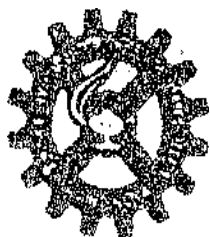


Medical Facilities for CSIR Employees & Pensioners

UP-DATED VERSION
(Upto, 2016)



COUNCIL OF SCIENTIFIC AND INDUSTRIAL
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Medical Facilities for CSIR employees- Guidelines etc.

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(1)

Sub:- Medical Facility for retired CSIR employees.

The Question regarding extension of medical facilities to retired CSIR employees on the analogy of similar benefits available to Central Govt. employees has been under consideration for some time. After careful consideration of the matter, it has been decided that retired employees of CSIR and their families who are normally resident at places/stations where CSIR has established its own dispensaries may be provided with medical attendance and treatment to the extent available in the dispensary free of charge. These employees will, however, not be entitled to any kind of reimbursement of medical expenses incurred by them.

2. It is requested that admissibility of this concession may kindly be brought to the notice of all the retired CSIR employees who are drawing pension at your laboratory/institute individually to enable them to avail this concession without delay.

Copy of CSIR letter No. 17(1)/81-E-II dated 16.6.1982

(2)

Sub:- Enhancement of Powers of Directors of all National Labs/Instts. to admit medical claims – Clarifications reg.

The Heads of Department in the Government of India are empowered to allow reimbursement of charges for medical treatment in emergent cases in a private hospital to their employees as contained in the Ministry of Health and Family Welfare order dated 23.2.1977 and 7.5.1979 read with their OM No. 5-14012/9/75/MC/MS dated 18.6.1982 subject to the conditions stipulated therein. These orders are contained in the Swamy's Compilation of a medical attendance rules.

The question of delegating the above powers to the Directors/Heads of National Labs/Instts. has been active consideration in CSIR for a some time past. It has been decided in consultation with the Financial Adviser that Director/Heads of National Labs/Instts. may exercise these powers as Heads of the Department for allowing reimbursement of medical charges for treatment in really emergent cases in a private hospital or at the Hqrs. of an employee subject to be conditions contained in the above order. Past cases need not be reopened.

Copy of CSIR letter No. 14(2)/25/85-E.II dated 6.1.1987

(3)

Sub:- Extension of facilities to CSIR Pensioners.

The matter regarding providing various facilities to the CSIR Pensioners has been engaging the attention of the CSIR. The DG-CSIR has now been pleased to approved that pending provision of comprehensive social and medical facilities to the pensioners and the members of their families as recommended by the Fourth Pay Commission, the following facilities may be extended to the CSIR Pensioners by the Labs. in the first instance, with immediate effect:-

- i. Facilities of reading room, library, recreation etc. as being provided by the various clubs of the Labs. if necessary, they will be eligible to become members of the respective clubs;
- ii. To provide two journals brought out by the CSIR of their choice to all the retired scientists for rest of their life. For this purpose, choice of two CSIR journals may be obtained from pensioners who retired as Scientist 'B' or above and are drawing pension through your Labs./Instt. and the same forwarded to PID for necessary action.
- iii. CSIR/Lab. Guest House facilities subject to availability on the same rates and terms and conditions as applicable to Council employees while not on duty.

It is requested that all the pensioners drawing pension from your Lab./Instt. may be informed of the above provisions and they may be extended the necessary facilities as above.

Copy of CSIR letter No. 17(1)87-E.II dated 9.1.1987

(4)

Sub:- Extension of CGHS Facilities to employees/pensioners of CSIR – Nursing Home Facilities.

Consequent upon withdrawal of nursing home facilities to the employees/pensioners of CSIR and their families under the CGHS, the DG, CSIR has been pleased to approve that pending restoration of such facilities by the Government, CSIR employees/pensioners and their family members station at Delhi, in case of hospitalization, will be entitled to reimbursement of charges, if any levied, for availing nursing home facilities of their status in the CGHS recognized hospitals, as admissible under CCS medical attendance rules.

Copy of CSIR letter No. 3(441)/78-E.III dated 15.7.1987

(5)

Sub:- Guidelines for Part-time Doctors.

The question of framing guidelines for having a uniform policy for engagement of part-time doctor and grant of honorarium to them was under consideration for sometime past. The DG, CSIR on the recommendation of the committee constituted for the purpose has approved the following guidelines.

- a. Not more than one part-time doctor may be engaged by the lab/instit.
- b. Part-time doctor engaged should be of repute
- c. Honorarium may be to the maximum of Rs. 500/- p.m. per hour per day. Subject to receiving of 3 hours per day. And the maximum of Rs. 500/- p.m.
- d. Part-time doctors may not normally be engaged where departmental Dispensary is running with a full-time doctor.
- e. Part-time doctor could be engaged in exceptional circumstances for the medical care of office employees during working hours even though the employees are covered by CGHS Scheme/Reimbursement Scheme where Authorized Medical Attendants exist under Central Service Medical Attendance Rules, 1944.
- f. Powers to engage part-time doctor will now rest with the head of the lab./instit.
- g. In case of the departure from (A) and (C) approval of CSIR be obtained.

These issues with the concurrence of the Financial Advisor of CSIR.

Copy of CSIR letter No. 4(10)/80-E.II dated 3.2.1988

(6)

Sub:- Sanjay Gandhi Post Graduate Institute , Lucknow – Recognition as a referral institute.

Reference CDRI letter No. CA/CDRI/Misc./89 dated 20th March, 1989 on the above noted subject. The DG, CSIR in consultation with the finance has been pleased to accord approval to treat the Sanjay Gandhi Post Graduate Institute of Lucknow as referral institute under CS(Medical Attendants) Rules, for the employees working in the CSIR Lab./Instit. at Lucknow on the terms and conditions as are applicable to P.G.I, Chandigarh and All India Institute of Medical Science, New Delhi.

Copy of CSIR letter No. 14(6)/83-E.II dated 11.5.1989

(7)

Sub:- Guidelines for engaging Part-time doctors- Modification thereof.

In Partial modification of this office letter of even number dated 3.2.1988, I am directed to inform you that DGSIR has been pleased to accord approval to the following:-

1. Rate of honorarium per-hour, per-day, per-month for a part-time doctor may be increased from Rs. 500/- to Rs. 650/- subject to the ceiling of three hours per-day, per-month with a maximum of Rs. 1950/- per part-time doctor. The above consolidated honorarium will include the transportation cost also.
2. The engagement of a part-time doctor is admissible only in the Allopathic system. However, if a Lab./Instt. requires a part-time doctor in any other system, namely, Ayurvedic/Unani/Homopathic, the Head of the Lab./Instt. will be competent to engage him as an AMA in the CCS (MA) Rules, 1944, as amended from time to time.
3. The other conditions for engagement of part-time doctors will continue to be the same as contained in CSIR Circular of even number dated 3.2.1988.

The orders will come into force with immediate effect.

Copy of CSIR letter No. 14(10)/91-E.II dated 3.10.1991

(8)

Sub:- Medical facilities for retired CSIR Employees.

The Governing Body of the CSIR has approved to extend the Group Mediclaim Scheme to the pensioners of the CSIR and their dependents not covered by CGHS. A copy of the Scheme obtained from M/s Oriental Insurance Company Limited is enclosed.

The Main features of the Scheme are as under:-

- i) It provides for both hospitalisation and Domiciliary Hospitalisation.
- ii) The Scheme is divided into following four categories in terms of premia payable and benefits admissible.

Category	Premium Payable (Rs.)	Maximum Annual Benefits (Rs.)
I	1300-00	96500-00
II	840-00	62000-00
III	600-00	43000-00
IV	350-00	30600-00

The scheme will be applicable to persons upto the age of 75. However, the benefits shall stand reduced by 10% for members in the age group of 70-75. The rebate of Group Medclaim Scheme will be as follows:-

Persons	Discount
First 100	15%
Next 400	20%
Next 500	25%
Next 4000	30%
Next 5000	35%
Next 15000	40%
Next 25000	50%
Balance	66.2/3%

In addition, there will be a special discount of 5%.

While the scheme further envisages Low claim Ratio Discount (Bonus), it also provides for High Ratio Loading (MALUS). However, this will depend on actual reimbursement after the scheme has been put into operation.

The Scheme will be made applicable to pensioners on the basis of classification held by them before retirement as follows:-

Category	I	Group	A
Category	II	Group	B
Category	III	Group	C
Category	IV	Group	D

As approved by the GB, the pensioners will have to pay one half of the premium per person minus benefit of group discount as may be admissible, in accordance with the categories in which they are placed.

The Scheme has been introduced on optional basis as an experimental measure for a period of one year. It is requested that the scheme with the above salient features may kindly be brought to the notice of all the pensioners and family pensioners drawing pension from your Lab/Instt. In respects of pensioners drawing pension "through banks, the Coordinating Labs./Instts. are also requested to bring the scheme along with the above salient features, to the notice of pensioners and family pensioners.

It is also requested to obtain option from each of the pensioners in writing whether they would like to join the scheme along with the details of their dependents. The definition of dependents for this purpose will be the same as contained in CCS Medical Attendance Rules,

1972, as made applicable to CSIR employees. A copy of the proforma for obtaining details of the Insured persons is enclosed for necessary action.

It will be appreciated if the option as also the completed proforma containing details of persons opting to be covered under the Group Medclaim Scheme are sent to this office by 30.4.92 positively.

Copy of CSIR letter No. 17(1)91-E.II, dated 29.2.1992

Appendix

The Oriental Insurance Co. Ltd. Divl. Office No.I, Jeevan Vihar Building Parliament Street, New Delhi -110 001,

Re: — MEDICLAIM INSURANCE FOR PENSIONERS, THEIR SPOUSE & DEPENDENT CHILDREN OF COUNCIL OF SCIENTIFIC & INDUSTRIAL, RESEARCH.

Hospitalisation is an unforeseen eventuality which calls for expenditure beyond the capability of even the well-off in the society. Responding to our customers' needs, we are in the market since November, 1986 with our Hospitalisation & Domiciliary Hospitalisation Insurance Scheme known as "Medicclaim Policy". The underlying theme of all insurances is to mitigate the financial loss to the 'Insured' caused due to a sudden and unforeseen event.

This policy is being offered specifically for the pensioners of CSIR, their spouse and dependent children and provides for reimbursement of Hospitalisation and/or Domiciliary Hospitalization expenses for illness/disease contacted or injury sustained anywhere in India.

The reimbursement of such expenses are to the extent of 100% subject to overall limit under the category opted.

The policy covers actual Hospitalization as an in-patient for treatment of non-surgical and major surgical and major diseases. It does not include outdoor treatment. The other salient features of the policy are:-

Age Limit:-

- a) Persons from the age group of 5 to 70 years are covered by the Scheme.
- b) Persons beyond 70 years are covered when the Company may accept the proposals from people over 70 years on receipt of Medical Certificate from a qualified doctor certifying the general condition of the insured to be satisfactory. In such cases, the scale of benefits are reduced by 10% in case the member is in the age group of 70-75 and 20% for those beyond 75 years of age.

Definitions:

1. Hospital/Nursing Home

Hospital/Nursing home shall be deemed to mean any institution in India established for Indoor care and treatment of sickness and injuries and which has been registered either as Hospital or Nursing Home with the local authorities and is under the supervision of the registered and

qualified Medical Practitioner. The term "Hospital" shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts, a place for alcoholics, or a hotel or a similar place.

2. Surgical Operation

Surgical operation Means:- Manual and operative procedures for correction of deformities & defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life

3. Domiciliary Hospitalization Benefit:-

Domiciliary Hospitalization Benefit means medical treatment for a period exceeding three days for such illness/disease/Injury which in the normal course require care and treatment at a Hospital/Nursing Home but actually taken while confined at home in India under any of the following circumstances, namely

- a. The condition of the patient is such that he/she cannot be removed to the Hospital/Nursing Home or
- b. The Patient cannot be removed to hospital/nursing home for lack of accommodation therein, or
- c. The patient prefers to be confined at Home for treatment with the approval of the attending Medical Practitioner.

Subject to however, that Domiciliary Hospitalization Benefits shall not cover:-

- i) Expenses incurred for pre-and post-hospitalisation treatment and
- ii) Expenses incurred for treatment for any of the following diseases:
 1. Asthma, 2. Bronchitis, 3. Chronic Nephritis and Nephrotic Syndrome, 4. Diarrhoeas and all types of Dysenteries including gastro-enteritis, 5. Diabetes Mellitus and Insipious, 6. Epilepsy, 7. Hypertension 8. Influenza, cough and cold, 9. all Psychiatric or Psychosomatic Disorders, 10. Pyrexia of unknown origin for less than 10 days, 11. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis and 12. Arthritis, Gout and Rheumatism. ;

NOTE. When treatment such as Dialysis, Chemotherapy, Radiotherapy etc., is taken in the Hospital/Nursing Home and the insured is discharged on the same day, the treatment will be considered to be taken under Hospitalization Benefit Section.

4. Any One Illness:

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Doctor/Hospital/Nursing Home/Clinic

occurrence of same illness after lapse of 45 days as stated above will be considered as fresh illness for the purposes of this policy.

- i) Medical Practitioner means a person who holds a degree/diploma of a recognised institution and is registered by Medical Council of respective state of India. The term Medical Practitioner would include physician, Specialist and Surgeon.
- ii) Qualified Nurse means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendations of the attending Medical Practitioner.
- iii) Maternity Expenses Benefit:- Means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy, childbirth including normal Caesarian Section this is an optional- Benefit available on payment of additional premium. When Maternity Expenses Benefit is extended in the policy, Exclusion 10 of the policy stands deleted.

Exclusions:

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of:

- 1. Any disease other than those stated in clause(13) suffered by the Insured person during the first 30 (thirty) days from the date of his/her entry into the Policy. This exclusion shall not, however, apply if in the opinion of the panel of medical practitioners constituted by the company for the purpose, the insured person could not have known the existence of the disease or any symptoms thereof at the time of his/her entry into the policy.

This Exclusion shall also not apply in case of the insured person having been covered under this scheme of Group Insurance Scheme with any of the Indian Insurance Companies for a continuous period of 12 months preceding, without any break.

- 2. Injury of disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, hostilities or war like operations(whether war be declared or not) and breach of criminal law by the insured person.
- 3. Circumstances unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 4. Routine eye examinations and cost of glasses and contact lenses.
- 5. Dental treatment or surgery of any Kind unless requiring hospitalisation.

6. Convalescence, general debility, "Run-down" condition or rest cure, congenital external disease or defects or anomalies, sterility venereal diseases, intentional self injury, use of intoxicating drugs.
7. Charges incurred at Hospital/Nursing Home primarily for diagnostic, X-Ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence of presence of. any ailments, sickness or injury, for which confinement is required at a hospital/nursing home or at home under Domiciliary Hospitalization as defined.
8. Expenses on Vitamins and Tonics unless forming part of treatment for injury or disease as certified by the attending physician.
9. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
10. Naturopathy Treatment.
11. Exclusion for 1st year of policy for treatment of cataract benign prostatic hypertrophy, hysterectomy for menorrhagia or fibromyoma, hernia, hydrocele congenital internal diseases, fistula in anus, piles, sinusitis and related disorders unless such diseases are excluded as pre-existing.
12. All diseases/injuries which are pre-existing when the cover incepts for the first time.

Conditions:

1. The Insured alone shall have the sole and exclusive right of receiving any payment or of enforcing any claim under this policy and no other person whether named in the schedule hereto or not shall acquire any right whatsoever against the company under or by virtue of this policy.
2. The premium payable under this policy shall be paid in advance. CSIR shall remit the entire premium on behalf of its members to OIC Ltd.
3. Upon the happening of any event which may give rise to a claim under this policy preliminary notice with full particulars relating to PIN, name of insured person in respect of whom claim is made, nature of illness/injury and Name & Address of attending Physician/Hospital/ Nursing Home should be given and shall be sent to the company within 7 days from the date of hospitalization/domiciliary hospitalization.
4. Final claim alongwith receipt bills/cash memos etc. must be filed by the insured person within 15 days after completion of treatment under hospitalization of domiciliary hospitalisation.

NOTE: Failure to give notice or file such claim in time as provided in conditions 3 and 4 may not invalidate or reduce any claim if it is substantiated that it was not reasonably possible for the insured person to give notice or file claim within the prescribed time.

5. The insured person shall obtain and furnish the company through the insured with all original bills, receipts and other documents upon which a claim is based and shall also give the company such additional information and assistance as the company may require in dealing with the claim.
6. The insured shall in order to avail benefit under 'Domiciliary Hospitalization' Clause, furnish to the company a certificate from the medical practitioner treating the insured person certifying necessity for hospitalization by allowing medical attention under one of the circumstances described in the definition of "Domiciliary Hospitalization Benefits".
7. Any medical practitioner authorised by the company shall be allowed to examine the insured person in case of any alleged injury or disease requiring hospitalization or domiciliary hospitalisation when and so "often as same may reasonably be required on behalf of the company.
8. The company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by a fraudulent means or device whether by the insured or the insured person or by any other person acting on his/her behalf.
9. If at the time when any claim arises under this policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society and Medical Benefits Extension under Personal Accident Policy) whether it is affected by or on behalf of any insured person in respect of whom the claim may have arisen covering the same loss, liability, cost or expenses, the company shall not be liable to pay or contribute more than its rate able proportion of any loss, liability, cost or expenses. The benefits under this policy shall, however, be in excess of the benefits available under Cancer Insurance Policy and medical benefits extension under Personal Accident Policy.
10. For same illness, the benefits payable shall be either under hospitalisation benefits or domiciliary hospitalization benefit but not under both the benefits. Pre-and post-hospitalization expenses shall be considered under the hospitalization benefits only.
11. If any difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall be referred to arbitration in accordance with the provisions of the Indian Arbitration Act, 1940 as amended from time to time and for the time being in force.

12. If the Company shall disclaim liability to the insured for any claim hereunder and if the insured shall not be within 12 calendar months from the date of receipt of the notice of such disclaimer notify the company in writing that he does not accept such disclaimer and intends to recover his claim from the company that the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

13. All claims under this policy shall be payable in Indian Currency: -

CSIR has allowed individuals to opt any one out of four categories. The benefits under the four categories and the premium per person is given hereunder:

	PREMIUM		CATEGORIES	
	I	II	III	IV
Hospitalization and domiciliary Hospitalization Insurance	1300	840	600	350

Important: Premium paid under the Scheme is eligible for deduction as per the provisions under Section 80-D of the Income Tax (Amendment) Act 1986. As required by the Act the premium is to be paid by cheque only.

Other Important Pro visions: -

Low Claim Discount: There are provisions for low claim ratio discount, allowed to the group.

Tie up Arrangements: There are provisions for taking the treatment at tie-up Hospitals without payment of any deposit or advance. List of such Tie-Up Hospital shall be provided by the company.

"On Account Payment" In certain exigencies company may accept the request for "On Account" Payment while the treatment is continuing based on the attending physician recommendations. The above are only the salient features of Medi-claim policy. In case any further clarification is required, we shall be pleased to offer the same.

(9)

Sub:- Extension of CGHS facilities to employees/pensioners of CSIR- Nursing Home Facilities.

Consequent upon/Restoration of Nursing Home facilities by the Ministry of Health and Family Welfare vide there order no. FN4-1/87-C&P section/CGHS-8942-9142 dated 21.7.1992 to the employees/pensioners of semi-government/autonomous organization, it has been decided that the instructions contained in the Office Memorandum of even no. dated 15.7.1987 to provide the facility for reimbursement of charges, if any, levied for availing Nursing Home Facilities of their status in the CGHS recognized hospitals admissible under CCS medical attendance rules, 1944 may be treated as withdrawn with immediate effect.

It is requested that wide circulation may be given to this decision amongst the employees/pensioners of your laboratories/Institute for their information.

Copy of CSIR letter No. 3(441)/78-E.III dated 11/13.11.1992

(10)

Sub:- Introduction of Group Mediclaim Scheme for the pensioners of CSIR, their spouse and dependent children.

In continuation of this office letter of even number dated 29.2.92 forwarding therewith the modalities of the Group Mediclaim Scheme received from the Oriental Insurance Company Ltd. enumerating the salient features of the scheme and this office letter of even number dated 15.5.92 and 17.12.92 requesting to forward the options received in favour of this scheme early, I am directed to state that it has been decided to introduce the Group Mediclaim Scheme w.e.f. 1st March, 1993 for the pensioners of CSIR, their spouse and dependent children.

The option received from the respective Labs./Instts. are being forwarded to the Oriental Insurance Company Ltd. (OIC) for processing the membership under this scheme as per terms and conditions already circulated to the Labs./Instts.

As OIC has agreed to grant the Group Discount on the basis of total membership from all Labs./Instts. instead of treating each Laboratory as a separate unit, the list of persons who have exercised their option in favour of this scheme from your Laboratory is being forwarded to OIC.

