upkeep of the machine will lie on the beneficiary and expenditure incurred for this, if any, to be borne by the beneficiary.

(O.M. No. 24-2/96/R&H /CGHS/Part-I/CGHS (P) dtd. 26-6-01)

v) Reimbursement of cost of various other Artificial Appliances under CGHS

The undersigned is directed to say that the issue of fixation of ceiling limit for various Artificial Appliances has been under consideration of the Government for quite some time. The ceiling rate for various Artificial Appliances has now been fixed for reimbursement under CGHS/CS(MA) Rules, 1944 as per the rates given in Annexures I and II with the following conditions:

- (a) The Price List of Artificial Limbs Manufacturing Corporation of India (ALIMCO), Kanpur may be taken as the maximum ceiling limit for the items, manufactured by ALIMCO/ Kanpur, The detailed list of items with rates is given at Annexure-I.
- (b) For the rest of the items which need to be custom-made and not available with ALIMCO, the list along with maximum price ceiling limit is given at Annexure-II
- (c) There may be certain items which are not included in the list of items included in Annexures-I and II but may be prescribed by qualified Government Rehabilitation Specialist/Orthopaedic Surgeon (not below the level of Consultants), depending on individual disabled patient's

requirements, for example Electronic Wheel Chair, disability car gadgets, etc. In such cases, items costing below Rs. 2,000/- can be purchased without any quotation. For items costing above Rs. 2,000/- prior permission will have to be obtained from Additional/Deputy Directors, CGHS of the concerned City.

- (d) The Artificial Appliances should be procured from the Government Hospital/Government Undertaking/Authorised ALIMCO dealers or peripheral Limb Fitting Centre - List given at Annexure-III (not printed) N.G.Os approved by Ministry of Welfare and Private Manufacturers subject to the conditions that these appliances are fabricated by qualified **Orthotist** and **Prostatisis** and certified so by the prescribing Government Orthopaedic Surgeon/ Government Rehabilitation Specialists to the effect that the appliance is as per specification and working satisfactorily.
- (e) The list of items and ceiling limits will be revised every three years for items mentioned in Annexure-II. For ALIMCO items, the rates shall be governed by ALIMCO.
- (f) The Artificial Appliances shall be permitted once in two years for adults and once in every year for children below 18 years. In case of tricycles and wheel chairs, the replacement will be permitted every two years for all age groups.

2. These Orders will be applicable for beneficiaries covered under CS (MA), Rules, 1944 also.

3. These Orders will take effect from the date of issue.

4. This issues with the concurrence of Finance Division vide Dy. No. 2745/JS & FA dated 13.5.97.

5. These Orders will supersede all earlier Orders relating to fixation of ceiling limit for various Artificial Appliances.

(O.M No. 11011/5/95-CGHS(P) dated 25.6.1997)

Annexure I

SL No.	Type of Appliance	Rate in Rupees
Prostheses		
1.	B.E. Size - I (Child) + Glove	2179.00
2.	B.E. Size - III (Adult) + Glove	2191.00
3.	A.E. Size - I (Child) + Glove	3561.00
4.	A.E. Size - III (Adult) + Glove	3592.00
5.	Partial Hand Size - I (Child)	137.00
6.	Partial Hand (Adult)	137.00
7.	B.K. Size-IV & V	1365.00
8.	B.K. Size - VI, VII & VIII	1408.00
9.	B.K. Size - IX & X	1457.00
10.	A.K. with Silesian IV & V	2531.00
11.	A.K. with Silesian VI & VII & VIII	2928.00
12.	A.K. with Silesian IX & X	2977.00
13.	A.K. with H/J IV & V	3146.00
14.	A.K. with H/J VI & VII & VIII	3543.00
15.	A.K. with H/J IX & X	3594.00
16.	T.K. IV & V	2641.00
17.	T.K. VI, VII & VIII	2683.00
18.	T.K. IX & X	2732.00
Calipers		
19.	AFO Size-I	533.00
20.	AFO Size-II	666.00
21.	AFO Size-III	700.00
22.	KAFO w/o K/J Size-I	779.00
23.	KAFO Size-I	1237.00
24.	KAFO Size-II	1485.00

25.	KAFO Size-III	1643.00
26.	HKAFO w/o D/J Size-I	1112.00
27.	HKAFO Size-I	1569.00
28.	HKAFO Size-II	1969.00
29.	HKAFO Size-III	2209.00

MOBILITY AIDS

Crutches

30.	TD I N 23 Elbow Adjustable Aluminium Size I	258.00
31.	TD I N 24 Elbow Adjustable Aluminium Size II	287.00
32.	TD I N 37 Axilla Aluminium Extra Small	213.00
33.	TD I N 38 Axilla Aluminium Small	234.00
34.	TD I N 39 Axilla Aluminium Medium	255.00
35.	TD I N 40 Axilla Aluminium Large	276.00

Walking Stick

36.	TD I N 61 Walking Stick	138.00
-----	-------------------------	--------

Wheel Chair

37.	TD 2 A 02 Non-Folding Adult Size (Airawat)	3485.00
38.	TD 2 A 06 Folding Child Size (Mamta)	3581.00
39.	TD 2 A 07 Folding Deluxe Model	5344.00

Adult Size (Hans)

40.	TD 2 A 35 Special Purpose Mark UU (Suvidha)	3802.00
41.	TD 2 A 40 For Airport (Pushpak)	4788.00
42.	TD 2 C 51 Folding-Standard Model Adult Size (Saathi)	3581.00

Tricycles

43.	TD 2 C 98 Hand Propelled (Hamrahi)	3592.00
-----	------------------------------------	---------

CERVICAL & SPINAL BRACES

Braces

44.	RU 0 A 02 Somi (Adult)	839.00
45.	RU I B 15 ASH	457.00
46.	RU 2 B 02 Milwaukee Brace Kit	794.00

Collars

47.	RU 5 C 11 Medium (Adjustable)	105.00
48.	RU 5 C 12 Large (Adjustable)	105.00
49.	RU 5 C 97 Medium (Soft)	82.00
50.	RU 5 C 98 Large (Soft)	82.00

OTHERS

Brace Knee Hypertension (Knee cage)

51.	RL I X 12 Size I	320.00
52.	RL I F 13 Size II	359.00

Dennis Brown Splint (with Shoes)

53.	RL OZ 25 Small	247.00
54.	RL OZ 27 Medium	247.00
55.	RL OZ 29 Large	247.00

ANNEXURE II

Sl. No.	Type of Appliances	Rates in Rupees		
		Adult 1	Medium 2	Child 3

Lower Limb Orthotics

1.	Shoe Insert (A.F.O.)	173.00	124.00	91.00
2.	A.R. PVC Footdrop splint (K.A.F.O)	624.00	542.00	307.00

3. Ant Knee Guard Splint (K.O.)		101.00	
4. Post Knee Splint (Aluminium) (K.A.F.O.)	634.00	485.00	379.00
5. Mermaid Splint (K.O.)		398.00	259.00
6. Adjustable post Knee splint (K.O. Dynamic)	590.00	576.00	336.00
7. Uni. C.T.E.V. Splint (A.F.O.)			96.00
8. Uni P.T.B. Calipers (Uni A.F.O. P.T.B.) Type P.V.C. Without Shoe	490.00	374.00	274.00
9. Uni. A.K. Ext. Brace (K.A.F.O.) Patten End	860.00	706.00	518.00
10. Moulded Shoe with Capsule (with or without modification)	800.00	700.00	500.00
11. M.C.R. Chappal	200.00	150.00	150.00
12. M.T. Pad	29.00	29.00	24.00
13. M.T. Bar	38.00	29.00	19.00
14. Bill Sponge Heels	38.00	24.00	14.00
15. Halux Velgus Pad Bil	75.00	53.00	43.00
16. Shoe Wedge 1/8"	24.00	19.00	14.00
17. Shoe Wedge 1/1/4"	34.00	29.00	24.00
18. Equinus Raise 1" with sole	75.00	60.00	50.00
19. Uni. Raise 1" With sole	100.00	50.00	30.00
20. Calcaneal pad	48.00	38.00	29.00
21. A.K. Stubbi Bil	1000.00	800.00	800.00

Upper Limb Orthotics

22. Finger Splint (Static) (P.I.P. Splint)	29.00	19.00	14.00
23. Finger Splint (Dynamic) (P.I.P. Splint) PVC	24.00	19.00	19.00
24. Knuckle Bender Splint	96.00	77.00	53.00

25. Short Opponence Splint (P.V.C.)	38.00	34.00	24.00
26. Cock Up Splint (Aluminium)	148.00	331.00	230.00
27. Cock Up Splint (P.V.C.)	259.00	216.00	144.00
28. Cock Up Splint Dynamic (Turnbuckle)	283.00	240.00	178.00
29. Tendodesis Splint	302.00	235.00	168.00
30. Long Opp. Splint with Lumberical Bar and Finger Ext. Bar	326.00	274.00	202.00
31. V.I.C. Splint (Wrist Deviation Splint)	250.00	230.00	154.00
32. Elbow Cage (Static) (E.G.) (PVC)	437.00	403.00	307.00
33. Elbow Cage Dynamic (With E Jt.) (E.O.)	384.00	312.00	259.00
34. Shoulder Abduction Splint	926.00	710.00	509.00

Spinal Orthotics

35. L.S. Belt (L.S.O.)	499.00	408.00	312.00
36. L.S. Frame (L.S.O.)	494.00	379.00	307.00
37. Spinal Brace (T.L.S.O.)	461.00	360.00	288.00
38. Milwaukee Brace (C.T.L.S.O.)	902.00	720.00	600.00
39. Spinal Jacket (P.V.C.)	706.00	538.00	451.00
40. Ant. Shell (P.V.C.)	408.00	312.00	264.00

Miscellaneous

41. Arm Crutch Wooden per pair	150.00
42. Folding Commode Chair	500.00

(MH&FW O.M No. 11011/5/95-CGHS (P), dt. 25-06-1997)

SECTION 8

REFERRING CASES TO GOVT. REFERRAL HOSPITAL/RECOGNISED PRIVATE HOSPITAL

i) Procedure

Permission will be granted by CMO in-charge of the dispensary for such treatment / procedures as are done on the recommendations of a Specialist of CGHS after a Certificate is furnished by him to the effect that as the facilities for such treatment procedures/ investigations are either not available in Govt. Hospitals or the equipment for undertaking such test are not in working condition there or the facilities for other out door/ indoor treatment are not available in the said Hospitals, as the case may be.

The above procedure will also be applicable in case of Pensioners who are CGHS beneficiaries.

(O.M No. S-11011/15/93-CGHS(P) dt. 3-8-1993)

ii) Procedures simplified for Referral Treatment in the recognised Private/Government/Referral Hospital to CGHS beneficiaries

The undersigned is directed to say that the question of simplification of the procedure for Referral Treatment in the Recognised Private / Government / Referral Hospitals has been under consideration of the Government for some time past. Keeping in view the hardships being faced by the CGHS beneficiaries, it has been decided that :-

1. The beneficiaries will have the option of availing specialised treatment at a CGHS Recognised Hospital of his choice after a Specialist of CGHS / Government Hospital recommends for the same. Non availability of beds in a Government Hospital would not be required;
2. In the case of a serving Government servant, after the Specialist advises a procedure in writing, the permission for taking such treatment in a CGHS recognised Private

- Hospital/ Referral Hospital of his choice in the same City, could be given by his parent Department / Office;
3. In case of Pensioners, former MPs, former Governors, etc., the permission for such treatment would be given by the CMO-in-charge of the concerned CGHS Dispensary, but the bill would be raised in the name of Addl. Director, CGHS concerned. In the case of Pensioners, the payment is to be made by CGHS Directorate; and a letter to the MS of the concerned Hospital shall be issued by the respective Head of Office / CMO. The letter would be issued only after confirming the validity of the CGHS Token Card.
 4. The expenditure to be reimbursed by the parent Department/ Office / CGHS Directorate, as the case may be, should be restricted to the package deal rates/ rates approved by the Government from time to time. The expenditure in excess of the approved rates / package deal would have to be borne by the beneficiary himself/ herself.
 5. In case the beneficiary, inspite of the facility being available in the City, still chooses to get treatment in CGHS recognized Institutions in another City, permission may be given, but in such cases, T.A/ D.A would have to be borne by the beneficiary himself / herself.
 6. For availing treatment outside the City of residence of the beneficiary, the permission of Director / Addl. Director, CGHS of the City would have to be obtained.

(O.M No. S-11011/6/96-CGHS (P) dt. 21-6-1996)

iii) Simplification of the procedure for Referral to Recognised Hospitals-- regarding

In supersession of O.M of even number dated 21-6-1996 on the above subject and keeping in view the inconvenience being faced by the CGHS beneficiaries, it has been decided that:-

1. The beneficiaries will have the option of availing specialized treatment at CGHS Recognised Hospitals of his / her choice after a Specialist of CGHS / Govt. Hospital recommends

for the same. A Certificate regarding non-availability of beds in Government Hospital would not be required. The term " Government Hospital" would include any Hospital of a State Government / Central Government Departments such as Railways, Atomic Energy Commission, etc., as also Hospitals of Public Sector Undertakings such as those of the Steel Authority of India Limited / Coal India Limited etc.

2. In non-emergency cases, once the recommendation (regarding line of treatment) of a CGHS Specialist or a Specialist of a Hospital of Central / State Government / a Public Undertaking / a Public Sector Undertaking has been obtained, the procedure for obtaining administrative approval would be as follows:-

- (i) In case of SERVING GOVERNMENT SERVANTS, after the Specialist advises a procedure in writing, the permission letter for taking such treatment in a CGHS recognised Private Hospital / Referral Hospital of choice in the same City, would be given by the parent Department / Office of the employee.
- (ii) In case of PENSIONERS (including Ex-M.Ps, former Governors, etc.) after the initial advice of a Specialist has been obtained, the permission letter for such treatment would be given by the CMO-in-charge of the concerned CGHS Dispensary, but the bill would be raised in the name of Addl. Director, CGHS concerned. In the case of Pensioners, the payment is to be made by CGHS Directorate.
- (iii) In case of a medical EMERGENCY, the details of which shall be recorded in writing by the CMO-in-charge of the CGHS Dispensary, the CMO concerned may directly (i.e., even before Specialist's advice has been obtained) refer the CGHS beneficiary to a Private Recognised Hospital for further management/ treatment.
- (iv) The expenditure to be reimbursed by the parent Department / Office / CGHS Directorate, as the case

may be would be restricted to the package deal rates/ rates approved by the Government from time to time. The expenditure in excess of the approved rates/ package deal would have to be borne by the beneficiary himself / herself.

- (v) In case the beneficiary, inspite of the facility being available in the City, still chooses to get treatment in CGHS Recognised Institutions in another City, permission may be given, but in such cases TA/DA would have to be borne by the beneficiary himself / herself;
- (vi) For availing treatment outside the City of residence of a beneficiary, the permission of Director / Addl. Directors / Joint Director of the City would have to be obtained.

(O.M No. S-11011/6/96 - CGHS (P) dt. 11-6-1997)

iv) Guidelines for Referrals to CGHS empanelled Hospitals in CGHS Cities outside Delhi, where there are no Central Government Hospitals

I am directed to state that it has come to notice that CGHS beneficiaries residing in Cities covered by CGHS (outside of Delhi) are facing difficulties in getting services of Specialists from State Government Hospitals and they cannot avail services directly from Private empanelled Hospitals. After careful consideration of the ground realities, it has been decided to issue the following guidelines for strict compliance:

- 1) CGHS beneficiaries must compulsorily be referred to Polyclinics wherever set up by the CGHS;
- 2) If posts of Specialists are lying vacant in Polyclinics, GDMOs, who are Postgraduates may be posted in Polyclinics for consultation, and on the basis of the advice / opinion to be tendered by them, CMO i/c, AD / JDs may refer patients to Private empanelled Hospitals and Diagnostic Centres, according to the choice of the beneficiary;
- 3) In those Cities which do not have Polyclinics and if GDMOs who are Post Graduates are available, their services as Specialist may be utilized and patients may be referred to the Dispensary in which such PG GDMOs are posted or if space is available in a

- centrally located Dispensary, the PG GDMOs may be posted there;
- 4) In the event of neither a Specialist nor a PG GDMO is available in a City. CMO i/c shall make a provisional diagnosis and refer the patients to Private empanelled Hospital for Specialists consultation;
 - 5) A referral from CGHS Dispensary is required every time the patient is advised any procedure for investigation;
 - 6) If any specific treatment/procedure is advised (except in emergency) by Private empanelled Hospital, it must be counter signed by CMO i/c before the services are availed, to check possible misuse;
 - 7) No permission is required in case of emergency, where a beneficiary can avail treatment in a Private empanelled Hospital, as per existing instructions;
 - 8) The beneficiary will have to go back to the Dispensary where his/her Card is registered for collection of medicines prescribed by the Specialist of the Private empanelled Hospital. No indent of such medicines will be made, for which similar drugs with same generic formulation available in the dispensary will be supplied, as per Standing Instructions;
 - 9) Beneficiaries can purchase prescribed medicines for 3 (three) days only from open market, which shall be reimbursed by the CGHS / Ministry / Department, as the case may be. For requirement of medicines beyond three days, medicines will have to be procured from the Dispensaries; and
 - 10) Once a diagnosis and treatment has been advised by the Specialist, Doctors in Dispensaries may follow up the case instead of referring back after the specific period of the prescription gets exhausted. They have to use their own clinical judgment for follow-up and adjust the dose schedules, if required.

*G.o.I., M.H., letter No. RA/Cons./Hyd./09-10/CGHS IV, dated 11-6-2010
addressed to Additional Director/Joint Director, CGHS*

v) Validity period of the O.Ms regarding ceiling rates fixed for various Medical Procedures/Tests/ Investigations for taking treatment in Private Hospitals recognized under CGHS

1. The undersigned is directed to say that this Ministry has issued various Office Memoranda fixing ceiling rates for various Medical Procedures / Tests / Investigations for taking treatment in Private Hospitals Recognized under CGHS in the various CGHS covered Cities.
2. This Ministry has been receiving queries seeking

clarifications regarding the validity period of the Office Memorandum wherein the aforesaid ceiling rates had been fixed.

3. It is clarified that the ceiling rates fixed by this Ministry referred to in Para 1 above would remain valid till the existing ceiling rates are revised by this Ministry by a subsequent Office Memorandum.

(O.M No. S-11021/2/99-CGHS (P) dt. 13-7-1999.)

vi) Medical claims in respect of Officials admitted in the Hospitals before retirement and discharged after superannuation

1. The Ministry has been receiving references from various Ministries / Departments regarding settlement of medical reimbursement claims of Government servants who are admitted in the Hospitals for treatment before retirement but are discharged from the Hospitals after a number of days on attaining the age of superannuation.
2. It has now been decided that in such cases, the Government servants may be reimbursed the medical expenses incurred by him/her by his / her own Office / Department / Ministry concerned, till alternative arrangement is made by the Government.

(O.M No. S - 14025 / 38/99-MS, dt. 19-11-1999)

vii) Follow-up treatment of CGHS beneficiaries in Recognized Hospitals

The undersigned is directed to refer to Office Memorandum No. S11017/1/95-CGHS(P) dated September 20, 1995 and to say that it has been decided to modify the Order in view of difficulties being faced by Central Government Health Scheme beneficiaries.

It has now been decided that the CGHS beneficiaries will be eligible for followup treatment relating to Neuro Surgery, Cardiac Surgery (including Coronary Angioplasty and Implants), Cancer Surgery / Chemotherapy/ Radiotherapy, Kidney

Transplantation, Hip/ Knee replacement Surgery and Accident cases in the same Institutions / Hospitals where the treatment was earlier carried out with prior permission of competent authority. The follow-up treatment will however, be subject to the following conditions:-

- 1) The reimbursement of expenditure of Consultation / Treatment including Hospitalisation if required/ Investigations will be limited to rates as fixed under Central Government Health Scheme.
- 2) The beneficiary should collect all the OPD medicines prescribed in connection with the treatment from the Dispensary concerned in normal timing. In emergency these could be procured from market.
- 3) In case there is no approved CGHS rates for any procedure or test, reimbursement will be made as per All India Institute of Medical Sciences rates, if any, or actual whichever is less or as per actual in case there is no AIIMS rates also.
- 4) Reimbursement in respect of Central Government Employees and other working employees and Pensioners of Autonomous Bodies which were covered under CGHS will be made by respective Departments from Service Head; from Rajya Sabha/ Lok Sabha Secretariat as the case may be in case of Member of Parliament and Ex.Member of Parliament. In respect of Central Govt. Pensioners, Freedom Fighters etc., covered under Central Government Health Scheme, the reimbursement will be made by respective Additional / Joint / Deputy / Director of CGHS of concerned City from CGHS Head.
- 5) Permission for follow-up treatment may be granted by the Head of the Department in case of Central Government Employees, working employees and Pensioners of Autonomous Bodies admitted under the scheme and by Rajya Sabha Secretariat/ Lok Sabha Secretariat as the case may be in case of Members of Parliament and Ex-MPs and by CMO-in-charge of concerned CGHS Dispensary in case of Pensioners, Freedom Fighters etc., for 3-6 months at a time, which may be extended if required

on the basis of medical record.

- 6) In case of other conditions (other than those mentioned earlier) where prior permission for treatment in a Private Hospital recognized under CGHS is granted, regular follow-up treatment is to be obtained from CGHS Dispensary only. However the OPD medicines prescribed on discharge summary may be issued by concerned CGHS Dispensary up to a maximum period of one month.
- 7) Permission for follow-up treatment in case of accidents, where patients were admitted under emergency without prior permission in Recognized Hospitals under CGHS may be considered by Head of CGHS Organisation of City concerned subject to Ex-Post Facto sanction for initial treatment based on discharge summary and possession of a valid CGHS Card. In such cases, Medical reimbursement claim may be accompanied by a copy of the permission letter.
- 8) In exceptional cases where permission for treatment of the above mentioned conditions in a Private un-recognized Hospital was granted by Ministry of Health and Family Welfare, permission for follow-up treatment may be considered by Head of CGHS Organisation of concerned City on a case to case basis and HOD in respective Cities.

(O.M No.-S/11011/1/2001 CGHS(P) dt. 10.4.2001)

viii) Reimbursement of the cost of OPD medicines for treatment in post operative conditions like Cardiac Surgery, Organ Transplantation, Knee/Hip Replacement, Neuro Surgical/Neurological cases and Cancer

The Issue of reimbursement of the cost of OPD medicines are not reimbursable except in cases of maintenance of Haemodialysis. However, keeping in view the difficulties and financial hardship faced by the CGHS beneficiaries, it has now been decided that reimbursement of the cost of OPD medicines may be considered for the following cases:-

- (a) Post-operative cases of major Cardiac Surgery/Cardiology
 - (b) Oncology cases.
 - (c) Post-operative Organ Transplant cases.
 - (d) Post-operative Joint Replacement cases.
 - (e) Post-operative Major Neurosurgical/Neurology cases.
2. As drugs are costly, a Utilisation Certificate from the treating Specialist should be obtained by the beneficiary while preferring claims.
 3. The reimbursement will be permissible only if the initial treatment has been taken with prior permission of competent authority in a Government/Private Recognised Hospital.
 4. The reimbursement will be allowed for an initial period of six months from the date of discharge from the Hospital and in case further extension is required, fresh recommendation from a Government Specialist will have to be obtained for further continuation of the treatment.
 5. This issues with the concurrence of Finance Division vide their D.O. No. 2780/2001-xJS(FA) dated 26.4.2001.

(O.M F.No. Misc. JOOOI/2000AJD/R&Q/CQHS//CGHS (p) dt. 30.4.2001 from Min. of. Health & F.W. (Deptt. of Health)

ix) Condonation of delay in submitting reimbursement claims/bills

Normally the bills/claims for reimbursement should be submitted within three months. The Controlling Authority can condone delays in submission of claims on merits of each case.

2. Powers are delegated to all the Joint Secretaries to condone delays in addition to the HoD concerned.

(O.M No. S-14025-8/99-MS dtd. 25.5.1999)

x) No reimbursement under CGHS in excess of the ceiling prescribed for Test/Treatment

Ministry of Health and Family Welfare has been receiving a number of requests from CGHS beneficiaries for reimbursement of full medical expenditure in such cases where the Ministry have

fixed a ceiling for treatment taken in Recognized Hospitals. This often lands the Ministry into a very embarrassing situation because even to very Senior Officers, it has been pointed out time and again that reimbursement has to be limited to the ceiling fixed by the Ministry and there is no question of reimbursement of full expenditure on the treatment taken. This has been happening very frequently, particularly for such beneficiaries who go in for By- pass Surgery etc., at Hospitals like Batra and Escorts, etc.

(O.M No. S-11012/1/93-CGHS(P), dated 11.3.1993)

(Ref: O.M No. S-12020/4/97-CGHS(P) dated 7.4.1999 also)

xi) Settlement of claims of Pensioners under emergency

The medical claims of Pensioners where treatment have been obtained in Govt./Govt. Referral/Private Recognised Hospitals without permission under emergency were settled with the approval of Ministry of Health. Now the powers have been delegated to Director, CGHS to accord Ex-Post Facto approval. He may accord the same after satisfying himself of the emergency involved in the case.

(O.M. No.S-12016/08/93-CGHS(P) dt. 9.8.1993)

(See: O.M. No. S-12020/4/97-CGHS(P) dated 7.4.1999 also in Section- 10)

(See also Section 2 in Part III)

xii) Payment/reimbursement of medical expenses to the Central Govt. Pensioners from two sources viz., from the Insurance Companies and the CGHS against the same bills

The beneficiaries of CGHS who hold a CGHS Pensioner Card would be allowed to claim reimbursement of medical expenses both from Insurance Companies as well as the CGHS in case such Pensioners have taken a Medclaim Policy. However, medical claim against the original vouchers/bills would be raised by the Pensioner first on the Insurance Company who would issue a Certificate to the Director, CGHS of the amount reimbursed to the Pensioner holding the Medclaim Policy. The concerned Insurance Company would retain the original bills in such cases. The CGHS Pensioner Card Holder would then prefer his/her

medical claim along with photocopies of the vouchers/bills duly certified in ink along with stamp of the Insurance Company on the reverse of the bills, to the concerned Additional Director of CGHS. The CGHS would then reimburse to the Pensioner beneficiary only the balance of the admissible amount (that is the admissible amount minus what has been reimbursed to the CGHS Pensioner Card Holder by the Insurance Company). The CGHS Pensioner Card Holder would be subject to the further condition that the total amount reimbursed by the two organisations does not exceed the total expenditure incurred by the Pensioner.

(O.M No. S 11011-4/2003-CGHS (P) dtd. 8.1.2004)

xiii) Payment/Reimbursement of medical expenses to beneficiaries under CGHS and Central Services (Medical Attendance) Rules, 1944 from two sources from Insurance Agencies and from the CGHS or from the Ministry/Department

The undersigned is directed to invite reference to the Office Memoranda, of even numbers dated the 8th January, 2004, and 27th February, 2004, vide which beneficiaries under CGHS and Central Services (Medical Attendance) Rules, 1944 (who have subscribed to Mediclaim Policy from an Insurance Agency) were permitted to claim reimbursement of the medical expenditure from both the sources viz., the Insurance Agency and CGHS and Ministries / Departments (as the case may be). This benefit was subject to the condition that the beneficiary will first claim reimbursement from the Insurance Agency and then from the CGHS or Ministry/Department concerned. The reimbursement from the two sources was, however, not to exceed the package rates prescribed under the CGHS for the particular treatment.

2. This Ministry has received representations from beneficiaries requesting for the removal of the monetary 'cap' mentioned above. The main argument advanced in the representation was that this offered the beneficiary no incentive to subscribe to the Mediclaim Policy for reimbursement only upto the package rates as it did not provide them with any additional benefit because they would in any case get the same amount from the CGHS without

subscribing to Mediclaim Policy. Chairman, Insurance Regulatory & Development Authority (IRDA) also wrote to Secretary (H&FW) requesting appropriate revisions in CGHS Rules so that any expenditure incurred by policy holders which was inadmissible as per the CGHS Rules but admissible under Mediclaim Insurance policies could be suitably claimed from the insurer.

3. The above have been carefully considered in this Ministry and it has been decided with the approval of the Competent Authority that beneficiaries who have subscribed to Medical Insurance Policies in addition to availing CGHS facilities / Central Services (Medical Attendance) Rules, 1944, may be allowed to claim reimbursement from both the sources subject to the condition that the reimbursement from such sources should not exceed the total expenditure incurred by the beneficiary on the treatment. The beneficiary will make the first claim to the Insurance Company and the second claim to the CGHS or the Ministry / Department concerned. The medical claim against the original vouchers / bills would be raised by the beneficiary first on the Insurance Company, which would issue a Certificate indicating the amount reimbursed to the Director, CGHS or Head of Department of the Ministry / Department concerned. The Insurance Company concerned will retain the original vouchers/bills in such cases. The beneficiary would then prefer his / her medical claim along with photocopies of vouchers / bills duly certified, in ink, along with stamp of the Insurance Company on the reverse of the vouchers / bills to the concerned Organisation. Reimbursement from CGHS or other departmental source will be restricted only to the admissible amount as per approved package rates subject to the condition that the total amount reimbursed by the two Organisations does not exceed the total expenditure incurred by the beneficiary.

4. These instructions take effect from the date of issue and past cases are not to be re-opened, and supersede earlier instructions on the subject (cited above).

(O.M No. S.11011/4/2003-CGHS(P) of dt. the 19th February, 2009 of Dept. of Health & FW)

SECTION 9

TREATMENT IN UNRECOGNISED PRIVATE HOSPITALS

i) Treatment/Investigation in Private Institution/Hospital

The CGHS beneficiaries should be referred for treatment or investigation in the institute or Hospital which are recognised under CGHS anywhere in India but preferably nearer to the City where CGHS beneficiaries are covered. If such facilities are however not available in Recognised Hospitals under CGHS anywhere in India, the cases of such beneficiaries should be referred to the Directorate General of Health Services, New Delhi for approval along with full justification and advice slip from A.M.A (Specialists).

(O.M. No.S-12016/16/90 - CGHS II dt. 25-5-1990 of D.G.H.S New Delhi.)

(Ref: O.M No. 12020/4/97-CGHS(P) dated 7.4.1999 also in Section No. 10)

ii) Referring cases to unrecognised Hospitals

The permission for taking treatment in un-recognised Hospitals shall be granted by the Director, CGHS, New Delhi after satisfying himself the facilities for treatment for those tests and other out-door/ in-door treatment which are not available in the Govt. / Private Recognised Hospitals, which will be Certified by the concerned Specialist. The reimbursement in such cases will be done at Govt. / Private Recognised Hospital rates.

The above procedure will also be applicable in case of Pensioners who are CGHS beneficiaries

(O.M No. S-11011/15/93-CGHS (P) dt. 03-08-1993)

(Ref. O.M No. 12020/4/97-CGHS(P) dated 7.4.1999 also in Section No. 10)

iii) Settlement of medical claims of CGHS beneficiaries relating to emergency treatment taken in Private Hospitals/Nursing Homes/Clinics not recognised under CGHS

In order to obviate delays in disposal of claims, it has been decided that after CGHS Directorate have given approval that the treatment was taken under emergency, the admissible expenditure will be calculated on the basis of the approved rates of a Govt. /Private Hospital recognised under the CGHS of that area. The medical claims of Central Govt. Pensioners will continue to be dealt with at the CGHS Directorate.

(O.M No. S-11011/ 94 CGHS (P) dt. 9-1-95)

(Ref. O.M No. 12020/4/97-CGHS (P) dated 7.4.1999 also in Section No.10)

SECTION 10

DELEGATION OF POWERS IN RESPECT OF REFERRAL SYSTEM, PERMISSION FOR CASES AND EX-POST FACTO APPROVAL

i) Delegation of powers under CGHS relating to Referral System, permission for cases and ex-Post Facto approval

The undersigned is directed to say that the matter regarding delegation of powers under CGHS has been under consideration of the Government for some time past so as to reduce the delay in obtaining facilities under CGHS including ex-Post Facto approval of medical claims preferred by CGHS beneficiaries and it has now been decided to delegate the powers for Referral System, permission for cases and ex-Post Facto approval as indicated below :

Referral System

1. Procedures / investigations for which there is no prescribed CGHS rate for CGHS Recognized Private Hospitals/Diagnostic Centres. Permission for tests / procedures, the estimates of which are not more than Rs. 20,000 may be granted by Head of the Department (for serving employees) and by Head of CGHS covered Cities for pensioners) provided the tests / procedures have been recommended by Government Specialist.

Reimbursement may be limited to AIIMS rate in the case of Delhi and outside Delhi. In case rates have not been fixed by AIIMS for any particular procedure / investigation / test, reimbursement may be made as per actuals.

2. In case of medical emergency, beneficiary may go directly to Private Recognized/ Government Referral Hospital and submit a medical reimbursement Claim after discharge from the Hospital.

