

COMPENDIUM
Of
Important letters/Advance Correction Slips
For
Amendments to
Indian Railways Medical Manual, 2000
Issued
During the year 2010
By
HEALTH DIRECTORATE

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2010/एच/23/1

नई दिल्ली, दिनांक: 03.03.2011

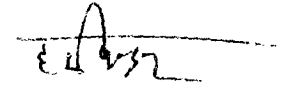
महाप्रबंधक,
सभी भारतीय रेलें एवं उत्पादन इकाइयां।

विषय: भारतीय रेल चिकित्सा नियमावली, 2000 (तीसरा संस्करण) में किए गए संशोधन - इन्हें अद्यतन करने हेतु वर्ष 2010 के दौरान जारी की गई अग्रिम शुद्धि पर्चियां एवं महत्वपूर्ण पत्र।

भारतीय रेल चिकित्सा नियमावली, 2000 के विभिन्न पैरों में किए गए संशोधनों को समाविष्ट करने के लिए 01.01.2010 से 31.12.2010 के दौरान जारी की गई अग्रिम शुद्धि पर्चियां एवं महत्वपूर्ण पत्रों की छायाप्रतियां इस पत्र के साथ संलग्न हैं। क्षेत्रीय रेलों को भेजी गई भारतीय रेल चिकित्सा नियमावली, 2000 की प्रतियों को तदनुसार अद्यतन कर लिया जाए।

यह आपकी सूचना तथा आवश्यक कार्रवाई हेतु है ताकि वर्ष 2010 के दौरान समय-समय पर, इस कार्यालय से जारी की गई सभी अग्रिम शुद्धि पर्चियों को भारतीय रेल चिकित्सा नियमावली, 2000 में समाहित किया जा सके।

संलग्नक: यथोक्त।



(श्रीमती एच.के. सन्हौत्रा)

उप निदेशक (स्वास्थ्य एवं परिवार कल्याण)

रेलवे बोर्ड

फोन: 44135 (रेलवे)

43653 (रेलवे)

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

No:2010/H/23/1

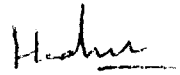
New Delhi, dated 03.03.2011

**General Managers,
All Indian Railways & Production Units.**

**Sub: Amendments to the Indian Railway Medical Manual, 2000 (3rd
Edition) Advance Correction Slips and Important letters
issued thereto during the year 2010 for updating the same.**

Please find enclosed herewith copies of all important letters and Advance Correction Slips issued from 1.1.2010 to 31.12.2010 for incorporating the amendments made to various paras of the Indian Railway Medical Manual, 2000. Copies of the IRMM, 2000 already sent to the Zonal Railways may be got updated accordingly.

This is for your information and necessary action so that all amendments made and correction slips issued from time to time, during the year 2010 may be incorporated in the IRMM-2000 for doing the needful in the matter.



**(Mrs.H.K.Sanhotra)
Deputy Director/Health & Family Welfare
Railway Board.
Ph:44135**

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GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. 2005/H/23/6

New Delhi, dated 29.1.2010

The General Managers,
All Indian Railways & Production Units.

Sub: Revision of Diet Charges for patient admitted in Railway Hospitals.
Ref: Provisions contained in para 641 of the Indian Railway Medical
Manual, 2000, 3rd Edition.

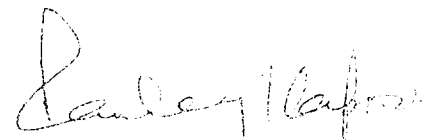
In view of revision of pay scales after the implementation of the recommendations of VI Central Pay Commission, it has been decided that the charges to be recovered for diet supplied to serving and retired railway employees and their dependents while undergoing treatment as indoor patients in the Railway Hospitals may be revised as per Advance Correction Slip (ACS) to Para 641.

2 Para 641 of IRMM, 2000 is accordingly modified as per Advance Correction Slip enclosed

3 These orders will be effective from the date of issue of this letter

4 Has issues with the concurrence of the Finance Directorate of the Ministry of Railways

DA: Advance Correction Slip
to Para 641 of IRMM 2000

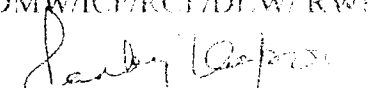

(Dr. Pankaj Kapoor)
Executive Director/Health (Planning)
Railway Board.

No. 2005/H/23/6

New Delhi, dated 29.1.2010

Copy to:

- 1 The FA&CAOs, All Indian Railways including CLW/DMW/ICE/RCE/DLW/ RW
- 2 The Chief Medical Directors, All Zonal Railways.


(Dr. Pankaj Kapoor)
Executive Director/Health (Planning)
Railway Board.

No. 2005/H/73/6

New Delhi, dated 29.1.2010

- 1 The Principal Director of Audit, All Indian Railways
- 2 Deputy Comptroller and Auditor General of India (Railways) Room No. 224, Rail Bhawan, New Delhi


For Financial Commissioner/ Railways.

F(E) Spl. Branch (with 5 spare copies).

Note

- (i) The charges for the supply of special articles of food not ordinarily provided by the Railway hospitals to its in-patients shall be billed for separately
- (ii) General Managers have powers to sanction free diet to Railway employees injured in the course of duty for such period as they remain indoor patients not extending beyond one year after they are declared permanently unfit and discharged from service. This provision applies to all Railway employees gazetted or non-gazetted, irrespective of pay limits.
- (iii) Free diet is admissible to casual labour while undergoing treatment in a Railway hospital in connection with accident cases falling under the Workmen's Compensation Act and other cases referred to in sub section (15) of section B of this chapter.
- (iv) Indigent passengers and trespassers injured or taken ill and removed to a Railway hospital may be given diet at the expense of the Railway the expenditure being treated as part of the ordinary working expenses of the Railway hospital
- (v) The charges for diet, when supplied by non-Railway Government/recognized hospitals to Railway employees, when not indicated separately in the tariff should, for reimbursement purposes, be reckoned to be 20 per cent of the flat rate charged.
- (vi) Pay in the revised pay structure means the pay drawn in the prescribed pay band
- (vii) Diet provided by the hospitals is intended for patients only. In exceptional cases, when diet may have to be provided to patients' attendants (companions) who, of necessity, had to stay in hospital having come from outside and long distances or in serious cases, should be charged for to cover full costs and all overheads and the charges should be high enough to be a disincentive.
- (viii) Any patient from whom charges are to be levied for diet and who takes diet from the hospital may be charged for the full day, if he/she has been admitted before 12.00 hours in any particular day and only half diet charges if he/she has been admitted after 12.00 hours
- (ix) Diet charges for outsiders undergoing treatment in railway hospitals will be actual diet charges fixed by Railways and 50% as handling and service charges as additional charges
- (x) Diet charges for the treatment of retired employees and dependents shall be calculated on basic pension at the time of treatment as they are being treated at par with **Railway Employees.**

(Authority Board's letters No. 2005/H/23/6 dated 23.1.2010)

— 2 —

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2005/एच/23/6

नई दिल्ली, दिनांक 29.1.2010

महाप्रबंधक,
सभी भारतीय रेलें एवं उत्पादन इकाइयां.
(महा निदेशक, आरडीएसओ, लखनऊ आदि).

विषय : रेल अस्पतालों में भर्ती रोगियों के लिए भोजन प्रभारों में संशोधन.

संदर्भ : भारतीय रेल चिकित्सा नियमावली, 2000, तृतीय संस्करण के पैरा 641 में
अनुबद्ध प्रावधान.

छठे केंद्रीय वेतन आयोग की सिफारिशों के कार्यान्वयन के बाद वेतनमानों के संशोधन को देखते हुए, यह विनिश्चय किया गया है कि रेलवे अस्पतालों में अंतरंग रोगियों के उपचार चलने के दौरान सेवारत और सेवानिवृत्त रेल कर्मचारियों और उनके आश्रितों को दिए जाने वाले भोजन के लिए वसूल किए जाने वाले प्रभारों को पैरा 641 के लिए अग्रिम शुद्धि पर्ची (एसीएस) के अनुसार संशोधित किया जाए.

2. भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 641 में संलग्न अग्रिम शुद्धि पर्ची के अनुसार आशोधन किया जाता है.
3. ये आदेश इस पत्र के जारी होने की तारीख से प्रभावी होंगे.
4. इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जाता है.


(डॉ. पंकज कपूर)

कार्यपालक निदेशक/स्वास्थ्य (योजना)
रेलवे बोर्ड

संलग्नक : भा.रे.चि.नि.2000 के पैरा
641 की अग्रिम शुद्धि पर्ची

— 3 —

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 641 के लिए अग्रिम शुद्धि पत्र

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 641 को निम्नानुसार संशोधित किया जाए :-

प्रसार : रेल अस्पतालों में रोगियों को दिए जाने वाले भोजन हेतु प्रभार, निम्नलिखित अनुसूची के अनुसार वसूल किए जाएंगे :-

	रेल कर्मचारी/आश्रित	प्रतिदिन के प्रभार
1.	(क) वे रेल कर्मचारी जिनका मासिक वेतन 7450/-रु. से अधिक नहीं है. (ख) वे रेल कर्मचारी जिनका मासिक वेतन 7451/- रु. से 7820/- रु. तक है. (ग) वे रेल कर्मचारी जिनका मासिक वेतन 7820/- रु. से अधिक है.	निःशुल्क रेलो द्वारा यथा निर्धारित प्रभारों का 75% रेलो द्वारा यथा निर्धारित पूर्ण प्रभार
2.	(क) किसी भी रेलवे अस्पताल या अनुमोदित संस्थान में क्षय रोग, कुष्ठ या मानसिक रोग का उपचार करा रहे हों और उनका मासिक वेतन 11540/- रुपए से अधिक न हो. (ख) रेलवे अस्पताल में कैंसर का उपचार करा रहे हों और उनका मासिक वेतन 7820/-रुपए से अधिक न हो.	निःशुल्क निःशुल्क
	(ग) किसी रेलवे या अनुमोदित संस्थान से क्षयरोग, कुष्ठ रोग या मानसिक रोग का उपचार करा रहे हों जब रेल कर्मचारी का मासिक वेतन 11540/-रु. से अधिक हो, या जब कैंसर का उपचार करा रहे हों और रेल कर्मचारी का मासिक वेतन 7820/-रु. से अधिक हो,	वास्तविक लागत वसूल की जाए
3.	वे रेल कर्मचारी, जो कार्य के दौरान आहत हो गए हों (उनके स्थायी रूप से अयोग्य घोषित किए जाने और सेवा से हटाए जाने के बाद एक वर्ष से अधिक अवधि न हुई हो)	निःशुल्क
	सेवानिवृत्त रेल कर्मचारी/आश्रित	
4.	(क) आरईएलएनएस-97 द्वारा शासित	वही जो सेवारत कर्मचारियों के मामले में लागू है (नीचे टिप्पणी (X) देखें)
	(ख) आरईसीएनएस द्वारा शासित, निजी-सेवक और बाहरी व्यक्ति आदि	रेलवे द्वारा यथा निर्धारित पूर्ण प्रभार (नीचे टिप्पणी (ix) देखें)

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No.2009/H-1/11/27/SCR
The General Manager,
South Central Railway,
Secunderabad.

New Delhi, dated-2.2.2010

Sub:- Extension of recognition of Indo American Cancer Institute & Research
Centre, Hyderabad
Ref:- No. MD/438/IACIRC' s,dt.28.04.2009,19.11.2009 & 30.12.09.

Sanction of the Ministry of Railways (Railway Board) is hereby accorded for extension to recognition of Indo American Cancer Institute & Research Centre, Hyderabad for the treatment of Railway beneficiaries suffering from Cancer for a period of one year from the date of issue of sanction on bill payment system.

The hospital authorities have given their willingness to treat railway beneficiaries on package rates of CGHS/Hyderabad and 15 % discount on hospital tariff for the procedures not mentioned in CGHS tariff.

While signing the MOU with the hospital, it may be ensured that the packages are comprehensive one (as defined in CGHS) . Upward revision of rates during this period will not be considered.

This issues with the concurrence of the Finance Directorate of the Ministry of Railways.


(Dr. Pankaj Kapoor)
Executive Director Health (Plg)
Railway Board.

No.2009/H-1/11/27/SCR

New Delhi, dated 2.2.2010

Copy forwarded to:-

1. The C.M.D. South Central Railway, Secunderabad.
2. The FA&CAO, South Central Railway, Secunderabad.


(Dr. Pankaj Kapoor)
Executive Director Health(Plg)
Railway Board.

No.2009/H-1/11/6/SCR

New Delhi, dated 2.2.2010

Copy forwarded to

3. Principal Director of Audit, South Central Railway, Secunderabad.
4. Dy. Comptroller & Auditor General of India (Railways),Room No.-224,Rail Bhavan, New Delhi.


For Financial Commissioner/Railway Board.
Copy to F(E) Spl Branch & Health-II Branch, Railway Board.

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No2008/H/5/3.

New Delhi, dt. 4-2-2010.

**The General Manager,
All Indian Railways (including PUs).**

**Sub: Medical fitness of Railway employees/candidates who have
undergone Tympanoplasty reg.**

The matter of deciding fitness/unfitness of employees/candidates who have/had undergone Tympanoplasty has been under examination for some time in the Board's office. The guidelines governing the above subject as decided by Board are as under:-

Type of Tympanoplasty	Medical categories	Candidates	Employees
Type I and II.	Safety categories (A1, A2 A3)	Fit.	Fit
	All other categories.	Fit.	Fit.
Type III, IV & V. (Single ear)	Safety categories (A1, A2 A3)	Unfit.	Fit with PME every year
	B1	Unfit	Fit
	B2 & below	Fit	Fit
Type III, IV & V. (Both ears)	A1 & A2	Unfit.	Fit (by a Committee of three doctors consisting of atleast one ENT Specialist) with PME every six months by ENT specialist.
	A3, B1 & B2	Unfit.	Fit (by a Committee of three doctors consisting of atleast one ENT Specialist) with PME every year by ENT specialist.
	C1 & C2	Unfit.	Fit with regular follow up as advised by ENT Surgeon.

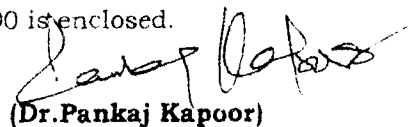
Stipulations:

1. Clinical and audiometric evaluation of outcome of tympanoplasty to be done three months after the surgery.
2. Hearing aquity to be achieved upto 25 decibels of air-conduction.
3. To ensure that no co-existing disease like cholesteatoma which may affect the hearing aquity in future is present.
4. The case to be examined in a well equipped ENT OPD.
5. The competent Medical Officer for issuance of fitness/unfitness is an IRMS/ENT Surgeon.

These orders will come into effect from the date of issue of this letter.

This issues in consultation with Mechanical, Electrical and Safety Directorates of the Board.