As payment of premium depending upon the classification of category based on the post held before retirement is required to be made by first week of March, 1993, you are requested kindly to contact the pensioners/their spouse/dependent children for getting from them the payment of half the premium per person prescribed for each category so that after including 50% of the premium from your own funds, full payment of premium could be sent to OIC by 1st week of March, .1993. The Scheme will come into operation only after receipt of premium by OIC from your Labs./Instt, in respect of the optees and, membership of each optee shall be confirmed by OIC to each individual under intimation to you.

The OIC shall be functioning as a single-window service for all the Labs./Instt. and thereby each Lab./Instt. should remit the premium in respect of each optee to OIC direct as well as send the claim papers direct to OIC for settlement as per Scheme Though only-one-policy shall be issued-in-respect-of all the Labs./Instts.-by-OIC in favour of CSIR Hqrs. but it will not affect the channel of remittance of premium and settlement of claims in respect of each Laboratory direct with OIC.

The OIC has allowed a-period of two months from 1st March, 1993 for arriving at the Group Discount i.e. the Group Discount shall be admissible on the basis of number of optees existing as on 1.5.93 and the final Group Discount after taking into consideration any addition/

deletion of an optee during the year, shall be intimated at the time of renewal of this Scheme after one year. It may be made clear that addition of any optee can be made at any stage during the currency of the Scheme and in case of deletion from the membership of this Scheme due to death, pro-rata refund will be given by OIC through the Laboratory.

It may, however, be made clear that each beneficiary shall have to pay separate premium for becoming the member of this scheme on payment of premium as prescribed for the category. Though initially the payment of premium shall be made per beneficiary according to the category but benefit of Group Discount and Bonus/Malus shall be. calculated at the time of renewal of this Scheme after expiry of one year.

From the above, it may kindly be seen that Group Discount is admissible on the number of optees for this Scheme, it is requested that the Scheme may kindly be given wide publicity amongst the pensioners/their spouse/dependent children of your Lab./Instt. in order to enrol the maximum number of optees to avail more and more Group Discount for the beneficiaries on the whole. It is possible that you may face some difficulty in the beginning in the operation of this Scheme but you are welcome to seek the clarification from OIC direct under advice to CSIR.

A list of optees belonging to your Labs./Instts. is enclosed for your information and necessary action with a request to kindly contact the pensioners/their spouse/dependent children so that half the premium for each category could be collected from them by 3rd week of Feb., 1993 to enable you to send the full premium, as explained above, to OIC in respect of each beneficiary by first week of March, 1993.

Copy of CSIR Letter No. 17(1)/91-E.II, dated 4.2.1993

(11)

Sub:- Reimbursement of claims relating to medicines prescribed outside the CGHS formulary procured from chemist- reg.

I am directed to forward herewith following O.Ms, alongwith enclosures for information/Guidance and compliance:-

1. O.M.No.S-11013/2/94-CGHS Desk-II/CGHS(P) dtd. 30.8.1994 issued from Govt. of India., Ministry of Health & Family Welfare (Department of Health), regarding reimbursement of claims relating to medicines prescribed outside-the CGHS formulary procured from Chemists alongwith O.Ms. of even No. dtd. 21.7.1994 and 16.8.1994.
2. O.M. NO.S.14025/15/94-MS dtd. 12.8.1994 issued from Govt. of India., Ministry of Health & Family welfare (Department of Health), regarding instructions for the guidance of the controlling authorities to prevent abuse of medical reimbursement facilities under CS(MA) Rules-1944.

3. O.M.NO.S.14025/28/94--MS dtd. 23rd May, 1994, issued from Govt. of India, Ministry of Health & Family Welfare (Department of Health), regarding enhancement of contribution under Central Government Health Scheme (CGHS)/CS (MA)Rules.
4. O.M. No. 5-20/91-C&P/CGHS(P) dated 27.1.1994 issued from Govt. of India, Ministry of Health & Family Welfare (Department of Health), regarding entitlement of beneficiaries covered under CGHS and CS(MA)Rules for hospitalization in AIIMS, New Delhi alongwith OM. of even No. dtd. 27th July, 1994.

Copy of CSIR letter No. 5(11)/80-E.III/I dated 12.9.1994

O.M.No.S-11013/2/94-CGHS Desk-II/CGHS(P) dated 16th August, 1994 of Government of India, Ministry of Health & Family Welfare.

In supersession of this Ministries OM of even number dated 21.7.1994 regarding the subject noted above the undersigned is directed to state that it has been decided after carefully considering various representations etc. received in the matter that the medicines prescribed outside the CGHS formulary by specialists of Govt. or such Private Hospital as are recognised by CGHS shall be procured directly by the beneficiaries, other than retired Govt. servants and freedom fighters, themselves from any registered chemist and letter on they can claim reimbursement as per the enclose proforma from the service head of their respective Ministry/Department/Office. Members of Parliament and Ex-Member of Parliament can claim reimbursement from Lok Sabha Secretariat or Rajya Sabha Secretariat as the case may be. Journalist, who are CGHS beneficiaries can claim reimbursement from Ministry of Information and Broadcasting.

As regards retired CGHS beneficiaries and Freedom fighters, the aforesaid types of medicines will be indented by the concerned CGHS dispensary and supplied to them, as was the practice before the issuance of this Ministry's Office Memorandum of 21.7.1994.

2. The above procedure will come into force with immediate effect.

3. Hindi version will follow.

No. S. 14025/15/94-MS dated 30th August, 1994 of Government of India, Ministry of Health & Family Welfare.

In supersession of this Ministries OM of even number dated 21.7.1994 and 16.8.1994 on the subject noted above the undersigned is directed to state that it has now been decided to maintain status quo ante in respect of procurement/issue of non-formulary medicines prescribed by specialists and reimbursement of expenditure involved therein. In other words instead of CGHS beneficiaries procuring any non-formulary medicines prescribed by specialists from any local chemist and then claiming reimbursement from the concerned service heads of their departments/offices of CGHS or Rajya Sabha/Lok Sabha Secretariats the concerned medicines would be procured by the CGHS dispensary from its approved chemist and supplied

to the beneficiaries as in the past. In sum, the procedure in this behalf that was being followed before followed before the issuance of aforesaid two office memorandum dated 21.7.1994 and 16.8.1994, would be restored till further orders.

2. As regards the beneficiaries who have already purchased the concerned medicines as per office memorandum dated 21.7.94 and 16.8.94 and claimed the reimbursement the cases need not be reopened.
3. This order will come into force IMMEDIATELY.

No. S-11013/2/94-CGHS Desk-II/CGHS(P) dated 21st July, 1994 of Government of India, Ministry of Health & Family Welfare.

The undersigned directed to say that it has come to the notice of Government that CGHS beneficiaries are at times facing difficulties in getting medicines particularly, these prescribed by specialists and not listed in CGHS formulary, from disp. in times.

2. In order to overcome the difficulties noted above, it has been decided that the medicine prescribed outside the CGHS formulary by the specialists of the Government/Private recognised hospitals under CGHS could be procured directly by the beneficiaries themselves from registered chemists and later on, claim reimbursement in the prescribed form enclosed to this office memorandum from "Service Head" of their respective Ministries/Departments/Offices. In case the medicines are not available with the registered chemist, the beneficiaries may purchase them from any other chemist subject to No. objection Certificate being given by the registered chemist.
3. As regards CGHS beneficiaries, other than those serving Central Government employees, the reimbursement in this regard will be made by the Additional /Deputy Directors, CGHS of the concerned city.
4. The above procedure will come into effect from 1.8.1994.
5. This issues in pursuance of the minutes of the meeting taken by Secretary (Health) on 28.4.1994 and its minutes issued by the Finance Division vide their Dy. No 4-2/94-E.II dated 23.3.1994.

Hindi version will follow.

(12)

Sub:- Opting out of CGHS – Reg.

The undersigned is directed to say that according to existing rules, the Central Government Health Schemes was compulsory for all the Central Government employee residing in CGHS covered areas and a Central Government employee could not opt out of the Central Government Health Schemes. However, spouse of the eligible Government servant

employed in Defence or Railway Services, State Government or corporations or bodies financed partly or wholly by the Central Government or State Government Local bodies and private organizations which provide medical facilities has the option to choose either of the two.

2. It has now been decided that a Central Government employee, whose spouse is serving in an any organization mentioned above, which provides medical facility to its employees and members of their family can opt out of the CGH Scheme and avail of medical facilities from the organization in which his/her spouse is working, provided that neither of the two/members of their family shall avail medical facility from both the spouses at a time an undertaking in this regard shall have to be given by the Central Government employee concerned to the authority issuing the CGHS Card.

3. This issues with the approval of Secretary (Health) and concurrence of JS&FA vide U.O. No. 4850 dated 19th July, 1994.

Copy of CSIR letter No. 31(5)/94-Gen dated 15.9.1994

(13)

Sub:- Medical facilities for the retired CSIR Pensioners.

I am directed to state that CSIR pensioners residing in Delhi are presently covered under the CGHS Scheme and therefore, get all the medical facilities including hospitalization etc. as available to the serving employee. However, as the CSIR is not covered under the CGHS Scheme for stations other than Delhi, pensioners residing outside Delhi do not get full medical facilities at par with their counterparts in Delhi. This has been engaging the attention of CSIR for quite some time. The Director – General, CSIR with the concurrence of Financial Adviser, CSIR has now been pleased to decide that CSIR dispensaries of all the National Labs./Instts. (other than Delhi) may be treated at par with the CGHS dispensaries so that the CSIR pensioners residing outside Delhi may get the same facilities as available to Govt./CSIR pensioners residing in Delhi. Accordingly, the CSIR pensioners who either are already enrolled or may wish to enroll themselves with the dispensaries at Labs//Instts. (other than Delhi) shall now be eligible for medical treatment and reimbursement as applicable to the Govt. pensioners covered under CGHS Scheme.

In terms of the existing instructions issued by the Govt. of India on the subject, no reimbursement shall be admissible to the pensioners for OPD treatment at the Govt./Recognized hospitals and the medicines prescribed by the specialists of such hospitals are to be procured and supplied by the dispensaries. As regards indoor treatment, the medical reimbursement shall be admissible provided the patient is referred for specialist treatment by the Medical Officer-in-Charge of the CSIR dispensaries. Reimbursement of such claims shall be regulated under CCS (Medical Attendance) Rules as applicable for taking indoor treatment at the Govt./recognized hospitals.

It is requested that the above decision may kindly be given wide publicity and also be brought to the notice of all the pensioners drawing pension through your Laboratory.

Copy of CSIR letter No. 17/1/91-E.II dated 8.11.1994

(14)

Sub:- CS(MA) Rules, 1944 – Approval of Pharmacies for purchase of medicines in Indian System of Medicines.

I am directed to say that Central Government employees are authorised to purchase admissible medicines in Indian System of Medicines (Ayurveda/Siddha/Unani) prescribed by their Authorised Medical Attendants from your Pharmacy/firm or your authorized dealers under CS(MA) Rules, 1944 for reimbursement of their medical claims. To facilitate scrutiny of these claims, the concerned pharmacy/firm is requested to give the following information while issuing cash memos to the Central Government employees:-

- a. Name of the manufacturing firm against each items of medicine.
- b. A certificate that the price charged is according to the latest price indicated in the catalogue -of pharmacy concerned.

It will also be appreciated if suitable instructions are issued by the pharmacy/firm to all their authoised dealers for following the above procedures.

Copy of CSIR letter No. 31(5)/94-Gen. dated 28.3.1995

(15)

Sub:- Payment on one time basis by the pensioners of Autonomous Bodies/Semi-Government Organization – Regarding Medical treatment.

The undersigned is directed to say that the matter relating to payment of CGHS contribution one time basis by the pensioners Autonomous bodies/Semi-Government Organizations has been under consideration of the CGHS/Ministry of Health and Family Welfare.

2. The pensioners of the following Semi-Government Organizations/Autonomous Bodies (as paying departments) have been extended CGHS facilities on cost to cost basis only in Delhi.
3. Since the pensioners of the paying departments are contributing at the same rates as are applicable in the case of Central Government pensioners, and the balance cost is paid by the Organisation concerned, it has now been decided that the pensioners of the

Semi-Government organisations/Autonomous bodies mentioned below whose pensioners have been extended CGHS facilities to opt for making one time payment towards CGHS contribution by paying an amount equal to ten times the annual contribution payable at the time of retirement and a permanent CGHS Card visited for Delhi only shall be issued.

- i. Indian Agriculture Research Institute, Pusa, New Delhi-12.
 - ii. Indian Council of Agriculture Research, Krishi Bhaven, Dr. Rajendra Prashad Road, New Delhi.
 - iii. Indian Agricultural Statistical Research Institute, Pusa, New Delhi-12.
 - iv. Council of Scientific Industrial Research, Rafi Marg New Delhi-1.
 - v. National Physical Laboratory, Hillside Road, New Delhi-12.
 - vi. Central Road Research Institute, Mathura Road, P.O. CRRI, New Delhi.
 - vii. Indian National Scientific Documentation Centre, 14, Satsang Vihar Marg, New Delhi-67.
 - viii. Public Information Directorate, CSIR Hill side Road, New Delhi -12.
 - ix. Indian Council of Medical Research, Ansari Nagar, New Delhi-16.
 - x. National Institute of Health & Family Welfare, New Mehrauli Road, near DDA, Flats, Munirka, New Delhi-67.
 - xi. National Council of Educational Research & Training, Sri Aurobindo Marg, New Delhi-16.
4. It shall be superimposed on the CGHS card issued to the pensioners or Autonomous/Semi-Government organisation valid for availing CGHS facilities in Delhi only.
 5. These orders will take effect from the date of issue of this Office Memorandum.
 6. Hindi version will follow.

Copy of CSIR letter No. 31(5)/94-Gen. dated 8.6.1995

(16)

Sub:- Group Mediclaim Scheme – regarding renewal thereof.

The Governing Body of CSIR at its 138th Meeting held on 26.5.1995 has accorded its approval to the renewal of Group Mediclaim Scheme for a further period of one year w.e.f. 1.4.1995 to 31.3.1996 on the existing terms and conditions.

The above decision may kindly be brought to the notice of all concerned in your Lab./Instt. their information, guidance and necessary action.

Copy of CSIR letter No. 17/1/91-E.II dated 14.6.1995

(17)

Sub:- Reimbursement of cost of medicines purchased by CGHS beneficiaries for OPD treatment – reg.

The undersigned is directed to invite a reference to this Ministry's Office memorandum No. S-11012/1/91-CGHS(P) Vol-I dated 18.3.92, wherein it has been mentioned that OPD treatment is not reimbursable under CGHS and also according to which the medicines purchased for OPD treatment are not reimbursable under CGHS, Despite the instructions, this Ministry has been receiving a number of requests for reimbursement of cost of Medicines purchased by CGHS beneficiaries for OPD treatment. In order to avoid unnecessary references to this Ministry, it has been decided to reiterate that OPD medicines purchased by CGHS beneficiaries are not reimbursable and they should be got issued by the beneficiaries from the concerned CGHS dispensary. This may kindly be brought to the notice of all Government Servants.

2. The above orders are also applicable to pensioner beneficiaries.

Copy of CSIR letter No. 31(5)/94-Gen. dated 4.9.1995

(18)

Sub:- Extension of Medical Facilities to CSIR Pensioners residing outside Delhi.

In continuation of this office letter of even number dated 8.11.1994 on the above subject, I am directed to state that the matter regarding extension of the medical facilities to CSIR Pensioners residing outside Delhi at par with counterparts residing in Delhi was placed before the Governing Body at its 140th meeting held on 31.10.95 the Governing Body, after considering the proposal placed it, approved the following scheme:-

- (a) CSIR pensioners shall avail medical facilities to the extent available at the dispensaries at the national Labs./Instts.
- (b) The pensioners shall opt themselves registered with the respective dispensaries after payment of annual contribution as in the case of CSIR pensioners available CGHS facilities in Delhi.
- (c) In case the Medical Officer In-Charge of the dispensary refer CSIR pensioners or his/her dependent family members to Government/recognized hospital for consultation/specialised treatment from OPD, the medicines so prescribed shall be supplied by the CSIR dispensaries. In case of non-availability of the prescribed medicine in the dispensary that should be procured by dispensary on urgent basis and supplied to patient. However, the reimbursement shall be admissible to the pensioners for OPD treatment at the Govt./recognized hospitals.
- (d) Medical reimbursement in respect of the indoor treatment in a Govt. hospital shall be admissible provided the patient is referred for specialist treatment by the Medical

Office- in-Charge of the CSIR dispensary. Reimbursement of such claims shall be regulated under CCS (Medical) Attendance) Rules as applicable for taking Indoor treatment at the Govt./Recognised Hospitals and to the extent admissible to the CSIR pensioners availing CGHS facilities in Delhi. No reimbursement shall be admissible for Indoor Treatment if the patient is not referred by the Officer-in-Charge of the CSIR dispensary.

- (e) The pensioner shall have an option either to enroll himself as a member of the Medclaim Scheme or avail facilities of treatment at CSIR dispensary. Both the facilities shall not be available to the pensioners simultaneously.
- (f) The Dispensary facility shall be admissible to CSIR pensioner and their other dependent family members. The Scheme will also cover the family pensioners and the employees retiring with CPF benefits. The facility will be at par with the pensioners availing CGHS facility.
- (g) The pensioners and their families, who reside at place where either a CSIR Laboratory is not located or if it is located, it has no CSIR dispensary attached to it, shall be eligible for the medical facilities provided by a Government Hospital or Government recognised hospital.
- (h) The expenditure on implementation of the above scheme would be met partly out of the welfare fund of CSIR and partly from the budget of CSIR. No. additional posts are to be created in CSIR dispensaries to cater to the needs of the CSIR pensioners.

The above scheme which will be effective from the date of issue of this letter, may kindly be brought to the notice of all retired employees of your Lab./Instt. for their information, guidance and necessary action.

Copy of CSIR letter No. 17(1)/95-E.II dated 12.12.1995

(19)

Sub:- Extension of the facility of payment on one-time basis for CGHS contribution by CSIR pensioners.

I am directed to inform you that, it has been decided with the approval of the Competent Authority to extend the facility of making one-time payment of the CGHS contribution in terms of Ministry of Health & Family Welfare, Department of Health OM NO. 5-11011/3/91-CGHS(P), dated September, 1991 to the CSIR pensioners availing CGHS facility, subject to the following conditions:-

- (a) CSIR pensioners residing in Delhi/New Delhi can opt for making one-time payment towards CGHS contributions. The amount to be paid will be 10 time the annual contribution payable at the time of retirement and shall be worked out on the basis of last pay drawn at the time of retirement.
- (b) In respect of beneficiaries who have already retired, the lumpsum amount will be worked out on pro-rata basis assuming average life expectancy at 68 years. However, in

the case of S&T employees and Group 'D' Employees where the age of retirement is 60 years, the retiring/retired pensioners will be required to pay 10 times the annual contributions:

- i. Rs. 10000/- or the amount recommended by the Physician, whichever is less for indoor treatment in Hospital and out-door treatment of diseases like T.B., Cancer etc.
 - ii. In case of major illnesses/specialized treatment like Bypass surgery, Kidney transplant etc., the advance may be limited to 90% of the package deal wherever it exists or the amount demanded by the Hospital concerned whichever is less, and balance payable on final adjustment.
2. The medical advance is admissible to all CSIR pensioners other than those covered under mediclaim scheme subject to other conditions.
 3. The Medical advance will be sanctioned by the Director of National Labs/Instts. in consultation with local Sr. F&AO/F&AO, where Council pensioners have enrolled/registered themselves for availing of medical facilities in the dispensary of such Labs./Instts.
 4. The pensioner will be responsible for settling his bill with the hospital and he would submit the claim for reimbursement in the prescribed Form 97 and for adjustment of the amount of the advance paid to the hospital, within a period of one month from the date of his discharge from the hospital.
 5. In case treatment is not taken or unspent balance is lying with the hospital due to a mishap, and in case the entire advance has not been utilised for the treatment of the patient, the Heads of the Office will correspond with the hospital concerned to which such advance is paid directly for refund of the same and obtain the refund within two months.
 6. The Labs/Instts. would be required to monitor adjustment of advance for which appropriate records may be maintained.
 7. Advance is allowed only in cases of estimate submitted by the Govt. Hospital or from a recognized private hospital for such treatment. The amount of advance against estimate will be restricted to the Govt. approved rates under CGHS.
 8. In case, Contributions are made by the Pensioner and Pensioner's family on the basis of Last pay Drawn, they are entitled to avail of the treatment at the same level as on the date of retirement/date of death of the employee in terms of Ministry of Health & Family Welfare OM No. S.11011/9/86-CGHS(P) dated 11.10.1989.
 9. Instructions/guidelines issued from time to time by the Govt. of India as well as CSIR in this regard should be followed scrupulously. However, cases where relaxation or

interpretation of rules is required may be referred to CSIR Hqrs., incorporating the views of Sr. F&AO/F&AO of the Instt.

The above decision will be effective from the date of issue of this letter.

Copy of CSIR letter No. 17(1)/91-E.II dated 6.2.1996

(20)

Sub:- Recognition of important Hospitals like CMC, PGI, Kidwai, AIIMS etc.