3. In pregnancy cases.

4. In case the beneficiary, inspite of facility being available in the City, still chooses to get treatment in CGHS recognized Hospital in another City.

5. In case of Pensioners, if permission is granted for treatment in another City for such procedures / tests that are advised by the Government / CGHS Specialists and are not available in the same City..

Powers are delegated to the Heads of the CGHS Organizations in various CGHS covered Cities, in respect of both pensioners and serving employees, for deciding which cases fall under the 'emergency' category..

Once the pregnancy is diagnosed /confirmed by the Government / CGHS Doctors including the Medical Officer working at the Dispensary Level, the Head of the Department of concerned Department / Ministry may permit admission for confinement purpose in the Private Hospitals recognized under CGHS.

The powers for grant of such permission are delegated to the Heads of CGHS Organizations in various CGHS-covered Cities both in respect of Pensioners and serving employees, but without grant of T.A/D.A.

Permission may be granted to Pensioner-beneficiaries by Head of the CGHS Organization in the various CGHS-covered Cities on the basis of specific advice from treating Government Specialist.

T.A may be limited to the Referral Hospitals available in the nearest City by the shortest route. In case of deviation, prior permission of Director, CGHS, may be obtained.

6. In case of emergency in respect of Pensioners/serving employees. Since it is not always possible to obtain prior permission in emergency, treatment taken by CGHS beneficiaries in emergency will be considered on merits even if the treatment is taken from a non-recognized Private Hospital. For granting ex-Post Facto approval in emergency cases, both for serving/Pensioner-beneficiaries, the power is delegated to the Head of the concerned CGHS of the covered City.
7. Treatment in Private Recognized Hospital. Referral may be made on the recommendation of the treatment procedure by the Govt. Specialist for indoor treatment in Private Hospitals recognized under CGHS.
- The permission both for pensioners and serving employees for a period of six months for follow-up treatment may be given by the Head of CGHS-covered City from the date of discharge of the beneficiary from the Hospital.

Permission for Cases :

1. Cases where permission is to be given for items with ceiling rates. When treatment is taken with prior permission and where the ceiling rates have been fixed for purchase of implants such as Pace-makers, Rotablator, total Joint Replacement, etc., the procedure of calling 3 quotations is not required and the Head of CGHS Organization of the concerned CGHS covered City may grant permission in such cases.

2. Permission for items for which Standing Committee exists and the Standing Committee has recommended the case. Permission may be given by the Ministry of Health and Family Welfare for items which have been notified by the CGHS.
3. Supply of Oxygen Cylinder, Leucocyte, Filter, Infusion Pump, etc. Permission may be given by the Ministry of Health & Family Welfare on the recommendations of the Standing Committee for items which have been notified by the CGHS.
4. Air Travel, Permission may be given by the Ministry of Health and Family Welfare on the basis of the recommendation of Director, CGHS.
5. Permission of highly expensive procedures like BMT, Cardiac Defibrillator, Carotid Stents, etc., as per Government Ceiling rates as the cost involved are very high or where there is no policy decision. For highly expensive procedures like BMT, Cardiac Defibrillator, Carotid Stenting, etc., Ministry of Health and Family Welfare notifies the equipments / instruments / implants for domiciliary use with specific ceiling rates. Hence, permission for any instrument / equipment / implant outside the notified list will be dealt by the Ministry of Health and Family Welfare on a case-to-case basis in consultation with CGHS/ Finance Division.

Ex-Post Facto Approval:

1. Treatment taken without recommendation of CGHS / Government Specialist, but with permission of CMO-in-charge of CGHS Dispensary in a Recognized Private Hospital within approved ceiling rates. Powers are delegated to the Heads of CGHS Organizations in the CGHS covered Cities both in respect of Pensioners and serving employees to decide such type of cases.

2. Treatment taken in Private Hospitals recognized under CGHS without prior permission. - do -
3. Emergency cases within approved ceiling rates in respect of treatment taken in Private Hospitals recognized under CGHS. - do -
4. Emergency cases within ceiling approved rate in respect of treatment taken in Private unrecognized Hospital. - do -
5. Cases where prior permission for treatment in CGHS recognized Government Referral Hospital was granted for a particular procedure and at the time of actual operation, some device / artificial appliance / additional treatment / procedure / diagnostic procedure has been used/ undertaken for which no prior permission was taken. - do -
6. Ex Post Facto permission for Treatment in Government Referral Hospitals like AIIMS/ PGI Chandigarh, etc.
- For serving employees :*
Head of the Department of the concerned Ministry /Department / Office may decide such type of cases.
- For Pensioners :*
Head of the CGHS Organization of the concerned CGHS covered City may decide such type of cases.

7. Treatment under emergency in Private Hospitals recognized under CGHS and approval to be given as per approved rates for approved procedures / appliances / devices. Powers are delegated to the Heads of CGHS Organizations in the CGHS covered Cities both in respect of Pensioners and serving employees to decide such types of cases.
8. Treatment taken under emergency but approval to be given above the approved rates. Ministry of Health and Family Welfare may decide such types of cases in special circumstances depending upon the merits of each case.
9. Relaxation of CGHS Rules. Ministry of Health and Family Welfare may decide such types of cases.
10. Air Travel permission / ex-Post Facto approval for Air Travel undertaken for medical treatment. - do -
11. Reimbursement of treatment / test for which there is no prescribed rates under CGHS. Powers are delegated to the Heads of CGHS Organizations in the CGHS covered Cities both in respect of Pensioners and serving employees and reimbursement may be made as per AIIMS rate, both in the cases pertaining to CGHS Delhi and CGHS outside Delhi.
12. Monetary limit to issue sanction for settlement of individual Medical reimbursement claims / to accord permission / grant of medical advance. Subject to the approval of Head of the CGHS Organization of the concerned CGHS covered City, Ministry of Health and Family Welfare, where prescribed in the preceding paras, the monetary limit for issuing sanction has been raised as under :-
- a) Rs. 2 lakhs : In case of serving employees beneficiaries: by the Head of the Department.

In case of Pensioner CGHS beneficiaries : By the Head of the concerned CGHS covered City.

b) Rs. 2 to 5 lakhs : By the Director, CGHS

c) Above Rs. 5 lakhs : By the Ministry of Health and Family Welfare.

(O.M No. S 12020/4/97- CGHS (P) dt. 7-4-1999)

ii) Amended delegation of powers under CGHS relating to Referral System, permission for cases and ex-Post-Facto approval--regarding

The undersigned is directed to refer to this Ministry's Office Memorandum of even No. dated the 7th April, 1999 on the above subject and to say that to obviate the hardships being faced by the CGHS beneficiaries, it has been decided to amend item No. 7 of the above said Office Memorandum relating to "Treatment in Private Recognised Hospitals" at page 2 and item No. 12 of the above said O.M relating to "Monetary limit to issue sanction for settlement of individual medical reimbursement claims / to accord permission / grant of medical advance" as follows :-

Amended Referral System

i) Treatment in Private Recognised Hospital. Referral may be made on the recommendation of the treatment procedure by the Government Specialist for indoor treatment in Private Hospitals, recognized under CGHS; by the Head of CGHS covered City in respect of pensioners and by the Head of the Ministry/Dept/ Office in respect of serving employees.

The permission for follow-up treatment may be given for a period of 6 months from the date of discharge of the beneficiary from the Hospital by the Head of CGHS

covered City in respect of Pensioners and by the Head of the Ministry / Department / Office in respect of serving employees.

ii) Referral of CGHS beneficiaries to empanelled Super-Speciality Hospitals

(O.M. No. S-11011/23/2009-CGHS D II/Hospital cell (part I) dated 7th February 2011)

"CGHS beneficiaries have, so far, been given the option to get themselves treated in any hospital of their choice. However, in view of the increased outgo on getting treatment in Super-Speciality Hospitals, it has now been decided that CGHS beneficiaries desirous of getting treated in Super-Speciality Hospitals, in non-emergency conditions, **prior approval of the concerned Chief Medical Officer-in-Charge of the CGHS Wellness Centre would have to be obtained.**"

Amended ex-Post-Facto approval

iii) Monetary limit to issue sanction for settlement of individual Claim / to accord permission / grant of medical advance.

(O.M. No. S-12020/4/97-CGHS (P) dt. 1-9-99 of MH & FW)

Head of the CGHS Organisation of the concerned CGHS-covered City in respect of Pensioners and Head of the Ministry / Department / Office in respect of serving employees, where prescribed in the preceding paras, the monetary limit for issuing sanction will be as under :-

- | | |
|--|--|
| a) Rs. 2 lakhs (in case of serving beneficiaries) | By the Head of Ministry/ Deptt. / Office |
| b) Rs. 2 lakhs (in case of Pensioner CGHS beneficiaries) | By the Head of the concerned CGHS of the covered City. |

iii) Further Delegation of Powers to Heads of Departments, for CGHS Referral System, permission for cases and Ex Post Facto approval

The undersigned is directed to refer to this Ministry's O.M. of even number dated 7.4.1999 on the above subject and to say that to obviate the hardships being faced by the CGHS beneficiaries, it has been decided to delegate powers to the Heads of Departments (HODs) in respect of Central Government servants who are beneficiaries of CGHS in the following cases:-

- (a) A serving Central Government servant covered under CGHS who is taking treatment in some CGHS Dispensary/Government Hospital and desires to obtain treatment in a Private Hospital recognized under CGHS, the Heads of the Departments may grant him permission for indoor treatment on the basis of the medical prescription issued to the CGHS beneficiary."
- (b) The Heads of Departments (HODs) may decide the cases of reimbursement of medical claims in respect of treatment obtained in emergency at Private Hospital/Private Nursing Home/Private Clinic, subject to item-wise ceiling as per rates prescribed for CGHS beneficiaries without financial limit on the total amount to be reimbursed.

2. These Orders will come into effect from the date of issue.

3. The above Orders are issued with the concurrence of JS (FA) vide Dy.No. 761/2000-JS (FA), dated 16.2.2000.

(O.M. No. S-12020/4/97-CGHS(P), dated 7.3.2000)

iv) Modification to the Orders regarding delegation of powers under CGHS Referral System, permission - cases and Ex-Post Facto Approval for

In partial modification to this Ministry's O.M. of even numbers dated 1-9-1999 and 7-3-2000, it has been decided to make the following arrangements for Referral to Private Recognized Hospitals under CGHS as under :-

- (a) A serving Central Government employee covered under CGHS, who is taking treatment in a .CGHS Dispensary/ Govt. Hospital, requiring treatment in a Private Hospital, recognized under CGHS, the Head of Dept. in which he is serving may grant him permission for indoor

treatment on the clear recommendation of the Government Specialist or Chief Medical Officer in-charge of the Dispensary.

- (b) A Central Government Pensioner subscribing to the CGHS, who is taking treatment in a CGHS Dispensary/ Government Hospital, requiring treatment in a Private Hospital recognized under CGHS, the Government Specialist or Chief Medical Officer in-charge of the Dispensary may grant him permission for indoor treatment when they are satisfied that the beneficiary requires such treatment. This permission will be sufficient for claiming reimbursement as per prevailing rates of CGHS and no further authorization / permission of Additional Director, CGHS of the concerned City will be necessary.

These Orders will come into effect from the date of issue.

(O.M. No. S-12020/4/97-CGHS (P) dt. 24-10-2000)

v) Payment towards reimbursement of medical claims of CGHS Pensioners - Delegation of powers to Addl. Directors

I am directed to convey the approval of the competent authority for the grant of powers to you for making payment to CGHS Pensioners towards the reimbursement of their medical claims at your end. No reimbursement of medical claim may be sent to the PAO for issuing cheques from now onwards.

The delegation of these powers is however subject to the condition that the claims may be passed only after proper scrutiny to avoid any over payment etc. Any such over payment will be the responsibility of cheque drawing DDOs. However, PAOs will do the post audit of all such claims every month.

(No. Pr. AO/CDN/C/CAM/2000-01/2205-25 dated : 28-11-2000 from the PAO, Ministry of Health & FW to Addl. Directors, CGHS)

vi) Issue of permissions for undergoing investigations/ treatment from Private Recognised Hospitals/ Diagnostic Centres by CGHS Dispensaries-- procedure

1. Permission in respect of procedures for which there is a prescribed CGHS rate, shall be issued by CMO of concerned Dispensary.
2. Permission in respect of procedures for which there is no prescribed CGHS rate is available and permission is to be granted as per AIIMS rate, if any, or as per actual in case there is no AIIMS rate and the cost of investigation/treatment is less than Rs. 20,000/- permission shall be issued by the Addl. Director, CGHS of concerned Zone. In case permission is to be granted for more than one test or procedures and no CGHS rate is available for some of them, CMO i/c shall refer the beneficiary to the Addl. Director, CGHS of concerned Zone and permission letter for all tests/procedures shall be issued by the Addl. Director of the Zone.
3. In case of procedures/tests for which there is no CGHS rate and costing more than Rs. 20,000 for treatment in another City for other permissions not mentioned in the above paragraphs, the beneficiaries shall apply to Addl. Director, CGHS(HQ), Nirman Bhawan.

(Memo No Misc 9011/2003/JD(R&H)/CGHS dt 16.9.2003 from Dr. S. Bhattacharjee, Joint Director CGHS (R&H) New Delhi- 110 011.)

vii) Further Instructions regarding Referrals to Private Recognized Hospitals/Diagnostic Centres under CGHS

- 1) Permission letter to issue before the patient visits Hospital/Diagnostic Centres - not after the visit
- 2) Following documents to be taken from the beneficiary before issuing permission letter.
 - i) A photocopy of CGHS Card
 - ii) Request letter from the beneficiary regarding choice of Hospital
 - iii) A photocopy of prescription from Govt. Hospital/ Specialist/CGHS Specialist
- 3) Permission to be given for a particular procedure not for general permission

- 4) If CMO in-charge can diagnose, he can refer the beneficiary to Private Recognized Hospital direct. However for Specialized diseases, opinion of Specialist must be taken before issuing permission letter.
- 5) A monthly report to be filed with Addl. Director by the Private Hospitals/Diagnostic Centres. Bills to be passed only if these are received.
- 6) A Committee consisting of two Doctors and Area Welfare Officer to visit recognised Private Hospital/Diagnostic Centres and monitor their functioning.
- 7) Bills to be thoroughly scrutinized by Medical Officers and signed by Addl. Director, CGHS.
- 8) About 10% to 15% of bills of Private Hospitals/Diagnostic Centres to be scrutinised by Monitoring Committee before passing
- 9) In case of admission of a beneficiary in emergency in a Private Recognized Hospital/Diagnostic Centre, concerned Hospital/Diagnostic Centres to report within 24 hours to the concerned Addl. Director. Case to be followed by CGHS Doctors and status report of case to be sent to Addl. Director, CGHS.
- 10) If any discrepancy is found in bills or any irregularity is found in the functioning of Private Recognized Hospitals/Diagnostic Centres, a report is to be sent to Addl. Director, with a copy to CGHS Directorate

(O.M No. S-11011/16/2003 CGHS/Desk II dated 29-09-2003 of DG Health Services (CGHS Desk II)

viii) Instructions Regarding Referrals to Private Recognised Hospitals/Diagnostic Centres under CGHS

OPD treatment is not allowed in Private Hospitals /Diagnostic Centres. However follow-up treatment is allowed in following conditions:

- (a) Neuro Surgery (b) Cardiac Surgery including CABG, Angioplasty and various implants. (c) Cancer Surgery, Chemotherapy and Radiotherapy. (d) Kidney

Transplantation. (e) Joint Replacement (f) Accidental cases.

* Paras 1 to 10 of letter dated 29.9.2003 at Sl. VII above repeated in this letter and hence not reproduced.

(F.No.S.11011/13/03-DESK-II, dt. 16th Dec. 2003)

ix) Delegation of powers to Heads of Departments in various Ministries/Departments for settling permission cases and Post-Facto permission for cases and Post-Facto Approval relating to Referral System in CGHS

The undersigned is directed to refer to this Ministry's O.M of even numbers dtd. 7.4.1999 and 7.3.2000, on the above subject vide which powers were delegated by the CGHS, delegation No. 12 of O.M of 7.4.1999, under Post-Facto approval in respect of CGHS for settlement of individual medical reimbursement claims to accord permission/grant of medical advance reads as follows:

- A. Rs. 2 lakhs (in case of serving employee beneficiaries):
By the HOD.
- B. Rs. 2 lakhs (in case of Pensioner CGHS beneficiaries):
By the Head of the concerned CGHS covered City.
- C. Rs. 2 to 5 lakhs: Director, CGHS.
- D. Above Rs. 5 lakhs: Ministry of Health & Family Welfare.

2. Powers were further delegated vide O.M No. S-12020/4/97-CGHS (P) dtd. 7.3.2000 as follows:

- (i) A serving Central Government servant covered under CGHS who is taking treatment in some CGHS Dispensary/ Government Hospital and desires to obtain treatment in a Private Hospital recognized under CGHS, the Heads of Departments may grant him permission for indoor treatment on the basis of medical prescription issued to the CGHS beneficiary.
- (ii) The Heads of Departments (HoDs) may decide the cases of reimbursement of medical claims in respect of treatment obtained in emergency at Private Hospital/Private Nursing Home/Private Clinic, subject to item-wise ceiling as per rates prescribed for CGHS beneficiaries without financial limit on the total amount to be reimbursed.

3. The Ministry of Health & Family Welfare has been receiving files from different Ministries/Departments in respect of medical claim/request for advance when the admissible amounts exceeded Rs. 2.00 lakhs, even though in most of the cases the admissible amount calculated were as per the approved rate list. This has created avoidable work in the Ministry without any scope for value addition in the process of examination.

4. The Ministry of Health & Family Welfare has been examining the question of further delegation of powers to the Heads of Deptts/ Ministries in the matter and it has been decided with the approval of the competent authority to delegate powers to Deptts/Ministries to settle all cases where there is no relaxation of Rules and the entitlement was worked out with reference to the rate list prescribed without any monetary ceiling. The delegation would, however, be subject to the condition that the Heads of the Deptts/Ministries may settle cases upto the limit of Rs.2,00,000/- (Rupees Two lakhs only) (worked out with reference to the prescribed rate list). In respect of cases involving payment exceeding Rs. 2,00,000/- (Rupees Two lakhs only) but as per the prescribed rate list, the concerned Departments/ Ministries may settle such cases in consultation with their respective Internal Finance Division. Only in those cases where the settled scheme/Rules are required to be relaxed, should the case be referred to the Ministry of H&FW.

(O.M No. S-12020/4/97-CGHS(P) dtd. 27.12.2006)

x) Relaxation of procedures to be followed in considering requests for medical reimbursement

The undersigned is directed to state that under the extant instructions, a CGHS Card-Holder, who wishes to apply for reimbursement of the expenditure incurred by him/her on medical treatment of either self or his/her dependent Family members, the present reimbursement procedure needed verification of bills and issue of Essentiality Certificate by the treating Doctor, and the Medical Superintendent of the Hospital. The process of verification of bills and issue of Essentiality Certificates are time-consuming with the Doctor at times being busy or being away from office for whatever reason. This necessitated repeated visits

to the Hospital for getting the verification done and Essentiality Certificate obtained. Instructions were issued vide this Ministry's Office Memorandum of even number, dated the 20th February, 2009 to do away with the procedure for verification of bills and issue of Essentiality Certificate by the treating Doctor, and the Medical Superintendent of the Hospital. Ministries/Authorities concerned may verify and check the authenticity of the claims on the basis of the prescription slip and the diagnostic report submitted by the Government servant/Pensioner. In the event of any doubt, the concerned Ministry/Authority can always get verification done from the Hospital concerned.

2. Powers have been delegated to the Ministries/Departments to consider and approve requests for reimbursement of medical expenses on post facto basis. Ministries/Departments do not, however, have powers to grant post facto approval in cases where the beneficiary, on the basis of the recommendations of a Government Specialist goes directly to an empanelled institution without obtaining prior approval from his/her Ministry/Department. The Ministry of Health & Family Welfare has received requests for delegating powers to the Ministries/Departments concerned to accord ex post facto permission in cases where an employee goes to an empanelled institution after due prescription by a Government Specialist but without obtaining prior permission from his/her Ministry/Department.

3. The matter has been examined in the Ministry of Health & Family Welfare and it has been decided with the approval of the Competent Authority to delegate powers to the Heads of Departments of Ministries/Departments to accord post facto approval/permission in cases where an employee or his dependent Family members go to an empanelled institution after due prescription by a Government Specialist but without obtaining prior permission from his/her Ministry/Department subject to the Head of Department being satisfied with the genuineness of the reason which made the beneficiary go directly to an empanelled institute even before obtaining the approval of his/her Ministry/Department. The reimbursement to be made in such cases will be the financial ceiling and the procedure to be followed will be

as outlined in this Ministry's Office Memorandum No. S. 12020/4/97-CGHS(P), dated the 27th December, 2006

(O.M. No. 4-18/2005-C&P Vol. 1-pt(1) dated 20.5.2009.

xi) Relaxation of procedures to be followed in considering requests for medical reimbursement

The undersigned is directed to state that under the extant instructions, a CGHS Card Holder, who wishes to apply for reimbursement of the expenditure incurred by him / her on medical treatment of either self or his/her dependent Family members, the present reimbursement procedure needs verification of bills and issue of Essentiality Certificate by the Treating Doctor and the Medical Superintendent of the Hospital. The process of verification of bills and issue of Essentiality Certificates are time consuming with the Doctor at times being busy or being away from Office for whatever reason. This necessitates repeated visits to the Hospital for getting the verification done and Essentiality Certificate obtained. Representations have been received in the Ministry of Health & Family Welfare requesting for doing away with the two requirements and for the Ministries/Authorities concerned to verify and check the authenticity of the claims on the basis of the prescription slip and the diagnostic report submitted by the Government servant / Pensioner. In the event of any doubt, the concerned Ministry/Authority can always get verification done from the Hospital concerned.

2. The undersigned is also directed to state that CGHS guidelines currently provide for relaxation of guidelines to cover full reimbursement in individual cases depending upon merits of each case. In the case of Hon'ble Members of Parliament the powers to relax the guidelines have been delegated to the Lok Sabha Secretariat and Rajya Sabha Secretariat respectively and in the case of Hon'ble Chief Justice of Supreme Court and Judges of the Supreme Court to the Secretary General of the Supreme Court.

3. In order to reduce the burden on the Specialists in individual cases of medical reimbursement claim, it has been decided with the approval of Heads of the Hospitals to revise

the guidelines for reimbursement by the competent authority, as follows:

i) It has now been decided to do away with the procedure for verification of bills and issue of Essentiality Certificate by the Treating Doctor, and the Medical Superintendent of the Hospital. Ministries/Authorities concerned may verify and check the authenticity of the claims on the basis of the prescription slip and the diagnostic report submitted by the Government servant / Pensioner. In the event of any doubt, the concerned Ministry/ Authority can always get verification done from the Hospital concerned. Modified reimbursement claim form, alongwith checklist is annexed. *(Reproduced on page No. 318 to 323)*

ii) All cases involving requests for relaxation of Rules for reimbursement of full expenditure will henceforth be referred to a Technical Standing Committee, to be Chaired by the DGHS/ Addl. DGHS and consist of Director (CGHS) and subject matter Specialists. If the Technical Standing Committee recommends the relaxation of Rules for permitting full reimbursements of expenditure incurred by the beneficiary, the full reimbursement may be allowed by the Secretary (Health & Family Welfare) in consultation with IFD. A check list for consideration of requests for reimbursements in excess of approved rates may include:

- a) The treatment was obtained in a private non-empanelled Hospital under emergency and the patient was admitted by others when the beneficiary was unconscious or severely incapacitated and was hospitalised for a prolonged period;
- b) The treatment was obtained in a private non-empanelled Hospital under emergency and was admitted for prolonged period for treatment of Head Injury, Coma, Septicemia, Multi-organ failure, etc.;
- c) The treatment was obtained in a private non-empanelled Hospital under emergency for treatment of advanced malignancy
- d) The treatment was taken under emergency in higher type of accommodation as rooms as per his / her entitlement was not available during that period;
- e) The treatment was taken in higher type of accommodation under specific conditions for isolation of patients to avoid contacting infections;

- f) The treatment was obtained in a Private non-empanelled Hospital under emergency when there was strike in Government Hospitals;
- g) The treatment was obtained in a Private non-empanelled Hospital under emergency while on official tour to non-CGHS covered area;
- h) Approval for air-fare with or without attendant on the advice of Treating Doctor for treatment in another City even though he is not eligible for air travel/treatment facilities are available in City of residence and
- i) Any other special circumstances.

iii). The Office Memorandum is issued with the concurrence of IFD vide Dy. No. 908/AS & FA/2009 dated the 20th February, 2009.

(O.M. No. 4-18/2005-C&P [Vol. I-PT.(I)] dt. the 20th February, 2009.)

xii) Streamlining of functioning of CGHS Dispensaries

The question of streamlining the functioning of CGHS Dispensaries has been engaging the attention of the Ministry of Health & Family Welfare for some time now. After considering the suggestions received from various quarters and after discussing the matter with Officials of CGHS, it has been decided, as an initial measure, to streamline the functioning of CGHS Dispensaries as below:-

i) There is a need for Officers and Staff in CGHS Dispensaries to further improve the delivery of service to CGHS beneficiaries. There should be a constant and conscious effort to redress most of the grievances and problems of these beneficiaries at the Dispensary level so that there is no inconvenience caused to them forcing them to approach higher authorities for redressal of their grievances. The entire staff at the Dispensary level have to ensure a polite, positive and responsible attitude to make the service delivery better. The CMO in-charge must take every effort to ensure this user friendly environment. Complaints of rude/impolite behaviour need to be checked and stern action taken by CMOs (Incharge)

ii) It is well established that CGHS beneficiaries need to be provided better service. Senior Citizens/Pensioners among the CGHS beneficiaries deserve special attention and response.

It is re-iterated that Senior Citizens/ Pensioners need to be given out of queue treatment and service at each activity level. Despite repeated instructions in this regard, this system is generally not being enforced at the Dispensary level. CMOs in-charge must ensure compliance of these instructions.

iii) CMOs in-charge of the Dispensaries shall personally make rounds of the Dispensary particularly during peak hours to ensure that there is proper environment and beneficiaries particularly Pensioners/Senior Citizens are being treated promptly.

iv) The Zonal Additional Directors/Joint Directors shall convene the meetings of Pensioners' Associations once in two months along with CMOs (in-charge) without fail.

v) A complaint/suggestion/feedback box with details like number of complaints received and disposed etc., under a seal and lock will be kept at each Dispensary and will be opened by the CMO in-charge in the presence of at least two members of the Advisory Committee. When the Advisory Committee meeting is being held and necessary action taken by the Advisory Committee with regard to complaints/suggestions/feedback thus received and, wherever required, the matter will be referred to higher authorities for necessary action.

vi) All Zonal Additional Directors and Joint Directors shall conduct at least five surprise inspections of the Dispensaries in Delhi and at least two in other Cities in a month and report the outcome of the inspection indicating the areas such as punctuality, availability and behaviour of Officers/staff, special care for Pensioners/Senior Citizens, deficit areas/complaints and also the good work done in each of the Dispensaries inspected, by way of a confidential monthly D.O. letter to reach AS & DG (CGHS) without fail on or before 10th of the succeeding month;

vii) It is seen that a large number of beneficiaries go to the Dispensaries for taking repeat medicines. Authorization of repeat medicines will hereinafter be done by any of the CMOs, apart from the CMO in-charge, available in the Dispensary;

viii) The Zonal Additional Directors/Joint Directors will personally monitor and ensure that the empanelled Hospitals

etc., do adhere to the terms & conditions of MoAs. They will also supervise the service, if any, being provided by the private parties in their zones such as Dialysis, Dental services etc.

2. Director, CGHS and all Additional Directors/Joint Directors and CMOs in-charge are hereby directed to fully comply with the instructions contained in this Office Memorandum in both letter and spirit. Non-compliance shall be viewed seriously.

(O.M.No s-11030/51/2010-CGHS(P) dt. 22.11.2010 of MoH & FW)

xiii) Delegation of powers of Head of Department to Head of Office for settling permission cases and post facto approval to reimbursement in relaxation of Rules in emergent cases under CGHS / CS (MA) Rules, 1944

The undersigned is directed to invite reference to Para (ii) of this Ministry's Office Memorandum No. S. 14012/9/75-MC (MS), dated 18-6-1982, as mentioned at point 4 under Appendix-VIII of CS (MA) Rules, 1944 relating to reimbursement in relaxation of Rules in emergent cases, which stipulates that powers for settling permission cases and post facto approval should not be exercised by authorities lower than Heads of Departments.

2. The Ministry of Health and Family Welfare has examined the question of further delegation of powers to Head of Offices, Officers at Under Secretary level, in such Offices, which are not headed by Officers equivalent to a Deputy Secretary, in the matter and it has been decided with the approval of the Competent Authority to delegate such powers in the following manner:-

"In case of medical reimbursement, delegation of power can be given to Under Secretaries in the Departments of Central Government declared as Heads of Offices subject to the condition that up to Rs. two thousand for taking treatment in OPD and up to Rs. Five thousand for taking treatment in IPD under CGHS CS (MA) Rules, 1944. This delegation of powers can be exercised as per the prescribed rate list of nearest CGHS covered City or actual, whichever is lower for CS (MA) beneficiaries and as per package rate for CGHS beneficiaries in CGHS Cities."

3. This Order is applicable to both CGHS and CS (MA) beneficiaries.

(O.M. No. S. 14025/2/2011-MS, dated 11-1-2011)

Delegation of Powers for Settlement of Reimbursement Claims, etc.

It is felt that to speed up the process of reimbursement claims of individual beneficiaries and the bills submitted by hospitals for treatment given by them to pensioner-CGHS beneficiaries, the powers delegated to Additional Directors/Joint Directors of CGHS Cities and Director CGHS need an upward revision. After careful examination of the matter in consultation with the integrated. upward Finance Division in the Ministry of Health & Family Welfare, it has been decided to revise the powers delegated to Additional Directors/Joint Directors, CGHS and Director CGHS, as given below:

(1) Reimbursement claims of individual pensioner Beneficiaries

	Present Delegated Powers	Revised Delegated Powers
(a) Additional Directors/Joint Directors	Rs. 2,00,000/-	Rs. 5,00,000/-
(b) Director CGHS	Rs. 5,00,000/-	Rs. 10,00,000/-
(c) Additional Secretary & Director General (CGHS)	Nil	Rs. 25,00,000/-

(2) Payment of hospital bills for the treatment given to pensioner beneficiaries

	Present Delegated Powers	Revised Delegated Powers
(a) Additional Directors/Joint Directors	Rs. 5,00,000/-	Rs. 5,00,000/-
(b) Director CGHS	Rs. 5,00,000/-	Rs. 10,00,000/-
(c) Additional Secretary & Director General (CGHS)	Nil	Rs. 25,00,000/-

MEDICAL ADVANCE TO PENSIONERS

I) Grant of medical advance to Central Government Pensioners

The question of granting Medical Advance to Central Government Pensioners has been under consideration of the Government for some time past. It has now been decided that the respective Divisions of the CGHS to which the Pensioners are attached, may grant Medical Advance to Central Government Pensioners in respect of treatment for himself/herself and dependent members of his/her Family to be paid direct to the Hospital on receipt of a Certificate/Estimate from the treating Physician / Medical Superintendent of a Government / Recognised Hospital as follows :-

- (i) Rs.10,000/- or the amount recommended by the Physician whichever is less, for indoor treatment in Hospital and out-patient treatment for diseases like T.B., Cancer, etc.
- (ii) In case of Major illnesses like By-pass Surgery, Kidney Transplant etc., the advance may be limited to 80% of the package deal wherever it exists or the amount demanded by the Hospital concerned in other cases and the balance payable on final adjustment.

2. For any relaxation of the above guidelines, the cases may be referred to this Ministry which may decide the same in consultation with the Internal Finance Division.

3. The Medical Advance to Central Government Pensioners will be sanctioned to them by the Director, CGHS, for Pensioners residing in Delhi and by the Dy. Director/ Addl. Director of CGHS for Pensioners residing outside Delhi subject to the condition that the Pensioner will submit an undertaking that the Medical Advance granted will be adjusted from his/her Pension or the Pension of his/her spouse, if it remained or not utilised or not utilised fully.

4. The Pensioner will be responsible for settling his bill with Hospital and for the balance amount, he would submit the claim for reimbursement in the prescribed Form Med. 97 (amended as 'Medical 2004 Form') and for adjustment of the advance paid to the Hospital within a period of one month from the date of his/her discharge from the Hospital.

5. In case treatment is not taken or unspent balance is lying with the Hospital due to a mishap, the same may be refunded to the Govt. within two months.

6. Director. CGHS/ Addl. Director. CGHS will open records for monitoring the advance granted to Central Govt. Pensioners and its timely adjustment.