Advance Correction Slip under Para 502 (7)xi of IRMM-2000 is enclosed.


(Dr. Pankaj Kapoor)
Executive Director, Health (Plg.)
Railway Board

Encl.: ACS to Para 502 (7) of IRMM.

Advance Correction Slip to Para 502 (7) of IRMM, 2000.

The following may be added under Para 502 (7) xi of IRMM, 2000.

- (xii) The guidelines governing fitness of employees/candidates who have/had undergone Tympanoplasty are as under:-

Type of Tympanoplasty	Medical categories	Candidates	Employees
Type I and II.	Safety categories (A1, A2 A3)	Fit.	Fit
	All other categories.	Fit.	Fit.
Type III, IV & V. (Single ear)	Safety categories (A1, A2 A3)	Unfit.	Fit with PME every year
	B1	Unfit	Fit
	B2 & below	Fit	Fit
Type III, IV & V. (Both ears)	A1 & A2	Unfit.	Fit (by a Committee of three doctors consisting of atleast one ENT Specialist) with PME every six months by ENT specialist.
	A3, B1 & B2	Unfit.	Fit (by a Committee of three doctors consisting of atleast one ENT Specialist) with PME every year by ENT specialist.
	C1 & C2	Unfit	Fit with regular follow up as advised by ENT Surgeon.

Stipulations:

1. Clinical and audiometric evaluation of outcome of tympanoplasty to be done three months after the surgery.
2. Hearing aquity to be achieved upto 25 decibels of air-conduction.
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4. The case to be examined in a well equipped ENT OPD.
5. The competent Medical Officer for issuance of fitness/unfitness is an IRMS/ENT Surgeon.

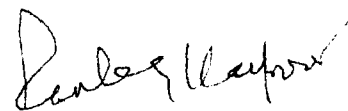
(Board Authority Letter No:2008/H/5/3 dated 4-02-2010)

New Delhi, dated 4-2-2010

Copy to:

CMD's, All Indian Railways.

- 1 Computer facilitation Centre, Room No. 5, Near Gate No.1, Rail Bhawan.
- 2 Directors of CTIs, RSC/Baroda, IRICEN/Pune, IRIEN/Nasik, IRISSET, Secunderabad, IRIMEE/Jamalpur and IREITEM/Lucknow.
- 3 General Manager & FA&CAO, Metro Rail/Kolkata.
- 4 General Manager & FA&CAO, CORE, Allahabad.
- 5 The Director General, Railway Staff College, Vadodara.
- 6 The managing Director, RITES, New Delhi House, 27, Barakhamba Road, New Delhi and (b) IRCON Palika Bhawan, Sector XIII, R.K. Puram, New Delhi. (c) CRIS, Safdarjung Railway Station, Chankyapuri, New Delhi. (d) IRFC (e), CONCOR of India, Ltd., Konkan Railway Corpn. Ltd. Belapur Bhawan Sector-11, CBD Belapur, Navi Mumbai, NVNL, Plot No. 25, 1st Floor, August Kranti Bhawan, Bhikaji Cama Place, New Delhi-110066.
- 7 The General Secretary, IRCA/New Delhi.
- 8 The Secretary, Railway Board, Promotee Officers Association, Room No.341-C, Rail Bhawan, New Delhi.
- 9 Director General RDSO, Lucknow.
- 10 Member Secretary, Expert Committee, Room No. 507, Rail Bhawan, New Delhi.
- 11 The Chairman, RCC, Lok Sabha Secretariat, New Delhi.
- 12 The Chairman, RRT, Chennai.
- 13 The Chairman, RCT, 13/15 Mal Rod, Delhi- 54.
- 14 The Chairman, RRB/Ajmer, Ahmedabad, Allahabad, Bangalore, Bhopal, Bhubaneswar, Chandigarh, Chennai, Kolkata, Jammu, Gorakhpur, Guwahati, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad & Trivandrum.
- 15 The Chairman, Passenger Amenities Committee.
- 16 Member Passenger Amenities Committee.
- 17 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
- 18 The Director, CAMTECH/Gwalior.
- 19 The CAO (a) MTP(G)/Mumbai (b) MTP (G)/Chennai.
- 20 Office of the Chief Project Administrator (Telecom), Indian Railways Central Organisation for Telecom Consultancy, Shivaji Bridge, New Delhi
- 21 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 22 The CAO(Const.), Central Railway, Mumbai.
- 23 The Director (Movement) Railways/Kolkata.

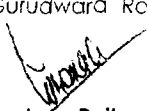


(Dr. Pankaj Kapoor)
Executive Director, Health(Plg.)
Railway Board.

New Delhi, dated 4-2-2010

Copy to:

- 1 The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi.
- 2 The General Secretary, NFIR, Room No. 256-E, Rail Bhawan, New Delhi.
- 3 All Members of Departmental Council and National Council and Secretary, Staff Side, National Council, 13-C, Feorzeshah Road, New Delhi.
- 4 The Secretary General, FROA & IRPOA, Room No.256-A & 268, Railway Board.
- 5 The General Secretary, All India RPF Association, Room No.256-D, Rail Bhawan, New Delhi.
- 6 The Secretary, RBSS Group 'A' Officers Association, Room No.402, Rail Bhawan, New Delhi.
- 7 The Secretary, RBSS Group 'B' Officers Association, Rail Bhawan, New Delhi.
- 8 The Secretary, RBMSA, Rail Bhawan, New Delhi.
- 9 The Secretary, Railway Board Group 'D' Employees Association, Rail Bhawan, New Delhi.
- 10 The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Rail Bhawan, New Delhi.
- 11 Chief Commissioner of Railway Safety, Lucknow.
- 12 Advisor (Safety), Railway Board, New Delhi.
- 13 The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.
- 14 General Secretary, Retired Railway Employees Welfare Association (Regd.), 490A/16, Gurudwara Road, Gurgaon



For Secretary, Railway Board.

Copy to:

PS to MR, MSR(A), & MSR(M).

Sr. PPS to CRB, FC, MS, ME, MT, ML, MM, All Additional Members DG/RHS, DG/RPF, Secretary, All Officers and Branches of Railway Board

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2008/एच/5/3

नई दिल्ली, दि. 4.02.2010

महाप्रबंधक,
सभी भारतीय रेलें (उत्पादन इकाइयों सहित).

विषय: टिम्पैनोप्लास्टी कराने वाले रेल कर्मचारी/उम्मीदवारों की चिकित्सा योग्यता (फिटनेस).

वे कर्मचारी/उम्मीदवार, जिन्होंने टिम्पैनोप्लास्टी कराई है, उनकी योग्यता/अयोग्यता निर्धारित करने संबंधी मामले पर बोर्ड कार्यालय में कुछ समय से जांच चल रही है. बोर्ड द्वारा यथा-विनिश्चित उपर्युक्त विषय को शासित करने वाले मार्गनिर्देश निम्नानुसार है :-

टिम्पैनोप्लास्टी की किस्म	चिकित्सा कोटियां	उम्मीदवार	कर्मचारी
किस्म I एवं II	संरक्षा कोटियां ए1, ए2, ए3	योग्य (फिट)	योग्य
	अन्य सभी कोटियां	योग्य	योग्य
किस्म III, IV एवं V (एक कान)	संरक्षा कोटियां (ए1, ए2, ए3)	अयोग्य (अनफिट)	प्रत्येक वर्ष पीएमई के साथ योग्य
	बी1	अयोग्य	योग्य
	बी 2 एवं उसके नीचे	योग्य	योग्य
किस्म III, IV एवं V (दोनों कान)	ए1 एवं ए 2	अयोग्य	ई एनटी विशेषज्ञ द्वारा हर छः महीनों में पीएमई के साथ योग्य (कम से कम एक ईएनटी विशेषज्ञ सहित तीन डॉक्टरों की एक कमेटी द्वारा)
	ए 3, बी 1 एवं बी 2	अयोग्य	ई एनटी विशेषज्ञ द्वारा प्रत्येक वर्ष में पीएमई के साथ योग्य (कम से कम एक ईएनटी विशेषज्ञ सहित तीन डॉक्टरों की एक कमेटी द्वारा)
	सी 1 एवं सी 2	अयोग्य	ई एन टी सर्जन द्वारा यथा- संस्तुत नियमित जांच के साथ योग्य

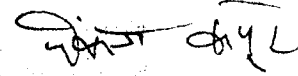
शर्तें :

1. सर्जरी के तीन महीने बाद टिम्पैनोप्लास्टी के नतीजे का क्लीनिकल एवं ऑडियोमीट्रिक मूल्यांकन किया जाना चाहिए.
2. एयर-कंडक्शन के 25 डेसिबल्स तक हियरिंग एक्विटी प्राप्त की जानी चाहिए.
3. यह सुनिश्चित करना कि कोई कोलेस्टीटोमा जैसी संव्याप्त बीमारी जिससे हियरिंग एक्विटी पर असर पड़ सकता है, मौजूद न हो.
4. मामले की जांच एक सुसज्जित ईएनटी ओपीडी में की जाए.
5. योग्यता/अयोग्यता (फिटनेस/अनफिटनेस) जारी करने के लिए सक्षम चिकित्सा अधिकारी एक आई आर एम एस/ई एन टी सर्जन होना चाहिए.

ये आदेश, पत्र के जारी होने की तारीख से प्रभावी होंगे.

इसे बोर्ड के यांत्रिक, बिजली और संरक्षा निदेशालयों की सहमति से जारी किया जा रहा है.

भारतीय रेल चिकित्सा नियमावली-2000 के पैरा 502 (7) ix के लिए अग्रिम शुद्धि पच्ची संलग्न है.



(डॉ. पंकज कपूर)

कार्यपालक निदेशक, स्वा. (योजना)

रेलवे बोर्ड

**संलग्नक: भारेचिनि के पैरा 502 (7)
के लिए अग्रिम शुद्धि पच्ची**

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 502(7) के लिए अग्रिम शुद्धि पच्ची

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 502(7) xi के अंतर्गत निम्नलिखित को जोड़ा जाए.

- (xii) वे कर्मचारी/उम्मीदवार, जिनकी टिम्पैनोप्लास्टी हुई है, की योग्यता (फिटनेस) को शासित करने वाले मार्ग-निर्देश निम्नानुसार हैं:-

टिम्पैनोप्लास्टी की किस्म	चिकित्सा कोटियां	उम्मीदवार	कर्मचारी
किस्म I एवं II	संरक्षा कोटियां ए1, ए2, ए3	योग्य (फिट)	योग्य
	अन्य सभी कोटियां	योग्य	योग्य
किस्म III, IV एवं V (एक कान)	संरक्षा कोटियां (ए1, ए2, ए3)	अयोग्य (अनफिट)	प्रत्येक वर्ष पीएमई के साथ योग्य
	बी1	अयोग्य	योग्य
	बी 2 एवं उसके नीचे	योग्य	योग्य
किस्म III, IV एवं V (दोनों कान)	ए1 एवं ए 2	अयोग्य	ई एनटी विशेषज्ञ द्वारा हर छः महीनों में पीएमई के साथ योग्य (कम से कम एक ईएनटी विशेषज्ञ सहित तीन डॉक्टरों की एक कमेटी द्वारा)
	ए 3, बी1 एवं बी 2	अयोग्य	ई एनटी विशेषज्ञ द्वारा प्रत्येक वर्ष में पीएमई के साथ योग्य (कम से कम एक ईएनटी विशेषज्ञ सहित तीन डॉक्टरों की एक कमेटी द्वारा)
	सी 1 एवं सी 2	अयोग्य	ई एन टी सर्जन द्वारा यथा- संस्तुत नियमित जांच के साथ योग्य

शर्तें :

1. सर्जरी के तीन महीने बाद टिम्पैनोप्लास्टी के नतीजे का क्लीनिकल एवं ऑडियोमीट्रिक मूल्यांकन किया जाना चाहिए.
2. एयर-कंडक्शन के 25 डेसिबल्स तक हियरिंग एक्विटी प्राप्त की जानी चाहिए.
3. यह सुनिश्चित करना कि कोई कोलेस्टीटोमा जैसी संव्याप्त बीमारी जिससे हियरिंग एक्विटी पर असर पड़ सकता है, मौजूद न हो.
4. मामले की जांच एक सुसज्जित ईएनटी ओपीडी में की जाए.
5. योग्यता/अयोग्यता (फिटनेस/अनफिटनेस) जारी करने के लिए सक्षम चिकित्सा अधिकारी एक आई आर एम एस/ई एन टी सर्जन होना चाहिए.

(प्राधिकार : बोर्ड का दिनांक 4, 02.2010 का पत्र सं.2008/एच/5/3).

MOST IMMEDIATE
BUDGET MATTER

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. 2009/H/7/5

New Delhi, Dated 11.02.2010

**General Managers,
All Indian Railways.**

Sub : Doctors on Duronto Trains: Pilot Project.

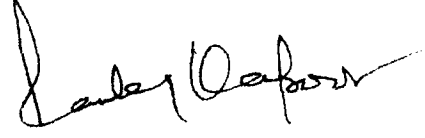
The matter regarding "Doctor on Long Distance Trains" has been examined in Board's office and it has been decided to start a Pilot Project in all Duronto Trains for a period of one year with the following terms and conditions:

1. It will be a free service.
2. Each train will require one General Duty Medical Officer(GDMO) and one paramedical staff.
3. The GDMO and other staff at present are being utilized for Railway employees and their family members. The zones will have to outsource manpower. However, till they are able to do so, they can utilize them from their existing cadre with suitable adjustment of duties.
4. 2 berths in IInd AC compartment will be required to carry the doctor, attendant, medicines, other disposables and resuscitation equipments. These two berths will have to be earmarked in each train by the Commercial Department.
5. More advanced equipments with newer technology needed for diagnosis e.g. ECG, Ophthalmoscope, Glucometer etc., equipments needed for treatment e.g. A.E.D. defibrillators, portable suction apparatus, oxygen cylinders, Nebulizer, various emergency management disposables and medicines will be purchased by the Zone as spot purchase under GM's SOP. whenever necessary.
6. Mechanical/Electrical Departments will have to make small modifications for providing oxygen cylinder holders, I.V. drip set holder, extra light for patient management and extra plug points for various resuscitation equipments.

This has the concurrence of the Finance Directorate of the Board.

Please acknowledge receipt.

Hindi Version will follow.



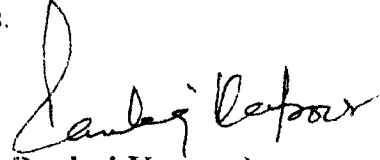
(Dr. Pankaj Kapoor)
Executive Director Health (Plg.)
Railway Board.

No. 2009/H/7/5

New Delhi, dated 11.2.2010

Copy to:

1. The FA&CAOs, All Indian Railways including CLW/DMW/ICF/RCF/DLW/RWF
2. Chief Commercial Managers, All Zonal Railways.
3. The Chief Medical Directors, All Zonal Railways.