I am directed to state that proposals are being received at this office for recognition of hospitals like CMC Vellore, PGI Chandigarh and AIIMS New Delhi for treatment of CSIR employees. The rule position in this regard is as under:-

1. The CSIR employees stationed at Delhi are covered under CGHS Scheme and therefore, they are governed by the same set of rules as are applicable to their counterparts in Govt.
2. In respect of employees not covered under CGHS or those stationed outside Delhi, they are governed under CCS (Medical Attendance) Rules. As per instructions issued by the Govt. of India, PGI Chandigarh is recognised hospital and, therefore, the CSIR employees stationed at Chandigarh can straight away take treatment at the said hospital. However, CMC Vellore and AIIMS are referral hospitals and as such, treatment in these hospitals can be taken only on the advice of Authorised Medical Attendant/ Chief Medical and Administrative Officer of the concerned State etc. as provided in the CCS(Medical Attendance) Rules.

Copy of CSIR letter No.17(1)/94-E.II dated 20.2.1996

(21)

Sub:- Extension of medical facilities to CSIR Pensioners residing outside Delhi.

I am directed to invite your kind attention to this office circular of even number dated 12.12.1995 on the above subject and to clarify that in terms of clause (b) of the said circular CSIR pensioners can register themselves for availing the medical facilities with the dispensary of any of the CSIR Labs/Instts. situated nearest to the place of their settlement after retirement.

Further it has also been decided in consultation with the Financial Adviser, CSIR that medical reimbursement claims of the pensioners will be settled by the same Labs/Instts. with whose dispensary the pensioner has been registered for availing the medical facilities.

The above clarification may also be brought to the notice of all our concerned in your Lab/Instt. including the pensioners.

Copy of CSIR letter No. 17(1)/91-E.II dated 13.5.1996

(22)

Sub:- Delegation of powers -reimbursement of expenditure incurred on emergent cases and on specialised treatments etc.

I am directed to state that as per instructions contained in CSIR letter No.14(2)/25/85-E.II dated 6th January 1987, the Directors/Heads of National Labs/Instts. have been authorised, to exercise powers as Heads of the Departments for allowing reimbursement of medical charges for treatment in really emergent cases in a private hospital subject to the condition contained in Ministry of Health, Office Memorandum No. S.14012/9/75/MC/MS dated 18th June, 1982.

2. It has now been decided to delegate the following powers to the Heads of National Labs./Instts in terms of instructions contained in Ministry of Health & Family Welfare O.M. No. S. 14025/46/92-MS dated 4.2.1993:-

2.1 The Heads of National Labs./Instts. may allow reimbursement of the medical claims in respect of the treatment obtained under emergency in private medical institution without making any distinction between a private nursing home/clinic, subject to item-wise ceilings as per the rates prescribed in the Annexure to the Office Memorandums referred to above without any financial limit on the total amount to be reimbursed.

2.2 Reimbursement of expenses incurred on treatment obtained in the private clinics/nursing homes of the Authorized Medical Attendants would not be admissible under the above provisions and also in relaxation of the CS (MA) Rules, 1944 even in emergent cases.

2.3 The medical claim for specialized treatment for heart disease, kidney transplantation etc. may be settled as per the schedule of rates approved for treatment of CGHS beneficiaries from time to time at private recognized hospitals under CGHS or the actual charges whichever is less, and all other cases may be settled as per the item-wise ceiling prescribed in the Annexure to the Office Memorandums referred to above.

2.4 The entitlement, rates and procedure for Coronary By-pass Surgery (CABG), Coronary Angiography and other investigations as outlined in Ministry of Health & Family Welfare OMs No. S-14025/55/92-MS dated 19.8.1993 and S-14025/43/94-MS dated 31.10.1994 are to be followed for reimbursement of medical expenses incurred in privates recognized hospitals. (The copies of the relevant orders are enclosed).

3. In terms of Ministry of Health & Family Welfare OM No. S-120153/93-CGHS (P) dated 30th December 1993, it has been decided that the Directors/Heads of National Labs./Instts. may sanction medical advance to the CSIR employees in connection with

the treatment of their own and dependent members of the families in Govt./Private recognized hospitals subject to the following conditions:

- 3.1 The amount of advance is limited to 80% of the estimate submitted by the Govt./Private recognized hospital.
- 3.2 The medical advance is admissible to the all CSIR employees irrespective of any pay limit subject to other conditions.
- 3.3 Advance is allowed only in cases of estimate submitted by the Government Hospital or from a private hospital recognized for such treatment. The amount of advance in cases where estimate is submitted from a private recognition hospital should be calculated on the basis of the rates approved for such treatments/diagnosis/examination.
- 3.4 The advance is paid directly to the hospital concerned on receipt of estimate from the treating Physical/Medical Superintendent of the hospital.
- 3.5 For settlement of advance, the employees may be required to settle the adjustment bill within a period of one month from the date of his discharge from the hospital. In case the entire advance has not been utilized for the treatment of the patient, the Head of the Office concerned will correspond with the hospital for refund of the unutilized balance of medical advance.
4. Medical claims in respect of special diseases like Cancer, Mental, Diabetes, Tubercular, etc. may kindly be regulated as per instructions contained in CCS (MA) Rules, and Government of India/CSIR instructions issued from time to time.
5. It is requested that the instructions/guidelines contained in the aforesaid circulars may please be followed scrupulously while deciding the claims of employees for reimbursement of medical expenses for taking treatment in private hospitals/clinics/nursing homes under emergency circumstances. However, only cases where relaxation or interpretation of rules is required, may be referred to CSIR Hqrs., incorporated with the views of Sr. F&AO/F&AO of the Lab/Instt.

Copy of CSIR letter No. 17(1)/91-E.II dated 21.5.1996

(23)

Sub:- Delegation of powers – reimbursement of expenditure incurred on emergent case on specialised treatment, etc.

In continuation of this office circular of even number dated 21.5.1996, I am directed to clarify that in the cases of coronary By-pass surgery etc. the rates/entitlement are to be regulated as per the Ministry of Health & Family Welfare circulars dated 19.8.93 and 31.10.94 and the advance will be limited to 80% of the estimates submitted by the Govt./Private

recognized hospital or 80% of the package charges prescribed under the Ministry of Health & Family Welfare OM dated 30.10.94 whichever is less.

It is, therefore, requested that these instructions/guidelines may please be followed scrupulously while deciding the claims.

Copy of CSIR letter No. 17(1)/91-E-II dated 5.6.1996

(24)

Sub:- Extension of medical facilities to CSIR Pensioners residing outside Delhi.

I am directed to refer to the letter No. CPWA/MED/96/104 dated 8.8.1996 from Dr. RP Rastogi, Secretary, CSIR Pensioners' Welfare Association, Lucknow on the above subject. He has asked for clarification in regard to clause (a) of CSIR Circular letter No. 17(1)/91-E.II dated 12.12.95 which reads as follows :-

"CSIR Pensioners shall avail medical facilities to the extent available at the dispensaries at the National Labs./Instts."

As may be seen from his letter, Dr. Rastogi has mentioned that the administration at CDRI Lucknow holds the view with regard to the above clause that the Pensioners shall be given only those medicines by the dispensary doctors as are available in the dispensary and if the Doctor prescribes any medicine which is not available in the Dispensary, the Pensioner shall have to purchase it from the market but the same will not be reimbursed.

The matter has been examined in consultation with the Finance at CSIR Hqrs. It is, hereby, clarified that in case of non-availability of the medicines in the dispensary at any particular stage, the same should be purchased on urgent basis by the Dispensary of the Institute. However, no reimbursement of the medicine directly purchased by the Pensioners himself will be admissible. Hence, it shall be incumbent on the part of the Institute to get medicines purchased on the urgent basis and supplied to the Pensioners.

You are, therefore, requested to kindly issue suitable instructions to the Medical Officer, In-charge and concerned officials for purchasing the medicines prescribed by the Dispensary Doctors which are not available in the Dispensary and issue the same to the Pensioners.

Copy of CSIR letter No. DS(C)/PWC/95-E.III dated 20.8.1996

(25)

Sub:- Delegation of powers – Grant of medical advance for specialized treatment/Major illness and reimbursement for treatment obtained under emergent circumstances in respect of CSIR pensioners –reg.

I am directed to state that as per CSIR letter of even number dated 21.5.1996, the Directors/Heads of the National Labs./Instts. have been empowered to sanction medical advance to serving CSIR employees for specialized treatment/major illness and also to allow reimbursement of medical expenses incurred on treatment obtained under emergent circumstances in Private Medical Institutions. These powers are, however, not applicable in case of CSIR pensioners and in their cases the proposals are required to be referred to CSIR Hqs. for approval of the DG, CSIR.

It has been observed that the processing of the requests of the pensioners for medical advance through the existing procedure of referring the cases to CSIR Hqs. takes a lot of time, resulting in delay in payment to the Hospitals and thereby causing hardship to the pensioners. With a view to remove the difficulties being faced by the pensioners in this regard, the DG, CSIR in consultation with FA, CSIR has been pleased to permit the Heads of National Labs./Instts. to allow reimbursement of the medical claims in respect of the treatment under, emergency in private medical institutes on the same lines as in the case of serving employees in terms of CSIR circular letter No. 17(1)/91-E.II dated 21.5.1996 and also to sanction medical advance to pensioners/family pensioners registered with CSIR dispensaries on payment of annual contributions as envisaged in CSIR circular of even number dated 12.12.1995 subject to the following conditions:-

1. The advance will be paid direct to' the Hospital on receipt of the certificate/estimate from the treating- Physician/Medical Superintendent of a "Govt./recognized hospital" by the Heads of National Labs./Instts. as per Ministry of Health Family Welfare OM No. 11016/1/92-CGHS(P) dated 30.12.1992.
 - (i) Rs. 10000/- or the amount recommended by the Physician, whichever is less for indoor treatment in Hospital and out-door treatment of diseases like T.B., Cancer etc.
 - (ii) In case of major illnesses/specialised treatment like Bypass surgery, Kidney transplant etc., the advance may be limited to 90% of the package deal wherever it exists or the amount demanded by the Hospital concerned whichever is less, and balance payable on final adjustment.
2. The medical advance is admissible to all CSIR pensioners other than those covered under mediclaim scheme subject to other conditions.
3. The Medical advance will be sanctioned by the Director of National Labs./Instts. in consultation with local Sr. F&AO/F&AO, where Council pensioners have enrolled/registered themselves for availing of medical facilities in the dispensary of such Labs./Instts.

4. The pensioner will be responsible for settling his bill with the hospital and he would submit the claim of reimbursement in the prescribed Form 97 and for adjustment of the amount of the advance paid to the hospital, within a period of one month from the date of his discharge from the hospital.
5. In case treatment is not taken or unspent balance is lying with the hospital due to a mishap, and in case the entire advance has not been utilised for the treatment of the patient, the Heds of the Office will correspond with the hospital concerned to which such advance is paid directly for refund of the same and obtain the refund within two months.
6. The Labs./Instts. would be required to monitor adjustment of advance for which appropriate records may be maintained.
7. Advance is allowed only in cases of estimate submitted by the Govt. Hospital or from a recognised private hospital for such treatment. The amount of advance against estimate will be restricted to the Govt. approved rates under CGHS.
8. In case, Contributions are made by the Pensioner and Pensioner's family on the basis of Last pay Drawn, they are entitled to avail of the treatment at the same level as on the date of retirement/date of death of the employees in terms of Ministry of Health & Family Welfare OM No. S.11011/9/86-CGHS(P) dated 11.10.1989.
9. Instructions/guidelines issued from time to time by the Govt. of India as well as CSIR in this regard should be followed scrupulously. However, cases where relaxation or interpretation of rules is required, may be referred to CSIR Hqrs., incorporating the views of Sr. F&AO/F&AO of the Instt.

The above decision will be effective from the date of issue of this letter.

Copy of CSIR letter No. 17(1)/91-E.II dated 20.1.1998

(26)

Sub:- Implementation of government's decision on the recommendations of the 5th Central Pay Commission – Grant of fixed medical allowance Rs. 100/- p.m. to Central Government pensioners residing in area not covered under CGHS.

I am directed to forward herewith copies of following OM received from the Govt. of India, on the subject noted against each for your information and further necessary action.

S.No.	Govt. of India, O.M No.	Subject
1.	No. 45/57/97-P&PW(C) 19.12.1997	Implementation of government's decision on the recommendations of the 5 th Central Pay Commission – Grant of fixed medical allowance Rs. 100/- p.m. to Central Government pensioners residing in area not covered under CGHS.

The fixed medical allowance of Rs. 100/- p.m. as per OM dated 19.12.1997 shall not be admissible to the CSIR pensioners who are availing medical reimbursement facilities through other schemes, such as Mediclaim, CGHS or through CSIR Dispensary system.

Copy of CSIR letter No. 17(68)/97-PPS dated 3.2.1998

F.No. 45/57/97-P&PW(C) dated 19.12.1997 of Government of India, Ministry of Personnel, Public Grievance and Pensions.

The undersigned is directed to state that in pursuance of Government's decision on the recommendations of the 5th Central Pay Commission announced in this Department's resolution No. 45/86/97-P&PW(A) dated 30.9.1997, 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.
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 alongwith other pension papers and in case the retiring employee opts for medical allowance, 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 the both halves of PPO of the individual concerned and authorities payment of medical allowance. Such an under taking can be obtained by Bank Department PAO and Treasury once every year alongwith 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 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 pensioner and endorse the CGHS or other card accordingly.
6. The payment shall be made to the pensioner by the Pension disbursing Authority alongwith 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 do separate Head shall be opened for the purpose.
8. These orders will take effect from 1.12.1997.
9. In so far as, retired/retiring employees of Indian Audit and Accounts Department are concerned these orders have been issued after consultation with the Comptroller and Auditor General of India.

(27)

Sub:- Extension of the facility of payment on one time basis for CGHS contribution by CSIR pensioners.

I am directed to invite your kind attention to this office circular letter of even number dated 6.2.1996 on the above subject extending the facility of making one time payment of the CGHS contribution in terms of Ministry of Health & Family Welfare, Department of Health CM. No. S-11011 /3/91-CGHS (P) dated September 1991 to the CSIR pensioners availing CGHS facility from prospective effect and to state that subsequent to the communication of the said decision, representations were received from CSIR pensioners for extending the said benefit to them from retrospective effect from the date of its applicability in respect of the Central Government pensioners.

The matter was placed before the Governing Body at its 144th meeting held on 18th February 1998 for its consideration. The Governing Body considered the matter and approved adoption of the GOI, Ministry of Health & Family Welfare O.M. No. S-11011/3/91-CGHS (P) dated September 1991 in respect of the CSIR pensioners availing the CGHS facility from the date of its applicability to their counterparts in the Central Govt. i.e. October 1991. The other terms and conditions as stipulated in the above cited CSIR Circular dated 6.2.1996 shall remain unchanged.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab./Instts. for their information, guidance and necessary action.

Copy of CSIR letter No. 17(1)/91-E.II dated 5.5.1998

(28)

Sub:- Recognition of Private Hospitals/Diagnostic Centres recognised under CGHS for the benefit of CSIR employees.

I am directed to state that on the basis of the proposals received from some of the Labs./Instts for recognition of the private Hospitals/Diagnostic Centres recognised under CGHS for the benefit of CSIR employees, the matter was placed before the Governing Body for its consideration at its 144th meeting held on 18.2.1998.

The Governing Body considered the matter and approved the recognition of the CGHS approved hospitals availing the medical facilities by the CSIR serving, employees as well as the pensioners under CS (MA) Rules. The procedure and ceiling rates entitlement and other conditions for availing the above facility would be same as prescribed by CSHS from time to time at places where CGHS facility exists.

The above decision may kindly be brought to the notice of all concerned in your Laboratory for their information, guidance and necessary action.

Copy of CSIR letter No. 14(25)/91-E.II dated 6.5.1998

(29)

Sub:- Implementation of Government's decision on the recommendations of the 5th 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.

The undersigned is directed to refer to this Department's O.M. of even number dated 19th December, 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 Fifth Pay Commission for payment of fixed Medical Allowance is specifically for pensioners/family pensioners residing 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 Govt. 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 submit by them so 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.
4. A list of cities where CGHS facilities are available is enclosed for guidance.

Copy of CSIR letter No. 17/68/97-PPS dated 23.9.1998

(30)

Sub:- Guidelines for engaging part time Doctors – enhancement of honorarium –reg.

In continuation of this office letter of even number dated 10.1.1997, I am directed to inform you that the DG, CSIR on the recommendations of the Committee constituted for the purpose and with concurrence of FA, CSIR, has been pleased to accord approval to the enhancement of rate of honorarium payable to the part time doctors from Rs.1200/- to Rs. 1300/- p.m. on a per hour, per day basis subject to a ceiling of Rs.3900/- for 3 hours per day, per month.

The other conditions for engagement of part time, doctors will continue to be the same as contained in CSIR circular of even number dated 3.2.1988 and 3.10.91.

The revised rates will come into force with immediate effect.

Copy of CSIR letter No. 14(10)/91-E.II dated 30.12.1998

(31)

Sub:-Extension of medical facilities to Pensioners /Family Pensioners-Revision of annual contribution-Reg.

Ref:- CSIR letter No 17(l)/96-E.II dated 12.12.95

I am directed to state that references are being received from the Labs./Instts. seeking clarification about the rate of contribution to be paid by the CSIR Pensioners/family pensioners for availing medical facilities through CSIR dispensaries.

It is clarified that as has been made clear under Para (b) of the CSIR circular No.17(1)/96 dated 12.12.95 on the subject, the annual contribution payable by the concerned pensioners shall be the same as in the case of CSIR Pensioners availing CGHS facility in Delhi. The rates payable by Pensioners availing CGHS facility in Delhi are as fixed by the Ministry of Health and Family Welfare, Govt. of India from time to time. A copy of Ministry of Health and Family Welfare, Department of Health O.M .No. 11011/6/98-CGHS(P) dated 27th May, 1998 notifying the rates payable from 1st may, 1998 is enclosed herewith for ready reference.

It is requested that that the above clarification may kindly be brought to the notice of all concerned in your Lab./Instt. for their information, guidance and necessary action.

* Please refer to Order No. 121 (page 196) of Swamy's Annual, 1998

Copy of CSIR letter No.17(l)/98-E.II dated 18.2.1999

(32)

Sub:-Discontinuation of Group Mediclaim Scheme.

I am directed to refer to this office letter of even number dated 27.8.98 conveying decision of the Competent Authority to the renewal of Group Mediclaim Scheme for a period of one year ending 31.3.1999 and to state that during operation of the scheme it has been noted that there has been a very insignificant response from pensioners opting for the said scheme. It has, therefore, been decided to discontinue the Group Mediclaim Scheme w.e.f. 1.4.99. You are requested kindly to advise the pensioners availing facilities under this Scheme to get themselves registered with the CSIR dispensary for availing medical facility.

Copy of CSIR letter No.17 (1)/91-E.II dated 3.3.1999

(33)

Sub:-Extension of medical facility of one time payment for issue of permanent dispensary cards.

In continuation of this office letter of even number dated 12.12.1995, I am directed to state that the matter regarding extension of facility of one time payment of contribution by CSIR pensioners residing outside Delhi was under consideration of CSIR for quite some time.

The matter was placed before the Governing Body for its consideration at its 146th meeting held on 29.12.1998. The GB considered that matter and approved extension of the facility of making one time payment for issue of permanent dispensary card to CSIR Pensioners residing outside Delhi and availing medical facility through CSIR dispensaries at par with CSIR pensioners availing CGHS facilities in Delhi.

For the above purpose the pensioners who opt to avail this facility will be required to pay an amount equivalent to 10 times of the annual contribution payable at the time of retirement and the amount will be worked out on the basis of last pay drawn at the time of retirement. In case of pensioners already enrolled under the CSIR Scheme notified vide circular letter dated 12.12.1995, the payment already made by them towards the contribution for availed the medical facilities through CSIR dispensary system up-till now may be adjusted against the total amount payable by them as one time payment worked out as above.

As regards the pensioners who are residing in areas not covered by CSIR dispensaries it has been decided that they may deposit the annual contribution/one time payment as per the above rates with the lab./Instt. from where they are drawing their pensions. Consequently, they will be eligible for reimbursement for indoor treatment taken in a Govt./Govt. recognised hospital as per instructions contained in CSIR circular of even number dated 12.12.1995. The reimbursement for taking indoor treatment in a referral hospital shall be admissible only if the patient is referred for such a treatment by the Gov./Govt. recognised hospital.

It is requested that the above guidelines may please be brought to the notice of all concerned in your Lab./Instt. including the pensioners availing medical facility/pension through your Lab./Instt.

Copy of CSIR letter No.17(1)/91-E.II dated 30.3.1999

(34)

Sub:- Clarification regarding Medical Facility to CSIR Pensioners.