7. This Order will come into effect from the date of issue.

(O.M. No. S-1116/1/92 - CGHS (P) dt. 30.12.92)

II) Grant of medical advance to Central Government Pensioners

In partial modification of this Ministry's Office Memorandum of even number dated 30.12.92 on the subject mentioned above, the undersigned is directed to say that the condition regarding submission of undertaking by the Pensioner for grant of Medical Advance to him/her is dispensed. Hence, he/she will not be required to submit the undertaking as required in the Office Memorandum of even number dated the 30.12.92.

However, for settlement of the advance, the Pensioner must submit his/her adjustment bill within a period of one month from the date of his/her discharge from the Hospital. If the entire advance has not been utilised for the treatment of the patient, the CGHS Directorate will directly correspond with the Hospital for refund of the un-utilized balance of Medical Advance.

(O.M. No. S-1116/1/92 - CGHS (P) dt. 4.3.93 of MH & FW)

(Refer to paras i, ii and ix of Section 10 on grant of Medical Advance - O.Ms dated 7-4-1999, 1-9-1999 and 27.12.2006)

SECTION 12

GRIEVANCE REDRESSAL PROCEDURE IN CGHS

i) Action to be taken in case of delayed settlement of CGHS Medical reimbursement claims

As per an advertisement issued by the Ministry of Health & FW in the Deccan Herald Newspaper dated 25-4-2002, CGHS Pensioner-beneficiaries, who have preferred their medical claims to the head of their respective CGHS-covered City and whose claims have not been settled within four weeks from the date on which they have deposited their medical claims with the CGHS, may send their grievance on a Post Card to *The Director, Dept. of Health, Room No. 244 B, A - Wing, Nirman Bhavan, New Delhi, 110 011 indicating the CGHS Token No., date of submission of claim and file No./Computer No. of claim. Necessary action will be taken up at the level of the Dept. of Health for early settlement of the claim.*

ii) Beneficiary-Grievances Settling Mechanism

1. Dispensary Level Advisory Committee

An Advisory Committee be set up in all the CGHS Dispensaries in the Country comprising of following members.

- 1) CMO I/C - Chairman
- 2) Area Welfare Officer - Member
- 3) Representatives of the Resident Welfare Association, (to be nominated by the Area Welfare Officer) - 2 Members.
- 4) Representatives of Pensioner Association - 2 Members.

2. Terms of Reference of the Local Committee

1. The Committee will meet every second Saturday of the month to:

- (a) Open the Complaint Box/Complaint Register and study the

grievances/suggestions found in the Box/Register.

- (b) If need arises call the complainant in the next meeting to sort out the grievance of the beneficiary

2. The Committee will suggest ways and means to improve the functioning of the Dispensary within the available resources.

3. To liaise with the different agencies involved in the supportive services for the maintenance of the CGHS Dispensary.

(No. 4.27/2005-CGHS/C&P dtd. 8.9.2005).

iiiA. Local Advisory Committees have been set up for all CGHS Dispensaries with the following composition:

- 1) CMO in-charge.
- 2) Area Welfare Officer(s)
- 3) Representatives from Resident Welfare Associations.
- 4) Representatives of Pensioners etc.

Local Chemists are also required to attend these meetings. The meetings of the Committees shall be held atleast once in a month and the following issues are invariably required to be discussed in the meeting:-

- i) Disposal of pending claims
- ii) performance of local Chemists
- iii) Amenities for beneficiaries (infrastructure)
- iv) Staff punctuality and behaviour
- v) Cleanliness and maintenance of the Dispensary
- vi) Grievance redressal of any grievance dropped in the complaints box of the Dispensary.

CGHS beneficiaries are urged to utilize the Local Advisory Committees for redressal of their grievances.

iiiB. Additional Director/Dy. Director/Jt. Director (CGHS) - Beneficiary Level: Once in three months, reviewing the feed back from the meetings held at Dispensary Level and working out solutions.

iiiC. Headquarter Level: Once in six months a tripartite meeting of Field Level Officers and beneficiary-representatives be held and inter action process for identifying draw backs and working out corrective measure taken. Review of progress of improvement in Doctor - patient relations and other actions initiated.

iiiD. Dept. of Health Level: Once in a year with an agenda amongst CGHS Admin/Doctors and user representatives examining all aspects, technical, administrative and performance assessment, user response etc., besides discussing Action Taken Reports.

iiiE. Ministry Level: Once in three years including a overview of performance from all angles, review of Action Taken Reports. Policy initiatives and progress of implementation of the assurances given in the Parliament / WHO and other related agencies vis-a-vis health delivery system

(Advertisement of O/o. Director (CGHS) Tel. No. 23062800 DAVP 7521(3)2006).

iv. Setting up of Grievance/Advisory Committee at Dispensary Level--Modification--reg.

The undersigned is directed to invite reference to letter No. 4-27/2005/C&P dated 8.9.2005, whereby Grievance/Advisory Committees at CGHS Dispensary Level were constituted as per the recommendation of High Powered Committee constituted by Government of India to review the functioning of CGHS and to state that in the process of review of functioning of these Grievance/Advisory Committees, it has been noticed that these Committees are functioning for last four years without change of members thereby with passage of time, their involvement and suggesting innovative idea(s) is declining.

2. In order to improve the functioning of Grievance/Advisory Committee the following changes in constitution are effected.

- a) The term of the members of the Committee except CMO incharge will be for two years only and will come into effect on 1st January every alternate year
- b) No member shall be nominated for the 2nd term

- c) Except Area Welfare Officer, who is nominated by DoPT, two members each from Resident Welfare Association and Pensioners' Welfare Associations shall be nominated by respective Associations and CMO I/C shall approach these Associations for this purpose.

3. The Terms of Reference of the Committee shall be as under

- i) The Committee will meet every 2nd Saturday of the month to
 - a) Open the complaint box and study the grievances/suggestions found in the box and record in the register
 - b) If need arises, call the complainant in the next meeting to sort out the grievances of the beneficiary
- ii) The Committee will suggest ways and means to improve the functioning of the Dispensaries within the available resources.
- iii) To liaise with the different agencies involved in the supportive services for the maintenances of the CGHS Dispensaries
- iv) The Committee shall also inform the CMO I/C about any serious patient (CGHS beneficiary) and help to organize for his/her treatment
- v) The Committee shall also monitor the functioning of Authorized Local Chemist and the Chemist will also be present in every meeting
- vi) The Committee shall also be informed about the stock availability in the W.C. store.
- vii) The Committee will also be apprised of MRC status./pendency of the claims.
- viii) The Committee shall also monitor the behaviour of the staff and will identify the best worker on quarterly basis. His/Her photograph will be displayed prominently in the W.C and will also be awarded Certificate of appreciation by the Committee
- ix) In the meetings, only local issues of concerned Dispensary shall be discussed and the Committee shall not interfere in the policy matters and will correspond directly with the authorities through proper channel that is Zonal Additional Director/City Additional Director/Joint Director for the same.
- x) The Committee will also ensure that their names, addresses and telephone numbers are prominently displayed in the Wellness Center.

- xi) Area Welfare Officer, who is also a member of the Committee, will also inform the beneficiaries about the functioning of the Advisory Committee in the Area Welfare Meetings. He will also guide the beneficiaries that any complaint regarding functioning of the Wellness Center is to be made to the Committee instead of approaching the higher authorities directly.
- xii) The Committee will also publicize about CGHS Helpline No. 011-66667777.
- xiii) The Minutes of the Meeting will be posted on the CGHS website and in the subsequent Meeting the action taken report on the last Minutes will also be posted on the website by the CMO I/C
- xiv) The action taken report on the liaison work assigned to the Committee will also be reported back and will be recorded in the minutes and posted on CGHS website.
- xv) Concerned City Zonal Additional Directors/Joint Directors will also monitor the functioning of the Advisory Committee and will intervene wherever required.

(O.M. F.No. 4-27/2005-CGHS/C&P/P 603-07 dt. 22.2.2010)

SECTION 13

PROPOSAL TO INTRODUCE CENTRAL GOVERNMENT EMPLOYEES & PENSIONERS HEALTH INSURANCE SCHEME (CGEPHIS)

The Ministry of Health and Family Welfare, Government of India, has invited 'Expression of Interest' from Insurers and Health Insurance Consultants for the above Scheme.

Name of the Scheme: The name of the proposed Scheme is Central Government Employees & Pensioners Health Insurance Scheme. (CGEPHIS).

Beneficiaries: All personnel of the Central Government including All India Service Officers, serving, newly recruited, retired and retiring and others who are covered under the existing CGHS and under CS (MA) Rules shall be offered Health Insurance Scheme on voluntary or compulsory basis. This could be:

- 1 CGEPHIS shall be compulsory to new Central Government retirees who would be joining service after the introduction of the Insurance Scheme.
- 2 CGEPHIS shall be compulsory to new Central Government retirees who would be retiring from service after the introduction of the Insurance Scheme.
- 3 CGEPHIS would be available on voluntary basis for the existing Central Government employees and Pensioners serving in CGHS area / covered by CGHS. In this case, such serving Central Government employees and Central Government existing Pensioners shall have to opt out of CGHS scheme. They will also have the option of choosing both CGHS and Insurance policy. In such case, the total premium has to be borne by the beneficiary.
- 4 CGEPHIS would also be available on voluntary basis for the existing serving employees and Pensioners in non-CGHS areas not covered by CGHS. In this case such serving Central Government employees and existing

Pensioners (who have opted for CGHS facility) shall have to opt out of CGHS scheme. They will also have the option of choosing both CGHS and Insurance policy. In such case, the total premium has to be borne by the beneficiary.

Sums Insured/Policy Limits: The scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary-members up to Rs. 5,00,000 /- per Family per year subject to stated limits on cashless basis through Smart Cards. The benefit shall be available to each and every member of the Family on floater basis i.e., the total reimbursement of Rs. 5 lakhs can be availed by one individual or all members of the Family. The sub-limits mentioned herein form part of the overall annual Family limit.

Head admission)	Sub-limits (Rs. per)
<i>Domiciliary hospitalization</i>	50,000 /-
<i>Maternity benefit</i>	50,000 /-

Scheme Floater Sum Insured: An additional sum of Rs. 15 crores shall be provided as buffer / corporate floater to take care of hospitalisation expenses of a Family (per illness or annual) exceed the original sum insured of Rs. 5 lakhs. In all such cases an additional amount up to Rs. 5 lakhs per Family shall be provided from the Scheme Floater, on the recommendation of the Committee set up by the Central Government / Nodal Agency.

Family Size / Age Limit:

- 1 Serving employees : Self, Spouse, two dependent children and dependent parents (new born shall be considered insured from day one)
- 2 Retired employees : Self, Spouse and one dependent child.
- 3 Additional dependent Family member can be covered under the scheme by paying the fixed percentage of premium per additional dependent Family member. The premium shall be borne by the beneficiary.
4. All beneficiaries shall be insured till survival.

5. The definition of dependent shall be as per guidelines issued by Central Government

Insurance Coverage: In addition to the coverage afforded under a standard medical insurance policy, the following shall also be covered under CGEPHIS :

1. Pre-existing diseases.
2. Maternity benefit.
3. Day-one coverage for all diseases.
4. New-born babies.
5. Pre and Post hospitalization cover of 30 days and 60 days respectively.
6. Domiciliary hospitalization.

OPD coverage limit: It is being contemplated to provide OPD coverage of Rs. 10,000/- per Family per annum through panel Hospitals only. (insurers have been asked to convey their views on practicability of this)

Management of OPD Corpus: Over and above the OPD coverage of Rs. 10,000 /- per Family per annum, it is contemplated to take care of the additional OPD expenses of a Family through an OPD Corpus. This Corpus shall be fully funded by the Government, but managed by the Insurers.

Health check up: The scheme proposes to include a general health check up for all beneficiaries at least once a year.

(Views of Insurers as to whether medical equipments like oxygen concentrators, Hearing Aids, C Pap machines, IOLs for Cataract surgeries etc., should be provided and whether Dental Procedures should also be provided for under the Insurance Scheme have been sought by the Government)

IMPORTANT COURT VERDICTS IN FAVOUR OF CGHS BENEFICIARIES

As per Article 21, read with Articles 39 ©, 41, 43, 48 and all related Articles of the Constitution, as pronounced by the Supreme Court in Consumer and Research Centre and others vs. Union of India (AIR 1995 Supreme Court 922), the enjoyment of the highest attainable standard of Health is recognized as a fundamental right of workers. The Supreme Court has held that "the right to health of a worker is an integral facet of meaningful right to life, to have not only a existence but also robust health and vigour. Therefore, right to health, medical aid to protect health and vigour of a worker while in service or post retirement is a fundamental right... to make the life of the workman meaningful and purposeful with dignity of person..."

1. In a landmark judgement, the Supreme Court has made providers of medical facilities also subject to the Consumer Protection Act, (*Indian Medical Association vs V.P Shantha and others* (1995 (6) SCCC 651)

1A. Decision of National Consumer Redressal Commission--Retired staff can sue Govt. for negligence under CGHS

Lakhs of retired Central Government employees can rejoice, as the Apex Consumer Forum has held them to be Consumers under the CGHS scheme, thus conferring a right to sue the Centre for damages in case of deficiency in health care provided to them and their dependents.

This ruling, arrived at after much debate, was a Unanimous Decision of a Full Bench of the National Consumer Disputes Redressal Commission (NCDRC) comprising its President Justice Mr. M.B. Shah, Members Mrs. Rajyalakshmi Rao, Mr. B.K. Taimni, Justice Mr. K.S. Gupta, Justice Mr. S.N. Kapoor and Mr. P.D. Shenoy.

This verdict, read with a ruling of the Supreme Court in 1995 that in service Central Government employees are consumers under the CGHS scheme, now categorises the entire working and retired work force as consumers, as far as health care under the scheme is concerned.

The question before the NCDRC was "whether a Pensioner and beneficiary of the CGHS would be a consumer under the provisions of Consumer Protection Act, 1986, for alleged deficiency in service by the CGHS Medical Officer?'

Answering in the affirmative, NCDRC said medical treatment facilities extended to a retired employee under CGHS could not be termed as "free service" as it was in consideration of service rendered by him to the Government till the age of superannuation, which conferred a right on him to get Pension as well as other benefits, including medical treatment prescribed by various Rules or the Schemes framed by the Centre.

"Such an employee would be a 'consumer' as defined in Section 2(1)(d)(ii) of the Consumer Protection Act," said Justice Shah, writing for the Bench.

Explaining the reason behind the conclusion that would make the retired employees feel less neglected, the NCDRC said service rendered by the Government employees before retirement would be 'consideration' for providing medical facilities to him/her or his/her Family members. "Hence, it cannot be said that the Hospital which is subsidised by the Government is rendering service free of charge," it said.

The verdict of the NCDRC came on a petition filed by a retired employee Mr. Jagdish Kumar Bajpai, through advocate Mr. Nikhil Nayar, claiming that he was refused medicines for his wife by the CGHS Dispensary in Kanpur. He also claimed damages to the tune of Rs. 4 lakh alleging that his wife died due to the negligence of the Medical Officer, who refused to refer her to a CGHS recognised Hospital equipped to handle heart patients.

Imposing a cost of Rs.10,000 on the Union Health Ministry towards litigation expenses be paid to Mr. Bajpai, the NCDRC

referred the matter to the District Consumer Forum for reappraisal of the matter in the light of its Ruling.

2. In August 1999, the Delhi High Court allowed a Writ Petition against denial of reimbursement of medical expenses filed by Mr. Narendra Pal Singh who had a heart attack in 1996 and had taken treatment in a Delhi Hospital not recognized under CGHS. The Court held that the Right of health was an integral part of Right to life and therefore by refusing to reimburse the amount, the Government was violating the Constitutional guarantee. The Court, apart from ordering reimbursement of the expenditure of Rs. 92,870 to the petitioner, imposed a penalty of Rs. 10,000 on the Government.
3. In OA 135/90. CAT, Mumbai, on 16-6-1995, while disposing of the case of Sri N.B.Rao, (a W.Rly. employee) vs Union of India, held "In a State where an employee has taken treatment in grave emergency in a Hospital to which he had easy access, and when the Doctor there certifies that the facilities provided were the minimum required for patient's treatment, it was not mandatory to take prior permission of Railway Medical Authority. There can be no justification for declining to pay the medical expense for reimbursement." The Railway was directed to pay Rs. 97,970 together with interest at 10% from the date of filing the application till the date of payment.
4. In O.A. No. 1015 of 96(Mumbai), on 24-4-1997, while disposing of the case of Dr. G.P.Srivasthav vs Union of India and others, the Court held "... I would like to observe that Private Hospitals increase the rates in connection with the investigations and operations from time to time. The Government authorities, however, do not revise the prescribed/ permissible rates taking into account the revision made by the Private approved Hospital. A great

discrepancy arises between the amount actually charged by the approved Private Hospital and the amount reimbursed to the beneficiary. It could be understood that if the Government decides that out of the total amount charged by the Private approved Hospital, a reasonable percentage, let us say 10%, may be borne by the beneficiary and the balance alone would be reimbursed by the Government. But the Government Orders do not lay down any such reasonable prescription. A situation, therefore, could arise where a partly portion may be reimbursed which is less than 50% of the expenditure incurred by the beneficiary. This cannot be said to be reasonable... The respondents are directed to reimburse to the applicant the balance amount of Rs. 40,343 being the difference of the amount actually paid by him to the Hospital and the amount reimbursed to him by the CGHS authorities."

5. In O.A. No. 2996 (CAT, Calcutta), on 14-1-1997, while disposing of a case of Sri Durgagati Mookerjee vs. Union of India and others, the Court held that if any medicine prescribed by AMA or approved Medical Specialist belongs to Schedule II, the authorities can, on their own Judgement and responsibility, prescribe a less expensive substitute of equally effective therapeutic value. Otherwise, the authorities may require the AMA or Specialist to reconsider the matter for prescribing such alternatives. During the intervening period, the authorities, however, shall supply the medicine as already prescribed medicine as inadmissible; the CGHS authorities shall indicate specifically the reason why the said medicine is considered inadmissible. i.e., whether it belongs to Schedule I or Schedule II."
6. In a Judgement of the Supreme Court (JT 199791 SC 416), in a case of Sri Mohinder Singh Chawla vs State of Punjab

and others, the Court held that "when the respondent had undergone treatment in the Hospital as an inpatient, the payment of room rent is an integral part of the expenses for treatment and therefore, he was entitled to reimbursement of the room rent paid" The Division Bench directed the payment of the said amount.

7. In S.L.P No. 19497 of 1996, in a case of Sri Om Prakash Gargi vs State of Punjab and others delivered on 7-10-1996, the Court held that the claim of interest on delayed reimbursement of medical expenses is not maintainable.
8. In an Order dated 9-2-1996, the National Consumer Disputes Redressal Commission, New Delhi, decided that a Government servant under the CGHS is not a consumer within the meaning of the Consumer Protection Act, 1986 as defined in Section 2 (1) (o) of the Act and the services rendered to him under **CGHS does not constitute service as defined under Section 2 (1) (o) of the Act.**
9. **Denial of admission to CGHS after retirement in respect of P&T Pensioners, who were not beneficiaries while in service—Held violative of Articles 14 & 16 of the Constitution.**

O.M No. S-11011/46/ 95-CGHS – D11/CGHS (P) dated 1-8-1996 of the M.O.H. & F. W (D.O.H.) which says " P & T Pensioners who were not participating in CGHS while in service are not to be extended this facility" –Held discriminatory, arbitrary, unjust and against the settled principles of law and violative of Articles 14 &16 of the Constitution of India.

(OA No.304/2001–CAT Bangalore–Judgment delivered on 20-11-2001– N. Nanjundaiah-Vs–M.O.H. & F.W)

Particulars of Applications filed in CAT Bangalore by P&T Pensioners seeking extension of CGHS benefits and decided on the basis of OA No. 704 of 2001 - N. Nanjundaiah-Vs-Uol & Ors.

Sl. No.	OA No.	Names of Applicants	Designation	Date of Orders
1	392/2003	S.V. Aswatha Narayana*	DET Mangalore	5.2.2004
2	393/2003	K.R. Anantha Krishnan*	Lecturer, PTC, Mysore	5.2.2004
3	463/2003	B.K. Gundu Rao*	CTS, Mysore	5.2.2004
4	464/2003	Anthony Cresanto Curtis*	CS,CTO, Bangalore	5.2.2004
5	525/2003	James George*	HSG SS, CPMG's Office	5.2.2004
6	445/2004	K. Sridhar Bhat	SSP Gulbarga	30.6.2004
7	515/2004	K.S. Krishna Murthy*	SSP, Bangalore(South)	6.1.2005
8	716/2004	M. Prabha*	Telecom Family Pensioner	5.1.2005
9	217/2005	Saraswathi Padmanabhan*	TM, DTO Trichy	20.10.2005
10	397/2005	S. Lakshmi*	Telecom Family Pensioner	20.10.2005
11	406/2005	R. Shakunthala*	Telecom Pensioner	28.10.2005
12	2/2006	S. Sivasankaran	SPM, Ammapet-Salem	4.1.2006
13	195/2006	K. Sundaraiah*	ASP, Chittoor	23.6.2006
14	207/2006	Marjorie B.K. Nair*	Postal Family Pensioner	12.6.2006
15	347/2006	M.S. Balasubramany*	OS, O/o SE (Postal Civil)	31.1.2007
16	183/2007	C.S. Ramanna	Lecturer, PTC, Mysore	5.11.2007
17	237/2007	S. Santhanam	Telecom Pensioner, Mysore	5.11.2007
18	240/2007	N.D. Venkatesh	Postal Pensioner	5.11.2007
19	283/2007	S. Krishna Murthy	APM, Mysore	3.10.2007
20	287/2007	H. Sanjeevaiah	APM, Bangalore GPO	4.10.2007
21	430/2007	P.K. Prabhu	Telecom Dept., Mumbai	
22	45/2008	B. Rajasekhar	Dy. GM (Admn.) O/o. CGM, Karnataka	
23	46/2008	M.S. Gnanandam	Sr. Actt. O/o. Director, Postal A/c., Bg.	
24	56/2008	L. Subramanya Bhatta	SPM, Tarikere	
25	212/2008	R. Sathyanarayanan	G.M. Telecom, Davanagere	
26	233/2008	Smt. Menaka K. Murthy	Postal Family Pensioner, Mysore	
27	361/2008	K. Vijayakumar	P.A. Vellore Collectorate P.O.	
28	381/2008	M.N. Raghavendra Rao	Govt. Electric Factory P.O. Bangalore	
29	499/2008	M. Sengol Raj	Sr. Actt. O/o. Director, Postal A/cs, Bangalore	
30	28/2009	Shama Sundara*	Manager PSD. Bangalore	
31	35/2009	M.P. Sarma	Sr. Actt. O/o. Director Postal A/cs. Bangalore	

* Gol has filed Writ Petitions in the High Court of Karnataka. Refer Order on Writ Petition at Sl.No. 19. In view of High Court's Order the MoH & FW has filed a SLP in the Supreme Court. As no "Stay" has been granted by the Supreme Court. The Additional Director CGHS, continues to issue CGHS Cards on temporary basis.

*** 10. Court Orders reimbursement of medical expenses under CS (MA) Rules, 1944 to Pensioners not covered under CGHS.**

CAT Chennai observed –

A perusal of recommendations of V CPC and various Government Orders would show that Central Govt. Pensioners, who during their service, were covered under the CS (M A) Rules, 1944, fall in one of the following three groups : -

- Those residing in areas covered by CGHS – entitled to OPD treatment and also hospitalization treatment under CGHS.
- Those who reside in areas not covered by CGHS and opt for medical allowance of Rs. 100 /- p.m and opt for CGHS for indoor hospitalization treatment.
- Those who reside in areas not covered by CGHS and opt for medical allowance of Rs. 100/- and desire to avail CS (MA) Rules 1944 for indoor hospitalization treatment expenses.

The recommendation of V CPC that CS (MA) Rules, 1944 should be extended to Pensioners has been accepted by the Government as evidenced by O.M No. S- 14025 / 4/ 96 – MS dated 5-6-1998 of M. O. H. & F. W. – but DoP & PW had not issued further instructions. Accordingly the CAT, directed the respondent i.e., the Government, to scrutinise the bills prepared by the applicant and reimburse the expenditure incurred as to any other serving employee."

(OA No. 194 of 2001–R Rangarajan–Vs–Union of India –D.O.J: 23-11-2001.)

(* See item - 18 below)

*** 11. Denial of reimbursement of medical expenditure on treatment incurred in Government Hospital by P&T Pensioner, a beneficiary under P&T Dispensary Scheme - Favourable decision of CAT.**

Tribunal Ordered reimbursement of expenditure of Rs. 1,08,454.50 incurred on account of hospitalisation in connection with By-pass Surgery by a P&T Pensioner. The

Pensioner retired from Ahmedabad, wherein Dispensaries under P&T and CGHS are existing. He was getting treatment from P&T Dispensary and therefore not entitled to reimbursement of expenditure in connection with hospitalisation. The Tribunal, in support of its decision, cited also the Judgment of CAT, Bangalore, mentioned at serial (9) above.

(OA No. 631 of 2001 – CAT, Ahmedabad - DOJ: 11-9-2202)

(* See item - 18 below)

12. Retirees of Kendriya Vidyalaya Sangatan (KVS) are entitled for treatment under CGHS - Favourable decision of CAT.

The applicants, retired teachers of KVS, submitted that the CGHS facilities enjoyed by them from 23-4-1990 to 21-2-2001 were withdrawn from 22-4-2001 as till then they were considered as Central Govt. servants as far as service conditions were concerned. The respondents (Govt.) argued that they could not be considered as Govt. servants as KVS is a Registered Society under Societies Registration Act.

CAT directed CGHS Directorate to reconsider the matter as done in the case of NCERT Staff (which is also registered like KVS) and issue Orders within three months of the date of judgment.

(OP No. 1297 of 2001 of CAT Hyderabad-DOJ: 30-8-2002)

*** 13. Reimbursement of medical expenses to Pensioners allowed by CAT Ahmedabad under CS (MA) Rules 1944-- Favourable decision of CAT.**

Facts: Applicant, a retired Divisional Accounts Officer (O/o. AG) underwent Angiography on 18-1-99 and Heart Surgery on 22-1-99 in Rajasthan Hospital, a State Govt., approved Hospital, incurring an expenditure of Rs 1,52,653/-. He applied and got a permanent CGHS Card on 23-4-99 after paying contribution for 10 years. He preferred a claim for reimbursement from CGHS which was refused as he was not a beneficiary at the time he underwent operation. He claimed reimbursement under CS (MA) Rules 1944 which was also refused on the ground that the Rules have not been amended

to make them applicable to Pensioners.

Held:

Action by CGHS authority upheld. However the plea that CS (MA) Rules 1944 have not been amended was not accepted. Respondent was directed to examine the claim and sanction admissible amount within 3 months and pay interest also if not paid within 3 months.

(OA: 216/2001-CAT Ahmedabad Ratanchand T. Shah - Vs- Union of India - decided on 21-10-2002)

(* See item - 18 below)

14. P&T employee being a beneficiary of P&T Dispensary at the time of retirement refused admission to CGHS after retirement - Favourable decision of CAT.

Applicant was getting medical facility at the P&T dispensary, Thiruchirapally prior to retirement. Applied for CGHS Card after retirement which was refused.

Allowing the OA, CAT Chennai, directed CGHS authority to extend CGHS facility to the applicant within a month. This was done.

(OA: 619/2002 of CAT Chennai-delivered on 8-11-2002 A.Vijayanarayanan - Vs- UOI represented by DGHS, New Delhi)

*** 15. High Court upholds decision of CAT for reimbursement of medical expenses to Postal Pensioner under CS (MA) Rules 1944.**

A retired Postal Official of Gujarat Postal Circle underwent Angiography and By-pass Surgery and submitted his medical bill for Rs 12,316/- and Rs 96,138/- respectively to PMG Ahmedabad for reimbursement. The PMG rejected the claim. The official approached CAT Ahmedabad in OA: 631/2001. The CAT in its Order dated 11-9-2002 directed the respondent (PMG Ahmedabad) to entertain the medical reimbursement claim and reimburse the admissible amount. The respondent asked for extension of time from the CAT twice but finally filed a Writ Petition in the High Court challenging the Order dated 11-9-2002 of the CAT. The High Court, without going into the merits of the case,

dismissed the petition for deviating from the assurance given by the Department to the Tribunal and Ordered to settle the claims.

(Special Civil Application No. 8573 of 2003 - Judgement delivered by High Court Ahmedabad on 2-7-2003)

(See item - 18 below)*

16. The plea of Gol that no formal amendment to CS(MA) Rules 1944 had been effected to facilitate reimbursement of medical expenses to a Pensioner- not accepted. Accordingly Review Application rejected.

Relying on Supreme Court Judgment in the case of Sri Surjit Singh Vs State of Punjab (AIR 1996 SC 1388), High Court of Delhi in the case of Sri Narendra Pal Singh Vs UOI & Ors as also that of CAT Chennai in the case of Sri Rangarajan Vs UOI & Ors- held that there was no apparent error on the face of record warranting recall of Orders passed already in OA No. 216/2001 decided on 21-10-2002 (*Item No. 13 above*)

(RA: 2/2003 in OA: 216/2001 dated 15-1-2003 (At Ahmedabad)

17. Basis of contribution to CGHS from Pre-1996 Pensioners - Pay drawn / Pension sanctioned at the time of retirement to be the basis - CAT upholds contention of applicant:

Applicant, an Asst. Accounts Officer, retired on 1-3-1989 from O/o. Principal AG, Bihar, Jharkhand, opted for CGHS contribution on the basis of pay which was Rs. 3,125/- at the time of retirement. Applicant challenged Order of MoH & FW-OM No. Z-15025/2/2002 dated 15-4-2002. CAT allowed his application to contribute for CGHS on the basis of pay drawn at the time of retirement.

(OA: 24/2003 of CAT (Circuit Bench) at Ranch Harsh Dayal Sinha Vs MoH & FW & Ors decided on 25-7-2003)

18. Claim for reimbursement of medical expenses under CS(MA) Rules 1944 by Pensioners in non CGHS areas:

Six SLPs (Nos. (C) 10206-10207/2004, (C) 722812/2004, (C) 4193-4194/2005, (C) 3714/2005 (C) 5921/2005 and (C) 8539/2005 filed by Dept. of Posts in the Supreme Court against favourable decisions of CATs/judgments of High Courts are pending disposal. Contempt proceedings for not complying with Orders of the High Courts initiated by the applicants has been stayed by the Supreme Court in its Order dated 2.5.2005.

(The SLPs relate to items: 10, 11, 13 & 15 above)*

19. Denial of CGHS facility to P&T Pensioners not participating in CGHS before retirement:

Writ Petition Nos. 6051/2002, 2195/2005, 21958/2005, 27185/2005, 3510/2006 and 20615/2009 filed by CGHS against the favourable decision of CAT, Bangalore in respect of some cases appearing against Serial No. 9 above was dismissed by High Court of Karnataka on 31.7.2009. The MoH & FW has filed a SLP in the Supreme Court against the Orders of High Court. But the Apex Court has not granted stay of the Order though prayed for by Gol.

20. Retirees of Kendriya Vidyalaya entitled to CGHS facility

The OA is allowed. No orders as to costs. The Respondents- (2&3 D.G.H.S. and A.D. C.G.H.S) are directed that the necessary health facilities should be extended to the applicant and to issue necessary instructions, which, in effect, will extend the benefit of CGHS to the applicant as prayed for in representation dt. 18.2.05. The respondents-2&3 will also issue a suitable general clarification confirming availability of CGHS facilities to retired employees of KVS, Bangalore.

(O.A.No.131/10 of CAT Bg. Mrs. Poornima Kumaraswamy Retd. PG Teacher, KVS. KGF- Vs. UoI, DGHS, AD, CGHS, Bg. & Principal, K.V. BEML Nagar, KGF - Dt. of Judgment: 13.4.11)

SECTION 15

LIST OF AREAS COVERED BY CGHS WELLNESS CENTRES IN BANGALORE

CGHS Wellness Centre No.1 : Shivajinagar

Address : Ganesh Towers, No. 111 Infantry Road, Bangalore. 560 001

Ph : 22861255

Cubbon Park	Vasanthanagar	Jayamahala	Benson Town
Fraser Town	Cleveland Town	St. John Hill	Shivajinagar
Tasker Town	Cox Town	Cookes Town	Pillanna Gdn.
Civil Station	Ashok Nagar	Richmond Town	Maclever Town
Langford Garden	Kumarapark East	Madhavnagar	High Grounds
Pottery Town	Ramasamy Palya	Chinnappa Garden	

All other areas / localities coming within the above areas

CGHS Wellness Centre No.2 : Malleswaram

Address : MWM Co-op Society Building, 8th Cross, Margosa Road, Malleswaram, Bangalore- 560 003 Ph : 23311492.