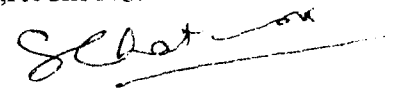


(Dr. Pankaj Kapoor)
Executive Director Health (Plg.)
Railway Board.

No. 2009/H/7/5

New Delhi, dated 11.2.2010

1. The Principal Director of Audit, All Indian Railways.
2. Deputy Comptroller and Auditor General of India (Railways), Room No. 224, Rail Bhawan, New Delhi.



For financial Commissioner/ Railways.

F(E) Spl. Branch (with 5 spare copies).

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2009/एच/7/5

नई दिल्ली, दिनांक: 11.02.2010

महाप्रबंधक,
सभी भारतीय रेलें।

विषय: दुरंतो गाड़ियों में डॉक्टर - पायलट परियोजना।

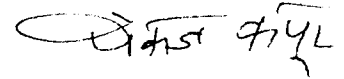
"लंबी दूरी की गाड़ियों में डॉक्टर" से संबंधित मामले की बोर्ड कार्यालय में जांच की गई है तथा बोर्ड द्वारा यह निर्णय लिया गया है कि सभी दुरंतो गाड़ियों में निम्नलिखित नियमों एवं शर्तों पर एक वर्ष की अवधि के लिए एक पायलट परियोजना शुरू की जाए:

1. यह एक निशुल्क सेवा होगी।
3. प्रत्येक गाड़ी में एक सामान्य ड्यूटी चिकित्सा अधिकारी तथा एक परा चिकित्सा कर्मचारी अपेक्षित होगा।
3. इस समय सामान्य ड्यूटी चिकित्सा अधिकारी तथा अन्य कर्मचारियों का रेल कर्मचारियों तथा उनके परिवार के सदस्यों के लिए उपयोग किया जा रहा है। ज़ोनों को बाहर से जनशक्ति लेनी होगी। बहरहाल, जब तक वे ऐसा करने में समर्थ होते हैं, वे ड्यूटी के उपयुक्त समायोजन के साथ उनके मौजूदा संवर्ग से उनका उपयोग कर सकते हैं।
4. डॉक्टर, अटेंडेंट, दवाइयां, अन्य डिस्पोजेबल तथा पुनरुज्जीवन उपकरणों को ले जाने के लिए दूसरी श्रेणी के वातानुकूल में 2 शायिकाएं अपेक्षित होंगी। वाणिज्य विभाग द्वारा प्रत्येक गाड़ी में ये दो शायिकाएं निर्धारित की जानी होंगी।
5. रोग निदान यथा ईसीजी, ओपथेलमोस्कोप, ग्लूकोमीटर आदि के लिए आवश्यक नई प्रौद्योगिकी वाले अधिक उन्नत उपकरणों तथा उपचार यथा आईडी डीफाइब्रीलेटर्स, पोर्टेबल सक्शन एपरेटस, ऑक्सीजन सिलिंडरों, नेबूलाइज़र, विभिन्न आपातकाल प्रबंधन डिस्पोजेबलों तथा दवाइयों के लिए आवश्यक उपकरणों की खरीद जब कभी अनिवार्य होगी, ज़ोन द्वारा महाप्रबंधक की एसओपी के तहत स्पॉट खरीद के रूप में की जाएगी।

चिकित्सा कर्मचारियों के लिए अधीक्षक विश्राम गृह में उचित निर्धारित स्थान की आवश्यकता होगी ताकि वे वापसी यात्रा के लिए पूरी तरह विश्राम कर सकें।

इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है।

कृपया पावती दें।



(डॉ. पंकज कपूर)

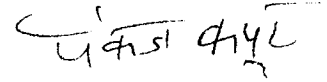
कार्यपालक निदेशक, स्वास्थ्य (योजना)
रेलवे बोर्ड

सं. 2009/एच/7/5

नई दिल्ली, दिनांक: ॥ .02.2010

प्रतिलिपि प्रेषित:

1. विस एवं मुलेधि, सीएलडब्ल्यू/डीएमडब्ल्यू/आईसीएफ/आरसीएफ/डीएलडब्ल्यू/आरडब्ल्यूएफ सहित सभी भारतीय रेलें।
2. मुख्य वाणिज्य प्रबंधक, सभी क्षेत्रीय रेलें।
3. मुख्य चिकित्सा निदेशक, सभी क्षेत्रीय रेलें।



(डॉ. पंकज कपूर)

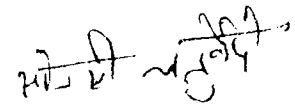
कार्यपालक निदेशक, स्वास्थ्य (योजना)
रेलवे बोर्ड

सं. 2009/एच/7/5

नई दिल्ली, दिनांक: ॥ .02.2010

प्रतिलिपि प्रेषित:

7. प्रमुख निदेशक लेखा परीक्षा/सभी भारतीय रेलें।
2. भारत के उप नियंत्रक एवं महालेखा परीक्षक (रेलें), कमरा नं. 224, रेल भवन, नई दिल्ली।



कृते वित्त आयुक्त/रेलें

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2009/H-1/11/72 (N.R)

New Delhi, dated 3.3.2010

The General Manager,
Northern Railway,
Baroda House,
New Delhi.

Sub:- Recognition of Fortis Hospital, Mohali for treatment
of Cardiology & Cardiac Surgeries.

Ref:- Your Rly.'s letter no. 139-Med/Recog/Fortis/Mohali
dt.12.11.09& 25.01.10.

Sanction of the Ministry of Railways (Railway Board) is hereby accorded for recognition of Fortis Hospital, Mohali for a period of one year from the date of issue of sanction letter on bill system of payment in the specialties of Cardiology, Cardiac surgeries excluding PPI implant of Railway beneficiaries of DMW/Patiala on the CGHS package rates of Chandigarh .

While signing the MOU with the hospital, it may be ensured that the packages are comprehensive one (as defined in CGHS). Upward revision of rates during this period will not be considered.

This issue with the concurrence of the Finance Directorate of the Ministry of Railways

(Dr. Pankaj Kapoor)
Executive Director Health (Plg)
Railway Board.

No.2009/H-1/11/72 (N.R)

New Delhi, dated 3.3.2010

Copy forwarded to:-

1. The C.M.D. Northern Railway, Baroda House, New Delhi.
2. The FA&CAO, Northern Railway, Baroda, House, New Delhi.

(Dr. Pankaj Kapoor)
Executive Director Health(Plg)
Railway Board.

No.2009/H-1/11/72 (N.R)

New Delhi, dated 3.3.2010

3. Copy forwarded to Principal Director of Audit, Northern Railway, Baroda House.
4. Dy. Comptroller & Auditor General of India (Railways), Room No.-224, Rail Bhavan, New Delhi.


For Financial Commissioner/Railway Board.

Copy to R(F)Sgt

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

No. 2010/H/6-1/Policy

New Delhi, dated 03.03.2010

The General Managers,
All Indian Railways.

Sub : Referral to Non-Recognised Private Hospital : Medical Board Report.

It has been observed that the guidelines advised in Board's letter No.2008/H/6-1/Policy/16 dated 27.2.2008 (copy enclosed) are not adhered to in cases pertaining to referral and advance payment of treatment in Non-recognised Private Hospital. It is, therefore, requested to follow the same before sending the proposal to Board's office for sanction.

This would prevent avoidable back references and resulting delays in processing the proposal for sanction of competent authority.

(डा. बी.एन. अनिगेरी) (Dr. B.N. Annigeri)
कार्यकारी निदेशक, स्वास्थ्य (सामा.) Executive Director, Health (Genl.)
रेलवे बोर्ड Railway Board.

भारत सरकार / GOVERNMENT OF INDIA
रेल मंत्रालय / MINISTRY OF RAILWAYS
(रेलवे बोर्ड) / RAILWAY BOARD

No. 2008/H/6-1/Policy/16

New Delhi, dated 27 Feb. 2008

Chief Medical Directors,
All Indian Railways.

**Sub : Referral to Non-Recognised Private Hospital : Medical Board
Report.**

Guidelines exist for sending proposals for consideration of sanction by Board pertaining to referral and advance payment of treatment in Non-recognised Private Hospital. Reference may please be made to Board's letter No. 2000/H/6-1/Policy dated 16.10.2000 vide which guidelines were issued with respect to holding a medical board and contents of the same.

It has been observed that the guidelines advised therein are not adhered to in all cases. It is, therefore, reiterated that all cases for sanction/approval of Board for referral and advance payment for treatment in Non-recognised Private Hospital should inevitably contain the following :-

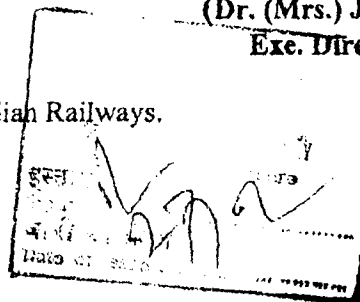
- (i) Report of the Medical Board consisting of MD/CMS/MS(I/C) as a Chairman, a senior physician/surgeon, a specialist super specialist/honorary consultant/visiting specialist of the concerned specialty as a co-opted member to opine the efficacy of the treatment, specially mentioning :
 - (a) Chances of recovery,
 - (b) Whether it will be a complete cure or only a palliation and if palliation, the expected period of remission and future course of action after it, and possible side-effects.
- (ii) Report may be supplemented by relevant statistics and reference of current literature.

This would prevent avoidable back references and resulting delays in processing the proposal for sanction of competent authority.

All concerned may please be advised accordingly.

(Dr. (Mrs.) Jayashree Rana)
Exe. Director Health (G)
Railway Board

Copy to : General Managers, All Indian Railways.



GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD).

No. 2000/H/6-1/Policy

New Delhi 110 001, Dated: 16-10-2000.

To

Chief Medical Directors,
All Indian Railways,

Sub: Advance payment for expensive mode of therapy

Railway Board desires that the cases which require expensive mode of therapy, while recommending such cases for advance payment, following guidelines may be adhered to consider such cases for advance payment in the Board which are as follows:

- (i) to hold a medical board consisting of MD/CMS/MS(I/C) as a Chairman, a senior physician/surgeon, a specialist/super specialist/honorary consultant of the concerned speciality as a coapt member to opine the efficacy of the treatment, specially mentioning:
 - a) chances of recovery,
 - b) whether it will be a complete cure or only a palliation and if palliation, what is the expected period of remission and future course of action after it, and possible side-effects.
- (ii) Reply may be supplemented by relevant statistics and reference of current literature.

Please acknowledge receipt of this letter.

(Dr. S.P. Mukhopadhyay)
Executive Director (Health)

2/10/11
J.P. 22
16/10/10

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No.2008/H-1/12/4(Policy)
The General Managers,
All Indian Railways.

New Delhi, dated 17.03.2010

Sub:-Allotment of funds for the year 2010-2011 for the
scheme of calling Consultants on case to case basis for
providing Professional services to Railway Beneficiaries.
Ref: Railway Board's letter no. 2005/H-1/12/34.Pt
dated 05.05.2006.

Sanction of the Ministry of Railways (Railway Board) is hereby accorded
for allotting a revised amount as given below for the financial year (2010-11) for
the scheme of hiring the services of medical consultants on case to case basis in
Railway hospitals-

S.No.	Railways	Existing amount ~~Rs.~~ per year	Revised sanctioned amount for year 2010-11
01	C.R.	Rs.20,00,000/-	Rs. 25,00,000/-
02	E.R.	Rs.20,00,000/-	Rs.10,00,000/-
03	E.C.R.	Rs.10,00,000/-	Rs. 10,00,000/-
04	E.Co.R.	Rs.10,00,000/-	Rs. 05,00,000/-
05	N.R.	Rs.20,00,000/-	Rs. 20,00,000/-
06	N.C.R.	Rs.10,00,000/-	Rs. 05,00,000/-
07	N.E.R.	Rs.20,00,000/-	Rs. 20,00,000/-
08	N.F.R.	Rs.20,00,000/-	Rs. 10,00,000/-
09	N.W.R.	Rs.10,00,000/-	Rs. 20,00,000/-
10	S.R.	Rs.20,00,000/-	Rs. 30,00,000/-
11	S.C.R.	Rs.20,00,000/-	Rs. 20,00,000/-
12	S.E.R.	Rs.20,00,000/-	Rs. 10,00,000/-
13	S.E.C.R.	Rs.10,00,000/-	Rs.10,00,000/-
14	S.W.R.	Rs.10,00,000/-	Rs.15,00,000/-
15	W.R.	Rs.20,00,000/-	Rs. 30,00,000/-
16	W.C.R.	Rs.10,00,000/-	Rs. 10,00,000/-

This issue with the concurrence of Finance Directorate of Railway
Board.

(Dr. Pankaj Kapoor)
Executive Director Health (Plg)
Railway Board.
New Delhi, dated 17.03.2010

No.2008/H-1/12/4(Policy)

Copy forwarded to:-

1. The Chief Medical Directors, All Indian Railways.
2. The FA&CAOs, All Indian Railways

(Dr. Pankaj Kapoor)
Executive Director Health (Plg)
Railway Board.

No.2008/H-1/12/4(Policy)

New Delhi, dated 17.03.2010

Copy forwarded to : The Principal Directors of Audit, All Indian Railways

For Financial Commissioner/Railway

Copy to F(E)Spl Branch, Railway Board.

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2010/H/1/3/9(QPR)

New Delhi, dated : / / 3.2010

**Chief Medical Director,
All Indian Railways,**

Sub : Quarterly Performance Review.

DG/RHS desires to carry out Performance Review of Medical Departments of Zonal Railways on quarterly basis. The basis and parameters for such Quarterly Performance Review shall be the 24 parameters listed out in the performa for the award of Comprehensive Health Care Shield and Comprehensive Health Care Cup for New Zones during the Railway Week Central Function (already circulated). Therefore, CMD's to submit the performa report quarterly. All these reports shall be considered annually for assessing the recommendation for award of Comprehensive Health Care Shield and Comprehensive Health Care Cup for New Zones during the Railway Week Central Function.

Accordingly, the first quarterly performance report for the period 1.1.2010 to 31.3.2010 should be arranged to reach Board's office by 15th April 2010 positively.

It is, also, suggested that before the first such quarterly performance review is carried out at the Board level similar Quarterly Performance Review should be carried out at the Zonal Level with respective constituent unit Incharges (MD, CMS of Divisions/Production Units) during the fortnight from 16th to 30th April 2010. The performance review should focus on identification of the reasons for variations between the units (divisions)/Departments, strategy for meeting shortfalls in achieving the pre determined targets, problem solving approach and support systems development etc. Comparison should be made with the corresponding quarter of the preceding year.

The first such Quarterly Performance Review meeting at the Board level shall be scheduled to be held during the first fortnight of May 2010.