We have been receiving references from various Labs./Instts. on the above subject. The matter has been examined in consultation with finance. The following are the Clarifications for various points raised:

S.No.	Points Raised	Clarifications
1.	Whether in case of the employees retired much earlier and opting for medical facility now, what will be the rate of contribution payable by them and from what date.	Amount of basic pay to be taken for calculating the amount of subscription at the notional pay in the revised scale.
2.	Whether the pensioner who are availing fixed medical allowance of Rs. 100/- per month is entitled to avail inpatient treatment in the recognized hospital without paying and annual subscription	Being clarified separately.
3.	Whether the subscription for availing medical facility in the month of May/June is allowed which was due for payment in January.	Membership has to be in continuity. A grace period of one month will be given for renewal of the card from the date of its expiry. If the dispensary card is renewed after expiry of the grace period of one month, the pensioner should not be entitled for any medical reimbursement/Dispensary benefit for the period which happen to fall between the actual date of renewal of the card and the date on which the card was due for renewal.
4.	Pensioner has paid the contribution for one year and again pays contribution for 3rd and 4n year can be permitted for reimbursement of medical expenses.	Membership has to be in continuity, any member discontinuing his membership of the Scheme will not eligible for re-admission. His case may be considered for renewal as a special case on merits of each case. The pensioner should not be allowed any medical reimbursement/Dispensary benefit for the intervening period prior to date of expiry and date of renewal of the card.
5.	The date from which the pensioner can opt for making one time payment for availing medical facility.	The subscription to be paid by the Pensioner in terms of CSIR letter dated 30.3.99 would be applicable from the prospective date only.

All the laboratories are requested to disseminate information relating to Medical Facilities to the pensioners individually. Future retirees should be informed of all the Medical benefits they are entitled to and what they should do to avail them before retirement itself, so as to avoid any problems at a later date. All communications may be

addressed by Registered Post to all the pensioners at their current address by maintaining/up-dating their addresses properly so as to avoid the plea from the pensioners that they are not aware of the procedure/rule/developments.

Copy of CSIR letter No. 14(8)/99-E.II dated 7.4.2000

(35)

Sub:-Provision of fixed medical allowance of RS.100/- per month to Central Govt. Pensioners residing in the areas not covered under CGHS.

I am directed to forward herewith a copy of letter No.S-1105/1/2000-CGHS (F) dated 25.2.2000 on the above subject issued by the Govt. of India, Ministry of Health & Family Welfare (Department of Health), New Delhi, for information, guidance and implementation. Further, it may be clarified that with the extension of this facility, CSIR Pensioners residing in areas not covered by CSIR dispensaries may opt to receive fixed medical allowance of Rs.100/- for OPD treatment and reimbursement for indoor hospitalisation treatment in a Govt./ recognised hospital. While the Rs.100/- per month fixed allowance will be admissible automatically on their exercising option for the same. Reimbursement for indoor hospitalisation will be admissible to the concerned person only on their registering with any of the CSIR Labs./Instts. by paying the subscription as per CGHS prescribed rates.

Contents of the circular may kindly be brought to the notice of all concerned for their information and necessary action.

Copy of CSIR letter no. 17(68)/97-PPS dated 24.7.2000

Enclosure

F.No.S-1105/1/2000-CGHS (F) dated 25.2.2000 on the above subject issued by the Govt. of India, Ministry of Health & Family Welfare (Department of Health), New Delhi.

I am directed to forward herewith copy of the following Office Memorandums on the subject mentioned above:-

- i. DoP and P W OM No. 45/57/97 P&PW© dated 19.12.1997
- ii. DoP and P W OMNo. 45/57/97 P&PW© dated 24.8.1998
- iii. DoPT OM No. 29018/5/98-ATS II dated 2.11.1998
- iv. DoP and P W OM No. 45/57/97 P&PW© dated 30.12.1998
- v. DoP and PWOM No. 45/57/97 P&PW© dated 18.8.1999

From the OMs 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 medical facilities from the nearest CGHS dispensaries are entitled to receive RS. 100/- per month as medical allowance. However, in such cases the pensioners would have to give specific option to the

Head of Office along with other pension papers before retirement to enable the pensioners 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 the Indoor hospitalisation treatment from the nearest CGHS covered city can be issued CGHS card in which case the office of the concerned Head of CGHS organisation of the CGHS covered city who issues the pensioners CGHS Card shall check this position from the pension payment order (PPO) and accordingly stamp the CGHS card issued to the pensioners with the words "NOT VALID FOR OPD TREATMENT".

The above orders may be compiled in all the cases of pensioners who have been granted RS. 100/- per month as Medical Allowance and an entry to this effect is available in their pension payment order.

(36)

Sub:- Extension of medical facilities to CSIR Pensioners.

It has been observed that some of the CSIR Pensioners are facing difficulties in getting themselves registered to avail medical facilities from Labs./Instt. particularly at places where more than one Lab./Instt. are located, like Delhi, Calcutta, Chennai, Hyderabad & Lucknow.

With a view to mitigate the hardships of the pensioners the Director General, CSIR with the concurrence of FA, has been pleased to approve as follows:

1. Each CSIR Lab./Instt. will deal with all cases relating to medical facilities in case of its pensioners who have settled at the same station from where he/she has retired.
2. In case the pensioner decides to settle at a different station, after his/her superannuation, he/she will approach the nearest laboratory/institute for availing medical facilities.
3. In case the Lab./Instt. when approached by the pensioner from other station for the purpose of his/her registration for availing medical facilities the Lab./Instt. should extend full cooperation. In case of any difficulty the pensioner may bring the matter to the notice of DGCSIR whose decision shall be final and binding on both i.e. the Lab./Instt. and pensioner.
4. In case the pensioner settling at a place where no CSIR Lab./Instt. is located he/she may get himself/herself registered either with the Lab./Instt. from which he/she has retired or any other laboratory which is nearest to his/her place of settlement. Such pensioners shall get themselves registered after making payment of prescribed registration charges annually or on one time basis, as the case may be, for availing medical facilities.

5. All such pensioners mentioned in para (4) above registered for availing medical facilities shall be entitled to receive a fixed medical allowance of RS. 100/- p.m. for OPD treatment. In addition they shall also be entitled to reimbursement for indoor treatment in a Govt./Recognised hospital as per CSIR circular letter No. 17(68)/97-PPS dated 10/24.07.2000.
6. Pensioners who are already registered will continue to avail medical facilities from the same Lab./Instt. from which they had been availing it as at present. However, the pensioners prior to the date of issue of these guidelines who have never got themselves registered earlier will also be governed by these guidelines.

These orders shall come into force with immediate effect.

It is requested that these instructions may kindly be brought to the notice of all concerned for information, guidance and necessary action.

Copy of CSIR circular No. 35-05(1)/2001-PW&PG dated 20.9.2001

(37)

Sub:- Recognition of private hospitals/diagnostic centers under CGHS, Delhi for specialised and general purpose treatment and diagnostic procedures and fixation of package/ceiling rates – reg.

I am directed to forward herewith a copy of OM No. Rec, 24/2001/JD(M)/CGHS/DELHI/CGHS(P), dated 7.9.2001 on the above subject from the Ministry of Health & Family Welfare, Govt. of India notifying the fresh recognition of private hospitals/diagnostic centers under CGHS, Delhi for specialised and general purpose treatment and diagnostic procedures and fixation of package/ceiling rates for information and necessary action.

These orders supersede all the earlier orders relating to recognition of hospitals, diagnostic centers and rates for specialized and general treatment/diagnostic tests for Delhi, Faridabad, Ghaziabad, Gurgaon and Noida CGHS areas.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab/Instt.

Copy of CSIR letter No. 17/68/2001-E.II dated 2.11.2001

(38)

Sub:- Financial assistance to CSIR employees from CSIR Welfare Fund for reimbursement of medical expenses incurred by them for undergoing treatment for major illness in private recognized hospitals for over & above the amount admissible under CS(MA) Rules/CGHS.

I am directed to state that as per CCS (Medical Attendance) Rules of the Govt. of India adopted by CSIR the reimbursement of the medical expenses in respect of the treatment taken in the private recognized hospitals for major diseases i.e. kidney transplant, coronary by pass surgery, heart transplant, chemotherapy and brain surgery etc. is restricted to the ceilings fixed by the Govt. of India. As the cost of treatment actually charged by the private hospital is very high in comparison to the ceilings fixed under CCS (Medical Attendance)/CGHS Rules. CSIR has been receiving proposals for allowing reimbursement of full charges, as charged by the private recognized hospitals.

DG, CSIR therefore, constituted a Committee to consider the matter. The committee considered the matter and submitted its recommendations which were placed before the Governing Body at its 151st meeting held on 10.10.2001.

The Governing Body considered the matter and based on the recommendations of the Committee approved, as a welfare measure, to provide financial assistance to the CSIR employees for meeting the medical expenses incurred by them for under going treatment for major illness like kidney transplant, coronary by pass surgery, heart transplant, chemotherapy and brain surgery etc, taken in the private recognized hospitals over and above the amount admissible to them under the CCS(MA)/CGHS rules. The additional expenditure as per this scheme shall be met from Welfare Fund of CSIR.

This scheme shall be operative for a period of two years from the date of issue of this letter after which it shall be reviewed.

As the expenses for meeting the expenditure are to be met from the CSIR Welfare Fund, all the proposals for reimbursement of medical expenses incurred by the employees over and above the prescribed ceilings may be forwarded to CSIR for consideration.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab/Instt. for their information guidance and necessary action.

Hindi version will follow.

Copy of CSIR letter No. 14(38)/98-E.II dated 14.12.2001

(39)

Sub:- Extension of medical facilities to CSIR Pensioners.

I am directed to refer to this office circulars of even number dated 12.12.1995 and 30.3.1999 regarding extension of medical facilities to CSIR pensioners residing outside Delhi on payment of annual contribution as payable by CSIR pensioners availing CGHS facilities in Delhi. As per existing provision, no reimbursement shall be admissible to the pensioners for OPD treatment at the Govt./recognised hospitals.

Of late references are being received from various Labs./Instts. seeking clarification as to whether pensioners who are availing medical facilities in terms of CSIR circular dated 12.12.1995 can be allowed reimbursement for taking follow-up treatment at OPD in major diseases like open heart surgery, kidney transplantation etc. It has been decided by the competent authority in consultation with the internal Finance that to avoid hardship being faced by the CSIR pensioners residing outside Delhi and availing medical facilities in terms of aforesaid circular dated 12.12.1995, they may be allowed reimbursement of expenses incurred by them for medical treatment (subject to admissibility) as a part of follow-up treatment at OPD in major diseases like open heart surgery, kidney transplantation etc. Cost of the medicine may be reimbursed only in case the medicines prescribed for such treatment are not supplied by the CSIR dispensary where the pensioner is registered for-availing medical facility and otherwise admissible. This will also be applicable in cases where the pensioners is getting Rs. 100/- per month as medical allowance in lieu of the OPD treatment.

The above facility of reimbursement will be restricted only in cases where the pensioners obtained OPD treatment as a part of follow-up treatment of major diseases like open heart surgery, kidney transplantation etc. where the treatment has been obtained at Govt./recognised hospital, and patient has been specifically advised for follow-up treatment by the attending physician/doctors. However, in normal cases, the existing provision of no reimbursement for-OPD treatment in the case of pensioners will be applicable.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Labs./Instts. for their information, guidance and necessary action.

Copy of CSIR letter No. 4-22/2002-E.II dated 30.4.2002

(40)

Sub:- Enhancement of Honorarium payable to part time Doctors – reg.

In continuation of this office letter of even number dated 30.12.1998, I am directed to inform you that the DG, CSIR, on the recommendation of the Committee constituted for the purpose and with concurrence of FA, CSIR has been pleased to accord approval to the enhancement of rate of honorarium payable to the part time Doctors from Rs. 1300/- to Rs.

1600/- on a per hour per day per month basis subject to a ceiling of Rs. 4800/- for 3 hours per day per month.

The other conditions for engagement of part time Doctors will continue to be the same as contained in CSIR Circular of even number dated 3.2.1988 and 3.10.91.

The revised rates will come into force from the date of issue of this order.

Copy of CSIR letter No. 14(10)/91-E.II dated 1.8.2002

(41)

Sub:- Medical facilities to CSIR Pensioners.

I am directed to refer to this office Circular letters, No. 17/1/91-E.II dated 12.12.1995 and 17(68)/97-PPS, dated 10/24.07.2000 regarding extension of medical facilities to CSIR pensioners residing outside Delhi, at par with their counterparts residing in Delhi on payment of contribution annually or one time basis as payable by CSIR pensioners availing CGHS facilities in Delhi.

Although it was clearly stated that such pensioners who are residing outside Delhi shall be entitled for medical facilities and reimbursement of indoor hospitalisation only after getting themselves registered on payment of contribution as per CGHS; prescribed rates, it has been observed that when medical bills of pensioners are not admitted on the ground of their non-registration pensioners generally claim that they were not aware of the instructions on the subject.

With a view to help pensioners and mitigate their difficulties it has been decided that all CSIR Labs./Instts. henceforth may furnish to retiring employees all relevant papers regarding extension of medical facilities. While doing so it may be brought to their notice that in the event of their non-registration and non-payment of subscription they would neither be eligible for CSIR dispensary facilities nor medical reimbursement for indoor hospitalization. Accordingly, they may be advised to get themselves registered on payment of annual or one time subscription as per CGHS prescribed rates to avail medical facilities.

It is requested that the above decision, may be brought to the notice of all concerned in your Labs/Instts.

Copy of CSIR letter No. 35-02(93)/2003-PW&PG dated 11.12.2003

(42)

Sub:- Enhancement of subscription under the CGHS - Recommendations of the Vth Central Pay Commission - reg.

I am directed to forward herewith the GOI, Ministry of Health & Family Welfare (Deptt. of Health) OM No. S-11011/6/98-CGHS(P) dated 20.9.2004 specifying rates and slabs for CGHS contribution effective from 1.4.2004 for necessary action at your end.

It may also be ensured that in case of CSIR pensioners the CGHS medical contribution would be based on the basis of last pay drawn plus dearness pay. However, in case of such pensioners who had retired much earlier i.e. prior to 1.1.1996 but have opted for medical facilities now they would be required to pay contribution on the basis of their notional pay in the revised scale as clarified vide CSIR circular letter No. 14(8)/99-E.II dated 7.4.2000. However, in both the above cases the rate of contribution would be as per the rates applicable on the date of payment of such contribution.

You are, therefore, requested to kindly take further appropriate action in the light of the above instructions.

Copy of CSIR letter No. 35-05(01)/03-PW&PG dated 26.7.2005

(43)

Sub:- Reimbursement for tests carried out in urgency from private recognized Diagnostic Centres – reg.

As per existing instructions pensioners of CSIR are entitled to medical reimbursement for treatment in private recognized Diagnostic Centres subject to the condition that the Specialist of CGHS/Govt. Hospital/CMO in-charge of CGHS dispensary has recommended the tests and written permission to undergo such tests from a particular private recognised Diagnostic Centre has been obtained from the Competent Authority.

However, on having received representations from pensioners regarding problems being faced by them in getting prior permission from the Competent Authority for undergoing diagnostic tests from private recognized Diagnostic Centres and with a view to mitigate the hardships being faced by pensioners, DG, CSIR has been pleased to approve that in case a pensioner of CSIR Labs./Instts located in Delhi and residing in Delhi undergoes a diagnostic test, as a part of OPD treatment based on the advice of CGHS dispensary, in urgency, from a private recognized Diagnostic Centre, such pensioner may seek permission from the Competent Authority along with supported documents, before submitting his medical claim for reimbursement.

The above decision may kindly be brought to the notice of all concerned in your Lab. for their information, guidance and necessary, action. It is reiterated that above facility is for diagnostic tests only.

Copy of CSIR letter No. 35-01(96)/2001-PW&PG dated 27.9.2005

(44)

Sub:- Financial assistance to CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in private recognized hospitals over and above the amount admissible under CS(MA)/CGHS rules from CSIR Welfare Fund in terms of CSIR letter dated 14.12.2001-certificate that amount paid was admissible "under CS(MA)/CGHS rules-reg.

I am directed to refer to this office letters of even number dated 14.12.2001, 13.04.2004 and 09.03.2005 on the subject cited above and to state that henceforth all Labs/Instts. must append a certificate to the effect that payment has been made to the individual concerned as per CS(MA)/CGHS Rules, whichever is applicable, alongwith their proposals seeking financial assistance to CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in private recognized hospitals over and above the amount admissible under CS(MA)/CGHS Rules from CSIR Welfare Fund.

Copy of CSIR letter No. 14(38)/98-E.II dated 24.3.2006

(45)

Sub:- Financial assistance to CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in private recognized hospitals over and above the amount admissible under CS(MA)/CGHS rules from CSIR Welfare Fund in terms of CSIR letter dated 14.12.2001-reg.

I am directed to refer to this office letters of even number dated 14.12.2001, 13.04.2004, 09.03.2005 and 24.03.2006 on the subject cited above and to state that while forwarding proposals for seeking financial assistance from CSIR Welfare Fund Labs./Instts. should provide details of inadmissible amount in the respective column and also indicate as to whether the Hospital from which treatment was obtained is recognized under CS(MA)/CGHS Rules.

Further, it has been decided that in future only such proposals for financial assistance from CSIR Welfare Fund would be entertained that are received in CSIR within one year of the final settlement of medical claim of the individual by the Lab./Instt. As such Labs./Instts. should forward proposals, if any, for, financial assistance from the CSIR Welfare Fund within one year

of the final settlement of medical claim of the individual by the Lab./Instt. Any proposal received after one year of the final settlement will not be considered.

Copy of CSIR letter No. 14(38)/98-E.II dated 24.7.2006

(46)

Sub:- Medical facilities to CSIR Pensioners – clarifications – reg.

In continuation of this office circular letter of even number dated 07.07.2005 whereby CSIR pensioners residing in and outside Delhi and residing in areas not covered by CGHS or CSIR dispensaries and retired after 07.07.2005 were asked to make one time lump sum contribution for availing medical facilities, I am directed to state that consequent upon receipt of requests from a number of pensioners seeking permission to pay yearly contribution instead of one time lump sum contribution, the matter was considered and it has been decided with the approval of the competent authority that :-

1. All CSIR pensioners who have retired after 7.7.2005 may be permitted to pay medical contribution either on yearly basis (upto ten years) or one time lump sum basis (equivalent to 10 times the annual contribution) to avail medical facilities from CGHS CSIR dispensaries or otherwise as the case may be.
2. However, the option of making yearly contribution would be subject to the condition that incase the pensioner fails to deposit yearly contribution at the time, and as a result validity of their CGHS card (in case of pensioners who have retired from CSIR Hqrs. and Delhi based Labs. / Instts.) / Medical card (in case of pensioners registered in CSIR Labs./Instts. outside Delhi expires, then expenditure incurred on treatment obtained during the period from expiry of the CGHS/Medical card till the date of renewal will not be reimbursed to them. Further, no request for any relaxation in this regard will be entertained.
3. In case such pensioners who have retired after 7.7.2005 and have also registered themselves after making payment of one time lump sum contribution, now opts for making payment of contribution on annual basis, and makes a request for refund of excess amount of contribution paid by them, the same may be refunded by the Labs. / Instts., however, no interest will be payable by CSIR on such refunded amount.

It is requested that the above decision may kindly be brought to the notice of all the concerned including pensioners of your Lab./Instt. for information, guidance and necessary action.

Copy of CSIR letter No. 35-05(01)/04-PW&PG dated 4.1.2007

(47)

Sub:- Financial assistance to CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in the private recognized hospitals over and above the amount admissible under CS(MA) Rules/CGHS rules from CSIR Welfare Fund in terms of CSIR letter dated 14.12.2001-extension of the Scheme regarding.

I am directed to refer to this office circular letter of even number dated 13.04.2004 whereby the period of scheme for financial assistance to the CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in the private recognized hospitals over and above the amount admissible under CS(MA) Rules/CGHS Rules from CSIR Welfare Fund in terms of CSIR letter dated 14.12.2001 was extended with the approval of GB,CSIR for a period of three years upto 13.12.2006 beyond 13.12.2003.

The scheme was reviewed by the GB.CSIR in its 168th meeting held on 08.12.2006, and approved extension of the scheme for a further period of three years upto 13.12.2009 beyond 13.12.2006.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab./Instt. for their information, guidance and necessary action.

Copy of CSIR letter No. 14(38)/98-E.II dated 27.2.2007

(48)

Sub:- Financial assistance to CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in the private recognized hospital over and above the amount admissible under CS(MA) Rules/CGHS rules from CSIR Welfare Fund in terms of CSIR letter dated 14.12.2001 – extension of the Scheme reg.

I am directed to refer to this office circular letter of even number dated 13.04.2004 whereby the period of scheme for financial assistance to the CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in the private recognized hospitals over and above the amount admissible under-CS(MA) Rules/CGHS Rules from CSIR Welfare Fund in terms of, CSIR letter dated 14.12.2001 was extended with the approval of GB,CSIR for a period of three years upto 13.12.2006 beyond 13.12.2003.

The scheme was reviewed by the GB.CSIR in its 168th meeting held on 08.12.2006, and approved extension of the scheme .for a further period of three years upto 13.12,2009 beyond 13.12.2006.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab./Instt. for their information, guidance and necessary action.