Malleswaram	Palace Guttahalli	Palace Orchards	RMV Extn.
Vyalikaval	GD Park Extn.	Ranganathapura	Yeshwantpur
Mathikere	Gokula I Stage	Rajajinagar II Stage	
	(Upto Railway line)		
Srirampuram (upto 4th Cross)	Gayathrinagar	IISC Campus	
Seshadripuram	Kumarapark West	Nehrunagar	Gandhinagar

All other areas / localities coming within the above areas

CGHS Wellness Centre No. 3 : Basavanagudi

Address : Aradhyia Complex, Beside National College, VV Road, Bangalore, 560 004. Ph : 26673000

Basavanagudi	Hanumanthanagar	Chamarajapet	
Kempegowdanagar			
Visweswarapuram	Kalasipalya	Cottonpet	Binnypet
Sampangiramanagar	Chikpet	Balepet	Ganigarpet

Girinagar	Bank Colony	Srinagar	Avalahalli
Timber Yard Layout	Mount Joy	Sudhamnagar	Sampigehalli
Gouripalya	Padarayanapura	Byatrayanapura	Bapujinagara
Banashankari I Stage			

All other areas / localities covered under the above areas.

CGHS Wellness Centre No.4 : Ulsoor

Address : Car Street, Ulsoor, Bangalore 560 008 Ph : 25510759

Ulsoor, Jogupalya	Murphy Town	Someswarapura	Cambridge L/o.
Dunkanahalli	Nilsandra	Austin Town	Yeragundapalya
Vannarpet	Kattarahalli	Laxmipuram	Ukkadapalya
Krishnamurthynagar	Appareddypalya	Binnamangala	Kaltenahalli
Badapalya	Elegundapalya		

All other areas / localities coming within the above areas

CGHS Wellness Centre No. 5, Vijayanagar.

Address: CPWD Quarters, Bangalore- 560 040. Ph : 23351893

Okalipuram	Ramachandrapuram	Dayanandanagar	Swathantrapalya
L.N.Puram	Prakashnagar	Minervamill area	Gopalapura
Cholurpalya	Hosahalli	Vijayanagar	Kempapura,
Agrahara/Rly Qtrs	Attiguppe	Deepanjalinagar,	
near Rly Station,			
Chandra Layout,	Nagarabhavi	Kothirayagudda.	
Bayapalya	Kempapura Agrahara	Basaveswaranagar	Govindrajnagar
Kamalanagar,	AD Halli	Gopalapura	Mahalakshampuram
Geleyarabalaga	Mahalakshmi Layout	Nandini Layout	Rajajinagar
all the blocks	Ganesha Block	Shivanagar	Sanegurujedihalli
Shivanahalli	Thimmenahalli	Jedihalli	Marenahalli
Oddarapalya	Kethamaranahalli		

All other areas / localities coming within the above areas

CGHS Wellness Centre No. 6, Jayanagar.

Address : No. 57/190, R.V. Road, Bangalore-560 004. Ph.: 26570202

Wilson Garden	Lakkasandra	Siddapura	Kanakanapalya
Thyagarajanagar	Yediyur	Banashankari II Stage.	

Sarakki	Marenahalli	J.P. Nagar all phases	
Padmanabhanagar	Tata Silk Farm	Ragigudda	Tilaknagar
Byrasandra	Chinnaianapalya		Nagasandra
Sarakki Agrahara	Thyagarajanagar	Kaderenahalli	Banashankari
Kumaraswamy Layout			

All other areas / localities coming within the above areas

CGHS Wellness Centre No. 7, Koramangala

Address : GPRA, CPWD Quarters, Koramangala, Bangalore, 560 034

Ph : 25539277

Anepalya	N.D.R.I.,	Bommanahalli	Aduodi
Chikka Aduodi	Bangalore Dairy	Gurappanapalya	BTM Layout all Stg. BTM SFHS Layout
Nanjappanapalya	Bilekally	Kodichinnakahalli	
Hongasandra	Begur	Koramangala all bks.	Chikkamadivala
Yellukunte	Vanganahalli	Parangipalya	Agara
Venkatapura			
Kallalpalya	Srinivagilu	Ejipura	Vivekanagar
Tavarekere	Madivala	HSR Layout	Pukkarajapalya
Suddaguntapalya	Bismillanagar		

All other areas / localities coming within the above areas.

CGHS Wellness Centre No. 8, Domlur

Address : GPRA, CPWD Quarters, Domlur, Bangalore: 560 071. Ph : 25355662

Indiranagar all stages	HAL II & III Stages	Marathhalli	Domlur
Domlur Extension	Jeevanabhimanagar	Thippasandra	Anandanagar
Vimanapura	Kodihalli	Doopanahalli	Dunkanahalli
(West of HAL Rly. Stn.)			
Murugeshpalya	Binnamangala	Michealpalya	

All other areas / localities coming within the above areas.

CGHS Wellness Centre No. 9, Gangenahalli

Address : No. 64/11, I Cross, HGH Layout Ganganagar, Bangalore: 560 032

Ph : 23330320

Gangenahalli	Sanjayanagar	RMV II Stage	J.C. Nagar
Ashwathnagar	Nagashettyhalli	Boopasandra	R.T. Nagar
Sultanapalya	Muneswaranagar	Kavalbyrasandra	HMT Layout
Mattadahalli	Dinnur	Upper Palace Orchards	
CIL Colony	Munireddypalya	Hebbal	U.A.S
Anandanagar	Cholanayakanahalli	Guddadahalli	
D.J. Halli	Periyarnagar	Muddanna Block	Annayappa Block
I.T.I. Colony			

All other areas / localities coming within the above areas.

CGHS Wellness Centre No.10, C.V. Raman Nagar

Address : CGHS Dispensary 10, DRDO Complex, C.V. R. Nagar,
Bangalore: 560 093

Ph : 25243236

Byappanahalli	Benniganahalli	Kaggadasapura	Nagavara
Kalashanapalya	Narayanapura	B Narayanapura	Malleshpalya
Singayyanapalya	Dooravaninagar	Suddaguntapalya	Reddypalya
Gurukmanthanapalya	Jagadishpura	Jogapalya	Byrasandra
Vibhuthipura	Rameshnagar	Annasandrapalya	Beniganahalli
Vimanapura (East of Railway Station)			

All other areas / localities coming within the above areas

Note 1: CGHS Dispensaries were rechristened as "Wellness Centres" - vide Addl. Director, CGHS, Bangalore letter No. 25-4/2008/Admn-5098 dated 24-11-2008

Note 2: CGHS was introduced in Bangalore by converting 3 P&T Dispensaries in Union Street, Malleswaram and Basavanagudi.

(O.M S.11011/2/76-CGHS (P) dated 16.2.1976 of MoH&HW.)

SECTION 16

CGHS BANGALORE-A BIRD'S EYE VIEW

OFFICE OF THE ADDITIONAL DIRECTOR

CENTRAL GOVERNMENT HEALTH SCHEME, 3rd FLOOR,
E WING, KENDRIYA SADAN, KORAMANGALA,
BANGALORE - 560 034, Phone : 25538300

WELLNESS No. CENTRE	LOCATION	PHONE No.	FACILITIES
1.	Shivaji Nagar	22861255	Homoeo, Unani
2.	Malleswaram	23311492	
3.	Basavanagudi	26673000	Ayurvedic Unit
4.	Ulsoor	25510759	---
5.	Vijayanagar	23351893	Peripheral Lab (for Disp. 2,9)
6.	Jayanagar	26570202	
7.	Koramangala	25539277	X-Ray
8.	Domlur	25355662	Peripheral Lab, (for Disp 4, 8, 10) Ayurvedic Unit
9.	Gangenahalli	23330320	
10.	C.V. Raman Nagar	25243236	
11.	Shivajinagar Polyclinic	22869225	1. Specialists- 8* 2. Laboratory with Auto Analyser 3. Dental 4. Computerised Ultra Sound 5. E.C.G.

Working Hours : 7.30 A.M. to 1.30 P.M. (Closed on Sundays & Central Govt. Holidays)

- i) Homoeopathy, Ayurveda, Unani & Dental Units: beneficiaries can directly visit along with their Card. No need for reference from parent Dispensary.
- ii) *Specialists available at CGHS Polyclinic Medical, Skin, ENT, Eye, Radiology, Gynaecology, Paediatrics & Pathology
- iii) In case of any grievance or complaint, Officer to be contacted :

SENIOR MEDICAL OFFICER (Hq), O/o. Additional Director,
CGHS, 3rd Floor, E Wing, Kendriya Sadan, Bangalore-560 034.
Phone : 25530622 Fax : 25500899

SECTION 17

FIXED MEDICAL ALLOWANCE

I FIXED MEDICAL ALLOWANCE OF Rs. 100 P.M. FROM 1-12-1997 TO CENTRAL GOVERNMENT PENSIONERS / FAMILY PENSIONERS NOT COVERED UNDER CGHS :

The undersigned is directed to state that in pursuance of Government's decision on the recommendations of the V Central Pay Commission announced in this Department's Resolution No. 45/86/97-O&PW.(A) dt. 30-9-1997, (vide Sl. No. 142), sanction of the President is hereby accorded to the grant of Fixed Medical Allowance @ Rs. 100 p.m. to Central Government Pensioners/Family Pensioners residing in areas not covered by Central Government Health Scheme administered by the Ministry of Health & Family Welfare and corresponding Health Schemes administered by other Ministries/Departments for their retired employees for meeting expenditure on day-to-day medical expenses that do not require hospitalization.

2. These Orders shall apply to Central Government Pensioners/Family Pensioners, who at the time of retirement/death were governed by CCS (Pension) Rules, 1972 or other corresponding Rules in operation prior to commencement of these Rules and are eligible for medical facilities after retirement. Separate Orders will be issued by the respective Administrative Authorities in respect of members of Armed Forces, All India Services and Railway Pensioners/ Family Pensioners.

3. Existing Pensioners as well as the future retirees shall have to exercise one time option to avail of medical facilities under CGHS or other similar Health Scheme of their respective Ministry/Department or to claim Fixed Medical Allowance of Rs. 100 p.m. In the case of future retirees, the option shall be obtained by the Head of Office along with other Pension papers and in case the retiring employee opts for Medical Allowance, specific entry to this effect shall be made in both the halves of PPO. The CGHS or other medical authorities, while issuing Card

to the Pensioner shall check the position in this regard from PPO and restrict the facilities to be made available accordingly, i.e., Card is valid only for indoor/ outdoor patient treatment, as the case may be.

4. In the case of existing Pensioners, if they opt for Medical Allowance, an undertaking shall be required to be submitted by claimants to the effect that they are entitled to medical facilities under CGHS or other similar scheme administered by the Central Government but are residing in areas where no such outdoor facilities are available. On the basis of this undertaking, Pension Disbursing Authorities shall make an entry in regard to grant of Medical Allowance in both the halves of PPO of the individual concerned and authorize payment of Medical Allowance. Such an undertaking can be obtained by Bank, Department, PAO and Treasury once every year along with other Certificates, the Pensioner is required to furnish. As and when grant of Medical Allowance to a Pensioner / Family Pensioner is authorized by the Pension Disbursing Authority, intimation to this effect shall be sent to the CPAO/ concerned Pay & Accounts Office in the prescribed Proforma.

5. Ministry of Health & Family Welfare / other concerned Ministries shall issue necessary instructions to all Dispensaries providing medical facilities to Pensioners / Family Pensioners to check the PPO of the Pensioners and endorse the CGHS or other Card accordingly.

6. The payment shall be made to the Pensioner by the Pension Disbursing Authority along with Pension/ Family Pension on monthly basis.

7. The payment of medical allowance shall be counted for as a part of Sub-Head under 'Pension and other Retirement Benefits' and no separate Head shall be opened for the purpose.

8. These Orders will take effect from 1-12-1997.

(O.M. No. 45/57/97 dt. 19-12-1997 of DOP & PW.)

II ONLY PENSIONERS / FAMILY PENSIONERS, NOT RESIDING IN AREAS COVERED BY CGHS ARE ELIGIBLE FOR FIXED MONTHLY MEDICAL ALLOWANCE OF Rs. 100.

The undersigned is directed to refer to this Department's O.M. of even number, dated 19-12-1997 on the subject mentioned above and to clarify the position with regard to Paras 2, 3, and 4 of the Office Memorandum:

- i) The recommendation of the V CPC for payment of Fixed Medical Allowance is specifically for Pensioners/Family Pensioners in areas not covered by CGHS.
- ii) The Pensioners residing in a place where CGHS facilities are available cannot opt for Medical Allowance of Rs. 100 p.m. in lieu of OPD facilities.
- iii) As CGHS facility is not made compulsory to all the Central Government Pensioners, there are several Pensioners who have not opted for such facility at the time of their retirement. In such cases, the Fixed Medical Allowance is not payable if they are residing in areas where CGHS facility exists.
- iv) The Fixed Medical Allowance of Rs. 100 p.m. in lieu of OPD facilities has to be paid to the Pensioners on the basis of declaration submitted by them that they are residing in the area where CGHS facility is not available.

In view of the position mentioned above, it is further clarified that Medical Allowance of Rs. 100 p.m. is only for Pensioners/ Family Pensioners residing in non-CGHS areas. Wherever CGHS facilities are available, the Medical Allowance is not payable to the Pensioners.

2. Option for Medical Allowance is to be given by only those Pensioners who are residing outside CGHS areas.

3. Wherever Medical Allowance of Rs. 100 p.m. has been paid to the Pensioners who are residing in areas where CGHS facilities are available, suitable recoveries may be made from them.

(Gol., Dept. of Pension & P.W., O.M. No. 45/57/97-P&PW (C) dt. 24-8-98)

III P&T PENSIONERS WHO WERE NOT CGHS BENEFICIARIES WHILE IN SERVICE, BUT RESIDE IN CGHS AREAS WHERE THERE IS NO P&T DISPENSARY ARE ENTITLED TO FIXED MEDICAL ALLOWANCE

I am directed to refer to this Office letter No. 4-3-98 Pen, dated 21-1-1998 wherein the DOP & PW., O.M. No. 45/57/97-P&PW (C), dated 19-12-1997 on the above subject was circulated for information, guidance and necessary action.

2. As per Ministry of Health and Family Welfare, O.M. No. S-11011/46/95-CGHS-D. II/CGHS (P), dated 1-8-1996 (*Refer Section I Serial 14*) only those P&T Pensioners who were members of CGHS scheme prior to retirement were allowed to transfer their CGHS Cards from one CGHS covered City to another CGHS covered City. Those P&T Pensioners who were not participating in the CGHS while in service were not extended the CGHS facility. A doubt had, therefore, arisen as to whether those P&T Pensioners who were not participating in CGHS while in service and were, therefore, not entitled to the CGHS facility after retirement but had settled in areas covered by CGHS where no P&T Dispensaries existed could be allowed the Fixed Medical Allowance at Rs. 100 p.m.

3. The matter has been considered in consultation with the Department of Pension and Pensioners Welfare as well as with the Ministry of Finance. It has been decided that there is no objection to the grant of medical allowance of Rs. 100 p.m. to those P&T Pensioners who were not participating in CGHS while in service and are hence not entitled to CGHS facilities after their retirement but who are settled in areas covered by CGHS where no P&T Dispensaries exist.

(G.o.I. Dept. of Posts, Cir. Lr. No. 4/3/98-Pen (Pt. IV) dt. 6-10-1999.)

IV CLARIFICATIONS ON THE PAYMENT OF MEDICAL ALLOWANCE OF RS. 100 TO PENSIONERS RESIDING OUTSIDE THE CGHS AREAS.

The undersigned is directed to the Dept's O.M of even Nos. dated 19-12-1997 and 24-8-1998, on the above subject

and to clarify the position in regard to the points raised by various Organisations and Pension Disbursing Banks, as under:

Point raised (i): In the case of those Pensioners who are in receipt of two Pensions viz., Service Pension and Family Pension or Military Pension and another Pension, to which category of Pension, Medical Allowance of Rs. 100 shall be allocated?

Clarification: If any Pensioner or Family Pensioner receives two Pensions, only single Medical Allowance of Rs. 100 p.m. is admissible, if he/she does not avail of medical facilities provided by the respective Organisations. As regards Pensioners who get both Military Pension and Civil Pension, if the Pensioner avails of the Medical facilities provided by one of the Civil or Military Organisation, he/she is not entitled to medical allowance and if he/she does not avail any medical facilities from any of the Organisations, he/she is entitled to Medical Allowance for only one of the two Pensions.

Point raised (ii): In case of Family Pension being shared by two Family Pensioners, i.e., two widows, whether the Fixed Medical Allowance permissible should be granted at Rs. 50 to each of two widows?

Clarification: Where the Family Pension is shared by two widows, same criteria may be adopted as in the case of Dearness Relief is adopted.

Point raised (iii): Are the re-employed Pensioners/employed Family Pensioners, who are claiming reimbursement of medical expenses under CGHS Rules, entitled to Medical Allowance, as medical facilities are provided by his/her Organisation.

Clarification: Re-employed Pensioners/employed Family Pensioners are not entitled to Medical Allowance, as medical facilities are provided by his/her Organisation.

Point raised (iv) Whether the Pensioners who are getting their Pension from the places covered by the CGHS and are residing at other places not covered by CGHS are entitled

to Medical Allowance or not?

Clarification: The Medical Allowance should be given to him/her on the basis of the declaration given by him/her.

Point raised (v): This scheme is applicable to those who are residing in areas not covered by CGHS, etc. But as per Para 3 of the O.M an option is to be obtained from future retirees as to whether they want to avail medical facilities under CGHS etc., or they want to claim Fixed Medical Allowance of Rs. 100. This seems to be contradictory because those residing in CGHS areas would not be entitled for the medical allowance whether they opt or do not opt and on the other hand, those who are residing in areas not covered by CGHS have no option to avail the CGHS facilities and the only way for them is to accept Medical Allowance. Therefore, obtaining any option from either category of Pensioners would not be required. The address on the PPO would be the deciding factor to ascertain the area.

Clarification: Only those Pensioners who are residing in an area not covered by CGHS and specifically opt for not availing of outdoor facility in the nearest CGHS Dispensary, are entitled to receive Medical Allowance. It is, therefore essential to obtain a specific, option from them that they do not wish to avail of OPD facilities in the nearest CGHS Dispensary.

Point raised (vi): Even though the subject matter of the O.M, stipulates grant of Medical Allowance to Central Govt. Pensioners residing in areas not covered by CGHS, the provision of paras 3 and 4 of the said O.M entitle a Pensioner for the Fixed Medical Allowance even if he is residing in an area covered under CGHS or other similar scheme but he will not be entitled for Outdoor facilities provided by CGHS. The CGHS Card in such cases need to be endorsed suitably in order to restrict availing facilities of Outdoor and Indoor as the case may be. Suitable entries in this regard should be made by the Pension Disbursing Authorities in the PPO/PC.

Clarification: Clarified against item (v) above. The provision for endorsing in the Cards has been prescribed to prevent misuse of the CGHS Card.

Point raised (vii): As per para 3 of the O.M an option is to be exercised once and for all. For this an annual undertaking is required to be furnished by the Pensioner to the Pension. Disbursing Authority to regulate the payment of Medical Allowance or otherwise. Situations may arise when a Pensioner residing in CGHS area and was availing facilities thereof, changes his residence and resides in an area not covered under CGHS or similar other schemes of the Govt. He/she would then be required to surrender his PPO/PC to his/her new PDA for regularising the payment of allowance or otherwise. Similarly, when a Pensioner residing in an area not covered under CGHS and thus a recipient of Medical Allowance, changes his/her residence, in an area covered under CGHS, discontinuance of the allowance will have to be suitably endorsed in the PPO/PC by the PDA. A fresh option/undertaking shall have to be given by the Pensioner for payment/discontinuance of the Allowance. It is felt that one-time option will be a fruitful proposition.

Clarification: To prevent misuse of claiming Medical Allowance, the provision for exercising one-time option at the time of retirement has been prescribed. The frequent changes in residential address by a Pensioner from CGHS covered area to non-CGHS covered area and vice versa would cause hardships to the Pensioner as well as to the Pension Disbursing Authority. Only one change in option in the lifetime of the Pensioner shall be allowed.

(Gol, Dept. of P&PW, O.M No. 45/57/97-P&PW(C) dated 30.12.98)

V IMPLEMENTATION OF GOVERNMENT'S DECISION ON THE RECOMMENDATION OF THE V CENTRAL PAY COMMISSION--GRANT OF FIXED MEDICAL ALLOWANCE @ RS. 100/- P.M. TO CENTRAL GOVERNMENT PENSIONERS RESIDING IN AREAS

NOT COVERED UNDER CGHS - CLARIFICATIONS IN RESPECT OF EXISTING PENSIONERS.

In continuation of this Department's O.M. of even number dated 24-8-1998, the undersigned is directed to clarify that the CGHS Dispensaries at Bhubaneshwar and Ranchi provide medical facilities to Pensioners and employees of Indian Audit and Accounts Department only (this includes all the Offices of the Accounts and Audit Departments, A.G. Commercial Audit etc., located in the areas) and employees and Pensioners of other Central Government Offices are not allowed to avail of CGHS facilities in these Cities. In view of this, all Central Civil Pensioners (except Pensioners of Indian Audit and Accounts Department) residing in these Cities are entitled for grant of medical allowance @ Rs. 100/- p.m.

2. All the Pension Disbursing Authorities in Bhubaneshwar and Ranchi are requested to take necessary action accordingly.

G.O.I, Dept. of Pension and Pensioners' Welfare, Ministry of Personnel, Public Grievance and Pension, N.Delhi. No. 45/57/97-P&PW(C), dtd the 18th Aug.'99.

VI FIXED MEDICAL ALLOWANCE OF Rs. 100 P.M. TO PENSIONERS RESIDING IN NON-CGHS AREAS.

I am directed to forward herewith copies of the following Office Memoranda on the subject mentioned above.

- a) Department of Pension & Pensioners' Welfare O.M. No. 45/57/97-P& PW (C), dt. 19-12-1997.
- b) Department of Pension & Pensioners' Welfare O.M. No. 45/57/97-P& PW (C), dt. 24-8-1998.
- c) Department of Personnel & Training O.M. No. 29018/5/98-AIS-II, dt. 2-11-1998.
- d) Department of Pension & Pensioners' Welfare O.M. No. 45/57/97-P& PW (C), dt. 30-12-1998.
- e) Department of Pension & Pensioners' Welfare O.M. No. 45/57/97-P& PW (C), dt. 18-8-1999.

From the Office Memoranda referred to above, it has been made clear that only those Pensioners who are residing in a City not covered by CGHS and specifically opt for not availing Outdoor facilities from the nearest CGHS Dispensaries are entitled to receive Rs. 100 per month as Medical Allowance. However, in such cases, the Pensioner would have to give a specific option to the Head of Office along with other Pension papers before the retirement to enable the Pensioner to obtain Rs. 100 as Medical Allowance. Such Pensioners who have exercised their option for availing Rs. 100 as Medical Allowance, but also desire to avail CGHS facilities for Indoor hospitalization treatment from the nearest CGHS covered City can be issued (CGHS Cards, in which case the Office of the concerned Head of CGHS Organization of the CGHS covered City who issues the Pensioners' CGHS Cards shall check this position from the Pension Payment Order (PPO) and accordingly stamp the CGHS Card issued to the Pensioner with the words "NOT VALID FOR OPD TREATMENT."

The above Orders may be complied in all the cases of Pensioners who have been granted Rs. 100/- per month as Medical Allowance and an entry to this is available in their Pension Payment Order (PPO).

(MH&FW letter No. 11015/1/2000-CGHS(P) dt. 25-2-2000 to the Director CGHS, New Delhi)

VII PROCEDURE FOR PAYMENT OF FIXED MEDICAL ALLOWANCE OF Rs. 100 TO PENSIONERS.

Pensioners who are living in CGHS covered Cities, but whose places of residence are not served by any CGHS Dispensary, have been representing for grant of Medical Allowance of Rs. 100 p.m. The matter has been reconsidered in consultation with the Ministry of Health and Family Welfare. It has now been decided that Medical Allowance @ Rs. 100 p.m. shall be granted to such Central Civilian Government Pensioners, if their places of residence are not served by CGHS or any corresponding Health Schemes administered by other Ministries/ Departments, as the case may be, even though the

places of residence may fall within the limits of a CGHS covered City, subject to their furnishing the following documents :-

(1) An undertaking in the following format :

I..... a retired employee of (Office Address) declare that I am residing at(Residential Address indicated in PPO)....., which area is not covered under CGHS or any corresponding Health Scheme administered by the Ministry/ Departments of (as the case may be). I have also not obtained and do not wish to obtain a CGHS Card and avail Outdoor facilities under CGHS/corresponding Health Scheme of other Ministries / Departments from any Dispensary situated in an adjoining area.

(2) A Certificate from the medical authorities of CGHS or from authorities of corresponding Health Schemes of the concerned Ministries/Departments, as the case may be, that the area where the Pensioner is residing is not served by any Dispensary under CGHS or the corresponding Health Scheme administered by the Ministry / Department.

(Gol., Dept. of Pen. & P.W. O.M. No. 38/99/99-P. &PW. (C) dt. 17-4-2000)

VIII PAYMENT OF FIXED MEDICAL ALLOWANCE OF RS. 100/- TO THE PENSIONERS

I am directed to say that various representations with regard to payment of Fixed Medical Allowance (FMA) from pensioners of Circle Offices are being received seeking clarification for the date from which FMA has to be paid.

2 The matter has been examined in the Directorate in consultation with the Ministry of Personnel, Public Grievances and Pensions. It is clarified that the instructions provided for i) Specific option for FMA and ii) Declaration that the pensioner was not residing in area covered by CGHS scheme. The Disbursing Authority thereafter could grant FMA. Since these conditions are not fulfilled in case of application on later date, FMA cannot be allowed for period starting from December, 1997

to the date the pensioner made available above two i.e., option and declaration.

3 The cases may therefore be settled according to Department of Pension's O.M dated 19-12-97, 24-8-98 and 30-12-98. Copy available at website "pensionersportal.gov.in"

4 This issues with the approval of DDG Estt.

(O.M.No. 2-2-2008 Medical dated 4.11.2009 of Dept of Posts)

IX ORDER ON FIXED MEDICAL ALLOWANCE OF OTHER DEPARTMENTS

1. Tea Board Pensioners

Further to the Office Memorandum No. 73/2000 dtd. 4-5-2000 the undersigned is directed to say that the Ministry of Commerce & Industry. Department of Commerce, Government of India-vide their No. T-49022/5/98-Plant (A) dtd. 28-7-2000 has issued no objection to the implementation of the Pension Order issued by DOP&T. Deptt. of Pension and Pensioners' Welfare - vide their O.M No. 45/57/97-P&PW dtd. 19-12-97 by the Tea Board from 1-12-1997 in time with the said O.M.

Accordingly payment of Fixed Medical Allowance @ Rs. 100/- per month so made to the Pensioners/Family Pensioners of Tea Board w.e.f. 24-3-2000 as per earlier O.M No. 73/2000 dtd. 4-5-2000 may be given retrospective effect i.e., from 1-12-1997 in line with the Deptt. of Pension and Pensioners Welfare O.M No. 45/57/97-P&PW dtd. 19-12-97

*(O.M. No. 23/Est./Med94 dtd. 11-8-2000) of Tea Board)
Increased to Rs. 300/- with effect from 1.9.2008*

2. KVS Retd. Employees

All the retired employees of KVS would be eligible to draw a Fixed Medical Allowance of Rs. 100/- p.m. with effect from 1.1.2007 till the appropriate authority extends the CGHS facilities to them.

(O.M. No. F.6-3/2006-KVS (admn-11) 18 dt. 12-1-2007 of Kendriya Vidyalaya Sangathan)

3. Coffee Board Pensioners

- i) The Pensioner/Family Pensioner shall be entitled to receive Rs. 100/- per month as Medical Allowance with effect from January 2009, under Coffee Board Pensioners' Medical Allowance Scheme 2009.
- ii) The Fixed Medical Allowance of Rs. 100/- shall be paid along with Pension every month to the Pensioner/Family Pensioner
- iii) Allowance of Rs. 100/- will be paid by the Board without any stipulation for production of medical bill.

*(No. ADM/EBI/2008-09/5941 dt. 26.2.2009) of Coffee Board)
Increased to Rs. 300/- with effect from 1.8.2011
(ADM/AS/R/2011-12/2586 of Coffee Board)*

4. Tobacco Board

F.M.A. @ Rs. 300/- being paid with effect from 1.9.2008
(TB/Pension/B.W/2010 dated 2.12.2010)

5. Central Silk Board

F.M.A. @ Rs. 300/- being paid with effect from 1.9.2008
(C.S.B-4(832) 2008-BS dated 29.8.2011)

6. Rubber Board

F.M.A. @ Rs. 300/- being paid with effect from 1.9.2008
(F&A/C3/2010 dated 9.12.2010)

X Grant of Fixed Medical Allowance (FMA) to the Central Government Pensioners residing in areas not covered under CGHS

The undersigned is directed to say that in pursuance of Government's decision on the recommendation of Fifth Central Pay Commission, the Government had issued instruction vide this Department's O.M. No. 45/57/97-P&PW (C), dated 19th December, 1997 for grant of Fixed Medical Allowance @ Rs. 100 per month to the Central Government Pensioners/Family Pensioners residing in areas not covered under Central Government Health Scheme administered by the Ministry of Health & Family Welfare and corresponding Health Schemes administered by other Ministries / Departments for their retired

employees for meeting expenditure on their day-to-day medical expenses that do not require hospitalization. Further clarifications were issued vide this Department's O.M. Nos. 45/57/97-P&PW(C), dated 24-8-1998, 30-12-1998 and 18-8-1999.

2. The demand for enhancement of FMA has been under consideration of the Government for sometime past. Sanction of the President is hereby conveyed for enhancement of the amount of FMA from Rs. 100 to Rs. 300 per month. The other conditions for grant of FMA shall continue to be in force.

3. These Orders will take effect from 1-9-2008.

(O.M. No. 4/25/2008-P&PW (D) dated 26.5.2010)

Annexure

APPLICATION FOR FIXED MEDICAL ALLOWANCE

Existing Pensioners/Family Pensioners shall have to exercise one time option to either avail medical facilities under CGHS (or similar Central Government Health Schemes of other Ministries/Departments, like Armed Forces Hospitals/M.I. Room etc.) OR to claim Fixed Medical Allowance of Rs. 100/-p.m. If they opt for Medical Allowance, an undertaking shall be submitted by the claimant to the effect that he/she is entitled to Medical Facilities under CGHS (or other similar Central Government Health Schemes), but are residing in area where no such outdoor facilities are available. Upon that undertaking, the PDA's shall make an entry in regard to grant of Medical Allowance. PDA's shall obtain similar undertaking from Pensioners/Family Pensioners once in every year, along with other Certificates, and continue the payment of medical allowance for the year. This is effective from 1-12-1997. Medical Allowance will be paid on monthly basis along with the Pension/Family Pension. After grant of Medical Allowance to a Pensioner/Family Pensioner, PDA's should intimate the same to the Accounts Office of the concerned department in the format prescribed for the same.

Declaration A

*i) I, Sri/Smt.....hereby opt for the medical facilities under the CGHS/Armed Forces Medical Scheme/RELHS/RRECHS/..... Medical Scheme. OR

*ii) I, Sri/Smt.....hereby declare and undertake that I am entitled to medical facilities under CGHS/Armed Forces Hospital/M. I. Room/RELHS/RRECHS/..... Medical Scheme, but I am residing at..... (Residential address indicated in PPO) which area is not covered under CGHS or any other corresponding health scheme (RELHS/RRECHS) administered by Ministry/Dept. of I have also not obtained and do not wish to obtain a CGHS Card and avail outdoor facilities under CGHS/corresponding health scheme of other Ministries/Departments from any dispensary situated in an adjoining area. AND

*iii) I, Sri/Smt..... hereby opt to claim Fixed Medical Allowance of Rs. 100 p.m., as I am residing in an area where facilities under CGHS/Armed Forces Medical Scheme/RELHS/RRECHS/..... Medical Scheme are not available.

The applicant should produce a Certificate from the Medical Authorities of CGHS or from authorities of corresponding health schemes of the concerned Ministries/Departments, as the case may be, that the area where the pensioner is residing is not served by any dispensary under CGHS or the corresponding scheme administered by the Ministry/Department. (All PDAs' are required to obtain the above Certificate from such pensioners in CGHS covered Cities before payment of the Medical Allowance. An entry to this effect should be made in both halves of the PPOs).

Existing address of the Pensioner/Family Pensioner.....

Signature,
(Name)

PPO No

Personal Number/Regd. No.

Unit/Formation/Department/Ministry

Countersigned

Head of Dept./Commissioned Officer

Treasury/PSB/Paying Branch/DPDO/PAO

Date

Station

*(Score out whichever is not applicable)

I,..... Son/Daughter of hereby declare that I have not availed of any treatment as out-door patient during the period (indicate the date of retirement or the last date of availing OPD facility or 1-12-1997 whichever is latest) to (indicate the date of signing this declaration).