Action should be initiated well in time for the same.

Please acknowledge receipt.

(Dr. Pankaj Kapoor)
Exe. Director Health (P)

Copy to : 1) General Manager, All Indian Railways & Production Units.
2) Chief Medical Superintendents, Production Units.
3) Sr. Professor (HM)/ RSC/BRC.

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No. 2003 /H/2-1/3.

New Delhi, Dated : 22.3.2010

The General Manager,
Northern Railway,
New Delhi.

**Sub: Extension of Senior Residents for Northern Railway
Central Hospital, New Delhi.**

Ref : Board's letter No.2003/H/2-1/3 dated 28.8.2008.

Keeping in view the circumstances explained in Northern Railway's letters No.7-Med/E-14/CH/SR. dated 29.01.2010 on the above cited subject, sanction of the Ministry of Railways is conveyed, as a special case, for extension of the Senior Residency Scheme for nine(9) Sr.Residents working at Northern Railway Central Hospital, New Delhi for a further period of three year w.e.f. 1.7.2009 to 30.6.2012 in the following disciplines:-

88/H/2-1/3
21/3/10

1	Medicine	2
2	Surgery	2
3	Oncology	1
4	Orthopaedics	1
5	Anaesthesia	1
6	Paediatrics	1
7	Dental	1

2 Payment of emoluments and allowances to the Senior Residents is to be made as revised vide Board's letter No.2006/H/2-1/5 dated 30.03.2009.

3 Any vacancy arising on account of a Sr. Resident quitting the job, before expiry of his term, should be filled up as per procedure prescribed in Board's letter No. 88/H/2-1/9 dated 24.06.2008.

4. The other terms and conditions in Board's letter No. 88/H/2-1/9 dated 24.6.08 will remain unchanged.

5. This issues with the concurrence of Finance Directorate of Ministry of Railways.

32/3/10

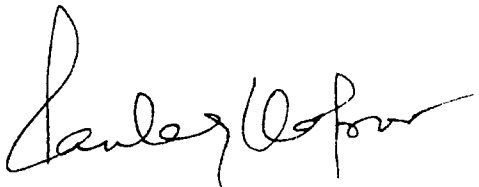
(Signature)
(Dr. Pankaj Kapoor)
Executive Director Health (Plg.)
Railway Board

No. 2003 /H/2-1/3.

New Delhi, Dated : 22 .3.2010

Copy forwarded to:

1. The Chief Medical Director, Northern Railway, New Delhi.
2. FA&CAO/ Northern Railway, New Delhi.

a/l 

(Dr. Pankaj Kapoor)
Executive Director Health (Plg.)
Railway Board

No. 2003 /H/2-1/3.

New Delhi, Dated : 22 .3.2010

Copy forwarded to:

1. The Principal Director of Audit, Northern Railway, New Delhi.
2. Dy Comptroller and Auditor General of India (Railways), Room No.224, Rail Bhawan, New Delhi.

a/l 

For Financial Commissioner/Railways

Copy to F(E) Spl Branch.

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

Sl. No. 11/3/5

New Delhi, dated: 3.3.2010

Chief Medical Directors,
Northern Railway, New Delhi,
Eastern Railway, Kolkata,
Southern Railway, Chennai,
South Western Railway, Hubli

Sub : Family of International Classification (ICD-10 & ICF)

Further to this office letter of even number dated 11th Dec. 2009 this is to intimate that following four Railway Hospitals have been selected to be the Nodal Institutions for Railways for purposes of implementation of Family of International Classification (FIC) -International Classification of Functioning, Disability and Health related aspects (ICF) :

1. For ICF in Physical Medicine and Rehabilitations : Howrah Orthopaedic Hospital, Eastern Railway, Kolkata.
2. For ICF in Mental Health/Psychiatric : South Western Railway, Divisional Hospital, Bangalore.
3. For ICF in Speech and Hearing : Western Railway, Zonal Hospital, Jagjivan Ram Hospital, Mumbai Central.
4. For ICF in Visually Handicapped : Northern Railway, Central Hospital, New Delhi.

Nodal Officers from each of these Railway Hospitals may be nominated and the said nomination be communicated to this office immediately so that the Ministry of Health and Family Welfare, Government of India, be advised accordingly.

These institutions shall work as Training Centre as well as the Nodal Officer therein shall collaborate and coordinate with the eight National Collaborating Centers in their respective thrust area, develop trained manpower amongst the functionaries of their respective ICF thrust area on the use of ICF in planned manner while covering the functionaries of the identified Indian Railways institutions at first instance and undertake appropriate applied research so as to facilitate and promote ICF in the Railways.

A list of Identified Eight National Institutions and the Nodal Officers therein is enclosed as Annexure 'A' for your information.

This has the approval of DG/RHS.

The matter may please be treated on priority.

(Dr. Rajiv Kumar Jain)
Director (H & FW), Railway Board
E.mail : dhtw@rb.railnet.gov.in
Rly No. 43395, Tele Fax : 011-23388373
Mobile No. 9910487408

DA : As above

Copy for information to : General Managers,
1) Northern Railway, New Delhi, 2) Eastern Railway, Kolkata, 3) Southern Railway, Chennai, 4) South Western Railway, Hubli.

IDENTIFIED EIGHT NATIONAL INSTITUTIONS IN RESPECT OF ICF IMPLEMENTATION

S. No	Area of Specialty	Name of Institute/Organization	Nodal Officer
1.	Physical Medicine & Rehabilitation	Safdarjung Hospital, New Delhi	Dr. Rajender Sharma, Associate Professor (Sr Specialist) Department of PMR, Safdarjung Hospital, New Delhi-110029
2		All India Institute of Medical Sciences, Ansari Nagar, New Delhi	Dr. S.L. Yadav, Associate Professor, Deptt. of Physical Medicine and Rehabilitation, All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110029
3		Christian Medical College, Vellore, Tamil Nadu	Dr. George Tharion, Deptt. of Orthopedics, Christian Medical College, Vellore - 632002, Tamil Nadu
4.		MCOAHS, Manipal University, Karnataka	Dr. G. Arun Maiya, Deptt. of Physiotherapy, MCOAHS, Manipal University, Manipal - 576104, Karnataka
5	Speech & Hearing	Ali Yavar Jung, National Institute for the Hearing Handicapped, Mumbai	Dr. R. Rangasayee, Director, Ali Yavar Jung, National Institute for Hearing Handicapped, Bandra Reclamation Bandra (West), Mumbai - 400050
6.	Mental/ Psychiatric	NIMHANS Hasur, Road, Bangalore, Karnataka	Dr. (Prof.) K. Sekar, Deptt. Of Psychiatric Social Work, NIMHANS, Hasur Road, Bangalore-560029 Karnataka
		Schizophrenia Research Foundation, Chennai	Dr. Padmavati, Joint Director, Schizophrenia Research Foundation, R - 7A, North Main Road, Anna Nagar West (Extn) Chennai -600101
8.	Visually Handicapped	National Institute for Visually Handicapped Dehradun, Uttarakhand	Dr. Geetika Mathur, Medical Officer, National Institute for Visually Handicapped, 116, Rajpur Road, Dehradun-24801, Uttarakhand

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय /MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/(RAILWAY BOARD)

No. 2010/H-1/7/3

New Delhi dated:-30/03/2010

The General Manager(Medical),
All Indian Railways

Sub:- Prevention and Control of HIV/AIDS in
Indian Railways. Sentinel Survey- 2010.

Annual Sentinel Survey is carried out in the Railways Hospitals during the month of April every year to know the Prevalence Rate amongst various Zonal Railways and also between the Railways and State.

As such, the Sentinel Survey for the calendar year 2010 may kindly be carried out in the Railway Hospitals of your zones during the month of April 2010 as per the guidelines issued vide this office letter No. 2006/H-1/7/18 dated 15/03/2007 (copy enclosed).

Please also ensure that the yardstick for the samples collected is adhered to.

The report on the prescribed proforma may kindly be sent within 15 days of the survey completed.

Encl:- as Above.

(डा. राजीव कुमार जैन) / (Dr. Rajiv Kumar Jain),
निदेशक/स्वास्थ्य एवं प.क./Director/Health & FW,
रेलवे बोर्ड/Railway Board

E Mail: dhfw@rb.railnet.gov.in

Phone: Rly: 43395, MTNL: 011- 23388373, 23303395.

Fax: Rly: 030-43395, MTNL: 011-23388373

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2006/H-1/7/18

New Delhi, dated : 15.3.2007

Chief Medical Director,
All Zonal Railways.

Sub: HIV/AIDS Prevention and Control Programme : Sentinel Survey.

In order to enable estimation of the spread of infection of HIV in Indian Railways' population, sentinel survey has been carried out in the year 2005 during month of Jan/Feb. and 2006 during month of Jan-April. For the year 2007 the sentinel survey be carried out in the month of April/May 2007. The methodology for carrying out the sentinel survey shall be as follows:-

1. The survey shall be carried out in all the Hospitals with more than 50 beds each.
2. The number of samples to be tested shall be as follows :-
Zonal Hospitals of 9 old Zones = 5000 samples each.
Other Railway Hospitals = 1000/1500/2000 samples each

The number of samples in a particular Railway Hospital (Divisional/ Production Unit/Workshop/Sub Divisional Hospital) having more than 50 beds each shall be decided by the Chief Medical Director for each Hospital.

3. The source of blood samples should be the blood sample normally collected for other purposes from the patients attending the OPD/Indoor of the respective Hospital.
4. The samples should be collected on fixed days/week. This should be rotated. Alternatively the samples should be collected all days of weeks or 2 weeks.
5. No medical or para-medical personnel, other than the personnel of Pathology Department, should be aware about the day/week of carrying out the sentinel survey. This will ensure confidentiality.
6. All the blood samples are to be taken in plain glass vial. The serial number of the samples should be affixed. Under no circumstances the identity of the person whose blood sample is collected should be known at any stage. Thus, the sampling shall be unlinked anonymous.

— 26 —

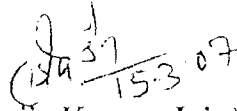
P.T.O.

7. For ease of testing efficiency, samples from 10 persons are to be pooled in one vial for testing of HIV. If any of these samples are positive then each of the 10 samples from which the blood has been collected should be tested for establishing the positive status amongst those 10 samples.
8. The test results should be tabulated as per the proforma below :-

Name of the Hospital	Period during which the samples have been taken	Total number of samples tested	Samples found positive for HIV.	% of samples found positive for HIV.

The same should be arranged to reach this office by 15th of June 2007

Kindly ensure that before starting the sentinel survey, sufficient number of HIV testing kits are available in stock.


(डा. राजीव कुमार जैन)(Dr. Rajiv Kumar Jain)
निदेशक (स्वा. एवं प.क.)/Director (H&FW)
Railway Board

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD**

No. 2010/H -1/8/1/3

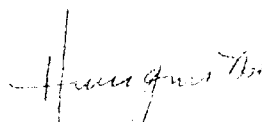
New Delhi, dated 20.4.2010

**The General Managers,
All Indian Railways and
Production Units.**

Sub: Guidelines to reduce Environmental Pollution due to Mercury and E-waste in Central Government Hospitals and Health Centers.

**Ref: Directorate General of Health Services, Ministry of Health
and Family Welfare, New Delhi's letter No. A.28015/24/2009-MH-II
dated 18.3.2010.**

Copy of the approved Guidelines to reduce Environmental Pollution due to Mercury and E-waste in Central Government Hospitals and Health Centres received from Directorate General of Health Services, Ministry of Health and Family Welfare Government of India vide above referred letter are enclosed for information and necessary action for implementation in the Railway Hospitals and Health Units.

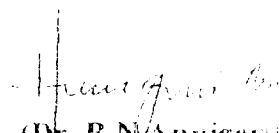

(Dr. B.M. Annigeri)
Ex. Director Health (G)
Railway Board.

BA/As above.

Copy to:-

1. Dr. Anil Kumar, Chief Medical Officer, MH II Section, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi (in reference to his letter referred above)
2. Chief Medical Director, All Indian Railways and Chief Medical Superintends, Production Units
3. Computer Facilitation Centre, Room No 5, Near Gate No 1, Rail Bhawan
4. Directors of CTIs, IRICEN/Pune, IRIEEN/Nasik, IRJSET, Secunderabad, IRIMFE Jamalpur and IRITM/Lucknow
5. General Manager & FA&CAO, Metro Rail/Kolkata
6. General Manager & FACAO, CORE, Allahabad

- 7 The Director General, Railway Staff College, Vadodara
- 8 The Managing Director, RITES New Delhi House, 27, Barakhamba Road, New Delhi and
(b) IRCON, International Limited, C-4, District Centre, Saket, New Delhi-17, (c) CRIS
Safdarjung Railway Station, Chankyapuri, New Delhi (d) IRFC NBCC Place Bhisma
Pitamah Marg, Pragati Vihar, Lodhi Road (e) CONCOR of India Ltd Concor Bhawan C-3
Mathura Road, Opposite Appolo Hospital, New Delhi-110076
- 9 The General Secretary, IRCA/New Delhi
- 10 Director General RDSO, Lucknow
- 11 The Chairman, RCC, Lok Sabha Secretariat, New Delhi
- 12 The Chairman, RRT, Chennai
- 13 The Chairman RCT
- 14 The Chairman RRB/Ajmer, Ahmedabad, Allahabad Bangalore, Bhopal, Bhubaneswar
Chandigarh, Chennai, Calcutta, Jammu, Gorakhpur, Guwahati, Malda, Mumbai
Muzaffarpur, Patna, Ranchi, Secunderabad and Trivandrum
- 15 The Chairman, Passenger Services Committee
- 16 Members Passenger Amenities Committee
- 17 The C.A.O(g) COPEMOW, Tilak Bridge, New Delhi
- 18 The Director CAMTECH/Gwalior
- 19 The C.A.O (G) MTP(g)/Mumbai (b)MTP/Chennai
- 20 Office of the Chief Project Administrator (Telecom), Indian Railway Central Organisation
for Telecom Consultancy Shivaji Bridge, New Delhi
- 21 Chief Mining Advisor, Ministry of Railway, Dhanbad
- 22 The C.A.O (Const) Central Railway Mumbai
- 23 Chief Mining Advisor, Ministry of Railways
- 24 The Director (Movement) Railways/Calcutta


 (Dr. B.N. Annigeri)
 Ex. Director Health (G)
 Railway Board

No. 2010/H -1/8/1/3

New Delhi, dated 28/4/2010

Copy to

- 1 The General Secretary, AIRF, Room No 253, Rail Bhawan, New Delhi
- 2 The General Secretary, NFIR, Room No 256-E, Rail Bhawan, New Delhi
- 3 All Members of Departmental Council and National Council and Secretary, Staff Side
National Council, 13-C, Ferozeshah Road, New Delhi
- 4 The Secretary General, FROA & IRPOA, Room No 256-A & 268, Rail Bhawan, New
Delhi
- 5 The General Secretary, All India RPF Association, Room No 256-D, Rail Bhawan, New
Delhi
- 6 The Secretary, RBSS Group 'A' Officers Association, Room No 402, Rail Bhawan, New
Delhi
- 7 The Secretary, RBSS Group 'B' Officers Association, Rail Bhawan, New Delhi
- 8 The Secretary, RBMSA, Railway Bhawan, New Delhi
- 9 The Secretary, Railway Board Group 'D' Employees Association, Rail Bhawan, New
Delhi

Guidelines to Reduce Environmental Pollution due to Mercury and E-waste in Central Government Hospitals and Health Centers.