Copy of CSIR letter No. 14(38)/98-E.II dated 13.3.2007

(49)

Sub:- Extension of medical facility to CSIR Pensioners at any of the CSIR Dispensaries located in various Labs ./Instts. for OPD treatment-reg.

I am directed to invite a reference to the CSIR letters No. 17/1/91-E-II, dated 12.12.1995 and 35-05(01)/2004-PW&PG dated 28/31.05.2004, 07.07.2005 and 04.01.2007 regarding extension of medical facilities to CSIR pensioners residing outside Delhi at par with their counterparts residing in Delhi on payment of contribution annually or on one time basis as applicable to CSIR pensioners availing CGHS facilities in Delhi. In pursuance of the request made by Dr. R.P. Rastogi, Secretary General, CSIR Pensioners Welfare Association, Lucknow vide his D.O. letter No. CPWA/4/2006, dated 14.11.2006 (copy enclosed) for acceptance of CSIR Dispensary Identity Card at all the Dispensaries of CSIR, the matter has been examined in consultation with Finance and it has been decided that CSIR pensioner holding permanent/valid medical Identity card/ CGHS card (in case of pensioner settled in Delhi) with photograph (alongwith dependent family members) affixed, may avail OPD treatment in any of the CSIR Dispensaries during their visit to cities where CSIR Lab./Instt. are located (other than the Lab./Instt./CSIR Hqrs. where he is registered) subject to the condition that any expenditure incurred on inpatient treatment during such visit by that Lab./Instt. will be recouped from the concerned Lab./Instt./CSIR Hqrs. where the pensioner is registered for medical facility.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab./Instt. for their information, guidance and necessary action.

Copy of CSIR letter No. 35-05(01)/2004-PW&PG dated 23.3.2007

(50)

Sub:- Delegation of power to Directors of Labs./Instts. to grant permission to employees and pensioners for obtaining medical treatment from outside the District/State -reg.

I am directed to state that on the basis of references received from Labs./Instts. expressing difficulties faced by employees/pensioners in obtaining permission from CMO of the District or CAMO of the State- for taking medical treatment outside the District or State respectively, specially in cases where Labs./Instts. are located in remote areas, the matter was placed before., the Governing Body in its 166th meeting held on 16.02.2006 for delegating power to Directors of Labs./Instts. for granting permission for obtaining treatment from outside District or State. The Governing Body, CSIR considered the matter and approved that power may be delegated to Directors for granting permission to employees/pensioners for

obtaining treatment from outside District or State, in relaxation of the extant rules, subject to the following conditions:-

1. The Medical Officer-in-Charge of the CSIR Dispensary/AMA has prescribed the procedure/test and certify that the necessary and suitable medical facilities are not available in Govt, or recognized hospital at the District or State Hqrs. or within the District or State where one falls ill;
2. the employee/ pensioner is registered for obtaining medical facilities with the particular Lab./Instt.;
3. reimbursement of expenditure incurred will be made at the rates fixed by the Govt. under CGHS. for that State (wherever treatment is taken" from CGHS recognized hospital) / CS(MA) Rules, 1944 (wherever treatment is taken in any other recognized hospital under CS(MA) Rules, 1944).
4. TA/DA will be permissible only in case treatment is not available at the same station as per entitlement of the individual concerned as per Gol rules/CS(MA) Rules, 1944 as the case may be.

However, employees/ pensioners located in Delhi and availing medical facility under CGHS will be governed by the Govt. of India rules / instructions issued by DGHS from time to time;

It is requested that the above decision may kindly be brought to the notice of all concerned (including pensioners) in your Lab./Instt. for their information, guidance and necessary action.

Copy of CSIR letter No. 35-05(01)/2005-PW&PG dated 20.6.2007

(51)

Sub:- Enhancement of Honorarium to the part time Doctors – reg.

In continuation of this office letter of even number dated 01/5.8.2002, I am directed to inform you that the DG,CSIR, on the recommendation of the Committee constituted for the purpose and with concurrence of FA,CSIR, has been pleased to accord approval to the enhancement of rate of honorarium payable to the part time Doctors from Rs. 1600/- to Rs. 4000/- per hour per day per month subject to a maximum ceiling of Rs. 12,000/- for three hours per dayper month.

The DG, CSIR has been further pleased to approve that with a view to provide better medical facilities, CSIR Labs./Instts. may also engage part time specialists such as Pediatrics, Gynecologist, Cardiologist etc. for one or two hours, per week basis depending upon the requirement on the honorarium @ Rs, 600/- per hour per day subject to a maximum of two hours, per day per week depending upon the requirements.

The other conditions for engagement of part time doctors will continue to be the same as contained in CSIR circular of even No. dated 3.2.1988 and 3.10.91.

The revised rates will come into force w.e.f. 1.2.2008.

Copy of CSIR letter No. 4(10)/91-E.II dated 6.2.2008

(52)

Sub:- Reimbursement in case of expensive procedures / equipment / instrument / implant for which there are no prescribed rates under CGHS/CS (MA) Rules or in cases where prior approval of DGHS is required.

I am directed to state that in order to reduce the number of references to Governing Body, CSIR seeking permission for reimbursement in cases of employees / pensioners where either expensive procedures like BMT, Cardiac defibrillator, Carotid stents etc. are involved or for procedures / instrument / equipment / implant etc. outside the notified list under CS(MA) Rules / CGHS, for which no rates are available either under CS(MA) Rules / CGHS or AIIMS, the matter was placed before the Governing Body for its consideration at its 170th meeting held on 28.1.2008.

The Governing Body considered the matter and approved the delegation of power to DG, CSIR to settle cases of reimbursement of medical expenses, in consultation with FA, CSIR, where treatment is obtained from a Govt. / Private Recognized Hospital (either by CGHS or CSIR) in cases where expensive procedures like BMT, Cardiac defibrillator, Carotid stents etc. are involved or procedures / equipment / instrument / implant etc. outside the notified list under CS(MA) Rules / CGHS, for which no rates are available either under CS(MA) Rules / CGHS or AIIMS rates, subject to the condition that the treatment is obtained with the prior permission of the Medical Officer-in-Charge of CSIR dispensary and or Director, of the Lab. / Instt. (except in the case of emergency), as the case may be.

The above decision may kindly be brought to the notice of all concerned in your Laboratory for their information guidance and necessary action.

Copy of CSIR letter No. 35-02(172)/05-PW&PG dated 27.2.2008

(53)

Sub: Re-imburement of the cost of OPD treatment in post operative conditions in serious diseases in r/o pensioners – reg.

I am directed to state that so far CGHS has not extended medical facilities to CSIR pensioners retiring from labs./Insttts. situated outside Delhi and are settled in Delhi. All such pensioners are entitled to receive FMA of Rs. 500/- PM in lieu of OPD treatment and in addition

they are also entitled for reimbursement of Indoor treatment in a Govt./recognized hospital in case he/she is registered with any labs./Instts. nearest to his/her place of settlement. This has created an anomalous situation in CSIR in as much as a pensioner who has retired from one of the Delhi based lab or registered with CSIR labs having dispensary would have been entitled for all the OPD benefits while the same is denied to pensioners who retired from CSIR labs/Instts. located outside Delhi and is settled in Delhi/non CGHS area as DGHS has not agreed to extend medical facility to such pensioners of CSIR. Such a situation can also be envisaged where the Labs./Instts. does not have a dispensary or where the individual settles at places not covered under CGHS which makes difficult for the pensioners to meet expenses on his treatment out of his meagre resources.

Therefore, in order to remove the difficulties faced by such pensioners, DG, CSIR, in his capacity as Chairman GB, CSIR with the concurrence of FA, CSIR has approved to re-imburse the cost of OPD medicines for treatment in post operative conditions in serious diseases in accordance with MH&FW OM F.No. 10001/2000/JD/R&H/CGHS/CGHS(P) dated 30.04.2001 to the pensioners of CSIR who are not getting OPD facilities from CGHS/CSIR dispensaries, subject to ratification of GB, CSIR in its forthcoming meeting in the following cases:-

1. Post operative cases of major Cardiac Surgery / Cardiology.
2. Oncology cases.
3. Post operative Organ transplant cases.
4. Post operative Joint replacement cases.
5. Post operative Major Neurosurgical / Neurology cases.

The above decision may kindly be brought to the notice of all concerned in your laboratory for their information, guidance and necessary action.

Copy of CSIR letter No. 35-03(115)/2006-PW&PG dated 28.3.2008

(54)

Sub:- Enhancement of Honorarium to the part time Doctors – reg.

In continuation of this office Circular letter of even number dated 06.02.2008 it is clarified that honorarium to part time Doctors is payable @ Rs.4000/- per month for performing one hour duty per day on all days (except Sundays and holidays) and maximum honorarium @ Rs.12,000/-p.m. can be paid for performing 3 hours duty per day on all days (except Sundays and holidays).

The other conditions for emolument of part time Doctors will continue to apply as notified earlier.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab./Instt. for guidance and compliance.

Hindi version will follow.

Copy of CSIR letter No. 4-10/91-E.II dated 28.3.2008

(55)

Sub:- Recognition of private hospital for indoor treatment of CSIR employees and members of their families including pensioners.

I am directed to state that the Governing Body, CSIR in its 144th meeting held on 18.2.1998 had approved the recognition of the CGHS approved private hospitals/diagnostic centres for availing medical facilities by the CSIR employees and pensioners, as notified vide CSIR letter No. 14(25)/91-E.II dated 6.5.1998. However, a number of references are being received from Laboratory/Institutes which are located in place not covered under CGHS, for recognition of private hospitals for indoor treatment of CSIR employees and members of their families including pensioners. The matter has been considered in consultation with Finance and DG, CSIR in his capacity as Chairman, Governing Body, CSIR has been pleased to decide that Directors of CSIR Labs/Instts. may be empowered to recognize the private hospitals for indoor treatment of CSIR employees and members of their families including pensioners, on the following conditions, subject to ratification by the Governing Body.

1. Private hospitals should be recognized only in cases where the CGHS recognized private hospitals or Government approved hospitals are not available within the reasonable distance or where there are no adequate facilities available for indoor treatment in such hospitals.
2. Reimbursement may be restricted at the rates fixed (including package rates) by CGHS for its private hospitals. If the city is not covered by CGHS, the rates applicable to the same class of city under CGHS will be applicable.
3. In case private hospital recognized by the State Government does not provide treatment to CSIR employees or members of their family at the rates fixed by the city or same class of city, as the case may be.
4. No medical reimbursement should be made in cases where treatment is obtained at the private clinic or private nursing homes of the doctors working in these recognized private hospitals.

The aforesaid conditions may scrupulously be followed while recognizing private hospitals for the purpose of indoor treatment of CSIR employees and members of their

families including pensioners. The above decision may please be brought to the notice of all concerned in your Labs./Instts. for information, guidance and compliance.

Copy of CSIR letter No. 5-1(27)/2008-PD dated 18.8.2008

(56)

Sub:- Age limit for dependent children of Government Servant and pensioners for availing medical facilities under CGHS and Central Services (MA) Rules, 1944-Clarification regarding disability.

I am directed to forward herewith a copy of Ministry of Health & Family Welfare, Department of Health and Family Planning OM No. 4-24/96-C&P/CGHS/CGHS(P) dated 29.08.2007 for information, compliance and necessary action.

Copy of CSIR letter No. 5-1(27)/2008-PD dated 6.2.2009

F.No. 4-24/96-C&P/CGHS/CGHS (P) dated 29.08.2007 of Government of India Ministry of Health & Family Welfare Department of Health & Family Welfare.

The undersigned is directed to refer to this Ministry's Office Memorandum, of even number dated the 30th May, 2007, vide which age limit for dependent sons and daughters were refixed by the Ministry of Health & Family Welfare, after the Delhi High Court dismissed Civil Miscellaneous Petition, No: 115/97 in Civil Writ Petition, No: 2542 of 1996 in Shri Madan Mohan Sharma Vs Union of India, by its order on 29th November, 2006. In terms of the Office Memorandum of 30th May, 2007, referred to above, a son who is dependent on his father/mother can avail CGHS facilities upto the time he attains the age of 25 years or till he starts earning, whichever is earlier. The age limit of 25 years would not be applicable in respect of the son of a CGHS beneficiary, in case he was suffering from any permanent disability of any kind (physical or mental).

2. Subsequent to the issuing of the Office Memorandum of 30th May, 2007, referred to above, the Ministry of Health & Family Welfare has been receiving requests for clarification from, many sources, as to whether renal failure constitutes a permanent disability. After examination of the matter in the Ministry of Health & Family Welfare it is hereby clarified that disability that are covered by the above mentioned Office Memorandum of 30th May, 2007, are "disability" 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)", which is reproduced below:

1. "disability" means –

- i. Blindness
- ii. Low vision

- iii. Leprosy-cured
 - iv. Hearing impairment
 - v. Locomotor disability
 - vi. Mental retardation
 - vii. Mental illness
3. The other conditions of dependency and normally residing with the Government servant/pensioner will remain the same.

(57)

Sub:- Relaxation of procedures to be followed in considering requests for medical reimbursement.

I am directed to forward herewith a copy of Ministry of Health & Family Welfare, Department of Health and Family Planning O.M. No. 4-18/2005-C&P(Vol.I-Pt.(i)) dated 20.2.2009 for information, compliance and necessary action.

Copy of CSIR letter No. 5-1(18)/2008-PD dated 8.4.2009

F. No. 4-18/2005-C&P(Vol.I-Pt.(i)) dated 20.2.2009 of Ministry of Health & Family Welfare, Department of Health and Family & Family Welfare, CGHS (P) Division.

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:

- (1) 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.
- (2) 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 reimbursement 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 & 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 are 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 is a 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.

4. The Office Memorandum is issued with the concurrence of IFD vide Dy, No: 908/AS &FA/2009 dated the 20th February, 2009

Annexure-I

**CENTRAL GOVERNMENT HEALTH SCHEME
MODIFIED CHECKLIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

1. CGHS Token No. and place of issue
2. Validity of CGH Card (For Pensioners) & Entitlement : from.....to.....
:Pvt. / Semi Pvt/General
3. Full name of Card Holder (Block Letters) :
4. Status (Govt. Servant/Pensioner/Other) :
5. The following documents are submitted :
{Please tick (-/) the relevant column} Yes/No
 - (a) Medical 2004 Form Yes/No
 - (b) Photocopy of CGHS card
 - (c) No. of Original Bills Yes/No
 - (d) Copy of discharge summary Yes/No
 - (e) Copy of referral by Specialist/CMO Yes/No
 - (f) Whether the hospital has given breakup for lab investigations
 - (g) Original papers have been lost 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 Claimant Yes/No
 - II. No objection from other legal Heirs Yes/No
 - III. Copy of death certificate Yes/No

Dated :..... Signature of CGHS card holder
Tel. No. (O)
(R)
E-mail Address

Name of the Bank.....Branch.....SB A/C No.
Branch MICR Code.....Tel. No. Of Bank Branch.....

**CENTRAL GOVERNMENT HEALTH SCHEME
MEDICAL 2004 FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF CGHS
BENEFICIARIES.**

(To be filled by the claimant)

1. CGHS Token No. and Place of issue :.....
2. Validity of CGHS Token Card : fromto.....
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.....SB A/C
8. Name of the patient & relationship
With the card holder
9. Status tick (-/) (Govt. Servant/Pensioner/Serving employee or pensioner of autonomous body/Member of Parliament/Ex-M.P./Ex-Government/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 fee 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 for 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 willful 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 Investigations 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 (I) of check list – in case of loss of Original Papers
Draft for Affidavit for Duplicate Claim Paper/bills on Stamp Paper

I,son/wife/daughter ofand resident of lost/misplaced/not traceable. I hereby give an undertaking that I have not received any payment against original bills/claims 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 (1) of check list-in case of Death of Card holder

Draft for Affidavit on Stamp Paper for claiming medical reimbursement

I,.....wife/son/daughter of Late.....and resident ofhereby submit the medical claim papers pertaining to treatment of my father/mother/.....Late Shri/Smt.....who has expired on(copy of Death Certificate is enclosed).

(58)

Sub:- 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 Sixth Central Pay Commission.

I am directed to forward herewith a copy of Government of India, Ministry of Health and Family Welfare, Department of Health & Family Welfare O.M. No. S.11011/2/2008-CGHS (P) dated 20th May, 2009 for information, compliance and necessary action.

Copy of CSIR letter No. 5-1(66)/2009-PD dated 31.7.2009

No.S.11011/2/2008-CGHS (P) dated 20th May, 2009 of Government of India Ministry of Health and Family Welfare Department of Health & Family Welfare

The undersigned is directed to invite reference to the Office Memoranda, No: S-11011/18/99-Desk.l/CGHS(P) dated the 3rd July, 2000; and No: S-11011/6/98-CGHS(P) dated the 27m 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 Sixth 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 subscriptions, to be made by employee's 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 Contribution for availing CGHS facility:

S.No.	Grade pay drawn by the officer	Contribution (Rupees per month)
1.	Upto Rs. 1650/- per month	50/-
2.	Rs. 1800/-, Rs. 1900/- Rs. 2000/- Rs 2400/- and Rs 2800/- per month	125/-
3.	Rs. 4200/-, per month.	225/-
4.	Rs. 4600/-, Rs. 4800/-, Rs. 5400/-, and Rs. 6600/- per month	325/-
5.	Rs. 7600/-, and above per month.	500/-

(B) Entitlement of wards in private hospital empanelled under CGHS.

S.No.	Ward entitlement	Pay drawn in pay band
1.	General Ward	: Upto Rs. 13950/-
2.	Semi-private ward	: Rs. 13960/- to Rs. 19530/-
3.	Private ward	: Rs. 19540/- 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

(E) Pay slab for determining the entitlement of Nursing Home facilities in Government I State Government / Municipal Hospitals:

The monetary ceiling for determining the entitlement of nursing home facilities in Central Government / State Government / Municipals Hospitals is revised to pay / pension / family pension of Rs. 13,950/- per month and above.

(F) Monetary Ceiling for direct consultation with Specialists in Central Government I State Government I 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 AIMS, New Delhi:

The revised entitlement, be revised as per the pay drawn by the officials, as given below:

S.No.	Ward entitlement	Pay drawn in pay band
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 (ten) years {120 (one hundred and twenty) months} 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 was issued for the first time to them. The revised rate of contribution for the remaining period 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.,
 7. Hindi version will follow.

(59)

Sub:- Financial assistance to CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in the private recognized hospitals over and above the amount admissible under CS(MA) Rules/CGHS rules from CSIR Welfare Fund in terms of CSIR letter dated 14.12.2001 – Extension of the Scheme reg.

I am directed to refer to this office circular letter No. 14(38)/98-E.II dated 13.3.2007 whereby the period of scheme for financial assistance to the CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in the private recognized hospitals over and above the amount admissible under CS(MA) Rules/CGHS Rules from CSIR Welfare Fund in terms of CSIR letter dated 14.12.2001 was extended with the approval of GB, CSIR for a period of three years up to 13.12.2009 beyond 13.12.2006.

The scheme has further been reviewed by DG, CSIR in his capacity as Chairman, Governing Body in consultation with FA, CSIR and approved its extension for further period of 3 years upto 13.12.2012, on the existing terms and conditions subject to ratification by the Governing Body, CSIR.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Labs/Instts. for their information, guidance and necessary action.

Copy of CSIR letter No. 5-1(72)/2009-PD dated 16.12.2009

(60)

Sub:- Recovery of contribution from CSIR employees taking treatment through CSIR dispensaries – CAG Audit Para – “Operation of Dispensaries under CSIR.

I am directed to state that medical facility through CGHS is extended to employees working in Labs./Instts located in Delhi and also to pensioners who have retired and settled in Delhi. The employees of CSIR and their family members working in Labs./Instts located outside Delhi are either getting medical facility through CSIR dispensaries or are governed by CS(MA) Rules. Employees and pensioners located in Delhi and availing CGHS facility are paying medical contribution at the prescribed rates by the Government, whereas employees of Labs./Instts outside Delhi availing medical facility through CSIR dispensaries/AMAs/CS(MA) Rules are not paying any medical contribution, though pensioners are paying medical contribution at the prescribed rates, for availing dispensary facility.

CAG Audit in the year 2001 while auditing the CSIR accounts had pointed out that huge expenditure is being incurred for procurement of medicines by CSIR dispensaries besides incurring a large amount on salaries of Doctors/Nurses etc, and expenditure on reimbursement of medical claims and had sought information as to whether CSIR had ever considered charging token contribution from the beneficiaries of dispensaries on the pattern of CGHS.

The CAG audit para of 2001 has not been settled. In order to settle the issue DG. CSIR has decided to work out the annual financial implication to facilitate arriving at a logical conclusion, to settle the observations of CAG:-

1. Number of employees, including pensioners availing medical facility through CSIR dispensaries;
2. Expenditure incurred by the Labs./Instts towards salary of Doctors and other dispensary staff;
3. Cost of medicine provided through the dispensary;
4. Approx. expenditure on medical & consultation fee to AMA had the employee obtained their treatment under CS(MA) Rules, through AMA's;
5. Whether the CSIR dispensary is providing medical facility at par with CGHS dispensary.