Name of the Pensioner/Family Pensioner.....

PPO No.....

Pension A/c. No.

Bank/Branch

Place

Date

Signature of Pensioner/Family Pensioner.

SECTION 18

A. MISCELLANEOUS

A. List of CGHS and POSTAL Dispensaries existing at present in india

Sl. No.	Names of States	City & No. of CGHS Dispensaries	Postal Dispensaries
1.	Andhra Pradesh	Hyderabad (13)	Nellore, Vijayawada, Guntur, Rajamundry, Vishakapatnam.
2.	Assam	Guwahati (3) \$	Guwahati, Dibrugarh, Silchar,
3.	Bihar & Jharkand	Patna (3) Ranchi*	Muzaffarpur, Chapra, Gaya, Ranchi, Dhanbad, Darbhanga, P.T.C, Darbhanga.
4.	Chattisgarh		Bhopal
5.	Delhi	Delhi (80)	One CGHS Hospital exists
6.	Gujarat	Ahmedabad (5) \$	Ahmedabad, Vadodara.
7.	Haryana	Gurgaon, Faridabad	Ambala.
8.	Jammu & Kashmir		Jammu.
9.	Karnataka	Bangalore (11)	
10.	Kerala	Tiruvanandapuram (3)	
11.	Madhya Pradesh &	Jabalpur (3) \$ Bhopal.,	Jabalpur. Bhopal,
12.	Maharashtra	Mumbai (29) Pune Nagpur	Mumbai Telecom Fty., Pune
13.	Meghalaya	Shillong	
14.	Orissa	Bhubaneshwar*	Bhubaneshwar, Cuttack, Berhampur
15.	Punjab		Amritsar, Jalandar
16.	Rajasthan	Jaipur \$	Jaipur, Jodhpur, Ajmir, Kota
17.	Tamilnadu	Chennai (16)	Tiruchirapalli, Tirunelveli.
18.	Uttar Pradesh & Uttaranchal	Lucknow (7) \$ Allahabad Kanpur Meerut, Ghaziabad Dehradun	Aligarh, Agra, Bareilly, Moradabad, Saharanpur, PTTC, S'Pur, Lucknow, Varanasi, Gorakhpur, Dehra Dun.
19.	West Bengal	Kolkata (18)	Siliguri, Jalpaiguri, Kolkata, Telecom Fty.,

20. Union Territory Chandigarh Kharagpur.

1. *Captive - for AG's Office Staff only.
2. Figures in brackets indicate No. of Dispensaries
3. \$ P&T is not a participating unit in CGHS

B. Extension of medical facilities to retired P&T employees in non-CGHS areas.

The question of extension of medical facilities as available at P&T Dispensaries to retired P&T employees and their dependents residing at stations where such Dispensaries are functioning has been under consideration for some time. The P&T Board has now been pleased to decide that medical facilities as available at P&T Dispensaries may be extended to such retired P&T employees and their dependent Family members who reside within the jurisdiction of respective Dispensaries and are willing to avail such facilities, irrespective of the amount of Pension they are in receipt of, on the following terms and conditions:-

(a) Scope

- (i) The Scheme will be known as the "**P&T Retired Employees Contributory Health Service Scheme: (P&TRECHS)**"
- (ii) P&T Pensioners and members of their families who are dependent upon them and widows/widowers of deceased P&T employees in receipt of Family Pension or a child who draws Pension after the death of the P&T employee and his/her--wife/husband, residing in the area of jurisdiction of a P&T Dispensary only will be eligible for medical facilities under the Scheme. It would, however, be optional for them to join the scheme. The 'Family' is defined as the Pensioner's wife or husband as the case may be, children and step-children and parents who are mainly dependent and residing with the Pensioner concerned.

(b) Facilities

- (i) Medical facilities under the Scheme will be extended only at places where regular P&T Dispensaries are already functioning or where such P&T Dispensaries might be set up in the future. The facilities can be availed of only at

the places where the Pensioner's Card would be Registered and from the dates on which arrangements for extension of the requisite facilities to Pensioners and their dependents under the Scheme are made by the Administrative Authority concerned. No reimbursement will be allowed when the Pensioners and/or their dependents take treatment from sources other than the P&T Dispensary whether at the place where they are registered or elsewhere; such treatment will be at the cost and risk of the Pensioners and the P&T Dispensary shall not in any case be liable for any expenditure incurred thereon.

- (ii) Only outdoor medical treatment as available in the P&T Dispensary from time to time will be provided. There will be no provision for reimbursement of medical charges of any kind irrespective of whether such charges were incurred during Outdoor Treatment on the advice of the Dispensary Doctor or not.
- (iii) Retired P&T employees and/or their dependents will be entitled to the same facilities in respect of Outdoor Treatment as are available to serving P&T employees at the Dispensary concerned subject to the provisions of Sub Para (ii) above.

(Rest of the paras relating to contribution rates, issue of Identity Cards, administration of the Scheme etc., have not been reproduced. Hospitalisation facility is not admissible. Also charges incurred on purchase of medicines not available in Dispensary are not reimbursable. The Scheme is in the nature of a Welfare Measure unlike CGHS)

(No. 23-10/68-Med dtd. 20.1.77) (P&T Board, Min. of Communications)

C. After Corporatisation of the Dept. of Telecom from 1.10.2000 "P&T Dispensaries" have been renamed as "Postal Dispensaries."

(2.5/2000-Medical dated 10.10.2000 of DoP)

D. DoT employees who retired before formation of BSNL w.e.f 1.10.2000 shall continue to get medical facility in Postal Dispensaries until further Orders

(2.5/2000-Medical dated 29.12.2003 of DoP)

**ISSUE OF INDIVIDUAL PLASTIC CARDS
TO EACH CGHS BENEFICIARY**

(At present, at Delhi only)

(Copy of O.M. No. Misc. 6024/2007/CGHS(HQ)/CGHS (P) dated 17.12.2007 from Ministry of Health & Family Welfare, Department of Health & Family Welfare)

The undersigned is directed to state that the process of computerisation of the functioning of all CGHS Dispensaries and Administrative Offices of CGHS in Delhi is nearing completion. It has now been decided to issue individual Identity Cards to each CGHS beneficiary of Delhi for convenience. All CGHS beneficiaries in Delhi are (including existing Card Holders), therefore, requested to fill up the enclosed Application Form and submit the same to the Chief Medical Officer-in-Charge along with ID (Stamp) sized photos (2x3cm) of all eligible Family members and proof of address.

2. The last date for submission of completed application forms (for existing) is 20th January, 2008.

3. The Application Form and the Notice have already been put on the website of Ministry of Health & Family Welfare, www.mohfw.nic.in/cghs.htm. and was also advertised in newspapers. The form can be downloaded/ copied.

4. In partial modification of guidelines issued, it is now clarified that:

- 1) Applications shall be submitted at Dispensary in respect of Pensioners as well as serving employees (after due verification by concerned Ministry/Department/Office). Two Drop Boxes (Card Board Cartons) shall be placed separately for Pensioners and serving employees.
- 2) In respect of Pensioners who are applying for New CGHS Cards, for the first time, the data will be entered at CGHS (HQ), at Bikaner House, Shahjahan Road, New Delhi, and a temporary (printout) Card will be issued. The temporary Card shall be valid till a Plastic Card is issued.
- 3) For serving employees, Ministries/Departments will continue to issue CGHS Cards as hithertofore and have the form for issue of Plastic Cards verified and forwarded to the Dispensary concerned.
- 4) For purposes of identity/residential proof, of serving

- employees, the Certificate issued by a Gazetted Officer sponsoring the beneficiaries name for the issue of the Plastic Card shall be accepted as proof.
- 5) In case of Pensioner beneficiaries, Certificate issued by Residents' Welfare Association or by a Gazetted Officer shall be accepted for proof of residence, in case they do not have any other documents to verify the residential status of the beneficiary.
 - 6) In case of serving employees of Autonomous Bodies covered under CGHS, Delhi, concerned organisation shall Certify that the required CGHS contribution has been deposited with CGHS(HQ).
 - 7) Pensioners of Autonomous Bodies, who are presently covered by the CGHS, shall submit the draft for renewal from time to time and validity of Card shall be renewed from time to time in CGHS data base at Dispensary.
 - 8) Plastic Card issued shall be valid for a maximum period of 5 (five) years; the actual validity of CGHS Card for availing services shall be as per records available in CGHS data base.
 - 9) List of Autonomous Bodies covered under CGHS is available in the website of the CGHS.
 - 10) In case of any dispute, the data available on CGHS data base shall be treated as final. An Agency appointed by NICS shall collect these applications and deliver the Plastic Cards at the Dispensaries along with printed list in due course of time. The existing CGHS Cards shall however (subject to validity) remain valid till issue of new Cards.
 - 11) If there are any inadvertent mistakes on the Identity Card, the Agency will bear the cost of correction in the event of an error in entering the data by them. However, the beneficiaries shall have to bear the cost in case of providing wrong information by them. The beneficiaries are, therefore, advised to be careful while filling up the form.

(Contd on next page)

Application For CGHS Card

Applying for New CGHS Card in case of new Pensioner's Card--CGHS Card No. while in service

Applying for New Card to replace existing CGHS Card No.

1. Name of the Applicant:.....
2. Category Department Service
Pensioner Other (Pl. Specify)
(Please Tick Department if you are posted in the Ministry of Health & Family Welfare/DGHS/CGHS)
(Please Tick Service if you belong to any specific organized service)
3. Name of Department/Service
4. Designation..... Gazetted
Non-Gazetted
5. Scale of Pay.....
Present Pay.....
6. Last Pay / basic Pension (in case of Pensioner):
7. Official Address:.....
8. Residential Address:.....
9. Telephone Number: (O) (R)
(M)
10. e-mail ID.....
11. Date of Superannuation: Date.....
Month..... Year
12. Are you on Deputation (Central Deputation) Yes/No

- 13. If yes, likely period of completion of Deputation
- 14. Are your service transferable to other Cities: Yes/No
- 15. Details of Family
(* Please see definition of Family before filling up this column)

Sl. No	Name of Family Members	Relationship to CGHS Card Holder / Self	Date of Birth/ Blood Group

(# Please attach Proof of age of persons mentioned above)

- 16. Are all the persons whose names are given above are dependent upon you and are residing with you? Yes/No
(Please attach proof of their staying with you, like copy of Ration Card/Election ID/Pass Port/Identity Card issued by School/College/University/Bank Pass Book, etc.)
- 17. Paste one ID Card size of Photograph of each member of Family (including self) whose names are proposed to be included as part of your family in the space given below.

SECTION 20

ANNEXURE - I

APPLICATION FOR ADMISSION TO CGHS (PENSIONERS)

To
The Additional Director,
Central Govt. Health Scheme.

.....

Dear Sir,

I along with the members of the family whose particulars are given at the Sl. No. 5 may please be admitted to CGHS on payment of subscription on the basis of last PAY DRAWN / PENSION / FAMILY PENSION*. My particulars are as under :

1. Name of the Head of family :
2. Residential Address :
3. In case the applicant is a Pensioner,
 - (a) Date of retirement :
 - (b) Ministry / Dept. / Office :
 - (c) Gross pension, if fixed :
 - (d) P.P.O No.....
4. In case the applicant is a Family Pensioner :
 - (a) Name of the deceased Govt. Servant :
 - (b) Date of Death of the deceased Govt. Servant :
 - (c) Ministry / Dept. / Office :
 - (d) Post held at the time of retirement :
 - (e) Pay last drawn at the time of retirement :
 - (f) Relationship of the applicant with the deceased Govt. Servant :
 - (g) Amount of family pension : at the enhanced rate
(Please also specify the date upto which enhanced family pension is admissible) :
 - (h) F.P.P.O No.
5. Details of family according to the term family

Sl. No.	Name	Age	Date of Birth	Relationship

I declare that :

- i) I will abide by the Rules and Regulations and Modifications of the services

TEMPORARY PERMIT (CGHS)

- which may be issued from time to time.
- *ii) I will deposit my contribution on six monthly / yearly instalments.
- *iii) I wish to avail of CGHS facilities on the basis of last pay drawn / Pension.
- *iv) I have not applied for CGHS Card previously / I have surrendered my CGHS identity Card issued to me from my Office while in service and the payment of contribution has been made upto the date of surrender of Card.
- v) I hereby undertake to surrender the CGHS Card being issued to me if not required, in the Dispensary concerned. In case the Card is not surrendered before the expiry of validity period and Card is retained by me, even if no facility is availed by me, I undertake to pay the CGHS contribution for the intervening period.

* Strike off * not applicable*

Place :
Date :

Signature of Applicant

AFFIDAVIT

(to be attested by a Notary Public or Gazetted Officer)

I..... solemnly affirm that I am, and my dependants whose names are given below, are residing in(place) and my address is

Sl. No.	Name of the Govt. servant and also dependants	Age	Date of Birth	Relationship

Place :
Date :

Signature of Applicant

Attested by

(Documents to accompany the application form as notified in Page No. 153 of this publication.)

Signature with name and Office Seal

No.
Date :

Authority for medical facilities under the CGHS for Pensioners

This will be valid for a period not exceeding six months from the date of issue.

Shri / Smt.

Is a pensioner and has been issued CGHS Identify Card No.

He/ she and the under mentioned entitled members of his / her family are expected to stay in..... for a

period ofmonths.....days.....from.....to.....

Name	Age	Relationship
1.		
2.		
3.		
4.		

Signature / Name & Designation of the issuing Authority

Signature of the Chief Medical Officer / Medical Officer - I/C CGHS Dispensary concerned

Signature of the Chief Medical Officer I/C of the CGHS Dispensary to which transferred

ANNEXURE - III

DELETION / ADDITION TO FAMILY (CGHS)

(IN DUPLICATE)

1. No. of the Identify Card. :
2. Name of the Govt. Servant :
3. Office / Department :
4. New Addition / Deletion :

Name	Date of Birth	Relationship	Identification marks
------	---------------	--------------	----------------------

- 1.
- 2.
- 3.
- 4.

5. Signature of Govt. Servant / Pensioner :

Date :

Remarks :

6. Signature and designation of issuing Authority :
7. Signature of Medical Officer I/C of the Dispensary :

ANNEXURE - IV

PREFERRING OF MEDICAL CLAIMS BY THE CGHS BENEFICIARIES (BOTH SERVING/PENSIONER) AND REIMBURSEMENT THEREOF (CGHS)

(G.O.I. M.H.&F.W., Lr. No. Misc. 3/04/R&H/CGHS/CGHS(P), dtd. 9.3.04)
(G.O.I. M.H. & F.W. No. 4.18/2005-C&P (Vol.1 pt(1) dt. 20.2.09)

I am directed to forward herewith the Medical 2004 Form, Checklist, and Essentiality-cum-Statement of expenditure Certificate to enable the CGHS beneficiaries (both serving/Pensioner) to prefer their medical claims for reimbursement from the Government.

2. In view of the above, the CGHS beneficiaries may be requested to henceforth prefer their medical claims as per the revised Medical 2004 Form, Checklist and Essentiality-cum-Statement of expenditure Certificate being circulated with this letter.

**Central Government Health Scheme
Checklist for reimbursement of medical claims**

1. CGHS Token No. and Place of issue :
2. Validity of CGHS Card : from to
(For Pensioner) and Entitlement Pvt/Semi Pvt./General
3. Full Name of Card Holder :
(Block Letters)
4. Status (Government Servant/ Pensioner/Other) :
5. The following documents are submitted [Please tick (✓) the relevant column at 4] :
 - a) Medical 2004 Form : Yes/No
 - b) Photocopy of CGHS Card : Yes/No
 - c) No. of Original Bills : ...
 - d) Copy of discharge summary : Yes/No

- e) Copy of Referral by Specialist/CMO : Yes/No
- f) Whether the Hospital has given : Yes/No
break-up for Lab Investigations
- g) Original papers have been lost hence the
following documents are submitted-
- I Photocopies of claim papers : Yes/No
- II Affidavit on Stamp Paper : Yes/No
- h) In case of death of Card holder,
the following documents are
submitted-
- I Affidavit on Stamp Paper by : Yes/No
Claimant
- II No Objection from other legal : Yes/No
heirs on Stamp Paper
- III Copy of Death Certificate : Yes/No
- Dated Signature of CGHS Cardholder
Tel. No. (O)
(R)
e-mail Address
- Name of the Bank Branch S.B A/c. No.
Branch MCR code..... Ph.No. of Bank.....

CENTRAL GOVERNMENT HEALTH SCHEME

MEDICAL 2004 FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF CGHS BENEFICIARIES

Computer No.

(To be filled by the Claimant)

1. CGHS Token No. and place of Issue :
2. Validity of CGHS Token Card : From
and entitlement : To
Pvt./Semi Pvt./General

3. Full name of the Card Holder :
(Block Letters)
4. Full Address :
5. Telephone No. (O) (R)
6. e-mail address, if any.
7. Name of the Bank Branch S.B A/c. No.
Branch MCR code..... Ph.No. of Bank.....
8. Name of the patient and relationship with the Card Holder
9. Status tick (✓) (Government servant/Pensioner/serving employee or
Pensioner of Autonomous Body/Member of Parliament/Ex. M.P./Ex.
Governor/Former Judge of Supreme Court/Former Judge of High Court/
Freedom Fighter/Legal Heir/Others).
10. Basic Pay/Basic Pension :
11. Name of the Hospital with Address :
a) OPD Treatment and Investigations :
b) Indoor Treatment :
12. Date of admission Date of discharge
(In case of Indoor Treatment only)
13. Total amount claimed :
a) OPD Treatment :
b) Indoor Treatment :
14. Details of Referral :
15. Details of Medical advance, if any :

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS Card was valid at the time of treatment. I agree for the reimbursement as is admissible under the Rules.

dated: Signature of CGHS Card holder

Note: Misuse of CGHS facilities is a criminal offence. Suitable action including cancellation of CGHS Card shall be taken in case of wilful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

Information

- a) Kindly write correct postal address in block letters.
- b) Obtain Break-up of Investigation from the Hospital (details and rates of individual tests and the exact number of Sugar Tests, X-ray films, etc.) as the reimbursable amount is calculated as per approved rates only
- c) Draft against column (1) of check list - in case of loss of Original Papers.

Draft Affidavit for Duplicate Claim Papers / bills on Stamp Paper

I,.....son/wife/daughter or..... and resident ofdeclare that I lost/misplaced/not traceable the medical claim papers in respect of..... I hereby give an undertaking that I have not received any payment against original bills/claim papers from any source and that if the original papers are traced, I shall not stake claim against original bills in future and that in the event I receive any cheque against original bills in future, I shall return the same to Competent authority.

Deponent

Verified by Notary Public

- (d) Draft against column (I) of check list - in case of Death of Card holder

Draft Affidavit on Stamp Paper for claiming medical reimbursement

I..... wife/son/daughter of Late.....and resident of..... hereby submit the medical claim papers pertaining to treatment of my spouse/father/mother/Late Shri/Smt..... who had expired on..... (*copy of Death Certificate is enclosed*).

Late Shri/Smt. has left behind the following other legal heirs none of whom have any objection if the entire amount reimbursable is paid to me.

.....
.....

No Objection Certificate signed by other legal heirs on Stamp Paper is enclosed.

Deponent

Deponent

Attested by Notary Public

Draft for No Objection Certificate on Stamp Paper.

We..... S/o. D/o. Late Shri/Smt.....
..... S/o. D/o. Late Shri/Smt.

being the legal heirs of Late Shri/Smt. have no objection if the entire amount reimbursable pertaining to the treatment of our father/mother is paid to our brother Shri.....

() ()

Address W/o
Address

Verified by Notary Public

SECTION 1

EMPANELMENT OF PRIVATE HOSPITALS AND REVISION OF PACKAGE RATES APPLICABLE UNDER CGHS, BANGALORE

The undersigned is directed to state that CGHS had initiated action for fresh empanelment of Private Hospitals under CGHS, Bangalore and also for the revision of package rates (which were fixed in 2007), to be paid to Hospitals, by floating tender for the same. On the basis of the responses received rates for various procedures/treatments have been arrived at and have been uploaded in the website of CGHS: www.mohfw.nic.in/cghsnew/index.asp and can be downloaded.

2. In order that CGHS beneficiaries get treatment from well maintained and run Hospitals, it has been decided to have differential rates of reimbursements, as per details given in the enclosed rates list. The principle followed for the differential package rates being:

- (i) where L-1 rates were arrived at on the basis of rates quoted by non-NABH accredited Hospitals/Super-Speciality Hospitals, NABH accredited Hospitals will be entitled to reimbursement of certain percentage of additional amount over and above the L-1 rates;
- (ii) where L-1 rates were arrived at on the basis of rates quoted by NABH accredited Hospitals, then non-NABH accredited Hospitals would be entitled to an amount lower by certain percentage than the reimbursement made to NABH accredited Hospitals at L-1 rates; and
- (iii) Rates for Super-Speciality Hospitals have been identified separately and notified in the rate list put on the website of the CGHS. Super-Speciality Hospitals covered under this category are:
 - 1) Cardiology & Cardio-Thoracic Surgery
 - 2) Joint replacement Surgery made under Orthopaedics
 - 3) Nephrology & Urology including Renal Transplantation;
 - 4) Endocrinology;

- 5) Neurosurgery
- 6) Gastro-Enterology & GI Surgery and
- 7) Oncology

3.1.(a) "Package Rate" shall mean and include lump sum cost of inpatient treatment/day care/diagnostic procedure for which a CGHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) injection charges, (vi) Dressing charges, (vii) Doctor/consultant visit charges, (viii) ICU/CCU charges. (ix) Monitoring charges, (x) Transfusion charges. (xi) Anesthesia charges (xii) Operation theatre charges (xiii) Procedural charges/surgeon's fee (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations. (xvii) Physiotherapy charges etc. (xviii) Nursing care and charges for its services.

- (b) Cost of Implants/stents/grafts is reimbursable in addition to package rates as per CGHS ceiling rates for Implants /stents/grafts or as per actual, in case there is no CGHS prescribed ceiling rates.
- (c) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.
- (d) The Hospitals empanelled under CGHS shall not charge more than the package rate/rates.

3.2. Package rate envisage upto a maximum duration of indoor treatment as follows:

- 12 days for Specialised (Super Specialities) treatment
- 7 days for other Major Surgeries;
- 3 days for Laparoscopic Surgeries / normal deliveries; and
- 1 day for day care / Minor (OPD) Surgeries.

3.3. However, if the beneficiary has to stay in the Hospital

for his/her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by Hospital, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and Doctors visit charges (not more than 2 visits per day per visit by Specialists/Consultants and cost of medicines for additional stay)

3.4. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of Surgical procedure or due to any improper procedure and is not justified.

4.1 CGHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their basic pay/pension. The entitlement is as follows:

Sl.No.	Basic Pay (without the inclusion of grade pay)	Entitlement
1.	Upto Rs. 13,950/-	General Ward
2.	Between Rs. 13,951/- and Rs. 19,530/-	Semi-Private Ward
3.	Rs. 19,540/- and above	Private Ward

4.2 The package rates are for Semi-Private Wards.

4.3. It has now been decided that the CGHS beneficiaries taking treatment in the empanelled Hospitals will be entitled for reimbursement/treatment on credit as per the package rate/rates. The package rates are for Semi-Private Ward. If the beneficiary is entitled for General Ward there will be a decrease of 10% in the rates; for Private Ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement whether the patient is admitted or not and the test per se does not require admission to Hospital.

4.4. A Hospital empanelled under CGHS, whose normal rates for treatment procedure/test are lower than the CGHS prescribed rates shall charge as per the rates charged by them for that procedure/treatment from a non-CGHS beneficiary and will furnish a certificate to the effect that the rates charged from

CGHS beneficiaries are not more than the rates charged by them from non-CGHS beneficiaries.

5.1. Private Ward is defined as a Hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc., as well as a bed for attendant. The room has to be air-conditioned.

5.2. Semi Private Ward is defined as a Hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.

5.3. General Ward is defined as halls that accommodate four to ten patients.

5.4. Normally treatment in higher category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular Hospital does not have the Ward as per entitlement of beneficiary, then the Hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of Ward.

6.1. In case of non-emergencies, the beneficiary shall have the option of availing specific treatment/investigation from any of the empanelled Hospitals of his/her choice (provided the Hospital is empanelled for that treatment procedure/test), after the same has been advised by CGHS/other Government Specialist/CMO in-charge and permission is obtained from the Competent Authority.

6.2 CGHS beneficiaries have so far, been given the option to get themselves treated in any Hospitals of their choice. However, in view of the increased outgo on getting treatment in Super-Speciality Hospitals, it has now been decided that CGHS beneficiaries desirous of getting treated in Super Speciality Hospital in non-emergency conditions prior approval of the concerned Additional Director, CGHS would have to be obtained.

6.3. Permission for treatment, other than those covered by para 6.2 above, is granted by CMO in-charge/Additional Director/ Joint Director, CGHS in case of pensioners, former Governors, former Vice-Presidents, ex-MPs. Freedom Fighters etc., and by Rajya Sabha /Lok Sabha Secretariat as the case may be in case of sitting Members of Parliament, concerned Ministry/Department /Organisation in case of serving Government employees, serving employees and pensioners of autonomous bodies covered under CGHS.

7. The empanelled Hospitals shall honour permission letter issued by Competent Authority and provide treatment/ investigation facilities as specified in the permission letter.

8.1. Hospitals shall provide credit facility to the following categories of CGHS beneficiaries (including dependant family members, whose names are entered on CGHS Card) on production of valid permission letter.

- * Members of Parliament
- * Pensioners of Central Government drawing pension from Central Estimates
- * former Vice-Presidents, Former Governors and former Prime Ministers
- * Ex-Members of Parliament
- * Freedom Fighters
- * Serving CGHS employees
- * serving employees of Ministry of Health & Family Welfare (including attached/Subordinate Offices under the Ministry of Health & Family Welfare) and
- * such other categories of CGHS cardholders as notified by the Government

8.2. Bills should be submitted to the Office of the Rajya Sabha Secretariat /Lok Sabha Secretariat in case of sitting Members of Parliament and to Additional Director, CGHS, Bangalore in case of other beneficiaries enlisted above, once in a month

8.3. The Hospitals shall extend credit facility to the above categories of CGHS beneficiaries under emergency with prior permission irrespective of the CGHS City where they are registered and send the bill to Additional Director, CGHS, Bangalore.

8.4. Bills of serving employees of the Ministry of Health & Family Welfare and the employees if attached / Subordinate Offices under the Ministry of Health & Family Welfare will be sent directly to the Office/Officer which/who referred the patients to the Hospitals.

8.5. In case of emergencies empanelled Hospitals shall not refuse admission nor demand payment from CGHS beneficiaries on production of valid CGHS Card issued by Competent Authority of any CGHS City.

8.6. Reimbursement in case of pensioners former Governors, former Vice-Presidents, ex-MPs. Freedom Fighters etc., is made by CGHS and by Rajya Sabha Secretariat /Lok Sabha Secretariat in case of sitting Members of Parliament and by concerned Ministry/Department/Organisation in case of serving Govt. employees, serving employees and pensioners of autonomous bodies covered under CGHS.

8.7. Serving Central Government employees and their dependent family members not covered by the CGHS will not be denied treatment at package rates if they approach the Hospitals with a proper referral letter from the Ministry/ Department in which they are working after verifying the genueness of the employee by production of his/her valid Identity Card issued by the appropriate authority.

8.8. Serving Central Government employees and their dependent family members not covered by the CGHS will not be denied treatment at package rates if they approach the hospitals in emergency condition to the patient. The treatment will be given after verifying the genueness of the employee by production of his/her valid identity card issued by the appropriate authority.

9. During In-patient treatment of the CGHS beneficiary, the Hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/equipment or accessories from outside and will provide the treatment within the package rate fixed by the CGHS which includes the cost of all the items.

10. In case of treatment taken in emergency in any non-empanelled Private Hospitals, reimbursement shall be considered by Competent Authority at CGHS prescribed packages/rates only.

11. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only at 50% of charges for minor procedure

12. Any legal liability arising out of such services, responsibility solely rests on the Hospital and shall be dealt with by the concerned Empanelled Hospital themselves.

13. This Office Memorandum supersedes all earlier instructions relating to Empanelment of Hospitals for specialised and general purpose treatment and investigations for Bangalore.

14. This issues with the concurrence of Internal Finance Division in the Ministry of Health & Family Welfare, vide Dy. No: AS & FA/2457/2010 dated the 16th August, 2010.

15. The revised rates will come into effect from 1st September, 2010

16. A copy of this Office Memorandum along with rate list and a copy of MOA are placed on the internet at <http://mohfw.nic.in/cghsnew/index.asp>.

(O.M. No. S.11011/23/2009-CGHS D.II/Hospital Cell (Part III) dated 17.8.2010 from the Ministry of Health & Family Welfare Department of Health & Family Welfare)

II Fresh empanelment of Private Hospitals and revision of Room Rent applicable under CGHS

The undersigned is directed to state that CGHS had initiated action for fresh empanelment of Private Hospitals under CGHS and also for the revision of package rates (which were fixed in 2006-2007), to be paid to Hospitals, by floating tender for the same. On the basis of the responses received package rates for various procedures/treatments have been arrived at and have been uploaded in the website of CGHS: www.mohfw.nic.in/cghsnes/index.asp and can be downloaded.

2.(a) "Package Rate" shall mean and include lumpsum cost of inpatient treatment/daycare/Diagnostic procedure for which a CGHS beneficiary has been permitted by the Competent Authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to)- (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patient's diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor/Consultant visit charges, (viii) ICU/ICCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anaesthesia charges, (xii) Operation Theatre charges, (xiii) Procedural charges / Surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during Hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges, etc., (xviii) Nursing care and charges for its services.

b) Cost of Implants / Stents / Grafts is reimbursable in addition to package rates as per CGHS ceiling rates for Implants/ Stents/Grafts or as per actual, in case there is no CGHS prescribed ceiling rates.

c) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother

d) The Hospitals empanelled under CGHS shall not charge more than the package rate / rates.

2.2. Package rates envisage up to a maximum duration of indoor treatment as follows:-

12 days for Specialized (Super Specialities) treatment;

7 days for other Major Surgeries;

3 days for Laparoscopic Surgeries / normal deliveries; and

1 day for day care / Minor (OPD) Surgeries.

2.3. However, there are certain procedures where there is no prescribed package rate under CGHS. Similarly, there are medical emergencies where the treatment is mainly conservative. The admissible amount in such cases is calculated Itemwise, room rent, procedures, investigation, etc.

Therefore, it has now been decided to revise the rates applicable for room rent (Accommodation Charges) for different categories of wards as given below:-

General Ward	Rs. 1,000 per day
Semi-Private Ward	Rs. 2,000 per day
Private Ward	Rs. 3,000 per day

3. CGHS beneficiaries are entitled to facilities of Private, Semi-Private or General Ward depending on their basic pay / pension the entitlement is follows:-

Sl.No.	Basic Pay (without the inclusion of grade pay)	Entitlement
1.	Up to Rs. 13,950	General Ward
2.	Between Rs. 13,951 and Rs. 19,530	Semi-Private Ward
3.	Rs. 19,540 and above	Private Ward

4. This issues with the concurrence of Internal Finance Division in the Ministry of Health and Family Welfare, vide Dy. No: AS & FA/3932/2010, dated the 8th November, 2010.

The revised rates will come into effect from the date of issue of this Office Memorandum.

A copy of this Office Memorandum along with rate list and a copy of MoA are placed on the internet at <http://mohfw.nic.in/cghsnew/index.asp>.

*(G.o.I.,M.H.,O.M.No.S. 11011/23/2009-CGHS
D. II/Hospital Cell (Part I), dated 16-11-2010)*

III Continuous empanelment of Private Hospitals and Diagnostic Centres under CGHS

With a view to ensuring comprehensive health care to CGHS beneficiaries, CGHS has been apart from the Government Hospitals, empanelling Private Hospitals and Diagnostic Centres by floating tenders periodically. The latest tender process in this context commenced in the second half of 2009. Even the already

Empanelled Hospitals/Diagnostic Centres under CGHS were required to submit the bids under this tender process. Through this process, package rates for different treatment procedures and investigations have been notified in 2010. As a part of this process, certain Hospitals and Diagnostic Centres which have accepted these rates and also signed MoAs with CGHS have also been notified in some of the CGHS Cities.

2. However, it has been noticed that the number of Hospitals and Diagnostic Centres notified in some Cities through the current tender process is not adequate to provide a satisfactory level of healthcare to CGHS beneficiaries in all areas in these Cities. Also, there has been no or little response in certain other Cities, with the result a situation has arisen where CGHS is not in a position to provide to its beneficiaries the requisite healthcare due to lack of adequate number of Hospitals and Diagnostic Centres in different Cities.