1. All Central Government Hospitals and health centers are advised to gradually phase out mercury containing equipments (thermometer, BP Instruments etc) and replace them with good quality non mercury equipments. In order to prevent the toxic effects of mercury on patients and health care workers. It is recommended that a mercury phase-out plan be developed, to start procurement of new equipment which is mercury-free
2. Until the mercury based equipments are fully phased out, following guidelines will be used for management of Mercury waste
 - a) As mercury waste is hazardous waste, the storage, handling, treatment and disposal practices should be in line with the requirements of Government of India's Hazardous Waste (Management, Handling and Trans-boundary Movement) Rules 2008, which may be seen at website www.cpcb.nic.in
 - b) Mercury-contaminated waste should not be mixed with other biomedical waste or with general waste. It should not be swept down the drain and wherever possible, it should be disposed off at a hazardous waste facility or given to a mercury-based equipment manufacturer
 - c) Precaution should be taken not to handle mercury with bare hands and as far as possible, jewellery should be removed at the time of handling mercury. After handling mercury, hands must be carefully washed before eating or drinking. Appropriate personal protective equipment (rubber gloves, goggles, face shields and clothing) should be used while handling mercury
 - d) Mercury-containing thermometers should be kept in a container that does not have a hard bottom. Prefer a plastic container to a glass container, as the possibility of breakage will be less
 - e) In case of breakage, cardboard sheets should be used to push the spilled beads of mercury together. A syringe should be used to suck the beads of mercury. Mercury should be placed carefully in a container with some water. Any remaining beads of mercury will be picked up with a sticky tape and placed in a plastic bag properly labeled
3. Reporting formats must be used to report and register any mercury spills/leakages
4. Hospitals and health centres should work to create awareness among health workers and other stakeholders regarding the health and safety hazards of mercury and E-waste (electrical and electronic waste)
5. A clause for buy back policy may be included at the time of tendering for purchase of electronic equipments for minimization of E-waste
6. E-waste recyclers authorized by Central Pollution Control Board may be contacted for collection and disposal of E-waste

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

No.2010/H-1/11/71(WCR)

New Delhi, dt.27.04.10

Chief Medical Director,
All Indian Railways.

**Sub: -Recognition/Extension of Private Hospital for
Railway beneficiaries.**

In continuation of Board's letter No:2007/H-1/11/Misc dt.11.5.07 (Copy attached), Board desires that in addition to the check-list, some more information may be furnished by the Railways before the proposals for recognition and extension/renewal cases of the private hospitals are examined in Board's Office.

- Patients referred in the past three years to the proposed hospital (Specialty-wise)
- Expenditure billed and reimbursed/paid thereof;
- Efforts made to explore development of other hospitals which have emerged in the meanwhile, who may offer more competitive rates/services;
- This exercise to be carried out after at least every three years.

(Dr. Pankaj Kapoor)
Executive Director Health(P)
Railway Board.

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/(RAILWAY BOARD)

No. 2010/H-I/7/1
The Chief Medical Director,
All Indian Railways,
(except EC/NC and WC)

New Delhi dated:- 07/05/2010

Sub:- Prevention and Control of HIV/AIDS in Indian Railways
Functioning of ICTCs and Remuneration of Counselors

Reference may please be made to this office letter No. 2009/H-I/7/1 dated 05/10/2009 (copy enclosed) vide which it was advised that:-

1. The respective Railways to please identify the Nurses (two from each hospital where ICIC is functioning) to be trained for counseling under NACP-III.
2. Please co-ordinate with respective State AIDS Control Society for arranging refresher courses to Counselors at 1, 2, and 3 above and inform this office accordingly.

It was also advised vide above that the salary of the counselors is to be fixed and paid as per NACO guidelines (website : www.nacoonline.org).

The matter may please be reviewed on priority and action taken on the same be advised to this office so that National AIDS Control Organisation(NACO), Department of AIDS, Ministry of Health & Family Welfare be informed accordingly.

It is also informed that National AIDS Control Organisation(NACO), Department of AIDS, Ministry of Health & Family Welfare requires the above information early.

The information may kindly be submitted within 10 days of the receipt of this letter as the matter is URGENT.

Encl:- As above.

(डा. राजीव कुमार जैन) / (Dr. Rajiv Kumar Jain),
निदेशक/स्वास्थ्य एवं प.क./Director/Health & FW,
रेलवे बोर्ड/Railway Board
E Mail: dhfw@rb.railnet.gov.in
Phone: Rly: 43395, MTNL: 011- 23388373, 23303395.
Fax: Rly: 030-43395, MTNL: 011-23388373

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय /MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/(RAILWAY BOARD)

No. 2009/H-I/7/1

New Delhi dated:- 05/10/2009

The General Manager(Medical),
All Indian Railways
except EC, NC and WC.

Sub:- Prevention and Control of HIV/AIDS in Indian Railways.

National AIDS Control Organisation,(NACO), Department of AIDS, Ministry of Health & Family Welfare, vide their letter No. M.18011/01/2008 NACO(F) dated 24/09/2009 have conveyed the administrative approval for Rs 65.00 lakhs(Rs. Sixty Five lakhs only) for payment of remuneration of Counselors of ICTCs and other Contractual staff for the financial year 2009-2010 with the condition stipulated as under:-

S. No.	CATEGORY	The following Centres falls under the category
1	13 well performing centres to be full fledged ICTCs. However, to improve their performance ICTCs in 2 & 3 below will also be included in the Refresher Training.	CR -- Byculla, Kalyan & Solapur ER -- Sealdah NR -- Central Hospital N/Delhi NER -- Gorakhpur SR -- Central Hospital Perambur Golden-Rock & Madurai SCR -- Central Hospital Lallaguda SER -- GardenReach & Kharagpur WR -- CentralHospital /JRH
2	Ten borderline ICTCs (output 501-1000 tests) will be reviewed and if their performance does not improve by March 2010, they will also become Facility Integrated Centres	CR -- Bhusawal NR -- Delhi NER -- Varanasi NFR -- Maligaon SR -- Chennai & Salem SCR -- Vijayawada & Guntakal SWR -- Hubli WR -- Vadodara
3	Nine low performing ICTCs shall converted into 'Facility Integrated ICTC'. Railways will identify nurses to be trained under NACP-III for counseling.	ER -- Howrah ECOR -- Waltair NR -- Lucknow & Patiala NFR -- Lumding & Katihar NWR -- Ajmer & Jodhpur WR -- Ratlam

6 out of 6

Sr. No. 1 above: The respective Railways to please identify the Nurses (two from each hospital where ICTC is functioning) to be trained for Counselling under NACP-III.

Sr. No. 2& 3 above: Please coordinate with respective State AIDS Control Society for arranging refresher courses to Counselors at 1, 2, and 3 above and inform this office accordingly.

It may please be ensured that salary of the counselors to be fixed and paid as per NACO guidelines

Please arrange to send immediately the expenditure incurred during the year 2008-2009 and closing balance as on 31/03/2009 duly verified by your Associate Accounts for further submission of the same to NACO to enable them to release the grant considering the closing balance with Railways..

This may kindly be treated as MOST URGENT.

(डा. राजीव कुमार जैन) / (Dr. Rajiv Kumar Jain),

निदेशक/स्वास्थ्य एवं प.क./Director/Health & FW,

रेलवे बोर्ड/Railway Board

E Mail: dhfw@rb.railnet.gov.in

Phone: Rly: 43395, MTNL: 011- 23388373, 23303395

Fax: Rly: 030-43395, MTNL: 011-23388373

Copy for information to FA&CAO- All Indian Railways except EC/NC/WC

भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय MINISTRY OF RAILWAYS
(रेलवे बोर्ड RAILWAY BOARD)

No 2010/H-1/11/36/DC/DCM)

New Delhi dated 10.6.10

The Chief Medical Director
All Indian Railways.

Sub - Submission of proposals of recognition of hospitals
regarding.

Arising out of a demand in the DC/DCM for need of a system for renewal of contract of referral hospitals, it has been decided that the proposal for recognition of hospitals may be furnished before 3 (three) months of the expiry of the existing contract since the existing contracts expire before the renewal of the same causing hardship to the Railway beneficiaries.

The above may be complied with before sending the proposals to the Board's office.

(Dr.B.R. Annigeri)
Executive Director Health (G)
Railway Board.

Check List

1. **Justification for the proposal mentioning the present status of Railway Hospital, services provided by it, any future plan for expansion. No. of Honorary Consultant/Visiting Specialist (specialty wise).**
2. **Justification for recognition/extension with technical aspect i.e. number of beds, facilities/specialties/services offered/medical setup etc. at proposed Hospital.**
3. **Total number of Railway beneficiaries catered by the Railway Hospital.**
4. **Any other hospital recognized in the city. If so, how are facilities/parameters mentioned at (2) above are different or better in the present proposal.**
5. **Comparative statement of the package rates as well as Diagnostic charges of other recognized hospital in the city and with the CGHS rates of that city or the nearest city.**
6. **Letter of willingness of the hospital concerned.**
7. **Three copies of rate list of Hospital duly verified by the competent authority.**
8. **Reasons for recognition of more than one hospital.**
9. **Concurrence of the Finance along with verbatim comments of FA & CAO.**
10. **Approval of G.M.**
11. **Patients referred in the past three years to the any other hospital (Specialty-wise) (Private & Government).**
12. **Expenditure bill and reimbursed/paid thereof.**
13. **Efforts made to explore development of other hospitals which have emerged in the meanwhile, who may offer more competitive rates/services. This exercise to be carried out after at least every three years.**

ISSUED

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No. 2010/H/5/12

New Delhi, dated 14.06.10

General Managers,
All Indian Railways.

Sub.: Abnormal delay in the matter of setting up of Medical Board, holding of the Board & acceptance of its report – harassment to the employee.

Arising out of a demand raised in DC/JCM meeting, the above mentioned subject has been examined in Board's office and the following instructions are to be followed:

- i. All long sickness & IOD cases who are on sick list to be reviewed by CMS after 3 months and 6 months alongwith the specialist concerned for continuation of treatment or fitness. For decategorisation/invalidation. necessary action to be taken accordingly.
- ii. In case the period on sick/IOD needs to be extended, the case has to be reviewed after every 3 months for continuation of treatment, fitness, decategorisation or invalidation by standing Medical Board with CMS as the Chairperson and recommendation of Board to be sent to CMD for approval.
- iii. The time taken in holding of Medical Board examination and acceptance of its report should preferably not exceed a period of one month.

The above time schedule is to be strictly adhered to.

Handwritten signature
(Dr. B.N. Annigeri)
Executive Director, Health(G)
Telefax 011-23386882
E-mail: edh@rb.railnet.gov.in

Copy to : Chief Medical Directors, All Indian Railway.

**भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD**

No.2005/H/6-4/Policy-II

New Delhi, dated : 22.06.2010

**The General Managers,
All Indian Railways, Production Units.**

Sub: Reimbursement of Medical Expenses- Procedure of disposal.

Ref : Board's letter of even number dated 31.1.2007.

Reference may please be made as the above referred letter.

It has been represented by AIRF that in the above letter "some examples of 'Emergency' have been cited, but the Railways sometimes take those as the only cases of 'Emergency' which have been cited in the examples."

In this regard, it is clarified that in the letter No.2005/H/6-4/Policy II dated 31.1.07 in Para 1 some examples of emergency conditions are only a few of the examples and they are not exhaustive in nature. There may be conditions which have to be interpreted as emergency based on the clinical knowledge and likelihood of occurrence of complications/deterioration or death, if definitive medical treatment is not initiated immediately.

AIRF has also pointed out that "the patients referred to other Railway Hospitals/Govt. Hospitals, Referral Hospitals and those hospitals further send the patients to some other non-recognized hospitals for clinical/pathological tests. Bills for such clinical/pathological tests are refused on some plea or the other." In this regard, attention is invited to note under para 647(1) of IRMM, 2000 wherein provisions exist where if, in the course of treatment in a referred Govt./Recognized hospital, some investigations are required to be done at a place other than that hospital, such referral should also be routed through the Authorized Medical Officer except those cases of patients who are taking indoor treatment in that hospital. It is, therefore, reiterated that provisions already exist for allowing claims for reimbursement of expenses where in a referred case to Govt./Recognized Hospital during the period of indoor treatment in that hospital, some investigations are required to be done at a place other than that hospital, without the same being routed through the Authorized Medical Officer.

**भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)**

सं. 2005/एच/6-4/पॉलिसी-II

नई दिल्ली, दिनांक: 22.06.2010

महाप्रबंधक,
सभी भारतीय रेलें, उत्पादन इकाइयां।

विषय: चिकित्सा खर्च की प्रतिपूर्ति - निपटान की प्रक्रिया।

संदर्भ: बोर्ड का दिनांक 31.01.2007 का समसंख्यक पत्र।

उपर्युक्त संदर्भाधीन पत्र देखें।

एआईआरएफ द्वारा यह अनुरोध किया गया है कि उपर्युक्त पत्र में "'आपातकालीन' के कुछ उदाहरण उद्धृत किए गए हैं लेकिन कई बार रेलें केवल उन मामलों को 'आपातकालीन' के रूप में लेती हैं, जो उदाहरणों में उद्धृत किए गए हैं।"

इस संबंध में, यह स्पष्ट किया जाता है कि दिनांक 31.01.2007 के पत्र सं. 2005/एच/6-4/पॉलिसी-II के पैरा 1 में आपातकालीन स्थिति के मात्र कुछ उदाहरण दिए गए हैं तथा वे संपूर्ण प्रकृति के नहीं हैं। ऐसी स्थितियां हो सकती हैं जिनकी क्लीनिकल जानकारी के आधार पर आपातकालीन के रूप में व्याख्या की जानी होती है तथा जिनमें तुरंत निश्चित चिकित्सा उपचार नहीं किए जाने पर जटिलताएं/विकृति अथवा मृत्यु होने की संभावना होती है।

एआईआरएफ ने यह भी उल्लेख किया है कि "अन्य रेलवे अस्पतालों/सरकारी अस्पतालों में रैफर किए गए रोगियों को, रैफर किए गए अस्पतालों द्वारा ही क्लीनिकल/पैथोलॉजिकल जांच के लिए किन्हीं अन्य गैर-मान्यताप्राप्त अस्पतालों में भेज दिया जाता है। ऐसी क्लीनिकल/पैथोलॉजिकल जांच के बिल कोई न कोई तर्क के आधार पर अस्वीकार कर दिए जाते हैं।" इस संबंध में, भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 647(1) की ओर ध्यान आकर्षित किया जाता है जिसमें यह प्रावधान है कि यदि रैफर किए गए सरकारी/मान्यताप्राप्त अस्पताल में उपचार के दौरान रोगियों की कुछ जांचें किसी अन्य अस्पताल में कराई जानी अपेक्षित हों तो उन रोगियों के मामलों को छोड़कर जो उस अस्पताल में अन्तरंग उपचार करा रहे हों, सभी मामले प्राधिकृत चिकित्सा अधिकारी के माध्यम से भेजे जाएं। अतः यह दोहराया जाता है कि उन मामलों में खर्च की प्रतिपूर्ति के दावों की अनुमति का प्रावधान पहले से है जिनमें रैफर किए

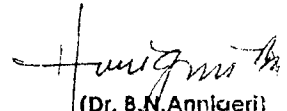
Endorsement 4

No. 2005/H/6-4/policy -II

New Delhi, dated 6.2010

Copy to:

- 1 Chief Medical Directors All Indian Railways (Including Pus)
- 2 Computer facilitation Centre, Room No. 5, Near Gate No 1, Rail Bhawan.
- 3 Directors of CTIs, IRICEN/Pune, IRIEN/Nasik, IRSET, Secunderabd, IRIMEE/Jamapur and IREITEM/Lucknow.
- 4 General Manager & FA&CAO, Metro Rail/Kolkata.
- 5 General Manager & FA&CAO, CORE, Allahabad.
- 6 The Director General, Railway Staff College, Vadodara.
- 7 The managing Director, RITES, New Delhi House, 27, Barakhamba Road, New Delhi and (b) IRCON Palika Bhawan, Sector XIII, R.K. Puram, New Delhi. (c) CRIS, Safdarjung Railway Station, Chankyapuri, New Delhi. (d) IRFC, NBCC place Bhishma Pitamah Marg, Pragti Vihar, Lodhi Colony, New Delhi. (e), CONCOR of India, Ltd., Konkani Railway Corpn. Ltd. Belapur Bhawan Sector-11, CBD Belapur, Navi Mumbai, RVNL, Plot No. 25, 1st Floor, August Kranti Bhawan, Bhikaji Cama Place, New Delhi-110066.
- 8 The General Secretary, IRCA/New Delhi.
- 9 The Secretary, Railway Board, Promotee Officers Association, Room No.341-C, Rail Bhawan, New Delhi.
- 10 Director General RDSO, Lucknow.
- 11 The Chairman, RCC, Lok Sabha Secretariat, New Delhi.
- 12 The Chairman, RRT, Chennai.
- 13 The Chairman, RCT, All Indian Railways.
- 14 The Chairman, RRB/Ajmer, Ahmedabad, Allahabad, Bangalore, Bhopal, Bhubaneswar, Chandigarh, Chennai, Kolkata, Jammu, Gorakhpur, Guwahati, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad & Trivandrum.
- 15 The Chairman, Passenger Amenities Committee.
- 16 Member Passenger Amenities Committee.
- 17 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
- 18 The Director, CAMTECH/Gwalior.
- 19 The CAO (a) MTP(G)/Mumbai (b) MTP (G)/Chennai.
- 20 Office of the Chief Project Administrator (Telecom), Indian Railways Central Organisation for Telecom Consultancy, Shivaji Bridge, New Delhi.
- 21 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 22 The CAO(Const.), Central Railway, Mumbai.
- 23 The Director (Movement) Railways/Kolkata.


(Dr. B.N. Annigeri)
Executive Director, Health(G)
Railway Board.

No. 2005/H/6-4/policy-II

New Delhi, dated 22.6.2010

Copy to:

- 1 The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi.
- 2 The General Secretary, NFIR, Room No. 256-E, Rail Bhawan, New Delhi.
- 3 All Members of Departmental Council and National Council and Secretary, Staff Side, National Council, 13-C, Feorzeshah Road, New Delhi. (60 copies)
- 4 The Secretary General, FROA & IRPOA, Room No.256-A & 268, Railway Board.
- 5 The General Secretary, All India RPF Association, Room No.256-D, Rail Bhawan, New Delhi.
- 6 The Secretary, RBSS Group 'A' Officers Association, Room No.402, Rail Bhawan, New Delhi.
- 7 The Secretary, RBSS Group 'B' Officers Association, Rail Bhawan, New Delhi.
- 8 The Secretary, RBMSA, Rail Bhawan, New Delhi.
- 9 The Secretary, Railway Board Group 'D' Employees Association, Rail Bhawan, New Delhi.
- 10 The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Rail Bhawan, New Delhi.
- 11 Chief Commissioner of Railway Safety, Lucknow.
- 12 Advisor (Safety), Railway Board, New Delhi.
- 13 The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.
- 14 General Secretary, Retired Railway Employees Welfare Association (Regd.), 490A/16, Gurudwara Road, Gurgaon.


For Secretary, Railway Board.

Copy to :

PS to MR, MSR(A), & MSR(M).

Sr. FFS to CRB, FC, MS, ME, MT, ML, MM, All Additional Members DG/RHS, DG/RPF, Secretary, All Officers and Branches of Railway Board.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

No.2005/H/6-4/Policy-II

New Delhi, Dated : 22.06.2010

The General Managers,
All Indian Railways, Production Units.

CORRIGENDUM

Sub: Reimbursement of Medical Expenses- Procedure of disposal.

Ref : Board's letter of even Number dated 31.1.2007.

Arising out of demand made by AIRF in the meeting held with DC/JCM in August 2009 on the subject of improvement in the settlement of claims for reimbursement of medical expenses, the matter has been under consideration of the Board for some time. After careful examination, it has been decided to amend the procedure of reimbursement of medical expenses further by way of corrigendum to the Advance Correction Slip issued vide Board's letter No. 2005/H/6-4/Policy-II dated 31.01.2007.

2. These instructions shall be effective from the date of issue of the letter. Past cases, already decided shall not be re-opened.

3. This issues with the concurrence of Finance Directorate of Ministry of Railways.



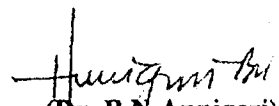
(Dr. B.N. Annigeri)
Exe. Director Health (Genl.)
Railway Board.

New Delhi, dated 22.06.2010

No.2005/H/6-4/Policy-II

Copy forwarded to:

1. Chief Medical Directors /All Indian Railways.
2. FA&CAO/All Indian Railways



(Dr. B.N. Annigeri)
Exe. Director Health (Genl.)
Railway Board

New Delhi, dated 22.06.2010

No.2005/H/6-4/Policy-II

Copy forwarded to:

1. Principal Director of Audit/All Indian Railways (Including PUs)
2. Deputy Comptroller and Audit General of India (Railways), Room No.224, Rail Bhawan, New Delhi.



For Financial Commissioner/Railways.

Copy to F(E) Spl. Branch/Railway Board.

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2005/एच/6-4/पॉलिसी -II

नई दिल्ली, दिनांक 22.06.2010

महाप्रबंधक,
सभी भारतीय रेलें, उत्पादन इकाइयां.

शुद्धि पत्र

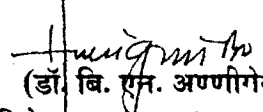
विषय : चिकित्सा व्ययों की प्रतिपूर्ति - निपटान की प्रक्रिया.

संदर्भ : बोर्ड का दिनांक 31.1.2007 का समसंख्यक पत्र.

चिकित्सा व्ययों की प्रतिपूर्ति के लिए दावों के निपटान में सुधार के विषय पर अगस्त, 2009 में डीसी/संयुक्त वार्ता तंत्र के साथ आयोजित बैठक में ए आई आर एफ द्वारा उठाई गई मांगों के मद्देनजर, यह मामला कुछ समय से बोर्ड के विचाराधीन था. सावधानीपूर्वक जांच के बाद, यह विनिश्चय किया गया है कि बोर्ड के दिनांक 31.01.2007 के पत्र सं. 2005/एच/6-4/पॉलिसी-II के तहत जारी अग्रिम शुद्धि पर्ची के लिए शुद्धि पत्र के रूप में चिकित्सा व्ययों की प्रतिपूर्ति की प्रक्रिया को पुनः संशोधित किया जाए.

2. ये अनुदेश इस पत्र के जारी होने की तारीख से प्रभावी होंगे. उन पिछले मामलों, जिन पर पहले ही निर्णय हो चुका है, को पुनः नहीं खोला जाएगा.

3. इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा है.

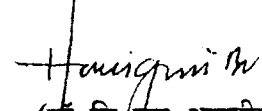

(डॉ. बि. एन. अण्णीगेरी)
कार्यपालक निदेशक, स्वास्थ्य (सामान्य)
रेलवे बोर्ड

सं. 2005/एच/6-4/पॉलिसी -II

नई दिल्ली, दिनांक 22.06.2010

प्रतिलिपि प्रेषित:-

- (1) मुख्य चिकित्सा निदेशक/सभी भारतीय रेलें.
- (2) वित्त सलाहकार एवं मुख्य लेखाधिकारी/सभी भारतीय रेलें

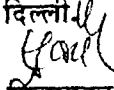

(डॉ. बि. एन. अण्णीगेरी)
कार्यपालक निदेशक, स्वास्थ्य (सामान्य)
रेलवे बोर्ड

सं. 2005/एच/6-4/पॉलिसी-II

नई दिल्ली, दिनांक 22.06.2010

प्रतिलिपि प्रेषित:

1. मुख्य निदेशक, लेखा परीक्षक/सभी भारतीय रेलें (उत्पादन इकाइयों सहित).
2. भारत के उपनियंत्रक एवं महालेखा परीक्षक (रेलें), कमरा नं. 224, रेल भवन, नई दिल्ली


कृते वित्तायुक्त/रेलें

एफ (ई) स्पे. शाखा/रेलवे बोर्ड को प्रतिलिपि:

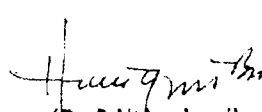
Endorsement 4

No. 2005/H/6-4/policy-II

New Delhi, dated 22.6.2010

Copy to:

- 1 Chief Medical Directors All Indian Railways (Including Pus)
- 2 Computer facilitation Centre, Room No. 5, Near Gate No.1, Rail Bhawan.
- 3 Directors of CTIs, IRICEN/Pune, IRIEEN/Nasik, IRISSET, Secunderabd, IRIMEE/Jamalpur and IREITEM/Lucknow.
- 4 General Manager & FA&CAO, Metro Rail/Kolkata.
- 5 General Manager & FA&CAO, CORE, Allahabad.
- 6 The Director General, Railway Staff College, Vadodara.
- 7 The managing Director, RITES, New Delhi House, 27, Barakhamba Road, New Delhi and (b) IRCON Palika Bhawan, Sector XIII, R.K. Puram, New Delhi. (c) CRIS, Safdarjung Railway Station, Chankyapuri, New Delhi. (d) IRFC, NBCC place Bhishma Pitamah Marg, Pragti Vihar, Lodhi Colony, New Delhi. (e) CONCOR of India, Ltd., Konkan Railway Corpn. Ltd, Belapur Bhawan Sector-11, CBD Belapur, Navi Mumbai, RVNL, Plot No. 25, 1st Floor, August Kranti Bhawan, Bhikaji Cama Place, New Delhi-110066.
- 8 The General Secretary, IRCA/New Delhi.
- 9 The Secretary, Railway Board, Promotee Officers Association, Room No.341-C, Rail Bhawan, New Delhi.
- 10 Director General RDSO, Lucknow.
- 11 The Chairman, RCC, Lok Sabha Secretariat, New Delhi.
- 12 The Chairman, RRT, Chennai.
- 13 The Chairman, RCT, All Indian Railways.
- 14 The Chairman, RRB/Ajmer, Ahmedabad, Allahabad, Bangalore, Bhopal, Bhubaneswar, Chandigarh, Chennai, Kolkata, Jammu, Gorakhpur, Guwahati, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad & Trivandrum.
- 15 The Chairman, Passenger Amenities Committee.
- 16 Member Passenger Amenities Committee.
- 17 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
- 18 The Director, CAMTECH/Gwalior.
- 19 The CAO (a) MTP(G)/Mumbai (b) MTP (G)/Chennai.
- 20 Office of the Chief Project Administrator (Telecom), Indian Railways Central Organisation for Telecom Consultancy, Shivaji Bridge, New Delhi.
- 21 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 22 The CAO(Const.), Central Railway, Mumbai.
- 23 The Director (Movement) Railways/Kolkata.


(Dr. B.N. Annigeri)
Executive Director, Health(G)
Railway Board.

No. 2005/H/6-4/policy-II

New Delhi, dated 22.6.2010

Copy to:

- 1 The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi.
- 2 The General Secretary, NFIR, Room No. 256-E, Rail Bhawan, New Delhi.
- 3 All Members of Departmental Council and National Council and Secretary, Staff Side, National Council, 13-C, Feorzesah Road, New Delhi. (60 copies)
- 4 The Secretary General, FROA & IRPOA, Room No.256-A & 268, Railway Board.
- 5 The General Secretary, All India RPF Association, Room No.256-D, Rail Bhawan, New Delhi.
- 6 The Secretary, RBSS Group 'A' Officers Association, Room No.402, Rail Bhawan, New Delhi.
- 7 The Secretary, RBSS Group 'B' Officers Association, Rail Bhawan, New Delhi.
- 8 The Secretary, RBMSA, Rail Bhawan, New Delhi.
- 9 The Secretary, Railway Board Group 'D' Employees Association, Rail Bhawan, New Delhi.
- 10 The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Rail Bhawan, New Delhi.
- 11 Chief Commissioner of Railway Safety, Lucknow.
- 12 Advisor (Safety), Railway Board, New Delhi.
- 13 The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.
- 14 General Secretary, Retired Railway Employees Welfare Association (Regd.), 490A/16, Gurudwara Road, Gurgaon.


For Secretary, Railway Board.

Copy to:

PS to MR, MSR(A), & MSR(M),

Sr. PPS to CRB, FC, MS, ME, MT, ML, MM All Additional Members DG/RHS, DG/RPF, Secretary, All Officers and Branches of Railway Board.

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No.2009/H-1/11/22

dt.28.06.10

**The General Managers,
All Indian Railways.**

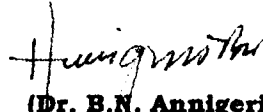
Sub: - Extension of the facility of semi-private room in favour of kidney transplantation, liver and critical renal failure of Railway beneficiary.