Copy of CSIR letter No. CAG/Audit/2001-E.II dated 2.3.2010

(61)

Sub:- Extension of CGHS benefits to Public Sector Undertakings absorbees – reg.

I am directed to forward herewith the following Office Memorandum issued by Ministry of Health & Family Welfare, Government of India for information, guidance and compliance:-

S.No.	MoHFW, Govt. of India O.M. No. & date	Subject
1.	Ministry of Health & Family Welfare GOI OM No. C.14012/11/2003-CGHS-Desk I dated 18 th August, 2009.	Extension of CGHS benefits to PSU absorbees.

Accordingly, the CGHS facility may be extended to such CSIR pensioners who retired from Delhi based Labs./Instts. and CSIR Dispensary facility in case of such CSIR pensioners who had retired from Labs./Instts. located outside Delhi by following the prescribed procedure for registration with CSIR Dispensary at par with other pensioners as the case may be, on payment of due subscription as on the date of registration.

Copy of CSIR letter No. 5-1(66)/2009-PD dated 14.1.2011

C.14012/11/2003-CGHS-Desk I dated 18th August, 2009 of Ministry of Health & Family Welfare Department of Health & Family Welfare

The Government of India, as per its' policy, created many CPSUs to cater to the needs of various sectors of the economy and industry. Officials working in different Ministries were permitted to proceed to CPSUs on deputation basis initially and according to their option either got absorbed' in the CPSU or returned back to. the Ministry / Department from where they proceeded on deputation, In respect of Government servants who opted to get absorbed in CPSUs, were allowed to commute 100% of their pension, as per the provisions-contained in the then- Rule 37-A of CCS(Pension) Rules, 1972.

After receipt of the lumpsum' commuted amount, the pensioner stood to loose 1/3rd portion of his pension for his entire life Aggrieved by the lapsing of 1/3rd portion of the pension for life, Common Cause, a Society in the field of social service, filed a Petition in the Hon'ble Supreme Court of India, which vide its judgement dated 9th December, 1986, in Writ Petition Nos. 3958-61 of 1983 ordered that Central Government Pensioners governed by CCS (Commutation of Pension) Rules, 1981, and other corresponding commutation rules and who had commuted the admissible portion of file pension were entitled to have the commuted portion restored on the expiry of 15 years from the date of retirement By way of Implementing' the judgement of the Hon'ble Supreme Court, Department of Pensions and Pensioners Welfare issued an Office Memorandum No. 34/2/86-P&PW on 23rd June, 1987. Para.4 of the Office Memorandum mentioned that the restoration of the commuted

amount will not be applicable to those CPSU absorbees who had commuted 100% of their pension as they were not 'pensioners' because they were not receiving any pension from the Government.

3. Aggrieved, again, by the denial of the restoration of pension by the Department of Pensions and Pensioners' Welfare, a group of PSU absorbees approached the Hon'ble Supreme Court for restoration of full pension, medical facility, etc After going through the rule position the Hon'ble Supreme Court held that PSU absorbees who had commuted 100% of the pension stood on a different pedestal when it came to the balance portion of pension left after the commutation of 1/3rd portion of the pension in as much they have surrendered their right to draw 2/3rd portion of the pension in lieu lump sum amount. Based on the order of Hon'ble Supreme Court the Department of Pensions and Pensioners' Welfare issued: orders' for restoration of 1/3rd portion of commuted pension of PSU absorbees. The Hon'ble Supreme Court vide its order dated the 1st May, 1998, ordered that PSU absorbers along with the restoration of 1/3rd portion of the pension were entitled to other attendant benefits.

4. In the case of PSU absorbees who has commuted 100% of their pension, they do not draw any pension for fifteen years and start getting 1/3rd portion of their pension with dearness relief on 100% of their Notionally fixed pension, PSU absorbees who had commuted 100% of their pension were not extended CGHS facility, as they were not availing CGHS facility at the lime of their retirement from the PS Us. Shri G. Jayaraman, a PSU absorbee, filed an OA, No: 628 / 2004, in the Central Administrative Tribunal, Chennai, requesting for the extension of CGHS' facility to him, CAT, Chennai Bench, vide its order dated the 15th September, 2005, ordered that since the applicant has become a pensioner after the restoration of 1/3rd portion of his pension, he is entitled to CGHS facility. The decision of Chennai Bench of CAT was first challenged by the Government, first in the High Court of Judicature in Chennai and then in the Hon'ble Supreme Court. The Hon'ble Supreme Court dismissed the SLP, No: 21225/2007 by its order dated the 9th February, 2009.

5. The matter has been examined in consultation with the Ministry of Law & Justice and IFD in the Ministry of Health & Family Welfare and it has been decided with the approval of the competent authority that CGHS facility may be extended to those PSU absorbees who had commuted 100% of their pension and they have been restored 1/3rd portion of their pension after 15 years in terms of the order of the Hon'ble Supreme Court of India dated the 1st May, 1998, referred to above. The contributions to be made will be decided by the Grade Pay that they would now have drawn in the Government in the post held by them but for their absorption in the PSU.

6. This issues with the concurrence of IFD (Health), vide Dy, No: 892/AS&FA dated the 28th May, 2009.

Sub:- Revision of rates of Non-Practising Allowance attached to Veterinary Posts following the recommendations of the Sixth Central Pay Commission.

I am directed to state that DG, CSIR as Chairman, Governing Body with the concurrence of Ministry of Finance, Dept. of Expenditure has approved the grant of benefit of Non-Practising Allowance to all Group III employees working in Animal Houses of CSIR Labs./Instts. and possessing the qualifications of B.V. Sc. & AH with registration in the Veterinary Council of India as mentioned in the Dept. of Expenditure OM dated 30th August, 2008. (copy enclosed).

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab./Instt. for their information, guidance and necessary action.

Hindi version will follow.

Copy of CSIR letter No. 5-1(20)/2008-PD dated 19.8.2011

F.No. 7(17)/2008-E.III(A) dated 30th August, 2008 of Government of India, Ministry of Finance, Department of Expenditure.

The Sixth Central Pay Commission has recommended that Doctors should continue to be paid Non-Practising Allowance at the existing rate of 25% of the aggregate of the band pay and grade pay subject to the condition that the Basic Pay+ NPA does not exceed Rs. 85000/-. Consequent upon acceptance of the recommendations of the Sixth Central Pay Commission by the Government, the President is pleased to decided that, in modification of this Ministry's O.M. No. 7(25)/E.III(A)/97 dated 15.4.1998, the Non-Practising Allowance may continue to be paid for Veterinary Posts at the existing rate of 25% of the Basic Pay subject to the condition that the Basic Pay + NPA does not exceed Rs. 85000/-.

1. The terms "basic pay" in the revised pay structure means the pay drawn in the prescribed pay band plus the applicable grade pay but does not include any other type of pay like special pay, etc. In the case of Government servants in the pay scales of HAG+ and above, basic pay means the pay in the prescribed scale.
2. The revised rate of NPA would be effective from the date an employee draws pay in the revised scale applicable to him in accordance with the provisions of the Central Services (Revised Pay) Rules, 2008.
3. The NPA should be restricted only to those Veterinary posts for which minimum qualification of a Degree of B.V. Sc. & A.H with registration in the Veterinary Council of India is required.
4. The Non-Practising Allowance will be treated as pay for the purpose of computing Dearness Allowance, entitlement of Travelling Allowance and other allowances as well as for calculation of retirement benefits.

5. These orders will not be applicable in respect of Veterinary posts under the Ministries of Railways, Defence and Department of Atomic Energy for which separate orders will issue.
6. Hindi version of this OM will follow.

(63)

Sub:-Issue of medicines / reimbursement of expenditure on investigations / treatment procedures/ implants and other medical devices under CGHS-reg.

I am directed to forward herewith the following Office Memoranda issued by Government of India for information, guidance and compliance

S.No	Office Memorandum No.	Subject
1.	Ministry of Health and Family Welfare O.M. No.2-2/2014/CGHS HQ/PPT/CGHS(P) dated 25th August, 2014.	Issue of medicines / reimbursement of expenditure on investigations / treatment procedures/ implants and other medical devices under CGHS-reg.
2.	Ministry of Health and Family Welfare O M No.2-2/2014/CGHS HQ/PPT/CGHS(P) dated 21st October, 2014,.	Issue of medicines / reimbursement of expenditure on investigations / treatment procedures/ implants and other medical devices under CGHS.

Copy of CSIR letter No. 5-1(66)/09-PD dated 3.11.2011

F.No.2-2/2014/CGHS HQ/PPT/CGHS(P) dated 21st October, 2014 of Government of India, Ministry of Health and Family Welfare.

With reference to the above mentioned subject the undersigned is directed to draw attention to paragraph (c) and (d) of the Office Memorandum of even No. dated the 25th August 2014 and to state that in response to the representations receive from CGHS beneficiaries in this regard, it has now been decided by the competent authority to withdraw the provisions under para (c) and para (d) of the Officer Memorandum No. 2-2/2014/CGHS HQ/PPT/CGHS(P) dated the 25th August, 2014 and to restore the status existing prior to the issue of above stated OM dated the 25th August, 2014.

In other words medicines under CGHS can be issued for up to 3 months at a time in chronic diseases on the basis of a valid prescription and for up to 6 months for those beneficiaries who are going abroad, as was the case prior to issue of OM dated 25.8.2014. O.M. No.2-2/2014/CGHS HQ/PPT/CGHS(P) dated 25th August, 2014 of Government of India, Ministry of Health and Family Welfare.

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has examined the matter in detail and with a view to streamline the procedures regarding issue of medicines, reimbursement of expenditure on investigations, treatment procedures, implants and medical devices and with a view to plug the loopholes in the system, it has now been decided that:

- a) CGHS shall supply/indent only those medicines, which are included in the CGHS formulary, except for para (b) below. However, for medicines prescribed outside formulary, medicines with identical formulations and/or similar therapeutic effect may be supplied from CGHS formulary against such medicines. CGHS formulary containing 1447 generic and 622 branded medicines is available on CGHS website at <http://msotransparent.nic.in/cghsnew/index.asp>
- b) Anti Cancer and other similar medicines are however supplied on a case to case basis. Only the medicines approved by DCGI for use in India shall be supplied. In case an Indian version is available, which is cheaper than the imported medicine, only the Indian medicine shall be supplied even if, an imported medicine has been prescribed.
- c) Medicines shall be supplied for a maximum period of one month.
- d) In case of CGHS beneficiaries going abroad, issue of medicines shall be restricted for a maximum period of three months.
- e) CGHS shall hereinafter allow only the listed investigations/treatment procedures for which there are prescribed CGHS rates, to be undertaken in CGHS empanelled diagnostic centres and hospitals.
- f) Similarly, only listed implants/medical devices with a CGHS prescribed ceiling rate shall be permitted for treatment/reimbursement under CGHS.
- g) In those cases where any unlisted investigation/treatment procedure is undertaken the reimbursement shall be limited to the rate of nearest similar investigation/treatment procedure under CGHS, Addl. Director of the city/zone shall take a decision based on justification in such cases, in consultation with experts in the field, if necessary.
- h) In those cases where any unlisted implant/device is installed reimbursement shall be limited to the CGHS rate of nearest similar implant/device. Addl. Director of the city/zone shall take a decision based on justification in such cases in consultation with experts in the field, if necessary.
- i) Registration of Mobile number with CGHS has been made compulsory as a guard against misuse of CGHS Card.
- j) In order to provide a mechanism to update the investigations/treatment procedures/implants, etc., as an ongoing process, a Technical Committee is being constituted to consider inclusion/exclusion of investigations/treatment procedures/implants, etc., under CGHS.

(64)

Sub:- Enhancement of honorarium payable to part time doctors and specialists engaged by Labs/Instts. of CSIR –reg.

In continuation of this office letter No. 4(10)/91-E.II dated 28/31.3.2008. I am directed to inform you that the DG, CSIR on the recommendation of the Committee constituted for the purpose and with the concurrence of Finance, CSIR, has been pleased to accord approval to the enhancement of rate of honorarium payable to the part-time Doctors from Rs. 4000/- to Rs. 7360/- per month for performing one hour duty per day on all days (except Sundays and holidays) and maximum honorarium @ Rs. 22080/- per month for performing three hours duty per day on all days (except Sundays and holidays).

The DG, CSIR has been further pleased to accord approval to the enhancement of honorarium for part-time Specialists such as Pediatrics, Gynecologist, Cardiologist etc. from Rs. 600/- to Rs. 1100/- per hours per day subject to a maximum of two hours, per day per week depending upon the requirements.

The other conditions for engagement of part time doctors will continue to be the same as contained in CSIR circular letter No. 4(10)/80-E.II dated 3.2.1988 and letter No. 14(10)/91-E.II dated 3.10.1991.

Expenditure for part time doctors/specialists will have to be met by the Lab/Instt from within the allocated budget and no additional allocation of funds will be made for this purpose. The revised rates will come into force from the date of issue of this order.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab./Instt. for guidance and compliance.

Copy of CSIR letter No. 5-1(96)/2010-PD dated 7.12.2011

(65)

Sub:- Fixed Medical Allowance to Pensioners/Family Pensioners reg.

You may be aware that in pursuance of the Govt. decision on the recommendations of the 5th CPC, the Govt. issued instructions vide DoPT OM No.45/57/97-P&PW(C) dated 19.12.1997 for grant of Fixed Medical Allowance @ Rs.100/- per month to the pensioners/family Pensioners/ Family Pensioners residing in the areas not covered under CGHS administered by the Ministry of Health & Family Welfare. Accordingly CSIR vide Letter No. 17(68)/97-PPS, dated 3.2.1998 had circulated the same to the Labs/Instts.

In order to mitigate hardship faced by such pensioners, who were not getting OPD facility either through CGHS or CSIR Dispensary, CSIR vide Letter No. 1(18)/2008-PPS, dated 28th February 2008 has already revised 'the existing Fixed Medical Allowance of Rs.100/- p.m. to Rs.500 p.m. w.e.f. 28.2.2008.

In the wake of recent development regarding revision/fixation of the above Fixed Medical Allowance, CSIR Hqrs, requires information of total expenditure on account of Fixed Medical Allowance being paid to the pensioners/family pensioners. You are, therefore, requested to furnish the required information in the enclosed prescribed proforma and forward the same to this office on or before 20th July, 2012 to enable us to appraise the competent authority in this regard.

Name of the Lab./Instt. _____

Pensioners as on 30.6.2012		Total	Number of Pensioners drawing Fixed Medical Allowance		Amount in Rs.		Remarks
Pensioners	Family Pensioners		pensioners	Family Pensioners	F.Y. 2010-11	F.Y. 2011-12	

Section Officer (F&A)

Controller of Finance & Accounts/
Finance & Accounts Officer

Copy of CSIR letter No. 34-1(5)CSIR/Pen/2012 dated 9.7.2012

(66)

Sub:- Financial Assistance to CSIR employees from CSIR Welfare Fund for reimbursement of medical expenses incurred by them for undergoing treatment for major illness in private recognized hospitals over & above the amount admissible under CS(MA) Rules/CGHS.

In continuation of CSIR letter 14(38)/98-E.II dated 14.12.2001 on the subject cited above, I am directed to state that the DGCSIR has been pleased to approve the rates of financial assistance from CSIR Welfare Fund as under:

1. In case of treatment for self	75% of expenses incurred over and above the admissible amount subject to maximum of Rs.2,00,000/- (Rupees two lakhs only)
2. In case of dependent family members.	50% subject to maximum of Rs. 1,00,000/- (Rupees one lakh only).

Copy of CSIR letter No. 14(38)/WF-1/2012-HR-III dated 30.7.2012

(67)

Sub:- Appointment of AMA's for CSIR employees.

Competent Authority, CSIR has been pleased to approve the appointment of Authorized Medical Attendants under CS(MA) Rules, 1944 for CSIR Hqrs. employees and their family members residing in areas not covered under CGHS for the period upto 31.03.2014 as detailed below:-

Area	Dr. Name & Address	Panel/New/Renewal	Name of Applicant
Greater Noida	Dr. N.K. Jha, M.B.B.S. (Phy.) I-52, Alpha-II, Greater Noida-201308	Renewal	As per previous list
	Dr. Ugar Singh, MBBS Sector-32, VIII. Achhar, Greater Noida, Goida, G.B Nagar (U.P).	Renewal	As per previous list New Add:- Sh. Pankaj Kumar Section Officer
Narela	Dr. Vijay Sukhija, M.B.B.S 2, Jat Dharamshala, Narela Dr. H.N. Gangway MD (Pead) 7, Doctor's Complex, Lampur Road, Narela, Delhi-40	Renewal	As per previous list
	Dr. Manju Jain, M.B.B.S, MD (Obs Sc Gyn.) 2143, Gali of Aggarsan School, Narela, Delhi-40	Renewal	As per previous list
Nangloi	Dr. A.K. Sharma C/o Dr. M.L. Sharma Clinic, 3, Najafgarh Road, Nangloi, Delhi - 110041	Renewal	As per previous list
	Dr. Khera, MBBS, MCGPI, MD Near Punjab National Batik, Nangloi, Delhi – 110041	Renewal	As per previous list
Ghaziabad (Vaishali)	Dr. K.P. Singh, MD (Phy.) Authorized Medical Attendant Directorate of Revenue Intelligence Sarvoday Hospital 342,	Renewal	As per previous list

	Sector-04, Vaishali, Ghaziabad		
	Dr. Surrender Kumar, M.B.B.S Sector-niA-216/01 Vaishali, Ghaziabad	Renewal	As per previous list
Shalimar Garden	Dr. Naveen Tyagi, M.B.B.S Shalimar Garnden, Ghaziabad	Renewal	As per previous list
	Dr. Naveen Gupta, MD (Phy.) Shalimar Garden, Ghaziabad	Renewal	As per previous list
Nehru Nagar	Dr. Arun Kumar, MD (Ped) Nehru Nagar, Ghaziabad	Renewal	As per previous list
Pratap Vihar	Dr. Deepak Kumar, MD (Phy.) Pratap Vihar, Ghaziabad		
Indrapuram	Dr. Namita Nigam Datta, MD(Gyn.) Indrapuram, Ghaziabad	Renewal	As per previous list
Shastri Nagar	Dr. Vinod Khera, MBBS (Phy.) ShopNo.-II, Shastri-Nagar, Main Market, Ghaziabad-201001	Renewal	As per previous list
Raj Nagar	Dr. Kiran Garg, MD (Gym. & Obst.) R-9/182, Raj Nagar, Ghaziabad	Renewal	As per previous list
	Dr. Rahul Garg, MD (Ped.) R-9/182, Raj Nagar, Ghaziabad	Renewal	As per previous list
Sahibabad	Dr. R.K. Bhardwaj, MBBS 177, Sham Park Main, Sahibabad	Renewal	As per previous list
	Dr. Naresh Kapoor, MBBS 20-A, Shyam Park Extn., Sabibabad	Renewal	As per previous list
Vasundhara	Dr. S.K. Sharma, MS 17-H, 424, Vasundhara, Ghaziabad	Renewal	As per previous list
	Dr. R.C. Tripathi, MS (Suregery) 9/955, Vasuadhara, Ghaziabad	Renewal	As per previous list

	Dr. Awdhesh Tomar, MBBS	Renewal	As per previous list
	Dr. Subodh Kumar, MBBS	Renewal	As per previous list
Ghaziabad	Dr. Arvind Kumar Singhal, MBBS Chowdhary Dhara Singh Market Ke samne, Ghaziabad.:	Renewal	As per previous list
Vasundhara	Dr. Somna Goyal (Mittal) MBBS, MD (Obsstn. & Gyane)	Renewal	As per previous list
Sahibabad	Dr. Rakesh Sharma MBBS D-151 -,Lajpat Nagar, Sahibabad (Ghz.)	Renewal	As per previous list. New Add:- Sh. Suchit Kumar, Gr.III(2)
Gurgaon	Dr. Yogesh Mittel, M.B.B.S A-20, First floor, Vyapar Kendra Palam Vihar, Gurgaon	Renewal	As per previous list New Add:- Ms. Sarala Balaehandran, Scientist,
	Dr. Prem Chand Gupta, MBBS Near Anaj Mandi, Wazirpur Road, Rarrukh Nagar, Distt-Gurgaoxi	Renewal	As per previous list
	Dr.R.S Yadav,MBBS	Renewal	As per previous list
Mehrauli	Dr. Amit Aggarwai, M.B.B.S 1/113, Mehrauli New Delhi-30	Renewal	As per previous list
Sonapat	Dr. Usha Mukhi, MD (Gynae) Ambala Road, Sonapat-131001 Haryana	Renewal	As per previous list
	Dr. N.K. Mittal, M.B.B.S (Ped.) Mittal Nursing Home 3 L, Model Town, Sonapat	Renewal	As per previous list
	Dr. S.K. Mukhi, MBBS	Renewal	As per previous list
Rohtak	Dr, Ravi Mohan, MD Clinic Sc Nursing Home Subhash Nagar, Sonapat Road, Rohtak-124001	Renewal	As per previous list
	Dr. Rita Gulati, MD (Gyne.) Bharat Nursing Home Sonapat Road, Rohtak-124001	Renewal	As per previous list
New Seelampur	Dr. M. Chowdhary, MBBS New Seelampur, Delhi-53	Renewal	As per previous list