3. Accordingly, it has become necessary to introduce 'Continuous Empanelment Scheme', under which more Hospitals and Diagnostic Centres could be empanelled to take care of inadequacy in the current tender process. In this background, it has been decided to invite Hospitals and Diagnostic Centres to come forward and apply for empanelment under CGHS if they are willing to fulfil the same terms and conditions and accept the rates notified by CGHS in the latest tender process.

4. The continuous empanelment scheme will not cover, for the present, the following Cities, as the tender process initiated in these Cities is yet to be completed:-

- i) Bhopal
- ii) Bhubaneswar
- iii) Meerut
- iv) Nagpur and
- v) Patna

In addition, continuous empanelment scheme is not being extended, for the present, to Delhi (including NCR), Allahabad, Kanpur and Jaipur.

5. The continuous empanelment scheme will cover, for the present, the following Cities:-

- 1) Mumbai 2) Kolkata 3) Chennai 4) Bengaluru
- 5) Hyderabad 6) Ahmedabad 7) Chandigarh 8) Dehradun
- 9) Guwahati 10) Lucknow 11) Jabalpur 12) Pune 13) Ranchi
- 14) Shillong and 15) Thiruvananthapuram

6. The continuous empanelment scheme would be in force initially for a period of six months, i.e., up to 31st May, 2011.

7. The application form for the continuous empanelment scheme can be downloaded from the website of CGHS, www.mohfw.nic.in/cghsnew/index.asp.

*(G.o.I.M.H. O.M. No. 5. 1101/23/2009-CGHS D.II/Hospital Cell (PT. IX)
dated. 8.12.2010)*

Note: Since at present, there are three different package rates, i.e.

i) 2007 Rates

ii) NABH Rates

iii) 2010 Non-NABH Rates

Package Rates are not being printed in this edition

SECTION 2

TREATMENT IN EMERGENCY

(in CGHS-recognised Private Hospitals as per Memorandum of Agreement (MoA) between Director, CGHS and Hospitals concerned)

Para 1.1.8 of MoA Emergency (defined) "Emergency" shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.

Para 8 of MoA:

8 Treatment in Emergency

- 8.1 In emergency the Hospital will not refuse admission or demand an advance payment from the beneficiary or his family member and will provide credit facilities to the patient whether the patient is a serving employee or a Pensioner availing CGHS facilities, on production of a valid CGHS Card and the Hospital shall submit the bill for reimbursement to the concerned Deptt./ Ministry/ CGHS. The refusal to provide the treatment to bonafide CGHS beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without valid ground, would attract disqualification for continuation of empanelment.
- 8.2 In cases of non-emergency the Hospital will provide treatment on credit basis to Members of Parliament, Pensioners, Ex-Members of Parliament, Freedom Fighters, serving CGHS employees and such other categories of CGHS Cardholders as notified by the Government, and submit the bills for payment.
- 8.3 The following ailments may be treated as emergency which is illustrative only and not exhaustive, depending on the condition of the patient:

- i. Acute Coronary Syndromes (Coronary Artery Be-pass Graft/ Percutaneous, Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stroke Adam attack, Acute Aortic Dissection.
- ii. Acute Limb Ischemia, Rupture of Aneurysm, Medical and Surgical shock and peripheral circulatory failure.
- iii. Cerebro-Vascular attack-Strokes, sudden unconsciousness, Head injury, Respiratory failure, decompensated lung disease, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.
- iv. Acute Abdomen pain.
- v. Road Traffic Accidents / with injuries including fall.
- vi. Severe Hemorrhage due to any cause.
- vii. Acute poisoning
- viii. Acute Renal Failure
- ix. Acute abdomen pain in female including acute Obstetrical and Gynecological emergencies.
- x. Electric shock.
- xi. Any other life threatening condition.

SECTION 3**List of new Hospitals empanelled under CGHS, Bengaluru****GENERAL PURPOSE HOSPITALS**

Sl.No.	Name of the Hospital	Approved for	Whether accredited by NABH	Whether already on the panel of CGHS
1	Nil			

SUPER SPECIALITY HOSPITALS

1	Narayana Hrudayalaya, 258A, Bommasandra Industrial Area, Hosur Road, Bengaluru 99 Ph. 78350000 w.e.f 16th November, 2010	Super Speciality	Yes	Yes (Cardiology and Cardio Thoracic Surgery, Dialysis)
2	Fortis Hospital (Formerly Wockhardt) No. 154/9, Bannerghatta Road, opp. IIM-B, Bangalore- 560070	Super Speciality	Yes	

CANCER HOSPITAL

1	Bangalore Institute of Oncology, No. 8 P.Kalinga Rao Road, Sampangiramnagar, Bengaluru-27 Ph. 40206000 w.e.f 16th November, 2010		No	Yes
---	--	--	----	-----

EYE CARE CENTRES

1	Narayana Netralaya, No. 121/C Chord Road, Rajajinagar 1st R Block, Bengaluru - 560010 Ph. 66660658 w.e.f.16th November, 2010	Eye Care	No	Yes (Eye Care (Cataract/ Glaucoma, Retinal&Vitreoretinal surgery except corneal transplant surgery, Strabismus, Occuloplasty, Adnexa and other specialised treatment.)
2	Narayana Netralaya Narayana Health City No. 258/A Bommasandra, Hosur Road, Bengaluru 99 Ph.: 66660658 w.e.f.16th November, 2010	Eye Care	No	Yes (Eye Care (Cataract/ Glaucoma, Retinal & Vitreoretinal surgery except corneal transplant surgery, Strabismus, Occuloplasty, Adnexa and other specialised treatment.)

3	Karthik Netralaya Institute of Ophthalmology Pvt. Ltd., 89, 6th Cross, Ashok Nagar, BSK-I Stage, Bg.-50 Ph.: 26674399 w.e.f. 16th November, 2010	Eye Care	No	No
4	B.W. Lions Super Speciality Eye Hospital, No. 5 Lions Eye Hospital Road, (off J.C. Road) Bengaluru 560 002 Ph.: 22232562 w.e.f. 16th November, 2010	Eye Care	No	No
5	Devi Eye Hospital, 434, 18th Main, 80 Feet Road, 6th Block, opp. Koramangala Bus Depot, Bengaluru-95 Ph.: 25535514 w.e.f. 16th November, 2010	Eye Care	No	(Eye Care (Cataract/ Glaucoma, Retinal&Vitreoretinal surgery except corneal transplant surgery, Strabismus, Occuloplasty, Adnexa and other specialised treatment.)
6	Dr. M.C. Modi Eye Hospital, Dr. M.C. Modi Eye Hospital Road, Mahalaxmipuram, Bengaluru-86, Ph.: 23492233 w.e.f. 16th November, 2010	Eye Care	No	(Eye Care (Cataract/ Glaucoma, Retinal&Vitreoretinal surgery Strabismus, Occuloplasty, Adnexa and other specialised treatment.)
7	Netradhama Super Speciality Eye Hospital, No. 2567/14 Kanakapura Main Road, 7th Block Jayanagar, Bengaluru 560 082. Ph.: 26634202, 26633533 w.e.f. 16th November, 2010	Eye Care	Yes	(Eye Care (Cataract/ Glaucoma, Retinal&Vitreoretinal surgery Strabismus, Occuloplasty, Adnexa and other specialised treatment.)
8	Shekar Netralaya No. 633, 100 ft. Ring Road, JP Nagar 3rd Phase Bengaluru-78 Ph.: 26593210 w.e.f. 16th November, 2010	Eye Care	Yes	(Eye Care (Cataract/ Glaucoma, Retinal&Vitreoretinal surgery Strabismus, Occuloplasty, Adnexa and other specialised treatment.)
9	Bangalore Nethralaya, No. 946, 21st Main, Banashankari 2nd Stage, Near BDA Complex, Bangalore-560070.	Eye Care		NR
* Empanelment of these Eye Care Centres is provisional and is subject to the recommendation of Quality Council of India after inspection of these Eye Care Centres.				

DENTAL CLINIC

1	Divya Dental Clinic, New Thippasandra Main Road, HAL III Stage, Bengaluru-560 075. Ph.: 25281559 w.e.f. 16th November, 2010	Dental Care	No	No.
2	Chinmayi Dental and Medicare No. 28, 2nd Main, 5th Cross, Govindraja Nagar, Bengaluru-560 040. Ph.: 23404380 w.e.f. 16th November, 2010	Dental Care	No	No.
3	Apoorva Dental Care, HIG # Dollars Colony, 1st Floor, 80 Feet Double Cross Road, RMV II Stage, Bengaluru-560 094 Ph.: 65951922 w.e.f. 16th November, 2010	Dental Care		
* Empanelment of these Dental Clinics is provisional and is subject to the recommendation of Quality Council of India after Inspection of these Dental Clinics.				

In view of inadequate number of new Hospitals in Bengaluru, existing empanelled Hospitals in Bengaluru have been allowed to continue at old rates.

(Downloaded from the website of MoH & FW)

(Existing Hospitals in Bengaluru at old rates (2007)

1	Church of South India Hospital, Post Bag No.: 4, Hazarath Kambal Posh Road, Bangalore - 560051 Ph.: 080-22861103	General and specialised purpose (Renal Transplantation, Haemodialysis, Lithotripsy/TURP, Laparoscopic Surgery, Joint Replacement and IOL Implant)		
2	Hosmat Hospital, 45 Magrath Road, Off. Richmond Road, Bangalore- 560 025 Ph.: 080-25593796/25543767	General and specialised purpose Lithotripsy/TURP, Laparoscopic Surgery, Joint Replacement and IOL Implant and Diagnostic services (Laboratory) MRI, CT, USG/Colour Doppler, X-Ray and Bone Densitometry		
3	K.R. Hospital, 979, 25th Main Road, BSK 1st Stage, 50 Feet Road, Hanumanthanagar, Bangalore - 560050 Ph.: 080-26755800 / 26755402	General and specialised purpose (Dialysis Renal Transplantation, Lithotripsy/TURP, Laparoscopic Surgery, Joint Replacement and IOL Implant and Diagnostic services (Laboratory CT, USG/ Colour Doppler and X-Ray)		

4	Mallige Medical Centre, 31/32, Crescent Road, Bangalore-560001. Ph.: 080-22265298	General and specialised purpose Renal Transplantation, Haemodialysis, Lithotripsy/TURP, Laparoscopic Surgery, Joint Replacement and IOL Implant and Diagnostic services (Laboratory, CT, USG/Colour Doppler and X-Ray)
5	Mallya Hospital, 2 Vittal Mallya Road, Bangalore-560001. Ph.: 080-22277979/2227797	General and specialised purpose (Cardiology, Cardio-thoracic Surgery, Renal Transplantation, Haemodialysis, Laparoscopic Surgery, Joint Replacement and IOL Implant and Diagnostic services (Laboratory MRI, CT, Mammography, USG/Colour Doppler and X-Ray)
6	P.D. Hinduja Sindhi Hospital, Sindhi Hospital Road, Sampangiramanagar, Bangalore-560027 Ph.: 080-22237117/22237318	General purpose and diagnostic services (Laboratory, USG/Colour Doppler and X-Ray)
7	Panacea Hospitals (P) Ltd., 334, 8th Main Road, III Stage, IV Block, Basaveshwaranagar, Bangalore-560079. Ph.: 080-23235577/23228644	General purpose and specialised purpose (Laparoscopic Surgery and Joint Replacement and Diagnostic services (Laboratory only)
8	St. John's Medical College Hospital, John Nagar, Sarjapur Road, Bangalore 560034. Ph.: 080-22065000	General and specialised purpose (Cardiology and Cardio-thoracic Surgery, Renal Transplantation, Haemodialysis, Lithotripsy/TURP, Laparoscopic Surgery, IOL Implant and Joint Replacement and Diagnostic purposes (Laboratory, MRI, CT, Mammography, USG/Colour Doppler and X-Ray)
9	St. Martha's Hospital, No. 5, Nrupathunga Road, Bangalore-560001. Ph.: 080-41144912/22275081	General and specialised purpose (Laparoscopic Surgery, IOL implant and Joint replacement) and diagnostic services (Laboratory, MRI, CT, USG/Colour Doppler and X-ray)

10	The Bangalore Hospital, No.: 202, Rashtriya Vidyalaya Road, Bangalore-560004. Ph.: 080-41187600/26562753	General and specialised purpose (Cardiology, Cardio-Thoracic Surgery, Renal Transplantation, Haemodialysis Lithotripsy/TURP, Laparoscopic Surgery, IOL implant, Joint Replacement Radiotherapy) and Diagnostic services (Laboratory, CT, Mammography, USG/Colour Doppler, X-Ray and Bone Densitometry)
11	Shekhar Hospital, No. 81, Bull Temple Road, Bangalore-560019. Ph.: 080-22421144/22429366	General and specialised purpose (Cardiology, Neurology & Neurosurgery, Urology (Excluding Renal Transplantation), Orthopaedic Surgery including Arthroscopic Surgery and Joint Replacement Gastroenterology and GI Surgery (Excluding Liver Transplantation) Oncology (only Chemotherapy) Paediatrics & Paediatrics Surgery, Endoscopic Surgery and ENT).
12	Imperial Hospital & Research Centre Ltd., (a unit of Apollo Hospitals), 154/11 Opp. IIM, Bannerghatta Road, Bangalore-76 Ph.: 080-26304050/51 / 66001066 (24hrs)	Multi-speciality general purpose and specialized purpose in Cardiology, Cardiovascular and Cardiothoracic Surgery, Neurology and Neurosurgery, Orthopaedic Surgery including Arthroscopy Surgery and Joint Replacement, comprehensive Oncology (includes Surgery, Chemotherapy and Radiotherapy), Paediatrics and Paediatrics Surgery, Urology including Dialysis and Lithotripsy, Renal Transplant, Gastroenterology and GI Surgery, Endoscopic/Laparoscopic Surgery, ENT including Specialised Surgeries.
13	Yellamma Dasappa Hospital, No. 25 Andree Road, Shanthi Nagar, Bangalore-560027 Ph.: 080-22225642/43	General and specialised purpose (Cardiology and Cardiothoracic Surgery, Lithotripsy/TURP, Laparoscopic Surgery, IOL implant, Joint Replacement)

14	Sparsh Hospital, Sy. No. 29/P2, Narayana Health City, Hosur Road, Bommasandra, Bangalore - 560099. Ph.: 27835921 M.: 9900100088	Super-speciality Orthopaedic Surgery including Arthroscopic Surgery and Joint Replacement.
15	Wockhardt Hospital, No.: 14, Cunningham Road, Bangalore - 560052. Ph.: 080-22261307/1146/1149/6530	Specialised purpose (Cardiology and Cardiothoracic Surgery).
16	Jain Dental Centre, A 101 Brigade Majestic, 1st Main, Gandhinagar (Citi Bank ATM), Bangalore-560009. Ph.: 080-22206522	General Dentistry, Special Dental procedures and Diagnostic procedures
17	Bhagwan Mahaveer Jain Heart Centre, No.2, Millers Road, Bangalore-560 053 Ph.: 41100550/22286000	Cardiology, Cardiovascular, Cardiothoracic Surgery.
18	Narayana Institute of Neurosciences-Narayana Hrudayalaya Health City, Anekal Taluk, Bangalore. Ph.: 080-22142168	Neurology and Neurosurgery
19	Trinity Hospital & Heart Foundation, Basavanagudi, Bangalore - 04. Ph.: 080-41503434/26563993	Cardiology & Cardiovascular and Cardio-Thoracic Surgery.
20	Nephrology & Urology Institute, Narayana Hrudayalaya Health City, Anekal Taluk, Bangalore. Ph.: 080-22142139.	Urology including Dialysis and Renal Transplant.
21	B.G.S. Global Hospitals, 67, Uttarahally Road, Kengeri, Bangalore - 560060 Ph.: 080-26255555 (For pensioner -beneficiaries, residing in Banashankari, Jayanagar, Vijayanagar Kengeri, Rajajinagar and Magadi Road, Including all stages and phases and blocks, offers free ambulance service in emergency. Contact No. 26255629	Multi-speciality general purpose and specialised purpose in Cardiology, Cardiothoracic and Cardio-vascular Surgery, Neurology and Neurosurgery, Urology including Dialysis & Lithotripsy, Orthopaedic Surgery including Arthroscopic Surgery and Joint replacement, Gastro-Enterology and GI Surgery, Oncology (Medical and Surgical) and Endoscopic Surgery)

22	Rajashekar Hospital, No.: 21, 9th Cross, 1st Phase, J.P. Nagar, Bangalore-560078. Ph.: 26642164	Obstetrics, Gynaecology and Laparoscopic Surgery.
DIAGNOSTIC CENTRES		
1	R.V.Diagnostic Laboratory, 21, 10th Cross, Yellappa Garden, Malleswaram Bangalore- 03 23367748/23443300	All diagnostic procedures
2	Medinova Diagnostic Services Ltd. 55, Infantry Road, Bangalore- 560 001 22868423/22860513	Laboratory (Clinical Pathology) Bio-Chemistry and Micro Biology and Diagnostic Services (CT Mamography, VSG/Colour Doppler and X-Ray
3	Supra Diagnostics, No. 18, 5th Cross, Malleswaram Circle, Bangalore-5600 03.	Only MRI
4	Anand Diagnostic Laboratory No. 11, Blue Cross Chambers, Infantry Road Cross, Bangalore-560001	Laboratory investigations and Radiology investigations
5	Central Lab F3, 3rd Floor, Shiva Shankar Plaza, No.19, Lalbagh Road, Richmond Circle Junction, (Top of Tata Motors/Indian Bank), Bangalore 560027.	Diagnostic Laboratory
6	Bangalore Institute of Oncology No. 8, P. Kalinga Rao Road, Sampangiram Nagar, Bangalore-560027.	Diagnostic Laboratory and Radiology
DENTAL		
1	Smiles Dental Care, No. 74/2, above Nagendra Medicals, 1st Floor, Nagavarapalya Main Road, C.V. Raman Nagar, Bangalore-560093.	Dental

I Credit facilities and dedicated services to CGHS beneficiaries are available at the following Autonomous Institutes in Bangalore

1. Sri Jayadeva Institute of Cardio Vascular Sciences and Research
2. Kidwai Memorial Institute of Oncology
3. Institute of Nephro-Urology, Victoria Hospital Campus
4. Sanjay Gandhi Trauma and Orthopaedics
5. National Institute of Mental Health and Neuro Sciences.

II Availability of treatment in State Government Hospitals

Hospitalisation facility can also be availed without intervention of CGHS in the under mentioned State Government Hospitals. Payment will have to be made by the beneficiary and reimbursement has to be claimed from CGHS. Rates will be as per ward-entitlement charged by the State Government Hospitals.

List of State Government Hospitals in Bangalore

1. Victoria Hospital	All purposes
2. Bowring and Lady Curzon Hospital	All purposes
3. Vani Vilas Hospital	Maternity & Child Health
4. Minto Ophthalmic Hospital	For Eye
5. K.C. General Hospital	All purposes
6. Isolation Hospital	Epidemic
7. Lady Wellington State TB Centre	Tuberculosis
8. Haji Sir Ismail Ghosha Hospital	Maternity
9. S.D.S. Sanatorium	Tuberculosis
10. Government TB Hospital	Tuberculosis
11. Central Leprosorium	Leprosy
12. Jayanagar General Hospital	All purposes

SECTION 1

PENSION SCHEME APPLICABLE TO BSNL RETIREES - RULE 37A OF CCS (PENSION) RULES 1972 INTRODUCED

(Notification No. 4/61.99-P&PW(D), dtd Dec. 28, 2002, Dept of P&PW,)

S.O. 4000 - In exercise of the powers conferred by the proviso to Article 309 and Clause (5) of Article 148 of the Constitution and after Consultation with the Comptroller and Auditor General of India in relation to persons serving in the Indian Audit and Accounts Department, the President hereby makes the following Rules further to amend the Central Civil Services (Pension) Rules, 1972, namely:-

- 1.(a) These Rules may be called the Central Civil Services (Pension) Amendment Rules, 2002.
- (b) They shall come into force on the date of their publication in the Official Gazette.
2. In the Central Civil Services (Pension) Rules, 1972, in Rule 37-A.
 - (a) after Sub-Rule (8), the following explanation shall be inserted, namely:-

“Explanation:- The amount of Pension/Family Pension of the absorbed employee on superannuation from Public Sector Undertaking/Autonomous Body shall be calculated in the same way as would be the case with a Central Government servant retiring on superannuation on the same day”;

- (b) after Sub-Rule (11), the following shall be inserted, namely:

“(11-A) A permanent Government servant absorbed in a Public Sector Undertaking/Autonomous Body or a temporary/Quasi Permanent Government servant who has been confirmed in the Public Sector Undertaking/Autonomous Body subsequent to his absorption therein, shall be eligible to seek voluntary retirement after completing 10 years of qualifying service with

the Government and the Autonomous Body/Public Sector Undertaking taken together, and he/she shall be eligible for pro-rata Pensionary benefits on the basis of combined qualifying service.”

- (c) in Sub-Rule (24) in Clause (c), for the word “review” the word “confirmation” shall be substituted.

Clarification on calculation of “Average Emoluments” for Pensionary benefits under Sub Rule (9) Rule 37A of CCS (Pension) Rule 1972.

In respect of an employee in the PSU in the IDA scale of pay, average emoluments will be calculated on the basis of pay drawn by the absorbed employee during the last ten months in the PSU prior to retirement and wherever the absorbed employee is drawing pay in IDA scale during this period, his pay in IDA scale will be taken into account for calculation of average emoluments. In addition to Pension/Family Pension such absorbed employee shall also be eligible to receive D.R as per Industrial D.A pattern as per provision of Sub Rule (10) of Rule 37-A.

Rule 37- A of CCS (Pension) Rules 1972: Conditions for payment of Pension on absorption consequent upon conversion of a Government Department into Central Autonomous Body or a Public Sector Undertaking.

Extract of relevant paras connected with conversion of DOT into BSNL

Sub-Rule (21) Nothing contained in Sub-Rules (12)* to (20)** shall apply in the case of conversion of the Departments of Telecom Services and Telecom Operations into Bharat Sanchar Nigam Limited, in which case the Pensionary benefits including Family Pension shall be paid by the Government.

Sub-Rule (22) For the purposes of payment of Pensionary benefits including Family Pension referred to in Sub-Rule (21), the Government shall specify the arrangements and manner including the rate of Pensionary contributions to be made by Bharat Sanchar Nigam Limited to the Government and the manner in which financial liabilities on this account shall be met.

Sub-Rule (23) The arrangements under Sub-Rule (22) shall be applicable to the existing Pensioners and to the employees

who are deemed to have retired from the Government service for absorption in Bharat Sanchar Nigam Limited and shall not apply to the employees directly recruited by the Bharat Sanchar Nigam Limited for whom it shall devise its own Pension Scheme and make arrangements for funding and disbursing the Pensionary benefits.

* Refers to creation of Pension Fund. ** Refers to payment of Pensionary benefits.

II Government Order on New Pension Scheme

Applicability to the employees of Autonomous Bodies/PSU under various Central Ministries/Department

The undersigned is directed to say that the Government have decided to introduce a New Pension Scheme based on defined contributions for new entrants recruited in Central Government service on or after 1.1.2004. The existing Pension Scheme will not therefore, be applicable to such employees.

2. A Resolution has already been issued vide letter No. 5 (7)/2003-ECB & PR, on 10th October, 2003 to operationalise the decision of the Government to introduce a new Pension Scheme based on defined contributions. An interim Pension Fund Regulatory and Development Authority (PFRDA) is also being constituted.

3. In line with this decision, it has been further decided that new entrants in all Autonomous Bodies under various Central Ministries/Departments recruited on or after 1.1.2004 will also be governed by the new scheme and not by the existing Pension Scheme in these Organisations.

4. It is accordingly requested that all Autonomous Bodies/ PSU under the Administrative Control of your Ministry/Department may be suitably informed so that they can take up the matter with Department of Economic Affairs (ECB & Pension Reforms Division) who are administratively concerned with formulation, processing and operationalisation of the new Pension Scheme, for detailed information in this regard.

(copy of MoF (Deptt. of Expenditure) O.M. No. 1(13)/EV/2001 dated 13.11.03 forwarded under DoT No. 36-12/2003-Pen(T) dated 16.12.03/8.1.04)

III A) Applicability of revised Rules of CCS (Pension) Rules, 1972 consequent to the VI CPC to the Government employees absorbed in BSNL-- Clarification-- reg.

I am directed to refer to this Department's letter of even number dated 4th/15th May, 2009 to give the following clarification on the applicability of revised Rules of CCS (Pension) Rules, 1972 consequent to VI CPC to the Government employees absorbed in BSNL with regard to emoluments, Qualifying Service, Family Pension, DCRG and Commutation of Pension:-

Pension

1. **Emoluments:** The emoluments for the purpose of all Pensionary benefits (other than Gratuity) shall be equal to Basic Pay plus Dearness Pay (wherever applicable). The paras 5.2 and 5.3 of DoP & PW shall be applicable from 1.1.2006 subject to provisions of para 2 of DoP & PW's O.M. No. 38/37/08-P&PW(A) dated 11.12.2008.
2. **Qualifying Service:** The revised Rules shall be applicable from 2.9.2008.
3. **Minimum Pension:** The present method of calculation of minimum Pension which is 50% of the minimum of the lowest pay scale shall continue.
4. **Minimum Family Pension:** The minimum Family Pension shall be 30% of the minimum of the lowest pay scale.

DCRG

1. **Emoluments:** Emoluments for the purpose of all types of Gratuities shall be equal to Basic Pay plus Dearness Pay (wherever applicable) plus IDA (as applicable)
2. **Enhancement in maximum limit of DCRG:** The enhanced limit for all kinds of Gratuities may be made applicable from 1.1.2006

Commutation of Pension

1. **For those retiring between 1.1.2006 and 1.9.2008 (both inclusive):** Cases have not become absolute as on 2.9.2008. New Table shall be made applicable with prevalent pay scale as on date of retirement
2. **Cases which have already become absolute:** The additional amount of commutable Pension due to revision of pay shall be commuted in accordance with New Table.

3. **For those retiring on or after 2.9.2008:** New Commutation Table shall apply with prevalent pay scale as on date of retirement. This issues with the approval of the Competent Authority (O.M. F.No. 40-31/2008-Pen(T) dated 12.8.2009 from Under Secretary (STP), DoT, New Delhi to all Principal CCAs/CCAs/Joint CCAs and CMD, BSNL)

III B) Full Pension after 20 years

With reference to this Office letter of even number dated 12th August 2009, it is clarified that provision of admissibility of full pension on completion of 20 years of qualifying service, which was earlier applicable from 2-9-2008 in terms of Deptt. of Pension and Pensioners' Welfare O.M. No. 38/37/2008 P&PW(A) dated 2.9.2008 has since been revised vide DoP & PW O.M. No. 38/37/2008/ P&PW (A) dated 10-12-2009, is now admissible with effect from 1-1-2006. This amendment in CCS (Pension) Rules with regard to admissibility of full pension on completion of 20 years of qualifying service is also applicable to absorbed employees of BSNL.

(Dept. of Telecom No. 40-31/2008-Pen(T) dated 16th August 2010 to all CCAs/Jt. CCAs, CMD)

III C) Proportionate pension on completion of 10 years combined service with Govt. and BSNL taken together and also on superannuation. Applicability of revised Rules of CCS (Pension) Rules, 1972 consequent to VI CPC and extension thereof to Govt. employees absorbed in BSNL

On implementation of recommendations of VI CPC, the Department of Pension & Pensioners' Welfare, vide their O.M. No. 38/37/08-P/PW(A) dated 2-9-2008, withdrew the benefit of adding years of qualifying service for the purpose of computation of pension as granted under Rules 29, 29-A, 30, 48-B, and 48-C of the CCS (Pension Rules) 1972. The DoP&PW has again reiterated this point vide their O.M. No. 7-7-2008-P&PW(F) dated 13th February 2009 indicating therein "Linkage of full pension with 33 years of qualifying service should be dispensed with. Once an employee renders the minimum pensionable service of 20 years, pension should be paid at 50% of the average

emoluments received during the past 10 months or the pay last drawn, whichever is more beneficial to the retiring employee. Simultaneously, the benefit of adding years of qualifying service for the purpose of computing pension-related benefits should be withdrawn as it would no longer be relevant."

4. In view of the Rule position explained above, it is advised that the pension cases of the retired Officers/Officials absorbed in BSNL, who retired voluntarily before completing 20 years of qualifying service after 1-1-2006 may be settled by granting them pro-rata pensionary benefits as per Sub-Rule 11A of Rule 37-A of CCS (Pension) Rules, 1972 or granting them the amount of pension arrived at on calculating it proportionately based on their actual qualifying service as provided in Clause (b) of Rule 49(2) of CCS (Pension) Rules, 1972, as the case may be.

Revision of Pension and other attendant benefits of Central Government employees retired/retiring on IDA pay scales and opting for Pensionary benefits of combined service in Government and Public Sector Undertakings (PSU)

The issue of framing general guidelines for revision the Pension of PSU absorbees drawing Pension in IDA pay scales who were permanently absorbed in the PSU as a result of conversion of a Government Department and had opted to retain Central Government Pensionary benefits has been under consideration of the Government. The President is now pleased to decide that with effect from 1-1-1996, Pension of all such PSU retirees who had been absorbed in PSUs as a result of conversion and had opted for Pensionary benefits of combined service in the Central Government and the PSU as per Central Government Rules on their absorption, shall be revised as under:-

- 2.(a) For the purpose of fixation of Pension as per O.M., dated 10-2-1998, all absorbees shall be notionally brought on to CDA scale with effect from 1-1-1996. For this purpose:
- (i) Concerned Administrative Ministries shall work out the corresponding equivalent scale in CDA pattern, as on 1-1-1996, and in cases where it is not feasible to clearly establish the

- corresponding equivalent pay scale in CDA pattern, the final decision shall be taken by the Head of Department in consultation with the Department of Expenditure and Department of Personnel and Training as envisaged in Para 14 of Department of Pension and P.W's O.M., dated 10-2-1998.
- ii) The Pay and Pension of the absorbees would then be notionally determined as on 1-1-1986 as per this equivalent scale.
- iii) Notional consolidation, as on 1-1-1996, shall thereafter be done.
- b) For the purpose of fixation in terms of provisions contained in O.M., dated 17-12-1998, equivalent scale as on 1-1-1996 shall be worked out. Pension shall thereafter be calculated at 50% of the minimum of that scale.
- c) The higher of the two amounts, as in (a) and (b) above, shall be taken as the revised Pension on 1-1-1996, and D.R on CDA pattern be granted thereon.
- d) In all those cases, where the Pension of the absorbees have already been consolidated as per O.M., dated 27-10-1997 using D.R on IDA pattern, and such consolidated Pension together with IDA happens to be higher than the revised Pension plus D.R arrived as above, the Pensioner may be allowed to draw such higher amount by allowing personal Pension to the extent of the difference which shall be absorbed in subsequent increase in the future.
- e) Provisions of this O.M., shall not apply to the past Pensioners of this category who have, in the past, been given a special dispensation on account of specific Orders of the Courts as accepted and implemented by the Government. Cases of this nature shall continue to be governed as per the existing provisions specifically applicable to them.

3. Family Pension shall be worked out as per Department of Pension & P.W's O.M. No. 45/10/98-P&PW(A), dated 17-12-1998 read with O.M.No. 45/86/97-P&PW(A)-Pt.III, dated 10-2-1998 and O.M. No. 45/86/97-P&PW(A)-Pt.I, dated 27-10-1997 after determining basic Pension as per above formula.

4. In order to avoid wrong fixation of Pension by adopting different corresponding pay scales by different Ministries/ Departments, a specimen of an illustrative examples indicating IDA pay scales and corresponding presumptive CDA pay scales for working out basic Pension in CDA scales is enclosed as per Annexure.

5. These Orders issue with the approval of Ministry of Finance, Department of Expenditure vide their U.O.No. 76/4/2001-IC, dated 26-12-2002.

6. In their applicability to the personnel of Indian Audit and Accounts Department, these Orders issue in consultation with the Comptroller and Auditor-General of India vide their U.O. No. 249-Audit (Rules) 80-2002, dated 10-12-2002.

7. Ministry of Agriculture, etc., are requested to urgently bring the contents of these Orders to the notice of the Public Sector Undertakings, etc., under their administrative control. All Pension Disbursing Authorities in the PSUs are also advised to display these Orders prominently on their Notice Boards for information and guidance of Pensioners/Family Pensioners of the PSUs.

Annexure Specimen

Revision of Pension with effect from 1-1-1996 as per V CPC of Central Government employees absorbed in PSUs as a result of conversion of a Government Department and opted for retention of Central Government Pensionary benefits on the absorption in PSUs but retired from PSU in IDA pay scales.

Example: Revision of Pension of an absorbee of the above category retired during 1985. Let his existing Pension be 'A'. The revision as per O.M., dated 10-2-1998 may now be done as under:

Suppose a PSU absorbee of this category retired in 1985 in IDA pay scale of Rs. 2,700-3,500, was holding basic pay of Rs. 3,000 at the time of his/her retirement.