Arising out of demand in the DC/JCM for extension of the facility of semi-private room in favour of Railway employees/dependents undergoing kidney/liver transplantation when referred for the treatment to recognized Hospitals, the matter has been examined in the Board's office and it has been decided that

For Kidney Transplant Patients	For Liver Transplant Patients
Post operatively the patient will be kept in a post transplant ICU for 5 days. Following this he will be kept in single bedded/Isolation Room for another 5 days.	Post operatively the patient will be kept in post transplant ICU for ten days. Following this he will be kept in single bedded/Isolation Room for another 10 days.

This facility shall be provided to all such railway patients irrespective of their pay scales.

This issues with the concurrence of Finance Directorate.


(Dr. B.N. Annigeri)
Executive Director Health (G)
Railway Board.

No.2009/H-1/11/22

dt.28.06.10

Copy forwarded to : -

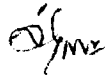
1. The Chief Medical Directors/All Indian Railways.
2. The FA & CAO/All Indian Railways.


(Dr. B.N. Annigeri)
Executive Director Health (G)
Railway Board.

No.2009/H-1/11/22

dt.28.06.10

Copy forwarded to Principal Director of Audit, All Indian Railways.


For Financial Commissioner/Railway.

Copy to F(E) Spl.

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2009/एच-1/11/22

नई दिल्ली, दिनांक: 28.06.2010

महाप्रबंधक,
सभी भारतीय रेलें।

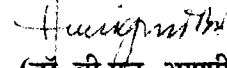
विषय: रेलवे लाभार्थियों के गुर्दा प्रत्यारोपण, लीवर तथा गंभीर रीनल फेलियर के मामले में सेमी-प्राइवेट कमरे की सुविधा देना।

रेलवे कर्मचारियों/उनके आश्रितों को गुर्दा/लीवर प्रत्यारोपण के लिए मान्यताप्राप्त/गैर-मान्यताप्राप्त अस्पतालों में रेफर किए जाने पर सेमी-प्राइवेट कमरे की सुविधा देने के लिए डीसी/जेसीएम में मांग किए जाने पर, मामले की बोर्ड कार्यालय में जांच की गई है तथा यह निर्णय लिया गया है कि

गुर्दा प्रत्यारोपण वाले रोगियों के लिए	लीवर प्रत्यारोपण वाले रोगियों के लिए
ऑपरेशन के बाद रोगी को 5 दिन के लिए पोस्ट ट्रांसप्लांट आईसीयू में रखा जाएगा। इसके बाद उसे अगले 5 दिन के लिए एक पलंग वाले/अलग कमरे में रखा जाएगा।	ऑपरेशन के बाद रोगी को 10 दिन के लिए पोस्ट ट्रांसप्लांट आईसीयू में रखा जाएगा। इसके बाद उसे अगले 10 दिन के लिए एक पलंग वाले/अलग कमरे में रखा जाएगा।

यह सुविधा रेलवे के ऐसे सभी रोगियों को उनके वेतनमानों पर ध्यान दिए बिना मुहैया की जाएगी।

इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है।



(डॉ. बी.एन. अण्णीगेरी)

कार्यपालक निदेशक, स्वास्थ्य (सामान्य)

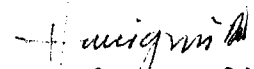
रेलवे बोर्ड

सं. 2009/एच-1/11/22

नई दिल्ली, दिनांक: 28.06.2010

प्रतिलिपि प्रेषित:

1. मुख्य चिकित्सा निदेशक/सभी भारतीय रेलें।
2. विस एवं मुलेधि/सभी भारतीय रेलें।



(डॉ. बी.एन. अण्णीगेरी)

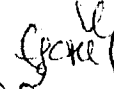
कार्यपालक निदेशक, स्वास्थ्य (सामान्य)

रेलवे बोर्ड

सं. 2009/एच-1/11/22

नई दिल्ली, दिनांक: 28.06.2010

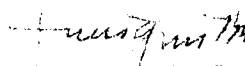
प्रमुख निदेशक लेखा परीक्षा, सभी भारतीय रेलें को प्रतिलिपि प्रेषित।



कृते वित्त आयुक्त/रेलें।

Copy to:

- 1 Computer facilitation Centre, Room No. 5, Near Gate No.1, Rail Bhawan.
- 2 Directors of CTIs, RSC/Baroda, IRICEN/Pune, IRIEN/Nasik, IRSET, Secunderabd, IRIMEE/Jamalpur and IREITEM/Lucknow.
- 3 General Manager & FA&CAO, Metro Rail/Kolkata.
- 4 General Manager & FA&CAO, CORE, Allahabad.
- 5 The Director General, Railway Staff College, Vadodara.
- 6 The managing Director, RITES, New Delhi House, 27, Barakhamba Road, New Delhi and (b) IRCON Palika Bhawan, Sector XIII, R.K. Puram, New Delhi. (c) CRIS, Safdarjung Railway Station, Chankyapuri, New Delhi. (d) IRFC (e), CONCOR of India, Ltd., Konkan Railway Corpn. Ltd. Belapur Bhawan Sector-11, CBD Belapur, Navi Mumbai, NVNL, Plot No. 25, 1st Floor, August Kranti Bhawan, Bhikaji Cama Place, New Delhi-110066.
- 7 The General Secretary, IRCA/New Delhi.
- 8 The Secretary, Railway Board, Promotee Officers Association, Room No.341-C, Rail Bhawan, New Delhi.
- 9 Director General RDSO, Lucknow.
- 10 Member Secretary, Expert Committee, Room No. 507, Rail Bhawan, New Delhi.
- 11 The Chairman, RCC, Lok Sabha Secretariat, New Delhi.
- 12 The Chairman, RRT, Chennai.
- 13 The Chairman, RCT, 13/15 Mal Rod, Delhi- 54.
- 14 The Chairman, RRB/Ajmer, Ahmedabad, Allahabad, Bangalore, Bhopal, Bhubaneswar, Chandigarh, Chennai, Kolkata, Jammu, Gorakhpur, Guwahati, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad & Trivandrum.
- 15 The Chairman, Passenger Amenities Committee.
- 16 Member Passenger Amenities Committee.
- 17 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
- 18 The Director, CAMTECH/Gwalior.
- 19 The CAO (a) MTP(G)/Mumbai (b) MTP (G)/Chennai.
- 20 Office of the Chief Project Administrator (Telecom), Indian Railways Central Organisation for Telecom Consultancy, Shivaji Bridge, New Delhi.
- 21 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 22 The CAO(Const.), Central Railway, Mumbai.
- 23 The Director (Movement) Railways/Kolkata.

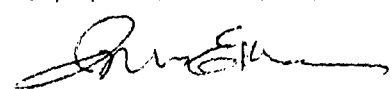

 (Dr. B.N. Annigeri)
 Executive Director, Health(G)
 Railway Board.

No. 2009/H-1/11/22

New Delhi, dated 28.06.2010

Copy to:

- 1 The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi.
- 2 The General Secretary, NFIR, Room No. 256-E, Rail Bhawan, New Delhi.
- 3 All Members of Departmental Council and National Council and Secretary, Staff Side, National Council, 13-C, Fearzeshah Road, New Delhi.
- 4 The Secretary General, FROA & IRPOA, Room No.256-A & 268, Railway Board.
- 5 The General Secretary, All India RPF Association, Room No.256-D, Rail Bhawan, New Delhi.
- 6 The Secretary, RBSS Group 'A' Officers Association, Room No.402, Rail Bhawan, New Delhi.
- 7 The Secretary, RBSS Group 'B' Officers Association, Rail Bhawan, New Delhi.
- 8 The Secretary, RBMSA, Rail Bhawan, New Delhi.
- 9 The Secretary, Railway Board Group 'D' Employees Association, Rail Bhawan, New Delhi.
- 10 The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Rail Bhawan, New Delhi.
- 11 Chief Commissioner of Railway Safety, Lucknow.
- 12 Advisor (Safety), Railway Board, New Delhi.
- 13 The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.
- 14 General Secretary, Retired Railway Employees Welfare Association (Regd.), 490A/16, Gurudwara Road, Gurgaon.


 For Secretary, Railway Board.

Copy to:

PS to MR, MSR(A), & MSR(M).

Sr. PPS to CRB, FC, MS, ME, MT, ML, MM, All Additional Members DG/RHS, DG/RPF, Secretary, All Officers and Branches of Railway Board.

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

Nb.2009/H-1/3/5

New Delhi, dated: 31.7.2010

Chief Medical Directors,
Western Railway, Mumbai

Sub : Family of International Classification (ICD-10 & ICF)

Further to this office letter of even number dated 11th Dec. 2009 this is to intimate that following four Railway Hospitals have been selected to be the Nodal Institutions for Railways for purposes of implementation of Family of International Classification (FIC) -International Classification of Functioning, Disability and Health related aspects (ICF) :

1. For ICF in Physical Medicine and Rehabilitations : Howrah Orthopadic Hospital, Eastern Railway, Kolkata.
2. For ICF in Mental Health/Psychiatric : South Western Railway, Divisional Hospital, Bangalore.
3. For ICF in Speech and Hearing : Western Railway, Zonal Hospital, Jagjivan Ram Hospital, Mumbai Central.
4. For ICF in Visually Handicapped : Northern Railway, Central Hospital, New Delhi.

Nodal Officers from each of these Railway Hospitals may be nominated and the said nomination be communicated to this office immediately so that the Ministry of Health and Family Welfare, Government of India, be advised accordingly.

These institutions shall work as Training Centre as well as the Nodal Officer therein shall collaborate and coordinate with the eight National Collaborating Centers in their respective thrust area, develop trained manpower amongst the functionaries of their respective ICF thrust area on the use of ICF in planned manner while covering the functionaries of the identified Indian Railways institutions at first instance and undertake appropriate applied research so as to facilitate and promote ICF in the Railways.

A list of Identified Eight National Institutions and the Nodal Officers therein is enclosed as Annexure 'A' for your information.

This has the approval of DG/RHS.

The matter may please be treated on priority.

(Dr. Rajiv Kumar Jain)
Director (H & FW), Railway Board
E.mail : dhfw@rb.railnet.gov.in
Rly No. 43395, Tele Fax : 011-23388373
Mobile No. 9910487408

DA : As above

Copy for information to : General Managers, Western Railway, Mumbai.

**IDENTIFIED EIGHT NATIONAL INSTITUTIONS IN RESPECT OF
IMPLEMENTATION**

S. No	Area of Specialty	Name of Institute/Organization	Nodal Officer
1.	Physical Medicine & Rehabilitation	Safdarjung Hospital, New Delhi	Dr. Rajender Sharma, Associate Professor (Sr. Specialist) Department of PMR, Safdarjung Hospital, New Delhi-110029
2.		All India Institute of Medical Sciences, Ansari Nagar, New Delhi.	Dr. S.L. Yadav, Associate Professor, Deptt. of Physical Medicine and Rehabilitation, All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110029
3		Christian Medical College, Vellore, Tamil Nadu.	Dr. George Tharion, Deptt. of Orthopedics, Christian Medical College, Vellore - 632002, Tamil Nadu.
4.		MCOAHS, Manipal University, Karnataka	Dr. G. Arun Maiya, Deptt. of Physiotherapy, MCOAHS, Manipal University, Manipal - 576104, Karnataka
5.	Speech & Hearing	Ali Yavar Jung, National Institute for the Hearing Handicapped, Mumbai.	Dr. R. Rangasayee, Director, Ali Yavar Jung, National Institute for Hearing Handicapped, Bandra Reclamation, Bandra (West), Mumbai - 400050.
6.	Mental/ Psychiatric	NIMHANS Hasur, Road, Bangalore, Karnataka	Dr. (Prof.) K. Sekar, Deptt. Of Psychiatric Social Work, NIMHANS, Hasur, Road, Bangalore-560029, Karnataka
		Schizophrenia Research Foundation, Chennai.	Dr. Padmavati, Joint Director, Schizophrenia Research Foundation, R - 7A, North Main Road, Anna Nagar West (Extn.), Chennai -600101.
8.	Visually Handicapped	National Institute for Visually Handicapped Dehradun, Uttarakhand.	Dr. Geetika Mathur, Medical Officer, National Institute for Visually Handicapped, 116, Rajpur Road, Dehradun-24801, Uttarakhand.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. 2006/11/28/1/RELHS/RCT

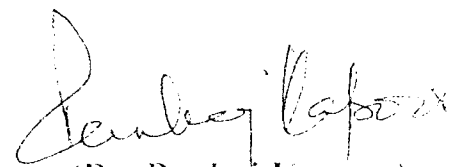
New Delhi, dated 2/8/16

The General Manager(P),
Rail Coach Factory,
Kapurthala.

Sub.: Retirement benefits to RCF employees recruited during the period of militancy in Punjab with relaxed upper age limit of 48 years.

Ref.: 1. 2005/RCF/P/Policy/RELHS/60 dated 11.05.09.
2. D.O. letter No. 2005/RCF/P/Policy/RELHS/60 dated 25.02.09.

The proposal as brought out in the above referred letters for granting exemption to 368 employees who were recruited with relaxed upper age limit and had not completed 20 years of service at superannuation, for joining RELHS has been examined in Board's office in consultation with Finance Dte./Railway Board but has not been agreed to.