Bahadurgarh	Dr. Prem Tunhani, MD Seetal Medical Center, Najafgarh Road, Bahadurgarh Haryana- 124507	Renewal	As per previous list
Samlakha (Panipat)	Dr. I.C. Garg, M.B.B.S ISH Hospital Samalkha- 132101	Renewal	As per previous list
Wazirabad	Dr. S.K. Singh, M.B.B.S Shop No.1, Madhuban Market, Main, jagatpur Road, Wazirabad, Delhi	Renewal	As per previous list
Palwal	Dr. Rajeev Gupta, M.D (Pby.) Bala Ji Nursing Home New Sohana Roadm Palwal	Renewal	As per previous list
	Dr. Sangeeta Gupta, MBBS (Obst & Gyne) Bala Ji Nursing Home New Sohana Roadm, Palwal	Renewal	As per previous list
	Dr. R.P. Gupta, M.B.B.S Palwal	Renewal	As per previous list
Sangam Vihar	Dr. Arrant Kumar, MD (Phy.)	Renewal	As per previous list
Naveen Shadhara	Dr. Chhatar Singh, MBBS Bhagwan Pur Khera, Shahdara, Delhi- 110032	Renewal	As per previous list
Old Mahavir Nagar (Tilak Nagar)	Dr. AX, Kapoor, M.B.B.S S- 10, Old Mahavir Nagar, New Delhi-110018	Renewal	As per previous list
Najafgarh	Dr. Umakant Sharma, MBBS Naya Bazar, Najafgarh, New Delhi-43	Renewal	As per previous list New Add:-Ajay Kumar Bara, Sr. Steno, CSIR Complex.
	Dr. R.K, Sharma, MD Panchsheel Hear & Medical Centre Metro Pillar No. 779, Sewak Park Najafgarh Road, New DelM-59	Renewal	As per previous list
Faridabad	Dr. Ashok Chadana, MD	Renewal	As per previous list
	Dr. Madhu Naada, M.B.B.S	Renewal	As per previous list
	Dr. Dilip Kumar, MD (Ped.) Dr. Dilip Hospital, H.No. 765, Sector-28, Faridabad	Renewal	As per previous list

	Dr. Surender Kumar, MBBS (Hons) Gen. & Lap. Surgion and Urologists Jeevak Clinic, Sudarshan Park, Meethapur Extn., Badarpur, N.D. -44 Dr. Narinder Ghai,, MBBS M.S. -29, Sector - 9 Faridabad.	Renewal	As per previous list
Ballabhagrah	Dr.P.K.Mittai, M.B.B.S, Ballabhagrah, Haryana	New	Sh. Umesh Gupta, Section Officer(G)
Loni	Dr. Ravinder Mohan, M.B.B.S	Renewal	As per previous list
Samayapur Badli	Dr. Naveen Kumar Gupta, MBBS Samaypur Badli, Labour Chowk, Delhi-110042 Dr. Anupma Gupta, MBBS Shop No. 56, Libaspur Road, Labou Chowk, Samayapur Badli, Delhi	Renewal Renewal	As per previous list As per previous list
Mangolpuri	Dr. S.K. Kaushik, MD	Renewal	As per previous list
Okhla	Dr. Vmay Kuamr, BAMS	Renewal	As per previous list
Ghitorni	Dr. Karesh Malik, MBBS	Renewal	As per previous list
Dadri	Dr. Subodh Kumar, M.B.B.S Dr. Kiran Garg, M.B.B.S Dr. Rahul Garg, MJB.B.S	Renewal Renewal Renewal	As per previous list As per previous list As per previous list
Mukherjee Nagar	Dr. S.C. Modi, MBBS B-16, Dr. Mukhrjee Nagar, ND-110009	Renewal	As per previous list

The extension of tenure of the above mentioned AMA's including appointment of new Authorized Medical Attendants will be subject to the following terms and conditions:

1. That they will charge consultation and injection fee at the rates prescribed under the CS (MA) Rules, 1944.
2. That they will be required to follow strictly the rules under the Central Services (MA) RuJes-1944 and orders issued from time to time thereunder; and
3. Their nominations can be terminated before the expiry of term without assigning any reasons or giving any notice.

Further, the facilities of AMA's in respect of CSIR employees & their family members can be withdrawn at later date if the area of their residence is found to be covered under CGHS Scheme.

Copy of CSIR OM No. 603(441)/13-E.III dated 28.1.2013

(68)

Sub:-Regarding investigations at private hospitals/diagnostic laboratories/imaging centres empanelled under CGHS.

I am directed to forward herewith the following Office Memoranda issued by Government of India for information, guidance and compliance:-

S.NO.	Govt. of India, MH&FW & MoF Om No. & date	Subject
1.	Ministry of Health & Family Welfare OM No. S-11045/40/2012/CGHS/HEC/CGHS(P) dated 1 st January, 2013.	Regarding investigations at private hospitals/diagnostic laboratories/imaging centres empanelled under CGHS.

Copy of CSIR letter No. 5-1(17)/08-PD dated 28.1.2013

S-11045/40/2012/CGHS/HEC/CGHS(P) dated 1st January, 2013 of Government of India, Ministry of Health & Family Welfare

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has been receiving representations for simplification of procedure for undergoing investigations at private hospitals/diagnostic laboratories/imaging centres empanelled under CGHS. The matter has been examined and with a view to alleviate the inconvenience to CGHS beneficiaries in obtaining requisite permission for undergoing investigation at CGHS empanelled private hospitals/diagnostic laboratories/imaging centres, it has now been decided that CGHS beneficiaries shall herein after be allowed to undergo investigations at private hospitals/diagnostic laboratories/imaging centres empanelled under CGHS after specific investigation have been advised by a CGHS Medical Officer or a Government Specialist without requirement of any other referral (permission) letter.

2. Private empanelled hospitals/diagnostic laboratories/imaging centres shall perform, the investigation/diagnostic tests on cashless basis in respect of pensioners, ex-MPs, freedom and other eligible categories of CGHS beneficiaries, who are presently eligible for credit facility and shall enclose the prescription issued by a CGHS Medical Officer or a Government Specialist, in original along with the hospital bill submitted to competent authorities.

3. Serving government employees shall enclose the prescription issued by a CGHS Medical Officer or a Government Specialist in original, while submitting the medical claim to the concerned Ministry /department/office for reimbursement.
4. CGHS Medical Officer / Government Specialist shall not refer the beneficiaries to any particular diagnostic laboratory or imaging centre by name but, shall specify the investigation and mention 'referred to CGHS empanelled centre.
5. These orders are applicable only in respect of investigations for which CGHS rates are available, it shall come into force with immediate effect.
6. This issue with the concurrence of integrated Finance Division vide FTS No 31560 /2012

(69)

Sub:- Revision of Ceiling Rates for Coronary Angioplasty and Coronary Angioplasty with Balloon for CGHS beneficiaries.

With reference to the above mentioned subject the undersigned is directed to draw attention to the Office Memorandum No. S.11011/23/2009/ Hospital Cell dated 17.08.2010 and other Office Memoranda issued subsequently whereby the CGHS package rates for Coronary Angioplasty were fixed by the Government for empanelled hospitals under CGHS in Delhi and NCR and other CGHS cities and to state that in supersession of the earlier CGHS rates ceiling rates the following ceiling rates are approved for, reimbursement to CGHS beneficiaries/CGHS empanelled hospitals as per the details given below.

Coronary Angioplasty: Rs. 50,000/- (for semi-private ward)

Coronary Angioplasty with Balloon: Rs, 55,000/- (for Semi-private ward)

Reimbursement to beneficiaries/empanelled hospitals shall be limited to ceiling rate or as per actual whichever is lower, the other terms and conditions as regards to CGHS package rates remain unchanged.

1. The revised rates shall come into force from the date of issue and shall be in force till further orders.
2. This issues with the concurrence of Integrated Finance Division vide Note dated 20.12.2012 of AS & FA.

Copy of Ministry of Health F.No. Misc.1002/2006/CGHS(R&H)/CGHS(P) dated 7.2.2013

(70)

Sub:- Financial assistance to CSIR employees for meeting medical expenses incurred for undergoing treatment for major illness in the private recognized Hospitals over and above the amount admissible under CS (MA) Rules/CGHS Rules from CSIR. Welfare Fund in terms of CSIR letter dated 14.12.2001 -Extension of the Scheme regarding.

I am directed to refer to this office letter No. 14(38)/98- E.II dated 16.12.2009 on the subject cited above and to state that DGCSIR in his capacity as Chairman. GB has approved extension of the aforesaid scheme for a further period of one year i.e. up to 13.12.2013 on the existing terms and conditions subject to ratification, by the Governing Body, CSIR.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab/Instt. for their information., guidance and necessary action.

Copy of CSIR letter No. 5-1(72)/2009-PD/HR-III dated 7.2.2013

(71)

Sub:- Cashless medical facility for CSIR Employees and Pensioners and their dependent family members.

I am directed to state that DG, CSIR has been pleased to allow cashless medical facilities for indoor treatment to CSIR pensioners, serving employees and their dependant family members subject to inter-alia the following conditions: -

- a. CGHS recognized hospitals should be willing to extend such a facility.
- b. The recognized hospitals should be willing to provide treatment on CGHS approved rates. In case of any difference in rates, the rates specified by the hospital over and above the CGHS prescribed rates should be charged from the pensioners/employees by the hospital.
- c. The laboratory/Institute may enter into a MoU with the CGHS recognized hospitals to provide this facility as per terms mentioned at (b) above.

Copy of CSIR letter No. 35-02(33)2013-HR-III dated 12.3.2013

(72)

Sub:- Appointment of AMA's for CSIR employees.

Competent Authority, CSIR has been pleased to approve the appointment of Authorized Medical Attendants under CS(MA) Rules, 1944 for CSIR Hqrs. employees and their family

members residing in areas not covered under CGHS for the period upto 31.03.2014 as detailed below:-

Area	Dr. Name & Address	Panel/New/Renewal	Name of Applicant
Narela	Dr. Vijay Sukhija, MBBS 2 Dharamshala, Narela Dr. H N Gangwal M.D(ped.) 7. Doctor s Complex. Lampur Road, Narela, Delhi 40	Renewal	As per previous list
	Dr. Majnu Jain, M.B.B.S. MD (Obs. & Gyn.) 2143, Gali of Aggarsan School, Narela, Delhi-40	Renewal	As per previous list
Ghaziabad (Vaishali)	Dr. K.P Singh, MD (Phy) Authorized Medical Attendant Directorate of Revenue Intelligence Sarvoday Hospital 342, Sector-04, Vaishali, Ghaziabad.	Renewal	As per previous list
	Dr. Surender Kumar, M.B.B.S Sector-IIIA-216/01 Vaishali, Ghaziabad	Renewal	As per previous list
Shalimar Garden	Dr. Naveen Tyagi M.B.B.S Shalimar Garden, Ghaziabad	Renewal	As per previous list
	Dr. Naveen Gupta, MD (Phy,) Shalimar Garden, Ghaziabad	Renewal	As per previous list
Nehru Nagar	Dr. Arun Kumar, MD (Ped.) Nehru Nagar, Ghaziabad	Renewal	As per previous list
Pratap Vihar	Dr. Deepak Kumar, MD (Phy.) Pratap Vihar, Ghaziabad	Renewal	
Indrapuram	Dr. Namita Nigam Datta, MD (Gyn.)Indrapuram, Ghaziabad	Renewal	As per previous list
Shastri Nagar	Dr. Vinod Khera, MBBS (Phy.) Shop No. -11, Shastri Nagar, Main Market, Ghaziabad- 201001	Renewal	As per previous list
Raj Nagar	Dr. Kiran Garg, MD(Gyn. & Obst.) R-9/182, Raj Nagar, Ghaziabad	Renewal	As per previous list
	Dr. Rahul Garg, MD (Ped.) R-	Renewal	As per previous list

	9/182, Raj Nagar, Ghaziabad		
Sahibabad	Dr. R.K. Bhardwaj, MBBS 177, Sham Park Main, Sahibabad	Renewal	As per previous list
	Dr. Naresh Kapoor, MBBS 20-A, Shyam Park Extn, Sahibabad	Renewal	As per previous list S.K. Kalyan, TO, ESD, CSIR Complex
	Dr. Ashwini Kumar Pandit MBBS, Sahibabad	Renewal	As per previous list
Vasundhara	Dr. S.K. Sharma, MS 17-H, 424, Vasundhara, Ghaziabad	Renewal	As per previous list
	Dr. R.C. Tripathi, MS (Suregery) 9/955, Vasundhara, Ghaziabad	Renewal	As per previous list
	Dr. Awdhesh Tomar, MBBS	Renewal	New Add: 1. Sh. K.G. Kataria, Asstt, Gr.-I, CSIR Complex. 2. Sh. Satish Kumar, Gr.-I, CSIR Complex
	Dr. Suodh Kumar, MBBS	Renewal	As per previous list
Ghaziabad	Dr. Arvind Kumar Singhal, MBBS Chowdhary Dhara Singh Market Ke Samne, Ghaziabad.	Renewal	As per previous list
Vasundhara	Dr. Somna Goyal (Mittal) MBBS, MD (Obst. & Gyane)	Renewal	As per previous list
Sahibabad	Dr. Rakesh Sharma MBBS, D-151, Lajpat Nagar, Sahibabad (Ghz.)	Renewal	As per previous list
Gurgaon	Dr. Yogesh Mittal, MBBS A-20, Fisrt Floor, Vyapar Kendra Palam Vihar, Gurgaon	Renewal	As per previous list
	Dr. Prem Chand Gupta, MBBS Near Anaj Mandi, Wazirpur Road, Rarrukh Nagar, Distt. – Gurgaon	Renewal	As per previous list
	Dr. R.S Yadav, MBBS	Renewal	As per previous list
Sonapat	Dr. Usha Mukhi, MD (Gynae) Ambala Road, Sonapat-131001 Haryana	Renewal	As per previous list
	Dr. N.K Mittal, MBBS (Ped.) Mittal Nursing Home 3L, Model Town, Sonapat	Renewal	As per previous list

	Dr. S.K. Mukhi, MBBS	New	As per previous list
	Dr. Madan S.Chauhan, MBBS, M.S. Kath Mandi, Nr. Old Court. Sonapat.	New	As per previous list Sh. Sulekh Chand, Lab. Assistant, CSIR Complex.
Rohtak	Dr. Ravi Mohan, MD Clinic & Nursing Home Subhash Nagar, Sonapat Road, Rohtak – 124001	Renewal	As per previous list
	Dr. Rita Gulati, MD (Gyne.) Bharat Nursing Home Sonapat Road, Rohtak – 124001	Renewal	As per previous list
New Seelampur	Dr. M. Chowdhary, MBBS New seelampur, Delhi-53	Renewal	As per previous list
Bahadurgarh	Dr. Prem Tunhani, MD, Sheeta Medical Centre, Najafgarh Road, Bahadurgarh Haryana - 124507	Renewal	As per previous list
Samlakha (Panipat)	Dr. I.C. Garg, MBBS, ISH Hospital Samalkha – 132101	Renewal	As per previous list
Wazirabad	Dr. S.K. Singh, MBBS Shop No. -1, Madhuban Market, Main Jagatpur Road, Wazirabad, Delhi.	Renewal	As per previous list
Palwal	Dr. Rajeev Gupta, M.D. (Phy.) Bala Ji Nursing Home New Sohana Road Palwal	Renewal	As per previous list
	Dr. Sangeeta Gupta, MBBS (Obst & Gyne) Bala Ji Nursing Home New Sohna Road, Palwal	Renewal	As per previous list
	Dr. R.P. Gupta, MBBS Palwal	Renewal	As per previous list
Sangam Vihar	Dr. Anant kumar, MD (Phy.)	Renewal	As per previous list
Naveen Shadhara	Dr. Chhatar Singh, MBBS, Bhagwan Pur Khera, Shahdara, Delhi - 110032	Renewal	As per previous list
Old Mahavir Nagar (Tilak Nagar)	Dr. A.K. Kapoor, MBBS S-10, Old Mahavir Nagar New Delhi - 110018	Renewal	As per previous list
Najafgarh	Dr. Umakant Sharma, MBBS	Renewal	As per previous list

	Naya Bazar, Najafgarh, New Delhi-43		
	Dr. R.K. Sharma, MD Panchsheel Hear & Medical Centre Metro Pillar No. 779, Sewak Park Najafgarh Road, New Delhi-59.	Renewal	As per previous list New Add: Abhay Kumar Bara, Sr. Steno, CSIR Cx.
Faridabad	Dr. Ashok Chadana, MD	Renewal	As per previous list
	Dr. Madhu Nanda, MBBS	Renewal	As per previous list
	Dr. Dilip Kumar, MD (Ped.)	Renewal	As per previous list
	Dr. Dilip Hospital, H.No. 765, Sector-28, Faridabad	Renewal	As per previous list
	Dr. Surender Kumar, MBBS (Hons) Gen. & Lap. Surgeon and Urologists Jeevak Clinic, Sudarshan Park, Meethapur Extn., Badarpour, N.D. – 44.	Renewal	As per previous list
	Dr. Narinder Ghai, MBBS M.S. – 29, Sector-9 Faridabad.	Renewal	As per previous list
Ballabhgrah	Dr. P.K. Mittal, MBBS, Ballabhgrah, Haryana.	Renewal	Sh. Umesh Gupta, Section Officer(G)
Loni	Dr. Ravinder Mohan, MBBS	Renewal	As per previous list
Samayapur Badli	Dr. Naveen Kumar Gupta, MBBS Samayapur Badli, Labour Chowk, Delhi-110042.	Renewal	As per previous list
	Dr. Anupama Gupta, MBBS Shop No. 56, Libaspur Road, Labour Chowk, Samayapur Badli, Delhi	Renewal	As per previous list
Okhla	Dr. Vinay Kumar, BAMS	Renewal	As per previous list
Ghitorni	Dr. Naresh Malik, MBBS	Renewal	As per previous list
Dadri	Dr. Subodh Kumar, MBBS	Renewal	As per previous list
	Dr. Kiran Garg, MBBS	Renewal	As per previous list
	Dr. Rahul Garg, MBBS	Renewal	As per previous list
	Dr. Sanjay Nagar, MBBS Railway Road, Dadri.	New	Sh. Surender Singh, Coupon Clerk, CSIR Cx.
Mukherjee Nagar	Dr. S.C. Modi, MBBS B-16, Dr. Mukherjee Nagar, N.D. - 110009	Renewal	As per previous list

The extension of tenure of the above mentioned AMA's including appointment of new Authorized Medical Attendants will be subject to the following terms and condition :-

1. That they will charge consultation and injection fee at the rates prescribed under the CS (MA) Rules, 1944.
2. That they will be required to follow strictly the rules under the Central Services (MA) Rules, 1944 and orders issued from time to time thereunder; and
3. Their nomination can be terminated before the expiry of term without assigning any reasons or giving any notice,

Further, the facilities of AMA's in respect of CSIR employees & their family members can be withdrawn at later date if the area of their residence is found to be covered under CGHS Scheme.

Further, the Competent Authority has approved extension upto 31.03.2014, which shall be extended further only after verification of antecedents/ bona fides of AMA through local police. As stipulated in CSIR OM of even no. dated 28/10/2013 requests for appointment of AMA shall be extended only on receipt of willingness from the doctor and the police verification form duly filled by the concerned doctor.

Copy of CSIR letter No. 6-3(441)/14-E.III dated 14.2.2014

Annexure-D

(To be filled by the concerned doctor in duplicates)

VERIFICATION FORM FOR APPOINTMENT OF AUTHORISED
MEDICAL ATTENDANT IN THE AREAS NOT COVERED BY CGHS

Warning:

The furnishing of false information or suppression of any factual information in the verifications form would be a disqualification for appointment as AMA if the fact that the false information has been furnished or that there has been suppression of any factual information in the verification form comes to notice at any time during the period of appointment of AMA, his services would be liable to be terminated.	Photograph of the candidate
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1.	Name in full (Block letters) (The name should be same as in his qualification degree)	
2.	Father/Husband's Name	
3.	Date of Birth	
4.	Nationality	
5.	Medical Qualification i.e. MBBS/MD (Photocopy of the certificate/mark-sheets should be annexed)	
6.	MCI registration number and place of registration (Photocopy of the certificate/mark sheets should be	

	annexed)	
7.	Name of Medical College and the University from where medical degree (Bachelor) obtained.	
8.	Name of Medical College and the University from where medical degree (Master, if any) obtained.	
9.	Full Address of Clinic/Medical centre (i.e. Number, Lane/Street Road Village. Thana, Post Office, District, etc.)	
10.	Present Residential Address in full (including the name of Thana)	
11.	Permanent Residential Address in full (including the name of Thana)	
12.	Work experience, if any in Government Hospital	
13.	Work experience total (in brief)	
14.	Have you ever been arrested, prosecuted, or fined by a Court of Law. If yes, give full details.	Yes/No.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Date.....
Place:

Signature of candidate
(With stamp)

(To be filled by Verifying Authority i.e. Local Police Department)

Certified that the verification in respect of Dr.