Step 1: Concerned Administration/Ministry/Department shall work

out the corresponding pay scale in CDA pattern, as on 1-1-1986

Step 2: The notional pay and Pension as on 1-1-1986 of the Pensioner in the said CDA pay scale shall thereafter be determined in accordance with provision contained in Department of P&PW's O.M., dated 10-2-1998. Let the amount of notional Pension so computed be 'X'.

Step 3: Notional consolidation of Pension as on 1-1-1996, shall thereafter be done as under:-

- i) Pension = X
- ii) D.R up to CP 1510, i.e., @ 148%, 111% or 96% of Basic Pension
- iii) IR I
- iv) IR II
- v) Fitment weightage @ 40% of existing Pension

Gross full Pension = Add (i) to (v) above. Let this amount be "Z".

Step 4: As per O.M, dated 17-12-1998, the corresponding revised pay scale as on 1-1-1996 recommended by V CPC, shall be worked out. Suppose minimum of that scale is "Y" then the Pension shall be calculated as under:-

Revised Pension in the scale of pay effective from 1-1-1996 in the pay scale recommended by V CPC = $Y/2$ (50% of minimum of that scale) Let this be "Q".

Step 5: The highest of the three viz., (i) existing Pension-'A' ii) Gross full Pension="Z" as computed in Step 3, (iii) Pension equivalent 50% of the minimum of the corresponding pay scale revised by V CPC- "Q" as computed in Step 4, shall be taken as the revised Pension as on 1-1-1996 and D.R on CDA pattern be granted thereon. In case "A" being existing Pension is the highest, the difference between 'A' and higher of 'Z' and 'Q' as computed in steps 3 and 4 respectively shall be allowed as personal Pension to be absorbed in subsequent increase in future.

SECTION 2

**BSNL Pay Scales
Introduced with effect from 1-10-2000.**

Category	Existing CDA Scales of Pay on 1.1.1996	Corresponding Scales of Pay on IDA Pattern w.e.f. 1.10.2000
NE-1	2550-55-2660-60-3220-	4000-120-5800
NE-2	2610-60-3150-65-3540	4060-125-5935
NE-3	2650-65-3300-70-4000	4100-125-5975
NE-4	2750-70-3800-75-4400	4250-130-6200
NE-5	3050-75-3950-80-4590	4550-140-6650
NE-6	3200-85-4900	4720-150-6970
NE-7	4000-100-6000	5700-160-8100
NE-8	4500-125-7000	6550-185-9325
NE-9	5000-150-8000	7100-200-10100
NE-10	5500-175-9000	7800-225-11175
NE-11	6500-200-10500	8570-245-12245
E-1	6500-200-10500	9850-250-14600
E-2	7500-250-12000	11875-300-17275
E-3	8000-275-13500	13000-350-18250
E-4	10000-325-15200	14500-350-18700
E-5	12000-375-16500	16000-400-20800

NE=Non-Executive E=Executive

Revision of scales of pay of Board Level and below Board Level Executives of BSNL w.e.f. 1-1-2007.

Grade	Pre-revised IDA Scales	Revised IDA Scales
E1A	9850-250-14600*	16400-40500-
E2A	11875-300-17275*	20600-46500
E3	13000-350-18250	24900-50500
E4	14500-350-18700	29100-54500
E5	16000-400-20800	32900-58000
E6	17500-400-22300	36600-62000
E7	18500-450-23900	43200-66000
E9	23750-600-28550	62000-80000
E9A	25000-650-30200	62000-80000
Director	25750-650-30950	75000-100000

CMD

27750-750-31500

80000-125000

Note: Revised IDA Pay Scale for E1A, E2 and E9A will be notified later.

* In respect of Executives in E1A and E2A scales, their pay may be fixed in the revised E-1 & E-2 IDA scales of Rs. 16400-40500 and Rs. 20600-46500 respectively and these revised scales may also be used wherever specifying the pay scales is unavoidable (e.g., for Pension contribution, fresh appointment etc.) till the time new scales are notified.

(DoT No. 1-50/2008-PAT (BSNL) dt. 5-3-2009)

**Wage Revision of Non-Executives in BSNL-Terms of
settlement between Management and BSNL
Employees Union on 15.1.2010--only relevant paras
reproduced**

2.1. This settlement will be applicable to Non-Executive who were on the rolls of BSNL as on 1.1.2007 including those Non-Executive who are presently drawing Executive pay scales due to grant of ACP. It will also be applicable to Non-Executives who have subsequently joined the Company. The Non-Executive drawing Executive pay scales on adhoc/officiating basis, according to post based promotion, will be eligible for perks and allowances as per the rates given to Executives for the period of such adhoc/officiating arrangement.

2.2. Wages under this settlement shall be effective from 1st January 2007. The Staff Side had demanded five-years periodicity of Wage Revision whereas the Management Side offered periodicity of ten-years. After detailed discussion, it was finally agreed that duration of wage revision of Non-Executives will be co-terminus with that of Executive employees of BSNL.

3. Wage Structure

3.1. Scales of Pay for Non-Executives

Sl. No.	Grade	Existing IDA pay scales (Rs.)	Recommended pay scales (Rs.)
1	NE1	4000-120-5800	7760-13320
2	NE2	4060-125-5935	7840-14700

3	NE3	4100-125-5975	7900-14880
4	NE4	4250-130-6200	8150-15340
5	NE5	4550-140-6650	8700-16840
6	NE6	4720-150-6970	9020-17430
7	NE7	5700-160-8100	10900-20400
8	NE8	6550-185-9325	12520-23440
9	NE9	7100-200-10100	13600-25420
10	NE10	7800-225-11175	14900-27850
11	NE11	8570-245-12245	16370-30630

3.2. Revised pay scales, corresponding to pre-revised pay scales Rs. 9200-250-13200 & Rs. 9850-250-14600 for Non-Executives proposed under Non-Executive Promotion Policy, will be notified after approval by DoT.

3.3. Industrial Dearness Allowance (IDA)

100% D.A neutralisation will be adopted for all the Non-Executives, who are on IDA pattern of scales of pay w.e.f. 1-1-2007 as done in case of Executives of BSNL. Thus, D.A as on 1.1.2007 will become zero with link point of All India Consumer Price Index (AICPI) 2001=100 which is 126.33 as on 1.1.2007. The periodical adjustment will be once in three months as per the existing practice for these categories. The quarterly D.A from 01.01.2007 will be as per new D.A scheme. The IDA payable w.e.f. 01.04.2007 onwards shall be as per the IDA rates circulated by DPE from time to time.

3.4. Fitment Method:

3.4.1. Employees who were in the pre-revised Non-Executive pay scales before 1.1.07 will be placed in the corresponding revised Non-Executive pay scales as per the fitment formula given in para 3.4.3.

3.4.2. Employees joining BSNL on or after 1.1.2007 will be placed at the initial stage of the revised pay scale in which they are appointed. In cases where emoluments in the pre-revised pay scale(s) on the date of joining BSNL (i.e., Basic Pay+DP+DA applicable on the date of joining exceeds the sum of the pay

fixed in the revised pay scale and applicable IDA thereon on the same date, the difference will be allowed as Personal Pay and it will be absorbed in future increments.

3.4.3. Fitment in the revised scale shall be made applicable as per following formula

- a) Basic Pay in the Pre Revised pay scale as on 1.1.2007
Plus
- b) IDA neutralisation @ 68.8% on Basic Pay
Plus
- c) Fitment benefit @ 30% on (Basic Pay +IDA (68.8%))
- d) The amount so arrived at, rounded off to the next multiple of Rs. 10/- shall be the Basic Pay in the revised pay scale

3.5. Annual Increment/Stagnation Increment/Pay Fixation on Promotion

3.5.1. Annual Increment will be at the rate of 3% of the revised basic pay and will be rounded off to the next Rs. 10/-.

3.5.2. Stagnation increment will be @ 3% of the revised basic pay and the Non-Executive will be allowed to draw maximum 3 stagnation increments, one increment after every two years upon reaching the maximum of the revised pay scales.

3.5.3. On promotion, one notional increment equal to 3% of the existing basic pay rounded off to the next multiple of Rs. 10/- would be granted and pay fixed in the promoted scale.

3.5.4. The annual increment which falls on 1.1.2007 will be granted in the revised pay scale on 1.1.2007

3.5.5. The extra increment granted to those Non-Executive who were unable to get BCR 10% promotion one year prior to their retirement, in terms of BSNL CO Order No. 27.8.2003-TE-II(i) dt. 18.11.2003, before 1.1.2007, shall be added to the pre-revised basic pay for calculating the revised pay. In case this extra increment falls on or after 1.1.2007, then this increment will be granted in the revised pay scale @ 3% of the revised basic pay.

3.5.6. The Non-Executive can opt for the revision of pay on 1.1.2007, or from the date of promotion after 1.1.2007, or from the date of next increment in the existing scale.

3.5.7. Where Non-Executives drawing pay at two or more consecutive stages in the existing pay scales get bunched, then, for every two stages so bunched, benefit of one increment will be given.

3.6. House Rent Allowance:

The House Rent allowance to the Non-Executive employees of BSNL, will be at the following rates and will be payable on revised pay w.e.f. 27th February, 2009:-

Cities and population	Rate of HRA
50 lakhs & above	30% of basic pay
5 to 50 lakhs	20% of basic pay
Less than 5 lakhs	10% of basic pay

The issue of applicability of classification of Cities for HRA to BSNL employees based on the Orders for the Central Govt. Employees stands referred to DoT. The final decision on this issue will be applicable to all employees of BSNL.

3.7. City Compensatory Allowance (CCA):

CCA stands dispensed w.e.f. 27.2.2009

4. Perks & Allowances *(Not reproduced)*

6. Retirement Benefits

6.1. Pension

6.1.1. The DoT/DTS/DTO employees absorbed in BSNL are eligible for pension from Central Govt. as per provisions under Rule 37-A of CCS (Pension) Rule 1972. The BSNL recruited/regularised employees are governed by provisions of Employees Provident Funds and Miscellaneous Provisions Act 1952.

6.1.2. The issues of revision of IDA Pension in respect of employees absorbed in BSNL and retired before 1.1.2007 and Pension anomaly in respect of BSNL absorbed employees retired prior to 31.7.2001 already stand referred to DoT and may be further pursued by BSNL.

6.2. Gratuity

Payment of Gratuity will be regulated

- * As per Orders of Central Government/DoT for Central Government/ in case of Central Government employees absorbed in BSNL.
- * As per provisions under Gratuity Act 1972, in case of BSNL recruited employees.

SECTION 3

INDUSTRIAL DEARNESS ALLOWANCE (IDA)

(Applicable to staff of BSNL with effect from 1-10-2000)

Dearness Allowance in the IDA pattern as on 1-10-2000 is 28% which will be revised once in 3 months (i.e., 1st January, 1st April, 1st July, 1st October) as per Orders issued by Department of Public Enterprises (D.P.E.). The rates of Dearness Allowance payable on the IDA Pay Scales as per Orders issued by D.P.E. from time to time from 1-10-2000 and onwards are as follows:

Effective Date	I.D.A. Rate	Effective Date	I.D.A. Rate
1.10.2000	28.10%	1.07.2004	45.8%
1.01.2001	29.2%	1.10.2004	49.2%
1.04.2001	28.3%	1.01.2005	51.4%
1.07.2001	29.3%	1.04.2005	51.2%
1.10.2001	33.4%	1.07.2005	52.1%
1.01.2002	35.2%	1.10.2005	54.6%
1.04.2002	34.9%	1.01.2006	58.1%
1.07.2002	35.5%	1.04.2006	58.9%
1.10.2002	38.6%	1.07.2006	60.4%
1.01.2003	40.6%	1.10.2006	65.2%
1.04.2003	39.6%	1.01.2007	68.8%
1.07.2003	41.8%		
1.10.2003	44.0%		
1.01.2004	44.90		
1.04.2004	45.3%		

1. Orders on D.R on IDA pay scale at DoT web site

(O.M.No. 7-1/2000 FFA-1/17/KW-LL dt. 11.7.07 of DoT)

It has come to notice that retired employees of BSNL

receiving Pension in IDA pay scale are facing hardship due to the delay in issuing Order for D.R from time to time. To avoid the hardship of Pensioners retiring from BSNL, the Orders will be put on the web site of DOT HQs (i.e., www.dot.govt.in) by Estt. Branch of DOT. It is requested to check up the web site of DOT HQs from time to time and take further action on the basis of Orders on D.R on IDA pay scale available at the site without waiting for the receipts of Orders from DOT HQs.

2. Releasing Industrial Dearness Relief (IDA) using Orders available in DPE Website

It has come to the notice of this Office that Orders for releasing Dearness, Relief on IDA pension are not being regularly received in various Offices of CCA resulting in delay in payment of Dearness Relief to Pensioners. The matter has been considered in this Office and it has been decided that CCAs may download these Orders from DPE Website and act accordingly. These Orders are available under the url <http://dpenic.innewgl/glch-bbindex1.htm>.

(Letter No. 36.04/2008-Pen(T) dated 24.11.2010 of Dept. of Telecommunications) New Delhi to all Controllers and CCAs)

3. Merger of 50% of Dearness Allowance (D.A) with basic pay to the employees on IDA scales of BSNL w.e.f. 1.1.2007.

Portion of IDA equal to 50% of the existing basic pay may be merged w.e.f 1.1.2007 with the basic pay of the employees and shown distinctly as 'Dearness Pay' which would be counted for purposes like payment of allowances, Transter Grant Retirement Benefits, Contributing to Contributory Provident Fund, Licence Fee, various advances etc.

Portion of Dearness Allowance converted into Dearness Pay will be deducted from the existing rate of Dearness Allowance while computing quantum of Dearness Allowance

(DoT No. 14-3/2008-PAT (BSNL) dated 29.5.2008)

Industrial Dearness Allowance with effect from 1-1-2007

Effective Date	1 IDA rate before merger of IDA with pay	2 After merger of 50% of IDA with pay	3 After revision of Pay Scales of below Board Level Executives
1-01-2007	68.8%	18.8%	Nil
1-04-2007	70.2%	20.2%	0.8%
1-07-2007	71.1%	21.1%	1.3%
1-10-2007	76%	26%	4.2%
1-01-2008	78.6%	28.6%	5.8%
1-04-2008	79.4%	29.4%	6.3%
1-07-2008	84.4%	34.4%	9.2%
1-10-2008	90.6%	40.6%	12.9%
1-01-2009	96.8%	46.8%	16.6%
1-04-2009	97.3%	47.3%	16.9%
1-07-2009	100%	50%	18.5%
1-10-2009	111.6%	61.6%	25.3%
1-01-2010	121.0%	71.0%	30.9%
1-04-2010	127.5%	77.5%	34.8%
1-07-2010	128.0%	78.0%	35.1%
1-10-2010	136.1%	86.1%	39.8%
1-01-2011	141.5%	91.5%	43.0%
1-04-2011	148.6%	98.6%	47.2%
1-07-2011	No change		

Column No. 1: Applicable to BSNL retirees between 1.10.2000 and 31.12.2006

Column No. 2: Applicable to Non-Executive retirees of BSNL after 1.1.2007

Column No. 3: Applicable to Board Level and Below Board Level Executives after pay revision from 1.1.2007

SECTION - 1

BSNL EMPLOYEES' MEDICAL REIMBURSEMENT SCHEME - INSTRUCTIONS FOR OPERATION OF THE SCHEME

Pursuant to the BSNL Employees, Medical Reimbursement Scheme' (BSMRS) issued vide this Office letter of even No. dated 28-2-2003, the following instructions are issued for operation of the scheme:

1. The abbreviated form of the scheme will be known as 'BSNLMRS' in place of 'BSMRS'.
2. All serving and retired employees of BSNL will be required to exercise their option for either CGHS or BSNLMRS by filling up the prescribed proforma. Option, once exercised, cannot be changed. It may be noted in this connection that CGHS facility which is, in general, not available for PSU employees, has been extended to BSNL employees who have come *en masse* on deputation from DoT as a special case. The continuance of this facility is entirely under discretion of the Ministry of Health and cannot be guaranteed by BSNL Management. However, in case the CGHS facility is subsequently withdrawn by the Ministry of Health, the optees of CGHS will automatically have to switch over to BSNLMRS.
3. All serving and retired employees, who opt for BSNLMRS as per para 2 above, are required to fill up a 'Registration Form' for 'BSNLMRS' as appended at 'Annexure 1' (P 397)

While registering for this scheme, the option regarding Outdoor treatment, viz., entitlement with voucher/without vouchertreatment from P&T Dispensary has to be exercised. Suitable Registration No. and Card will be issued to all the beneficiaries under BSNLMRS.

4. All serving and retired employees registered under BSNLMRS must present their claim for reimbursement of Medical Expenses in the prescribed format which is appended herewith at 'Annexure 2' (P 398) (for Outdoor/

Domiciliary treatment) and 'Annexure 3' (p 399) (for Indoor treatment involving hospitalization). It may be noted that claim for Outdoor Treatment can be availed only under one of the three options mentioned at paras 2.1.0, 2.1.1 & 2.1.2 of the 'BSNLMRS.' These options are also indicated in the Registration Form. Blank Forms will be made available by concerned Sections of BSNL. The option regarding mode of Outdoor Treatment once exercised cannot be changed during the Financial Year.

5. The Claim Form shall be supported by the copies of prescriptions along with original vouchers (in duplicate) towards the expenses incurred.
6. The Claim Form along with supporting documents shall be submitted to the Sections dealing with Medical Claim. The Competent Authority for passing the claims in the Field Units may be fixed up by the CGM concerned. In the Corporate Office, Sr. DDG (Pers) will be the Competent Authority.
7. A register (preferably computerised) showing the employee-wise details of claim will be maintained by the section handling such claims. In case of transfer of an employee, the amount claimed towards medical-reimbursement and the balance of entitlement as on date of transfer will be communicated to the new Office through LPC.
8. The claim papers duly checked and passed shall be sent to Accounts Branch for payment.
9. Claim for Outdoor Treatment may be preferred once in a month.
10. List of recognised Hospitals shall be notified immediately by all the Heads of Territorial Circles, as outlined in the BSNLMRS, taking into consideration the infrastructure available, quality of service, standard rate of various treatments vis-a-vis CGHS approved rates etc. The guidelines for this purpose have already been issued vide this Office letter of even No. dated 27-2-2002. A further detailed guideline for empanelling of Hospitals is enclosed. (Annexure-G) (P 125)

11. As per para 2.2.3 of BSNLMRS, working employees may be allowed advance towards expenses on hospitalisation where long duration Treatment or major operation becomes necessary. A Proforma for 'Application for Medical Advance' is appended at 'Annexure 5.' (P 401)
12. As per para 2.2.2 of BSNLMRS, the reimbursement will be allowed for treatment in non-recognised Hospitals in emergency cases with the approval of CGM for Field Office employee and concerned Director for C.O. employees. The amount of reimbursement will be restricted to the CGHS rates applicable at Delhi.
13. As per para 4.0 of BSNLMRS, the facility for direct payment to the Hospitals by the Company (i.e., BSNL) has to be arranged. All CGMs of Territorial Circles may make suitable arrangement with approved Hospitals accordingly and notify to their employees & C.O. In C.O. this is presently being negotiated with approved Hospitals.
14. An employee should intimate regarding his/her serious illness needing hospitalisation to the Sections dealing with Medical Policy Implementation. A Letter of Authorisation shall be issued to the Hospital concerned so that necessary help is extended by the Hospital. A sample of such Authorisation Letter is enclosed for guidance (P 401) Annexure 6.
15. All claims for reimbursement should be submitted latest by six months from the completion of the treatment. Claims submitted beyond this period are liable to be rejected.
16. The existing arrangement of AMA will be discontinued henceforth.
17. In case of any doubt regarding any provision of the BSNLMRS, the matter may be referred to Corporate Office for clarification.
18. In case, the spouse of any BSNL employee is employed in any other Organisation, and the BSNL employee concerned wants to avail of BSNLMRS facility for his/her spouse or other dependent Family members, a Certificate has to be submitted by the spouse regarding non-availing

- of any medical facility for self/Family from his/her Organisation.
19. Any misuse of the BSNLMRS facility would attract stringent action against employee(s) under the CCS(CCA) Rules or the Rules notified by BSNL from time to time.
20. CGMs in Circle Office are their own Controlling Officer for the purpose of BSNLMRS.
21. The retired employees have the option to choose the Circle/SSA of their choice for availing the facility under BSNLMRS. Any change in the Circle/SSA subsequently will be changed on a request from the retired employee by this Office.

(BSNL Office Order No. BSNL/ADMN/1 dated 22-4-2003)

II Eligibility of employees taking voluntary retirement

Employees who have taken voluntary retirement from BSNL shall be treated at par with the retired employees, as defined in Clause 1.4 (ix) of BSNLMRS, for taking benefit under BSNLMRS.

(BSNL/Admin. 1/1 dated 3.6.2004)

III Eligibility of Family dependents of expired employees

On the death of BSNL employee who was availing BSNLMRS facilities, spouse/children who become Family Pensioners shall continue to avail the same facility, as was being availed by the employee prior to his/her death. However, the dependents shall not be entitled to change any option

(BSNL/Admin. 1/1 (P+) dated 24.9.2004)

IV Implementation of guidelines regarding indoor Treatment under BSNL MRS

Following further guidelines on Indoor Treatment under BSNL MRS are issued:

1. A Medical Card containing photographs of all the Family members and dependents of concerned employees shall be issued to all BSNL MRS optees immediately. The medical/

hospitalisation claim should be duly certified by the Doctor along with photograph of the Pensioner given for Indoor Treatment.

2. In all cases of extreme emergencies the employee concerned shall have to inform the SSA Head or his Controlling Officer soon after hospitalisation for treatment. In order to ensure that the facility is used by the employee and his dependent Family members only, a designated Officer of BSNL may visit the Hospital and verify the authenticity of the beneficiary.

(No. BSNL/Admn. 1/15-4/4 pt dated 15.10.2004)

V Clarifications on eligibility of retired employees for BSNL MRS

1. An employee who has retired after October 2000 and has not opted for BSNL (though option was offered and date deadline for option has passed): *Not eligible*.

2. An employee who has retired from BSNL but option to opt for DoT or BSNL was not offered to him viz., Group A Officers: *Eligible*

3. An employee who opted for DoT but was serving BSNL at the time of retirement. *Not eligible*.

4. An employee who opted for DoT and retired from DoT: *Not eligible*

5. An employee who opted for BSNL and retired from BSNL: *Eligible*.

(No. BSNL/Admin. 1/1, dated 3.11.2004)

VI Medical facility - Change over option from CGHS to BSNL MRS

It has been decided by the Competent Authority to allow all serving and eligible retired employees of BSNL, who are currently taking medical benefit under CGHS, to exercise their option to move over to BSNLMRS. The option must be exercised latest by 31.3.05. The facility of BSNLMRS shall be available to such new optees from 1.4.05 onwards.

(BSNL/Admn. 1/15-11/04 dated 24.2.2005)

VII Clarification on Eligibility of Retired Group 'A' Officers for BSNL MRS

It is decided by the Competent Authority that the BSNLMRS shall not apply to those employees who have retired from BSNL without being absorbed in BSNL or have not given option for absorption in BSNL. It is further decided that quarterly reimbursement for Outdoor Treatment, if any, being made shall be discontinued w.e.f. 30th September 2006.

(BSNL/Admn./ 15-2/06 dt. 6.9.2006)

VIII BSNL MRS - Guidelines for regulation of expenditure on indoor Treatment etc.

Cases where no CGHS rates are prescribed for any treatment/procedure. The issue of treatment for diseases for which no CGHS rates are prescribed was under consideration of BSNL Corporate Office for sometime. Following guidelines for finalization of such cases have been approved by the Competent Authority:

i. Any life saving treatment or transplant operation, for which no CGHS rates are prescribed, can be undertaken at any Govt. Hospitals or Govt. Medical Colleges/Institutes.

ii. For past cases where such treatments have already been taken at Hospitals other than Govt. Hospitals/Colleges/Institutes, the rates prescribed by the respective State Medical College would be applicable for settlement of their claims.

(BSNL/Admn. 1/1-1/07 dt. 23.4.2007)

IX Entitlement of Room/Bed for Indoor Treatment

Sl.No.	Employees Group	Eligibility
1.	Group D	General Ward
2.	Group C	Semi-Pvt. Ward
3.	Group B & Group A (Upto STS)	Pvt. Ward (Non A.C)
4.	Group A JAG and above	Pvt. Ward with A.C.
5.	CMD & Board Directors (Full Time)	Delux room with A.C.

* Further classifications of Employees Group in PSU will be added as and when the same are notified.

Note. ICU/CCU as per the empanelled hospitals' rates
(BSNL/Admn. 1/1 dt. 28.2.2003)

X Discontinuance of medical facilities to BSNL employees from P&T Dispensary

Department of Posts has decided to discontinue medical facility through P&T Dispensary, being availed by serving/retired employees of BSNL, w.e.f. 01-01-2004.

Therefore, all the field units may make necessary arrangement immediately for providing alternative of Outdoor Treatment under BSNLMRS to the employees who are presently taking benefits from P&T Dispensary and who are fulfilling eligibility conditions as per para 1.5 of BSNLMRS.

(BSNL/Admn./1(pt.) dt. 28.11.2003)

XI Procedure for reimbursement of Medical Claim for Retired Employees of BSNL

1.0 General

1.1 **Eligibility:** (Presently defined as per Clause 4 (ix) of Circular dated 28.2.03 and amended vide Order No. BSNL/admn. 1/1 dtd 03.06.04)

- i) Employees retired after 01.10.2000, i.e., after formation of BSNL, are only eligible.
- ii) Employees who were on deemed deputation to BSNL at the time of retirement and absorbed in BSNL subsequently.
- iii) Employees who were on deemed deputation to BSNL at the time of retirement and whose cases of absorption in BSNL*. However, after the cases of absorption have not been finalized so far after they have given option for absorption are finalized, only such retired employees as have been absorbed in BSNL shall be eligible for BSNLMRS.

1.2 **Registration for BSNLMRS:** (As per guidelines outlined in Para 3 of Office Order No. BSNL/ADMN/1 dated 22.4.03)

In order to avail the facility of BSNLMRS after retirement, all eligible employees may fill up the stipulated Registration Form for BSNLMRS, 3 months prior to his/her scheduled date of retirement and submit to his/her Controlling SSA Office. The eligible employees who have already retired, may fill up the Registration Form and submit it either to the SSA Office from where he/she has retired or from where he/she is getting the benefits of BSNLMRS at present. A separate Registration Form has been designed exclusively for the retired employees (Annex.

1). Provision for indication of choice for change of Circle/SSA has been made in the Registration Form.

1.3 **Issue of BSNLMRS Card:** (As per guidelines issued vide Para 3 of Office Order No. BSNL/ADMN/1 dated 22.4.03 and BSNL/ADMN.i/15-4/04(Pt.) dated 15.10.04.

After due verification of the Registration Form, the BSNLMRS Card will be issued to the eligible employees. The BSNLMRS Card shall contain the Registration No., details of self and dependent members, including photographs, and particulars of SSA Office from which the benefits shall be taken, including space for indicating subsequent changes of place, if any.

1.3.1. Annual verification:

- i) The Medical Card issued to the Pensioner may be got revalidated every year by the beneficiary in the month of April. For this purpose, a Certificate will be given by the Pensioner/beneficiary that dependent members whose names were included in the Card continue to satisfy the eligibility conditions as per the BSNLMRS.
- ii) The retired employee, who is gainfully employed and where the spouse of the retired employee is serving and he/she is receiving medical facilities from the Organizations of the spouse, he/she shall not be eligible for the medical facilities.
- iii) The facilities under the scheme shall be liable to be withdrawn at any time for misuse or abuse of the facility under the scheme. Such facilities shall not be restored without the approval of Corporate Office.

1.4 **Change of place of settlement** (As per provision made vide Para 21 of Circular dated 22.4.03)

- i) While registering for BSNLMRS, the retired employees may indicate his/her place of settlement after retirement. The Circle Head of his Office while in service, shall issue an Advice Memo (Proforma-I) indicating new Circle & SSA from which the benefit is intended to be taken. Based on such Advice Memo, new BSNLMRS Card shall be issued by the SSA.
- ii) For any subsequent change of place of settlement, the retired employee shall apply to the Head of Circle, through the SSA Office from which he/she is getting his/her medical reimbursement in the prescribed proforma. The Office of Head of Circle after due verification, shall issue Advice Memo (Proforma-II) for change of Circle of SSA in favour of new Circle/SSA under intimation to Corporate Office. (Proforma Advice Memo enclosed)

1.5 Mode of Payment

All payments i.e., payment for Outdoor Treatment with/without voucher and payment for reimbursement of Indoor Treatment from Non-Empanelled Hospitals may be made by Account Payee Cheque, mentioning the A/c No. as declared by the retired employee. Such cheques should be sent to the retired employees by Registered Post. Wherever possible, the mode of Electronic Transfer of Payment shall be implemented.

1.6 Accessibility of information regarding BSNLMRS:

All Circulars of BSNLMRS relevant to the Retired employees shall be made available in BSNL Website, i.e., www.bsnl.co.in in a suitably created section.

2.0 Outdoor Treatment:

2.1 Payment of Outdoor Treatment expenditure without voucher:

(Presently, as per provisions of Para 2.1.1. of Notification No. BSNL ADMN/1 dated 28.2.03 and guidelines issued dated 22.4.03)

As per provision in Para 2.1.1 of BSNLMRS Notification No. BSNL/ADMN/1 dated 28.02.03, the payments are presently made to such retired employees, who have opted for 'reimbursement under Para 2.1.1, i.e., without voucher' in four equal instalments. Such payment shall, in general be made through cheque and sent to the residence of the employee by the 1st week of each quarter. SSA Head shall make all necessary arrangement for this purpose.

2.2 Settlement of claim for Outdoor Treatment expenditure with voucher:

(As per provisions of Para 2.1.0 of Notification No. BSNL/ADMN/1 dt. 28.2.03 & guidelines issued dt. 22.4.03)

Such claims shall be accepted only from those retired employees who have opted for 'Outdoor Treatment expenditure reimbursement with voucher; while registering for the scheme. As per prevailing instructions dated 22.4.03, the claim should be submitted in stipulated form along with all supporting vouchers like copy of prescription and bills in original. The claim shall be admitted upto the prescribed limit, i.e., equal to the salary (Basic+DA) of last month of service, per annum. The claims may

preferably be submitted each month for the preceding month. However, claims received within six months of incurring the expenditure will also be accepted.

3.0 Indoor Treatment:

- i) In normal circumstances, Indoor Treatment should be taken only from BSNL Empanelled Hospitals and Referral from a Doctor registered in the Allopathic System of Medicine is essential.
- ii) The retired beneficiary may approach the designated Officer (not below the rank of STS or equivalent) in the SSA/Circle Office for issue of authorization letter for the particular BSNL empanelled Hospital. Advice of any Doctor registered in the Allopathic System of Medicine for hospitalization and copy of BSNLMRS Card have to be submitted as supporting documents for issue of authorization letter.
- iii) The designated Officer of the SSA Office shall issue a authorization letter in prescribed format for treatment in the particular BSNL Empanelled Hospital.
- iv) In general, Empanelled Hospitals shall send the bills to BSNL, as per agreement. However, in some cases, the Empanelled Hospitals may not extend such facility. In such cases, the payment has to be made by the retired employee to the Hospital and such expenditure may be submitted in stipulated form along with all supporting vouchers. Medical advance shall not be given in any case.
- v) Retired employee may draw the attention of the designated Officer in SSA/Circle Office in case he/she faces any problem in getting proper treatment in the Empanelled Hospital.
- vi) Retired employee or his/her dependent may take indoor Treatment from Non-Empanelled Hospitals only in cases of emergency. The designated Officer in BSNL may be informed as early as possible regarding such treatment being taken in Non-Empanelled Hospitals. However, reimbursement shall be restricted to prevailing CGHS rates only after due verification.
- vii) Emergent cases are those which involve accident, serious nature of disease etc. In such cases only, the person on the spot may use his/her discretion for taking the patient for treatment in a Private Hospital, in case no Government or an Empanelled Hospital is available nearer than the Private Hospital. The Administrative Office will decide on merit of the case whether it was a case of real emergency necessitating admission in a Private Hospital.

- viii) All Controlling Offices of BSNL shall ensure that all indoor expenditure reimbursement claim preferred by retired employee is settled within a maximum period of one month.

4. Out Door Ceiling for pre/post 01.01.2007 revised based upon option.

The BSNL Board has revised the outdoor ceiling for its retired employees as under:

For employees retired after 1.1.07

- i. For employees who have opted for reimbursement with voucher it is revised as amount equivalent to 25 days of last Basic pay drawn (remain unchanged) + DA applicable in the month of April for the Financial Year for which his/her claim pertains to.
- ii. For employees who have opted for reimbursement without voucher it remains unchanged as the amount equivalent to 12.1/2 days of last Basic Pay and D.A drawn by the retired employee at the time of retirement and shall be paid in four equal quarterly instalments.