Resident of

Whose clinic is situated at
has been carried out and nothing adverse has been noticed against him/her in our records.

Date:
Place

Signature
Name & Stamp of verifying authority

(73)

Sub:- Scheme of Financial Assistance to CSIR employees for meeting medical expenses.

In continuation of this office letter of even No. dated 7.2.2013 on the subject cited above. I am directed to state that DG, CSIR has been pleased to extend the scheme for further

period of 3 years beyond 13.12.2013, i.e. upto 12.12.2016, on the same terms and conditions as approved by GB, CSIR in its 176th meeting held on 15.6.2010.

It is requested that the above decision may kindly be brought to the notice of all concerned in your Lab./Instts. for their information guidance and necessary action.

Hindi version will follow.

Copy of CSIR letter No. 5-1(72)/2009-PD/HR-III dated 10.3.2014

(74)

Sub:- Cashless medical facility for Employees, Pensioners & their dependent family members of CSIR Hqrs. including its units situated at Delhi & NCR (CSIR Complex, Pusa, IPU & HRDC, Ghaziabad).

Ref: CSIR letter No.35-02(33)/2013-HR-III, dated 12.03.2013

In accordance with the letter dated 12.03.2013, as referred to above, the Joint Secretary(A) has been pleased to approve to enter into MoA with the private CGHS recognized hospitals in Delhi & NCR region to provide credit facility for indoor treatment to employees, pensioners & their dependent family members of CSIR Hqrs , CSIR Complex, Pusa, IPU & HRDC, Ghaziabad. After due deliberation & follow up with such hospitals, MoA have been signed with the following hospitals.

- i. Mohan Eye Institute, 11-B, Ganga Ram Hospital Marg, New Delhi-110060.
- ii. Prakash Hospital P. Ltd., D-12.12A & 12B, Sector-33, Noida-201301.
- iii. Santom Hospital P. Ltd., D-5&6. Prashant Vihar, Outer Ring Road, Prashant Vihar, Rohini, Delhi-110085.
- iv. Jeewan Mala Hospital, 6771, New Rohtak Road, New Delhi-110005
- v. Primus Super Speciality Hospital, 2, Chandragupt Road. Chankayapuri. New Delhi-110021.
- vi. Jeewan Nursing Home & Hospital, 2--B Pusa Road, New Delhi-110005
- vii. Kailash Hospital & Heart Institute. H-33, Sector-27, Noida-201301
- viii. RLKC Metro Heart institute, Naraina Road, Pandav Nagar, New Delhi-110008
- ix. Jeewan Hospital & Nursing Home, Jeewan Nagar, New Delhi-110014
- x. Metro Hospital & Cancer Institute,21, Community Centre, Preet Vihar. Delhi-110092

- xi. Vinayak Hospital, NH-1, Sector-27, Atta, Noida-201301.
2. The MoA will be for a period of two years w.e.f. 17,07.2014 or till the hospital is recognized by CGHS, whichever is earlier.
 3. As per the MoA signed with these hospitals, the hospitals will give cashless indoor treatment only related to the ailments as notified/ amended by Ministry of Health & Family Welfare/ Deptt. Of Health & Family Welfare under CGHS (Delhi) for that hospital from time to time
 4. The Pensioners of various Labs./Instts, of CSIR situated in stations other than Delhi & NCR. who have settled in Delhi subsequent, to their retirement, and have been issued Authority letter from CSIR Hqrs., for taking indoor treatment from CGHS approved hospital at par with other serving/retired employees will also be eligible for getting cashless indoor treatment from these hospitals on production of the Authority letter issued by office & their photo identity card.
 5. The Employees/Pensioners will be required to produce the valid CGHS card/Authorisation letter, valid permission of Competent Authority and Photo Identity Card issued by the Authority of CSIR Hqrs., at the time of seeking admission in the hospital. To avail the facility inherent under the MoA, except in case of extreme emergency/road accident.
 6. In cases of extreme emergency/ road accident patient will submit the copy of the Photo Identity Card/ Authorization letter, as applicable before discharge. In case of non production of valid Photo Identity Card/ Authorization letter, the responsibility of payment will be of the patient/beneficiary or their dependent as the case may be and CSIR will not be responsible for any payment.
 7. Patient/beneficiary or their dependents as the case may be and CSIR will not be responsible for any payment.
 8. Before the final discharge of the patient the discharge summary certificate document and necessary bills will be authenticated by the patient/escorts signature.
 9. In case the entitled accommodation is not available at the time of admission the patient will be admitted in lower category of accommodation. But if patient is provided higher category accommodation at his/her own request, the differential amount will be borne by the beneficiary.
 10. The MoA is only for providing cashless indoor treatment to the beneficiaries in accordance with their entitlement. The other rules & procedures as prescribed by CGHS

will require to be followed strictly. Any expenditure incurred on the treatment over and above the rates/ package rate approved by CGHS will be borne by the beneficiary.

Copy of CSIR letter No. 6-3(441)/2013-E.III dated 28.7.2014

(75)

Sub:- Regarding tests/investigations at private hospitals/diagnostic laboratories/imaging centres empanelled under CGHS.

I am directed to forward herewith the following Office Memoranda issued by Government of India for information, guidance and compliance.

S.No.	Office Memorandum No.	Subject
1.	Ministry of Finance, Department of Expenditure OM No. 19024/1/2012-E.IV dated 5 th September, 2014.	'Facilitation Fee' levied by authorized travel agents on air tickets booked on Government account – Withdrawal regarding.
2.	Ministry of Health and Family Welfare OM No. S-11045/40/2012/CGHS/HEC/CGHS (P) dated 22 nd February, 2013	Regarding tests/investigations at private hospitals/diagnostic laboratories/imaging centres empanelled under CGHS.
3.	Ministry of Urban Development Director of Estates OM No. 12035/28/96-Pol.II (Vol.II) dated 31 st July, 2013.	Period of retention of General Pool accommodation on retirement of allottees – Reg.

Copy of CSIR letter No. 5-1(17)/08-PD dated 9.10.2014

F.No. S-11045/40/2012/CGHS/HEC/CGHS (P) dated 22nd February, 2013 of Ministry of Health and Family Welfare.

The undersigned is directed to refer to the Office Memorandum of even no. dated 1st January, 2013 on the above subject wherein it has been provided under Para 3 that the serving government employees/CGHS beneficiaries shall submit medical prescription in original while claiming reimbursement of expenses incurred on diagnostic tests and investigations, from their office. Keeping in view the inconvenience and difficulties faced by the serving employees/CGHS beneficiaries in submission of prescription in original, it has been decided to relax the above condition and to allow a self attested photocopy of the medical prescription to claim reimbursement of medical expenses incurred on getting diagnostic tests/investigations carried out from a CGHS empanelled hospital/diagnostic laboratory/imaging centre on a valid prescription issued by a CGHS Medical Officer/Govt. Specialist, without a permission letter issued from the Department concerned.

2. The Serving beneficiaries will not require any permission from their Department for getting the diagnostic tests/investigations carried out in a CGHS empanelled private hospital/diagnostic laboratory/imaging centre in respect of investigations for which CGHS rates are available. They will get the prescribed tests done on payment basis and claim reimbursement from their Office. However, the serving employees of Ministry of Health and Family Welfare are eligible for credit facility from the CGHS empanelled private hospitals/diagnostic laboratories and imaging centres in terms of this Ministry's OM No. Rec.1-2008/Gr./CGHS/Delhi/CGHS (P) dated 10.6.2008.
3. The medical prescription issued by a CGHS Medical Officer/Government Specialist prescribing diagnostic tests/investigations shall be treated as valid for a single use within a period of two weeks from the date of prescription. However the medical prescription shall remain valid beyond two weeks for undertaking diagnostic tests/investigations if specifically prescribed by the CGHS doctor/Government Specialist about the date or period by which the prescribed tests are to be conducted for a routine check up or follow up treatment. The medical prescription would require revalidation or issue of a fresh prescription from the prescribing CGHS doctor/Government Specialists for getting the prescribed tests done after expiry of the validity period of two weeks or as prescribed by the CGHS doctor/Govt. Specialist, as the case may be.

(76)

Sub:- Cashless medical facility for Employees, Pensioner & their dependent family members of CSIR Hqrs. including its units situated at Delhi & NCR (CSIR Complex), Pusa, IPU & HRDC and Ghaziabad).

Ref: OM of even no. dated 28.7.2014

In continuation of the OM referred to above it is to bring to the kind attention of all concerned that MoAs have been signed with the following hospitals on 30.9.2014:

- i. Moolchand Medicity, Lajpat Nagar-III, New Delhi-110024.
- ii. Sanjeevan Medical Research Centre (P) Ltd, 24 Ansari Road, Darya Ganj, Delhi – 110002

The MoAs will be valid for a period of two years w.e.f 30.9.2014 or till the hospital is recognized by CGHS, whichever is earlier. All the terms & conditions of the MoA will be same as referred to in the OM of even no. dated 28.7.2014.

Copy of CSIR letter No. 6-3(441)/2013-E-III dated 16.10.2014

(77)

Sub:- Issue of medicines/reimbursement of expenditure on investigations/treatment procedures/implants and other medical devices under CGHS.

I am directed to forward herewith the following Officer Memorandum issued by Government of India for information, guidance and compliance:-

S.NO.	Office Memorandum No.	Subject
1.	Ministry of Health and Family Welfare O.M No. 2-2/2014/CGHS HQ/PPT/CGHS(P) dated 25 th August, 2014	Issue of medicines/reimbursement of expenditure on investigations/treatment procedures/implants and other medical devices under CGHS.
2.	Ministry of Health and Family Welfare O.M No. 2-2/2014/CGHS HQ/PPT/CGHS(P) dated 21 st August, 2014	Issue of medicines/reimbursement of expenditure on investigations/treatment procedures/implants and other medical devices under CGHS.

Copy of CSIR letter No. 5-1(66)/09-PD dated 3.11.2014

F.No. 2-2/2014/CGHS HQ/PPT/CGHS (P) dated 21st October, 2014 of Government of India Ministry of Health & Family Welfare Department of Health & Family Welfare.

With reference to the above mentioned subject the undersigned is directed to draw attention to paragraph (c) and (d) of the Office Memorandum of even No. dated the 25th August, 2014 and to state that in response to the representations received from CGHS beneficiaries in this regard. It has now been decided by the competent authority to withdraw the provisions under para (c) and para (d) of the Office Memorandum No. 2-2/2014/CGHS HQ/PPT/CGHS(P) dated the 25th August, 2014 and to restore that status existing prior to the issue of above stated OM dated the 25th August, 2014.

In other words medicines under CGHS can be issued for up to 3 months at a time in chronic diseases on the basis of a valid prescription and for up to 6 months for those beneficiaries who are going abroad, as was the case prior to issue of OM dated 25.8.2014.

F.No. 2-2/2014/CGHS HQ/PPT/CGHS (P) dated 25th August, 2014 of Government of India Ministry of Health & Family Welfare Department of Health & Family Welfare.

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has examined the matter in detail and with a view to streamlines the procedures regarding issue of medicines, reimbursement of expenditure on investigations, treatment procedures, implants and medical devices and with a view to plug the loopholes in the system, it has now been decided that:

- a) CGHS shall supply/indent only those medicines, which are included in the CGHS formulary, except for Para (b) below. However, for medicines prescribed outside formulary, medicines with identical formulations and/or similar therapeutic effect may be supplied from CGHS formulary against such medicines. CGHS formulary containing 1447 generic and 622 branded medicines is available on CGHS website at <http://msotransparent.nic.in/cghsnew/index.asp>.
- b) Anti Cancer and other similar medicines are however supplied on a case to case basis. Only the medicines approved by DCGI for use in India shall be supplied. In case an Indian version is available, which is cheaper than the imported medicine, only the Indian medicine shall be supplied even, if an imported medicine has been prescribed.
- c) Medicines shall be supplied for a maximum period of one month.
- d) In case of CGHS beneficiaries going abroad, issue of medicines shall be restricted for a maximum period of three months.
- e) CGHS shall hereinafter allow only the listed investigations/treatment procedures for which there are prescribed CGHS rates, to be undertaken in CGHS empanelled diagnostic centres and hospitals.
- f) Similarly, only listed implants/medical devices with a CGHS prescribed ceiling rate shall be permitted for treatment/reimbursement under CGHS.
- g) In those cases where any unlisted investigation/treatment procedure is undertaken the reimbursement shall be limited to the rate of nearest similar investigation/treatment procedure under CGHS, Addl. Director of the city/zone shall take a decision based on justification in such cases, in consultation with experts in the field, if necessary.
- h) In those cases where any unlisted implant/device is installed reimbursement shall be limited to the CGHS rate of nearest similar implant/device. Addl. Director of the city/zone shall take a decision based on justification in such cases in consultation with experts in field, if necessary.
- i) Registration of Mobile number with CGHS has been made compulsory as a guard against misuse of CGHS Card.
- j) In order to provide a mechanism to update the investigations/treatment procedures/implants, etc., as an ongoing process, a Technical Committee is being constituted to consider inclusion/exclusion of investigations/treatment procedures/implants, etc., under CGHS.

(78)

Sub:- Clarification regarding issue of medicines under CGHS, Ministry of Health and Family Welfare – Endorsement thereof in CSIR reg.

I am directed to forward herewith following Office Memorandum for information, guidance and compliance.

S.No.	Office Memorandum No.	Subject
1.	Ministry of Health and Family Welfare, Department of Health	Clarification regarding issue of medicines under CGHS.

	and Family Welfare OM No, 2-2014/CGHS(HQ)/PPTY/CGHS(P) dated 23rd December,2014.	
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Copy of CSIR letter No. 5-1(1)/2008-PD dated 6.1.2015

F. No, 2-2014/CGHS(HQ)/PPTY/CGHS(P) dated 23rd December,2014 of Ministry of Health and Family Welfare, Department of Health and Family Welfare.

With reference to the above mentioned subject the undersigned is directed to state that the situation arising out of issue of Office Memorandum No. 2-2/2014/CGHS(HQ)/PPTY/CGHS(P) dated the 25th August, 2014 has been engaging the attention of Government for quite some time. Various representations about the difficulties being encountered have been received from different stakeholders i.e., beneficiaries and doctors, necessitating a review of the matter. It was accordingly considered by a Committee under the Chairmanship of AS&DG, CGHS. After careful review and keeping the recommendations of the Committee in mind, the following guidelines are issued to streamline the functioning of the Wellness Centres:

- i. The medicines are to be issued as per the CGHS Formulary and guidelines issued by this Ministry in this behalf.
 - ii. In case the prescribed medicines are not available in CGHS formulary, but are essential for the treatment of the patient, they can be issued/indented by the doctors of the CGHS Wellness Centre on the basis of a valid prescription of the authorized specialist subject to the condition that such medicines are neither dietary supplements/food items nor banned drugs. Instructions on this issue i.e., non-admissibility of food items issued vide O.M No. 39-3/2003-04/CGHS/MSD/RS dated 23rd July 2009 and 3rd August, 2009 must be followed.
 - iii. In case of anti-cancer drugs and other life-saving drugs that are not approved by the DCGI for use in India, each case should be considered by the Expert Committee under the Chairmanship of Special DG(DGHS).
 - iv. The technical Standing Committee constituted vide 2-2/2014/CGHS(HQ)/PPTY/CGHS(P) dated 27.8.2014 of this Ministry will review addition or deletion of drugs in the CGHS Formulary/list of Treatment procedures/investigations/listed implants. The Technical Committee will meet once in three months or as per need, whichever is earlier. In the meantime re-imburement for unlisted procedures/implants will be made at the rates approved by AIIMS/GB Pant Hospital/actuals, whichever is less.
2. The O.M. of even number dated 25.8.2014 is superseded to the above extent while O.M. of even number dated 1.10.2014 is withdrawn.

(79)

Sub:- Revision of time limit for submission of final claims for reimbursement of Medical expenses under CS(MA) Rules, 1944 – reg.

I am directed to forward herewith Ministry of Health and Family Welfare, Department of Health and Family Welfare OM No 14025/19/2015-MS dated 27th May, 2015 on the above subject for information, guidance and compliance.

Copy of CSIR letter No. 5-1(17)/2008-PD dated 3.7.2015

F. No S.14025/19/2015-MS dated 27th May, 2015 of Government of India, Ministry of Health and Family Welfare, Department of Health & Family Welfare.

The undersigned is directed to refer to OM No. F. 29-40/68-MA dated 15.10.1968 in which it was laid down that submission of final claims for reimbursement of medical expenses of Central Government servants in respect of a particular spell of illness should ordinarily be preferred within 3 months from the date of completion of treatment.

2. A representation was received from National Council (Staff Side) to extend the time limit for submission of such medical bills from 3 months to 6 months. The matter was examined in the Ministry and it has been decided that the period of 3 months for submission of medical claims be revised to 6 months. Henceforth, only the cases in which the bills are submitted after 6 months from the date of completion of medical treatment/discharge of the patient from the hospital are required to be taking up for condonation. Of such delays and other terms and conditions would be same as enumerated in the OM No. S.14025/8/99-MS dated 25.5.1999.
3. This issue with the approval of the competent authority.

(80)

Sub:- Appointment of AMA's for CSIR employees.

Competent Authority, CSIR has been pleased to approve the appointment of Authorized Medical Attendants under CS(MA) Rules, 1944 for employees of CSIR Hqrs. and their family members residing in areas not covered under CGHS for the period upto 31.12.2016 as detailed below:-

Area	Dr. Name & Address	New/Renewal	Name of employee requested for AMA
Sonepat	Dr. Madan Singh Chauhan, MBBS, MS	Renewal	As per OM

Haryana	Kath Mandi, Nr Old Court, Sonipat		dt. 30.7.2014
Dadari, Goutam Budh Nagar	Dr. Sanjay Nagar, MBBS, Gurjar Colony, Railway Road, Dadri	Renewal	
Vasundhra, Ghaziabad	Dr. R.C. Tripathi, MS (Surgery), 9/955, HIG, Vasundhara, Ghaziabad.	Renewal	
Vaishali, Ghaziabad	Dr. Surinder Kumar, MBBS, Sec.III A-2 16/01, Vaishali, Ghaziabad.	Renewal	
Sahibabad, Ghaziabad	Dr. Ashwani Kr. Pandit, MBBS, R.H-18, Sector II, Rajender Nagar, Sahibabad.	Renewal	
Samalkha, Panipat	Dr. I.C. Garg, MBBS, ISH Hospital, Gulati Road, Parao Mohalla, Samalkha-132101	Renewal	
Ballabgarh, Harayana	Dr. P.K. Mittal, MBBS, H.No. 164, Ward No. 5, Brahaman Wara, Ballabgarh, Faridabad, Haryana.	Renewal	
Faridabad, Haryana	Dr. Narinder Ghai, MBBS, M.S. – 29, Sector-9, Faridabad.	Renewal	
Gurgaon, Haryana	R.S. Yadav, MBBS, H.No. 772, Sec 17-A, Gurgaon	Renewal	
	Dr. Prem Chand Gupta, MBBS, Near Anaj Mandi, Wazirpur Road, Rarrukh Nagar, Distt. – Gurgaon	New	Sh Satya Narain Work Asstt.
	Dr. Sanjay Kalra, MBBS, 129, Hewo Apartments, Sec 15-II, Gurgaon	Renewal	
	Dr. Sanjay Sherawat, MB, F-303, Park View City 2, Sohna Road, Sec 49, Gurgaon (Clinic)	Renewal	As per OM dt. 6.8.2014
	Dr. Sanjay Sehrawat 315/3 Rajiv Nagar, Gurgaon (Res).		
Rohini, Delhi	Dr. Virender Kumar, MBBS & MD, Pkt-10, Sector-20, Rohini, Delhi-110085	Renewal	
Hapur, U.P.	Dr. Parag Sharma, MBBS & MD, 30, Indralok Colony, Street No. 2, Hapur-245101, Ghaziabad, U.P.	New	Sh Gopal Singh, Tech.

The extension of tenure of the above mentioned AMA's including appointment of new Authorized Medical Attendants is valid upto 31.12.2016 and is subject to the following terms and conditions:

1. That they will charge consultation and injection fee at the rates prescribed under the CS(MA) Rules, 1944.
2. That they will be required to follow strictly the rules under the Central Services (MA) Rules- 1944 and orders issued from time to time there under; and

3. Their nomination can be terminated before the expiry of term without assigning any reasons or giving any notice.

Further, the facilities of AMA's in respect of CSIR employees & their family members can be withdrawn at later date if the area of their residence is found to be covered under CGHS Scheme.

Copy of CSIR letter No. 6-3(441)/2015-Gen. dated 8.1.2016