For employees retired prior to 1.1.07

1. For employees who have opted for reimbursement with voucher can exercise option from the following two options. The option once exercised cannot be changed later.

Option 1: The amount reimbursable shall be limited to an amount equivalent to 25 days of the basic pay (which will be freezed at the minimum of the revised pay scale) +D.A as applicable in the month of April of the Financial Year for which the claim pertains to

Option 2: Alternatively, option can be exercised to claim an amount equivalent to 25 days of Basic pay drawn at the time of retirement and D.A as applicable for the month of April of the Financial Years for which the claim pertains to, in the pre-revised scale.
2. For employees who have opted for retirement without voucher it remains unchanged as the amount equivalent

to 15 days of Basic Pay + D.P+D.A as applicable, drawn by the retired employee at the time of retirement and is being paid in four equal quarterly instalments. The new scheme is applicable with effect from the Financial Year 2010-11.

(BSNL HQ No: BSNL/Admn./14-2/09 dated 8.9.2010)

XII No. of dependents under BSNLMRS.

The dependent as defined under Clause 1.4.(iii) of Orders No. BSNL/ADMN/1 dated 28.2.2003 is modified and replaced as under:

For serving and retired employees, dependent means and includes self, spouse, two dependent children and dependent parents. Criteria of dependency shall be as defined under CGHS and CS (MA) Rule and as amended by the Central Government from time to time.

(Extracts from BSNL HQ No. BSNL/Admn. 1-15-2007 dated 16.4.2010)

XIII Review of BSNLMRS Policy for pre-01.01.2007 BSNL Pensioners - Eligibility criteria modified.

Ref: O.M No. BSNL/Admn./15-2007 dated 16th April, 2010.

With reference to the O.M referred above, clarifications from various quarters were sought on the cut off date. for excluding the third child from extending the medical facility. The issue was examined and the clarifications are issued as under:

"The number of children is restricted to two for the children of BSNLMRS beneficiaries, who are born after the date of the Order i.e., 16th April, 2010. The restriction is not applicable to the children born prior to 16th April, 2010. It is further clarified that the third child will be allowed in cases where twins are born in the second delivery. The other provisions in the Order shall continue to apply."

(Copy of BSNL HQ Office Memorandum No. BSNL/Admn. /15-10/07 dated 26/27 August, 2010)

XIV Reimbursement of medical expenses from two sources.

The Management Committee has approved the introduction

of reimbursement of medical expenses from two sources for BSNL MRS beneficiaries i.e., from Insurance Agencies and BSNL under BSNL MR Scheme as allowed to CGHS beneficiaries. Under this scheme:

i) The BSNL MRS beneficiary can subscribe to Mediclaim Policy and prefer his claims from both the sources i.e., Insurance Agency and the BSNL.

ii) Under the arrangement, the beneficiary shall prefer claim against the original vouchers/bills first on the Insurance Company which would issue a Certificate indicating the amount reimbursed to the BSNL employee. The Insurance Company concerned will retain the original vouchers/bills in such cases.

iii) The beneficiary then prefer his/her medical claim along with photocopies of the vouchers/bills duly certified in ink, along with stamp of the Insurance Company on reverse of the vouchers/bills to BSNL

iv) Reimbursement from BSNL will be restricted only to the admissible amount as per approved package rates subject to the condition that the total amount reimbursed by the two Organizations does not exceed the total expenditure incurred by the beneficiary

(BSNL O.M No. BSNL/Admn. 1/14-14/09 dtd. 2.9.2009 to all concerned)

XV BSNLMRS - Guidelines for reimbursement of cost of appliances reimbursement of cost of CPAP/BPIP Machine.

Reimbursement of cost of CPAP/BPIP Machine under outdoor treatment was under consideration. The Competent Authority has now decided that the reimbursement of CPAP/BPIP Machine may be allowed subject to following conditions:

- a) 50% of the cost of the Machine shall be borne by the employee and 50% by BSNL
- b) 50% of the cost borne by the employee can be claimed as part of annual outdoor ceiling limit to the extent it is available
- c) 50% of the cost borne by BSNL will be as per the rates prescribed by CGHS for such appliances.
- d) Requests should be accompanied by copies of Steep Lab Reports

- and all basic investigation reports.
- e) The Machine shall be provided once in a lifetime to the beneficiary.
 - f) Responsibility of maintenance of Machine shall be of the beneficiary and expenditure incurred in this regard shall be borne by the beneficiary.

(O.M.No. BSNL/Admn. 1 dated 23rd December 2003 and O.M.No. BSNL/Admn. 1/14.7/09 dated 18.12.2009 of BSNL Corporate Office)

XVI Reimbursement of claims for treatments undertaken in Ayurvedic, Unani, Naturopathy Hospitals.

The issue of reimbursement of claims of indoor treatments undertaken in Ayurvedic, Unani, Naturopathy Hospitals was under consideration in Corporate Office. The Competent Authority has decided that the claims of medical expenditure incurred on treatment in Ayurvedic, Unani, Naturopathy Hospitals shall be considered as outdoor treatment and shall be reimbursed accordingly.

(O.M.No. BSNL/Admn. 1/14.2/0.9 dated 2-3-2010 from Bharat Sanchar Nigam Limited Corporate Office, Bharat Sanchar Bhawan, New Delhi)

XVII BSNLMRS--Review of BSNLMRS Policy

The Management Committee has reviewed the recommendations of BSNLMRS Review Committee and approved following modification in the BSNLMRS policy.

1. Empanelment of reputed Hospitals

Competent Authorities in BSNL may continue to empanel those Hospitals who agree to provide medical facilities at CGHS rates on continuous basis as per the current practice. In addition, other reputed Hospitals can also be empanelled for providing medical services to the employees of BSNL at special discounted rates to be arrived by mutual negotiations between the Competent Authority in BSNL and Hospital Management, which may not necessarily be CGHS rates, subject to the condition that the charges for medical facilities shall be reimbursed by BSNL as per CGHS rates and the excess charges if any, shall be borne by the employee.

2. No. of dependents under BSNLMRS

The dependent as defined under Clause 1.4 (iii) of Orders No. BSNL/ADMN/1 dated 28.2.2003 is modified and replaced as under:

For serving and retired employees, dependent means and includes self, spouse, two dependent children and dependent parents. Criteria of dependency shall be as defined under CGHS and CS (MA) Rules and as amended by the Central Government from time to time.

3. Grant of advance for treatments in Hospital not extending credit facility

A. Treatment undertaken in Govt. Hospitals

For undertaking treatment in Government Hospitals, AIIMS or any such Government institutions which are not extending credit facility, an advance can be granted upto 80% of the estimated expenditure and paid directly to the Hospital.

B. Treatment undertaken in Empanelled Hospitals not extending credit facility

- i. For undertaking treatment in Empanelled Hospital which are extending CGHS rates but not extending credit facility, an advance can be granted upto 80% of the cost of treatment as per the CGHS rates and paid directly to the Hospital. However the Administration should try to get credit facility from the Hospital as far as possible.
- ii. For undertaking treatment in empanelled reputed/specialized Hospital not extending CGHS rate facility, an advance can be granted upto 80% of the cost of treatment on furnishing the estimates which should clearly indicate that the amount is estimated strictly as per CGHS rates only and in the absence of such comments the advance will be restricted to 60% only and paid to the Hospital.

4. Treatment in life threatening cases

- A. In life threatening diseases for which CGHS rates are not available, if the treatment is undertaken in any Government Hospitals including AIIMS payment may be made as per actuals

- B. If such treatments are undertaken in any Empanelled Hospitals the reimbursement may be restricted to AIIMS rates or actuals whichever is lower.

The Orders shall be effective from the date of issue of the Order.

(No. BSNL/Admn. 1/15-10/07 dated 16.4.2010)

Section - 2

**RECOGNITION OF "PRIVATE HOSPITALS"
UNDER BSNLMRS FOR TREATMENT OF BSNL
SERVING/RETIRED EMPLOYEES AND THEIR
DEPENDENT FAMILY MEMBERS STATIONED AT
"BANGALORE SSA" (INDOOR TREATMENT
ONLY) RATES AS PUBLISHED BY CGHS**

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
01	MANIPAL SPECIALITY HOSPITAL, 363, Halagevaderahalli, Rajarajeshwari Nagar, BANGALORE-560 098. (CGHS approved rates)	080-26999850 080-26999915	General Purpose Treatment & Specialized treatment (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	03/06/2009 to 02/06/2011
02	NORTH SIDE HOSPITAL, # 8, "G" Block, 60 Feet Road, Sahakaranagar, BANGALORE-560 092. (CGHS approved rates)	080- 23620844 080- 23620855	General Purpose Treatment & Specialized treatment. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	13.3.2009 to 12.3.2011
03	SUNAYANA EYE HOSPITAL, # 1156, 26th Main, 4th "T" Block, Jayanagar, BANGALORE-560 041. (CGHS approved rates)	080-22442356 080-2245 3473	Specialized treatment in Ophthalmology Cataract Surgery & other allied coded procedures only. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	13.3.2009 to 12.3.2011

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
04	BHAGWAN MAHAVEER JAIN HEART CENTRE, No. 8, Millers Tank Bund Road, BANGALORE-560 052. (CGHS approved rates)	080-2226 7333 080-4199 9300	Specialized treatment in Cardiology Procedure & Cardiothoracic Surgeries. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	03.06.2009 to 02.06.2011
05	BANGALORE INSTITUTE OF ONCOLOGY, No.44-45/2, 2nd Cross, Raja Ram Mohan Roy Extn, (Off. Lalbagh Double Road) BANGALORE-560 027. (CGHS approved rates)	080-4020 6000 080-4020 6407	Specialized treatment in Oncology. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	03/06/2009 to 02/06/2011
06	BANGALORE INSTITUTE OF ONCOLOGY SPECIALITY CENTRE, No.8, Kaling Rao Road, Sampangi Ram Nagar, BANGALORE-560 027. (CGHS approved rates)	080-4020 6122	Specialized treatment in Oncology. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	03/06/2009 to 02/06/2011
07	HOSMAT HOSPITAL, No. 45, Magarath Road Off; Richmond Road, BANGALORE-560 025. (CGHS approved rates)	080-2559 3796 080-2559 3797 080-2559 3747	General Purpose Treatment & Specialized treatment in Orthopaedics, Arthritis, Joint Replacement & Neuro Surgery. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	03/06/2009 to 02/06/2011

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
08	THE BANGALORE KIDNEY STONES HOSPITAL, No. 10 & 11, Vokkaligara Bhavan, Kittur Rani Chennamma Circle, Near City Corporation Office, BANGALORE-560 027. (CGHS approved rates)	080-2222 6534	Lithotripsy (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	03/06/2009 to 02/06/2011
09	YELLAMMA DASAPPA HOSPITAL, No.25, Andree Road, Shanthinagar, BANGALORE-560 027. (CGHS approved rates)	080-2222 5642 080-2222 5643	General Purpose treatment & specialized treatment except Organ Transplantation & Oncology. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	03/06/2009 to 02/06/2011
10	FORTIS HOSPITALS LIMITED (WOCKHARDT HOSPITALS) No. 14, Cunningham Road, BANGALORE-560 052. (CGHS approved rates)	080-2226 1037 080-4199 4444	CALL 1057-11 Specialized treatment in Cardiology Procedure & Cardiothoracic Surgeries, Hip & Knee replacements & Dialysis. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	03/06/2009 to 02/06/2011

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
11	FORTIS HOSPITALS LIMITED (WOCKHARDT HOSPITALS), No. 154/9, Opp: IIM, Bannerghatta Road, BANGALORE-560 076. (CGHS approved rates)	080-6621 4444 080-2254 4444	CALL 1057-11 Specialized treatment in Cardiology Procedure & Cardiothoracic Surgeries, Hip & Knee replacements & Dialysis. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	03/06/2009 to 02/06/2011
12	FORTIS HOSPITALS LIMITED (WOCKHARDT HOSPITALS), No. 111, Service Road, Mahalakshmpuram, West of Chord Road, Rajajinagar 1st Block BANGALORE-560 096. (CGHS approved rates)	080-2300 4444	CALL 1057-11 Specialized treatment in Cardiology Procedure & Cardiothoracic Surgeries, Hip & Knee replacements & Dialysis. (Indoor Treatment only) (SERVICE WITHDRAWN)	03/06/2009 to 02/06/2011
13	FORTIS HOSPITALS LIMITED (WOCKHARDT HOSPITALS), No. 23, 80 Ft Road, Gurukrupa Layout, Nagarbhavi II Stage, West of Chord Road, BANGALORE-560 096. (CGHS approved rates)	080-2301 4444	Specialized treatment in Cardiology Procedure & Cardiothoracic Surgeries, Hip & Knee replacements & Dialysis. (Indoor Treatment only) (SERVICE WITHDRAWN)	03/06/2009 to 02/06/2011

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
14	BHARATHY HOSPITAL, No.4, Nagarabhavi Main Road, Prashanthnagar, BANGALORE-560 079. (CGHS approved rates)	080-23489238 080-23485759	General Purpose treatment & General Surgery. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	16/06/2009 to 15/06/2011
15	P.D.HINDUJA SINDHI HOSPITAL, Sindhi Hospital Road, Sampangiramnagar, BANGALORE-560 027. (CGHS approved rates)	080-22227117 080-22237318	General Purpose treatment & General Surgery. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	23/06/2009 to 22/06/2011
16	TRINITY HOSPITAL & HEART FOUNDATION, Near R.V. Teacher's College Circle, Basavangudi, BANGALORE-560 004. (CGHS approved rates)	080-26563993 080-26563994 080-41503434	General Purpose Treatment / Specialized treatment except Organ Transplant. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	02/07/2009 to 01/07/2011
17	BACC HEALTH CARE PVT LTD, (Dr. KAMINI RAO HOSPITAL) No.6/7, Kumara Krupa Road, High Grounds BANGALORE-560 001. (CGHS approved rates)	080-22260880 080-22269245	Specialized treatment in Obstetrics & Gynecology. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	15/07/2009 to 14/07/2011

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
18	BACC HEALTH CARE PVT LTD, (Dr. KAMINI RAO HOSPITAL) No.909, 47TH Cross, 9th Main, 5th Block, Jayanagar, BANGALORE-560 041. (CGHS approved rates)	080-26534444 080-26534445	Specialized treatment in Obstetrics & Gynecology. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	15/07/2009 to 14/07/2011
19	NETHRADHAMA HOSPITALS PVT LTD, No.256/14, Kanakapura Main Road, 7th Block, Jayanagar, BANGALORE-560 082. (CGHS approved rates)	080-2663 3533 080-2663 3800 080-2663 4202	Specialized Treatment in Ophthalmology. Cataract Surgery & other allied coded procedures only. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	15/07/2009 to 14/07/2011
20	SHIRDI SAI HOSPITAL, No. 519, 2nd Main, Nethravathi Street, Devasandra, New BEL Road, BANGALORE-560 054. (CGHS approved rates)	080-42719999	General Purpose treatment & Specialized treatment (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	24/ 07/2009 to 23//07/2011
21	SAMPRATHI EYE HOSPITAL & SQUINT CENTRE, No. 111, Railway Parallel Road, 7th Cross, Kumara Park West, BANGALORE-560 020. (CGHS approved rates)	080-2336 7544 080-2336 0099	Specialized Treatment in Ophthalmology. Cataract Surgery & other allied coded procedures only. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	24/ 07/2009 to 23/ 07/2011

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
22	M.S. RAMAIAH MEMORIAL HOSPITAL, MSRIT Post, New BEL Road, BANGALORE-560 054. (CGHS approved rates)	080-2360 8888 080-2360 9999	General Purpose treatment & Specialized treatment except Oncology. (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	18/ 08/2009 to 17//08/2011
23	BANGALORE BAPTIST HOSPITAL, Bellary Road, Hebbal, BANGALORE-560 024. (CGHS approved rates)	080-2333 0321 080-2333 0322 080-2333 0323 080-2333 0324	General Purpose treatment & Specialized treatment (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	18/ 08/2009 to 17/ 08/2011
24	SEVAKSHETRA HOSPITAL, 27th Cross, Banashankari II Stage, BANGALORE-560 070. (CGHS approved rates)	080-42719999	General Purpose treatment & Specialized treatment (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	18/ 08/2009 to 17/ 08/2011
25	SHREYA HOSPITAL, No. 73, 6th Cross, 3rd Main, Kengeri Satellite Town, BANGALORE-560 060. (CGHS approved rates)	080-2848 2958 080-2590 8958	General Purpose treatment & Specialized treatment (Indoor Treatment only)	12/ 10/2009 to 11/10/2011

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
26	NARAYANA HRUDAYALAYA, No.258/A, Bommasandra Industrial Area, Anekal Tq, BANGALORE-560 099. (CGHS approved rates)	080-78350000 to 018	General Purpose treatment & Specialized treatment except Ophthalmology. (Indoor Treatment only)	12/10/2009 to 11/ 10/2011
27	MEENAKSHI ENT SPECIALITY CENTRE, No. 2232, 23rd Cross, Banashankari II Stage, BANGALORE-560 070. (CGHS approved rates)	080-26764621	Specialized treatment in ENT only. (Indoor Treatment only)	31/ 10/2009 to 30/ 10/2011
28	PANACEA HOSPITALS PVT. LTD., No.334, 8th Main, III Stage, IV Block, Basaveshwaranagar, BANGALORE-560 079. (CGHS approved rates)	080-23235577 080-23228644 080-23228649 080-23239576	General Purpose treatment & Specialized treatment (Indoor Treatment only)	31/10/2009 to 30/10/2011
29	VISWABHARATHI HOSPITAL PVT. LTD., No. 10/4 & 10/5, 3rd Main Road, Hanumanthanagar, BANGALORE-560 019. (CGHS approved rates)	080-26507440 080-26521898	General Purpose treatment & Specialized treatment (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	02/ 12/2009 to 01/ 12/2011
30	KETHAMS HOSPITAL PVT. LTD, Nanjappa Main Road, Vidyaranyapura, BANGALORE-560 097. (CGHS approved rates)	080-28386118 080-28380153	General Purpose treatment & Specialized treatment (Indoor Treatment only) (RENEWAL OF MOA UNDER PROCESS)	02/12/2009 to 01/ 12/2011

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
31	K.R. HOSPITAL, No. 979, 25th Main Road, Banashankari 1st Stage, Hanumanthanagar, BANGALORE-560 050. (CGHS approved rates)	080-26755800 080-26755901 080-26755402	General Purpose treatment & Specialized treatment (Indoor Treatment only)	02/12/2009 to 01/ 12/2011
32	SANKARA EYE HOSPITAL, (Sri Kanchi Kamakoti Medical Trust) HAL Airport-Varthur Road, Kundalahalli Gate, BANGALORE-560 037. (CGHS approved rates)	080-28542727 080-28542729	Specialized Treatment in Ophthalmology. Cataract Surgery & other allied coded procedures only. (Indoor Treatment only)	02/12/2009 to 01/ 12/2011
33	Dr. RAMESH HOSPITAL, No. 6/63, 59th Cross, 4th Block, Rajajinagar Entrance, Opp : MEI Polytechnic, BANGALORE-560 010. (CGHS approved rates)	080-2314 8918 080-2314 8919	General Purpose treatment & Specialized treatment for Laparoscopy. (Indoor Treatment only)	25/ 01/2010 to 24/ 01/2012
34	CURIE CENTRE OF ONCOLOGY, No.88, 17th "A" Main, 2nd Cross, 5th Block, Koramangala, BANGALORE-560 034. (CGHS approved rates)	080-2553 8194 080-2552 6306 080-2563 1373	Specialized treatment in Oncology (Indoor Treatment only)	25/01/2010 to 24/01/2012

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
35	M.S. RAMAIAH CURIE CENTRE OF ONCOLOGY, (Gokula Curie Cancer Centre), M.S. Ramaiah Memorial Hospital Campus, MSR Nagar, MSRIT Post, BANGALORE-560 054. (CGHS approved rates)	080-22182929	Specialized treatment in Oncology (Indoor Treatment only)	25/01/2010 to 24/01/2012
36	NARAYANA NETHRALAYA, No.121/C, Chord Road, Rajajinagar 1st "R" Block, BANGALORE-560 010. (CGHS approved rates)	080-66121300	Specialized treatment in Ophthalmology Cataract Surgery & other allied coded procedures only. (Indoor Treatment only)	02/02/2010 to 01/02/2012
37	UNITY LIFELINE HOSPITAL (INDIA) PVT. LTD., "Ekadantha", No. 193, 80 ft Road, 2nd Block, Nagarabhavi 2nd Stage, Near BDA Complex, BANGALORE-560 072. (CGHS approved rates)	080-23183131	General Purpose treatment & Specialized treatment. (Indoor Treatment only)	12/03/2010 to 11/03/2012
38	AXON SPECIALITY HOSPITAL, No. 321, 6th Main, HAL 2nd Stage, Indiranagar, BANGALORE-560 038. (CGHS approved rates)	080-43346333 080-43318300	General Purpose treatment & Specialized treatment. (Indoor Treatment only) (Service Withdrawn)	12/03/2010 to 11/03/2012

Sl. No	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
39	INDUS WESTSIDE HOSPITAL, No. 3P (2), 60 ft. Road, 1st Block, (Valgerhalli) Jnanabharathi Layout, Kengeri Upanagara, BANGALORE – 560060. (CGHS approved rates)	080-28488181 Emergency : 080-28485822 Toll Free No : 1800 425 2323	General Purpose treatment & Specialized treatment. (Indoor Treatment only) (Service Withdrawn)	12/03/2010 to 11/03/2012
40	NAVASHAKTHI NETHRALAYA, No. 1332, Double Road, Indiranagar, BANGALORE-560 038. (CGHS approved rates)	080-25289669 080-25216291	Specialized treatment in Ophthalmology . Cataract Surgery & other allied coded procedures only. (Indoor Treatment only)	23/03/2010 to 22/03/2012
41	VASAN EYE CARE HOSPITALS, No.897/C, 6th Block, 80 Feet Road, Opp : IBP Petrol Bunk, Koramangala, BANGALORE-560 095. (CGHS approved rates)	080-39890000	Specialized treatment in Ophthalmology . Cataract Surgery & other allied coded procedures only. (Indoor Treatment only)	11/05/2010 to 10/05/2012
42	VASAN EYE CARE HOSPITALS, No.389 (Old), 46 (New), 19th Main, 1st Block, Rajajinagar, BANGALORE-560 010. (CGHS approved rates)	080-39419000	Specialized treatment in Ophthalmology . Cataract Surgery & other allied coded procedures only. (Indoor Treatment only) (Service Withdrawn)	11/05/2010 to 10/05/2012

Sl. No	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
43	B.G.S GLOBAL HOSPITAL, No.67, Uttarahalli Road, Kengeri, BANGALORE-560 060. (CGHS approved rates)	080-2625 5555	General Purpose treatment & Specialized treatment. (Indoor Treatment only)	11/05/2010 to 10/05/2012
44	T.R. HOSPITAL, No.125/1 to 7, Kothnur Main Road, J.P. Nagar 8th Phase, BANGALORE-560 078. (CGHS approved rates)	080-26851577 080-4166 3480	General Purpose treatment & Specialized treatment. (Indoor Treatment only)	11/05/2010 to 10/05/2012
45	GURUSHREE HOSPITAL, No.1558, Opp: Chandra Layout Bus Stand, Chandra Layout, Vijayanagar, BANGALORE-560 040. (CGHS approved rates)	080-2339 2641 98866 92641 94498 14842	General Purpose treatment & Specialized treatment. (Indoor Treatment only)	01/07/2010 to 30/06/2012
46	NEPHROLIFE CARE (INDIA) PVT. LTD., No.2, Setlur Street, Shantinagar, BANGALORE-560 027. (CGHS approved rates)	080-2331 9999 080-4118 8938	General Purpose treatment & Specialized treatment viz.,Nephrology, Dialysis,Urology, Vascular Surgery, Psychology & General Medicine. (Indoor Treatment only)	09/07/2010 to 08/07 /2012

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
47	KARTHIK NETRALAYA INSTITUTE OF OPHTHALMOLOGY PVT. LTD., No.89, 6th Cross, Ashok Nagar, BSK 1st Stage, BANGALORE-560 050. (CGHS approved rates)	080-26674399 080-26612444	Specialized treatment in Ophthalmology . Cataract Surgery & other allied coded procedures only. (Indoor Treatment only)	09/07/2010 to 08/07/2012
48	VIJAYA E.N.T. CARE CENTRE, No.1, 9th Cross, Malleswaram, BANGALORE-560 003. (CGHS approved rates)	080-23311837 080-23361727	Specialized treatment in E.N.T. only. (Indoor Treatment only)	21/07/2010 to 20/07/2012
49	SHEKAR NETHRALAYA., No.633, 100 Feet Road, J.P. Nagar 3rd Phase, BANGALORE-560 078. (CGHS approved rates)	080-2659 3210 080-4120 9197	Specialized treatment in Ophthalmology . Cataract Surgery & other allied coded procedures only. (Indoor Treatment only)	21/07/2010 to 20/07/2012
50	KUMAR NETHRALAYA., No.562, 41st Cross, 3rd Main, 2nd Block, Rajajinagar, BANGALORE-560 010. (CGHS approved rates)	080-23424844	Specialized treatment in Ophthalmology Cataract Surgery & other allied coded procedures only. (Indoor Treatment only)	23/07/2010 to 22/07/2012

Sl. No.	Name of the Hospital & Address	Telephone Nos.	Purpose of Treatment	Date of MOA
51	JEEVANI HEALTH CARE'S (SARVODAYA HOSPITAL) No.11/2, Magadi Main Road, Agrahara Dasarahalli, BANGALORE-560 079. (CGHS approved rates)	080-23144735 080-23144736 080-23144738 080-23144739	General Purpose treatment & Specialized treatment. (Indoor Treatment only)	27/07/2010 to 26/07/2012
52	SAGAR HOSPITALS, No.44/54, 30th cross, Tilaknagar Extn, Bannerghatta Road, BANGALORE-560 041. (CGHS approved rates)	080-2245 7276 080-2653 6700 to 080-2653 6708	General Purpose treatment & Specialized treatment. (Indoor Treatment only)	02/08/2010 to 01/08/2012
53	CHAITANYA HOSPITAL, No. 80, 3rd Cross, P&T Colony, R.T. Nagar, BANGALORE-560 032. (CGHS approved rates)	080-2333 3581 080-2343 2633	General Purpose treatment & Specialized treatment. (Indoor Treatment only)	13/09/2010 to 12/09/2012
54	LIVE 100 HOSPITAL, No. 104/1, Hosur Main Road, Singasandra, BANGALORE-560 068. (CGHS approved rates)	080-4360 0600 080-4310 0100	General Purpose treatment & Specialized treatment. (Indoor Treatment only)	13/09/2010 to 12/09/2012
55	SUDHARSHANA NETHRALAYA, No. 452, R. S. Plaza,1st Floor, Between 6th & 7th Cross, Sampige Road, Malleshwaram, BANGALORE-560 003. (CGHS approved rates)	080-2334 1747 080-3271 9976 080-4172 4935	Specialized treatment in Ophthalmology . Cataract Surgery & other allied coded procedures only. (Indoor Treatment only)	13/09/2010 to 12/09/2012

Section - 3
Annexure - 1
BSNL EMPLOYEES MEDICAL
REIMBURSEMENT SCHEME

(To be submitted in Duplicate)

Registration Form for Serving Employees

1. Name of Employee
2. Designation
3. Place of posting
(Mention complete Office address)
4. Staff No.
5. Basic Pay
6. Telephone No. Office/Residence:
7. Details of Family Members:

Sl. No.	Name	Date of Birth	Relationship with employee	Blood Group (if available)

8. Details of Chronic : a)
disease, if any b)
c)
d)
9. Options for Outdoor Treatment (Under BSNLMRS): (tick any one of i), ii) or iii)
 - i) Outdoor/Domiciliary Treatment from RMPs; Reimbursement against Vouchers. (as per Para 2.1.0)
(Annual limit is One Month's Salary (Basic+D.A)-starting month of Financial Year) or
 - ii) Outdoor/Domiciliary Treatment: Entitlement without Voucher, (as per Para 2.1.1)
(50% of the admissible amount as in para 2.1.0 above--paid in cash in four equal instalments at the end of each quarter) or
 - iii) Outdoor/Domiciliary Treatment from P&T Dispensaries. (as per Para 2.1.2)

Declaration:

I hereby declare that above mentioned members of my family are fully dependent on me, i.e., their income from all sources does not exceed Rs. 1,500/- per month. If the above information is found to be false at any time, Company can take action against me as per Rules or as deemed fit.

Place: Signature:
Date: Name:
Designation:

For Office Use only

Registration No.: Issued: Reg. No.
Card Issued: Yes/No: Card No:
Date of Issue:

Signature of Issuing Authority

MEDICAL REIMBURSEMENT CLAIM FORM
FOR OUTDOOR TREATMENT (BSNL)

1. Name of Employee: 2: Designation
3. Reg. No.
4. Salary (Basic Pay + D.A) /Pension (as on 1.04.04):
5. Place of Duty: 6: Name of Patient:
7. Relationship with Employee: 8. Age:
9. Reimbursement claimed under:

(Tick relevant box)

* Treatment from RMP (as per Para 2.10)

* Treatment from P&T Dispensary (as per Para 2.1.2)

10. Nature of illness:
11. Name of Doctor/Hospital
12. Details of Claim:
(attach prescription, vouchers, etc., in duplicate)

Voucher No.

Amount Rs.

- * Consultation:
- * Diagnostics/Tests:
- * Medicines
- * Appliances:
- * Special treatment (e.g., Physiotherapy, Yoga etc.)
- * Others:

Total

(Rupees)

Declaration:

I, hereby declare that the statements given in application are true to the best of my knowledge and belief and that the person for whom medical expenses are incurred is wholly dependent on me.

(Signature of Employee)

Annexure - 3

MEDICAL REIMBURSEMENT CLAIM FORM FOR INDOOR TREATMENT (BSNL)

1. Name of Employee:
2. Designation:
3. Reg.No.:
4. Salary (Basic Pay+D.A) Pension (as on 1.4-2004)
5. Place of Duty:
6. Name of Patient:
7. Relationship with Employee:
8. Age:
9. Nature of illness:
10. Name of Doctor/Hospital:
11. Period of Treatment: From..... To.....
(Certificate issued by the Medical Officer in-charge of the Hospital as per enclosed proforma is to be attached)
12. Details of claim:
(attach prescription, vouchers, etc., in duplicate)

	Voucher No.	Amount Rs.
* Consultation:		
* Diagnostics/Tests:		
* Medicines/Injections:		
* Appliances:		
* Room Rent:		
* Charges for Nurses:		
* Others:		
	Total:	
	(Rupees.....)	

Declaration:

I, hereby declare that the statements given in application are true to the best of my knowledge and belief and that the person for whom medical expenses are incurred is fully dependent on me.

(Signature of Employee)

Annexure -4

CERTIFICATE FOR HOSPITALIZATION (BSNL)

(To be completed in the case of patients who are admitted to Hospital for Treatment)

Certificate granted to Mrs./Mr.Miss..... husband/wife/son/daughter/mother/
father of Mrs./Mr.....employed in the Office ofBSNL.

PART 'A'

I, Dr..... hereby certify:

- (a) that the patient was admitted to Hospital on
- (b) that the patient has been under treatment at.....and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient.
- (c) that the patient is/was suffering from.....and is/was under treatment from..... to.....
- (d) that the X-ray, Laboratory Tests, etc., for which an expenditure of Rs.....was incurred were necessary and were undertaken on my advice at (name of Hospital or Laboratory);

Signature and Designation of the
Medical Officer In-charge of the
case at the Hospital

Annexure - 5**APPLICATION FORM FOR
MEDICAL ADVANCE (BSNL)**

1. Name of Patient:
2. Relationship with Employee:
3. Age:
4. Nature of Disease (for which hospitalizaion is required)
5. Name of Hospital:
6. Name of Employee:
7. Designation:
8. Salary (Basic Pay+DA). Pension
9. Basic Pay:
10. Estimated cost of Treatment
(Enclose original copy of Hospital's Estimate)
11. Amount of Advance required for Treatment:

Signature:

Designation:

Section:

Tel.No.:

Annexure-F

No.....

Date.....

Annexure - 6**AUTHORISATION LETTER FOR TREATMENT IN HOSPITAL**

This is to Certify that Shri/Smt. (Name of the patient), age is the Husband/Wife/Son/Daughter/Mother/Father of Shri/Smt. an employee of BSNL. He/she may be admitted in (Hospital's Name)..... as per his/her room entitlement i.e.,

He/She may be charged as per agreed rates with BSNL.

Bills as per agreed rates may be sent to this Office for payment.

(Signature of the Competent Authority)