(Dr. Pankaj Kapoor)
Executive Director Health(Plg.)
Railway Board

all

Ans

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD**

No. 2010/H-1/1/1

14-8-2010
New Delhi, dated 14/8/2010

**The General Managers (Medical)
All Indian Railways.**

**Sub: Family Welfare Programme on All Indian Railways-Allocation of funds
for the year 2010-11.**

**Ref: Ministry of Health & Family Welfare's letter No. G.20011/1/2010- Ply
dated 28th June 2010.**

Government of India, Ministry of Health & Family Welfare in their Budget estimate for 2010-11 has made a provision of Rs. 48 Lakhs (forty eight lakhs only) for Compensation under the Family Welfare Programme on the Indian Railways. Railway wise allotment of this fund for the year 2010-11 is given in the enclosed statement

1. The funds provided by the Ministry of Health & Family Welfare are for the payment of compensation for loss of wages to acceptors of Sterilization (Tubectomy / Vasectomy) operations and IUD Insertion.
2. Budget provision for meeting the expenditure on Compensation will be available on the basis of actual performance and, if necessary, additional funds will be made available to the Railways. The outlays agreed for compensation are not, however, divertible to other purposes.
3. The expenditure incurred on Family Welfare Programme on the Indian Railways should be debited to the following Budget head:

Demand No.	46	For the year 2010-11 Department of Health & Family Welfare.
Major Head	2211	(Plan)
	00200	Other Services and Supplies
	02	Family Welfare Programme in other Ministries.
	0202	Sterilization and IUD Insertion.
	020250	Other charges

ALPHA CODE	DESCRIPTION	SER CODE	SCCD	AMOUNT (In Rupees Plan)
221100200020250	Other Charges	22110587	194	48,00,000 (Forty Eight Lakhs)

4. The expenditure on Family Welfare Programme during 2010-11 should be advised in terms of Board's letter No.92/AC II/2/2 Pt. 20.10 94.
5. This issue with the Concurrence of the Finance Directorate of the Ministry of Railways.
6. Receipt of this letter may please be acknowledged

(Dr. Rajiv Kumar Jain)
Director (Health & Family Welfare)
Railway Board.
E.Mail:dhfw@rb.railnet.gov.in
Phone :030-43395, MTNL: 011-23388373,23303395.
Tele Fax:Rly 011-23303985, 23388373

No. 2010/H-1/1/1

New Delhi, dated 4.8.2010

Copy with copy of the Statement forwarded to: -

1. Director/Finance – CCA, Railway Board.
2. Dy. Chief Medical Director (Health & Family Welfare), All Indian Railways.
3. The FA&CAOs All Indian Railways

DA/One


For Financial Commissioner/Railways

No. 2010/H-1/1/1

New Delhi, dated .10.2010

4. Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi, 110011 (with reference to their letter No. G 20011/1/2010-Ply dated 28th June 2010) (Kind Attention: Shri P.K Bali, Under Secretary to the Government of India)
5. Ministry of Health & Family Welfare (Department of Family Welfare), Nirman Bhavan, New Delhi for information.
6. The Pay & Accounts Office (Sectt.) Ministry of Health & Family Welfare Nirman Bhavan, New Delhi 110011.

(Dr. Rajiv Kumar Jain),
Director/Health & FW,
Railway Board.

Copy to F (E) Spl. & Account II Branch, Railway Board.

**STATEMENT SHOWING THE ALLOCATION OF FUNDS FOR THE
PAYMENT OF COMPENSATION TO THE ACCEPTORS OF
STERILISATION UNDER THE FAMILY WELFARE PROGRAMME
DURING THE FINANCIAL YEAR 2010-11.**

<u>Zonal Railways</u>	<u>Total Allocation (figures in Thousand of rupees)</u>
Central Railway	300
Eastern Railway	400
East Central Railway	200
East Coast Railway	300
Northern Railway	300
North Central Railway	200
North Eastern Railway	200
Northeast Frontier Railway	300
North Western Railway	200
Southern Railway	400
South Central Railway	400
South Eastern Railway	400
South East Central Railway	300
South Western Railway	300
Western Railway	400
West Central Railway	200
Total	4800

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2010/एच-1/1/1

नई दिल्ली, दिनांक: 4.08.2010

महाप्रबंधक (चिकित्सा),
सभी भारतीय रेलें।

विषय: सभी भारतीय रेलों पर परिवार कल्याण कार्यक्रम - वर्ष 2010-11 के लिए
धनराशि का आबंटन।

संदर्भ: स्वास्थ्य एवं परिवार कल्याण मंत्रालय का दिनांक 28.06.2010 का पत्र सं.
जी.20011/1/2010-प्लाई।

भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने 2010-11 के लिए अपने बजट अनुमान में भारतीय रेलों पर परिवार कल्याण कार्यक्रम के अंतर्गत क्षतिपूर्ति के लिए 48 लाख रुपए (केवल अड़तालीस लाख रुपए) की व्यवस्था की है। वर्ष 2010-11 के लिए इस धनराशि का रेलवे-वार आबंटन संलग्न विवरण में दिया गया है।

1. स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा मुहैया की गई धनराशि नसबंदी का ऑपरेशन (ट्यूबेक्टॉमी/वासेक्टॉमी) कराने वालों तथा आईयूडी लगवाने वालों को दी जाने वाली मजूरी की हानि की क्षतिपूर्ति के भुगतान के लिए है।
2. 'क्षतिपूर्ति' पर खर्च को करने के लिए बजट व्यवस्था वास्तविक ऑपरेशनों के आधार पर उपलब्ध होगी तथा यदि आवश्यक हुआ तो रेलों के लिए अतिरिक्त धनराशि उपलब्ध कराई जाएगी। बहरहाल, क्षतिपूर्ति के लिए स्वीकृत परिव्यय अन्य प्रयोजनों के लिए नहीं होगा।
3. भारतीय रेलों पर परिवार कल्याण कार्यक्रम पर किया गया खर्च निम्नलिखित बजट शीर्ष में डेबिट किया जाएगा:-

मांग सं.	46	वर्ष 2010-11 के लिए स्वास्थ्य एवं परिवार कल्याण विभाग
प्रमुख शीर्ष	2211	(योजना)
	00200	अन्य सेवाएं तथा सप्लाई

	02	अन्य मंत्रालयों में परिवार कल्याण कार्यक्रम
	0202	नसबंदी तथा आईयूडी लगाना
	020250	अन्य प्रभार

अल्फा कोड	विवरण	एसईआर कोड	एससीसीडी	राशि (रुपए में)
221100200020250	अन्य प्रभार	22110587	194	48,00,000 (अड़तालीस लाख)

4. 2010-11 के दौरान परिवार कल्याण कार्यक्रम पर खर्च बोर्ड के दिनांक 20.10.94 के पत्र सं: 92/एसी II/2/2 पार्ट के अनुसार सूचित किया जाएगा।

5. इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है।

6. कृपया इस पत्र की पावती दें।

(डॉ. राजीव कुमार जैन)

निदेशक (स्वास्थ्य एवं परिवार कल्याण)

रेलवे बोर्ड

ईमेल: dhfw@rb.railnet.gov.in

फोन: 030-43395, एमटीएनएल: 011-23388373, 23303395,

टेली फैक्स: रेलवे- 011-23303985, 23388373

सं. 2010/एच-1/1/1

नई दिल्ली, दिनांक: 11.08.2010

प्रतिलिपि विवरण की प्रति सहित प्रेषित:

1. निदेशक/वित्त - सीसीए, रेलवे बोर्ड।
2. उप मुख्य चिकित्सा निदेशक (स्वास्थ्य एवं परिवार कल्याण), सभी भारतीय रेलें।
3. वित्त सलाहकार एवं मुख्य लेखा अधिकारी/सभी भारतीय रेलें।

संलग्न: एक

कृते वित्त आयुक्त/रेलें।

सं. 2010/एच-1/1/1

नई दिल्ली, दिनांक: 14.08.2010

1. स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निर्माण भवन, नई दिल्ली-110 001 (दिनांक 28.06.2010 के पत्र सं. जी.20011/1/2010-प्लाइ के संबंध में) (ध्यानाकर्षण: श्री पी.के. बाली, भारत सरकार के अवर सचिव)।
2. स्वास्थ्य एवं परिवार कल्याण मंत्रालय (परिवार कल्याण विभाग), निर्माण भवन, नई दिल्ली को सूचनार्थ।
3. वेतन एवं लेखा कार्यालय (सचिवालय), स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निर्माण भवन, नई दिल्ली-110 001.



(डॉ. राजीव कुमार जैन)

निदेशक/स्वास्थ्य एवं परिवार कल्याण
रेलवे बोर्ड

प्रतिलिपि: एफ (ई) स्पेशल एवं लेखा II शाखा, रेलवे बोर्ड।

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No.2010/H-1/10/1

New Delhi, Dated 06.08.10

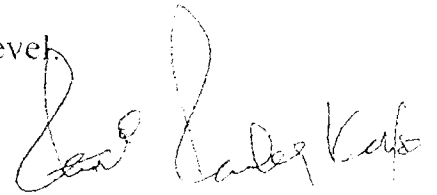
**Chief Medical Directors
All Indian Railways,**

**Sub.: Upgradation of the posts of Paramedical staff from Group 'B' to
Group 'B' Sr. scale.**

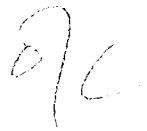
Arising out of representations from various paramedical Associations and Railway Federations, the above mentioned subject is under examination in Board's office and the following has been advised by Est. Dte./Railway Board -

“ Provided there is enough justification for upgradation of Gp. 'B' post of paramedical staff to Gp. 'B' Sr. scale, a proposal with full functional justification and equivalent matching savings with the concurrence of associate finance may be sent for consideration to Board's office.”

This is for information and necessary action at Zonal level



(Dr. Pankaj Kapoor)
Executive Director, Health(Plg.)
Telefax 011-23389623
E-mail



भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2010/H/16-1/Misc.

New Delhi, dated: 9.8.2010

Chief Medical Directors,
All Indian Railways and
CMS/DLW, Varanasi.
CMS/CLW, Chittranjan.
CMS/ICF/Chennai.
CMS/DMW, Patiala.
CMS/RCF/Kapurthala.
CMS/RWF/Bangalore.

Sub : Studies on Occupational Health issues in Indian Railways.

In order to further strengthen Occupational Health Services over Indian Railways, DG/RHS desires that Scientific Studies be conducted on various issues related to Occupational Health in Indian Railways.

Few Areas identified are as follows :-

1. Epidemiology of Medical Invalidation and De-categorization on Medical Grounds.
2. Epidemiology of Sickness absenteeism.
3. Epidemiology of Workplace Injuries.
4. Analysis of Mortality Pattern of Serving Railway Employees.
5. Epidemiology of Musculo-skeletal Disorders (MSD) in Workplace.
6. Epidemiology of Noise Induced Hearing loss at Workplace.
7. Epidemiology of Occupational Visual Disorders.
8. Study on Ambient Air Quality, Respiratory Symptoms and Lung Function of employees.
9. Relationship between Modifiable Life style associated Risk Factors and Metabolic Syndrome.
10. Occupational Stress among Railway Engine Pilots (Drivers).
11. Prevalence of Occupational Dermatitis.

The Scientific Studies to be conducted may not be restricted to above topics.

The Medical Offices who are willing, capable and have interest in Occupational Health issues should be supported, guided and motivated for planning and execution of study, compilation and collation of data and results, conclusion and recommendations. It would also be useful to form teams for conducting the above scientific studies.

The Medical Officers should also be encouraged to become life members of Indian Association of Occupational Health (IAOH) especially in view of the Board's Letter No. E(G)2009 FE1-3 dated 23.10.09 vide which Railway Medical Officers are entitled to 90% reimbursement of membership fee of IAOH.

61st National Conference of Indian Association of Occupational Health (VOISHECON -2011) is scheduled to be held from 16th to 19th Feb. 2011 at Vadodara/Gujarat. The Conference Theme is "Voice for Occupational Safety and Health".

DG/RHS desires that Scientific Studies on Occupational Health issues conducted over Indian Railways should be submitted for presentation at this Conference. Correspondence address for submitting scientific papers and, also, registration for the above Conference is :

Dr J R Kamath
Organising Secretary - VOISHECON
61st National Conference of IAOH
7 - B, Shivashish Flats
Mane Teen Rasta, Mujmahuda
BARODA - 390020.
Gujrat. INDIA.
Tel. (+91) (265) 235 6869 and 232 7737
Email: iaohvadodara@gmail.com
iaohvadodara@sify.com

The time schedule for activities related to the Studies on Occupational Health issues over Indian Railways to be conducted, as above, shall be as follows:-

S.No.	Activity	Dead line Date
1.	Selection of area of study and Medical Officer conducting/ coordinating conduct of the study	7.9.2010
2.	Finalization of objectives and methodology of the studies	15.9.2010
3.	Presentation of objectives and methodology to DG/RHS	22.9.2010
4.	Completion of Studies	30.10.2010
5.	Presentation of results, conclusion and recommendation to DG/RHS	22.11.2010
6.	Finalization of abstract for submission to Organizing Secretary - VOISHECON -2011	6.12.2010
7.	Presentation of the final studies to DG/RHS for presentation at the 61 st National Conference of Indian Association of Occupational Health (VOISHECON -2011)	7.1.2011
8.	Presentation at 61 st National Conference of Indian Association of Occupational Health (VOISHECON -2011)	16.2.2011 to 19.2.2011

DG/RHS desires that the above time schedule is adhered to strictly.

For any further information website : www.iaohindia.com may be accessed.

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2010/H/16-1/Misc.

New Delhi, dated: 8.2.2010

Chief Medical Directors,
All Indian Railways and
CMS/DLW, Varanasi.
CMS/CLW, Chittranjan.
CMS/ICF/Chennai.
CMS/DMW, Patiala.
CMS/RCF/Kapurthala.
CMS/RWF/Bangalore.

Sub : Studies on Occupational Health issues in Indian Railways.

In order to further strengthen Occupational Health Services over Indian Railways. DG/RHS desires that Scientific Studies be conducted on various issues related to Occupational Health in Indian Railways.

Few Areas identified are as follows :-

1. Epidemiology of Medical Invalidation and De-categorization on Medical Grounds.
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3. Epidemiology of Workplace Injuries.
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5. Epidemiology of Musculo-skeletal Disorders (MSD) in Workplace.
6. Epidemiology of Noise Induced Hearing loss at Workplace.
7. Epidemiology of Occupational Visual Disorders.
8. Study on Ambient Air Quality, Respiratory Symptoms and Lung Function of employees.
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The Scientific Studies to be conducted may not be restricted to above topics.

The Medical Offices who are willing, capable and have interest in Occupational Health issues should be supported, guided and motivated for planning and execution of study, compilation and collation of data and results, conclusion and recommendations. It would also be useful to form teams for conducting the above scientific studies.

The Medical Officers should also be encouraged to become life members of Indian Association of Occupational Health (IAOH) especially in view of the Board's Letter No. E(G)2009 FE1-3 dated 23.10.09 vide which Railway Medical Officers are entitled to 90% reimbursement of membership fee of IAOH.

Medical Officers whose papers are accepted for presentation at the above Conference should be considered for nomination as Official Delegates.

Action in this regard may please be informed to this office accordingly.

Please acknowledge receipt.

(डा. राजीव कुमार जैन)(Dr. Rajiv Kumar Jain)

निदेशक (स्वा. एवं प.क.)/Director (H&FW)

रेलवे बोर्ड/Railway Board.

E.mail : dhfw@rb.railnet.gov.in

Rly No. 43395, MTNL : 23388373

Tele Fax : 011-23388373, Fax: 23303985

Mobile : 09910487408

DA : As above.

Copy to :

General Manager, All Indian Railways and

- GM/DLW, Varanasi.
- GM/CLW, Chittranjan.
- GM/ICF/Chennai.
- CAO/DMW/ Patiala.
- GM/RCF/Kapurthala.
- GM/RWF/Bangalore
- PPS to DG/RHS,
- EDH(P)
- EDH(G)
- DIH
- Dr J R Kamath, Organising Secretary – VOISHECON, 61st National Conference of IAOH, 7 - B, Shivashish Flats, Mane Teen Rasta, Mujmahuda, BARODA – 390020, Gujrat. INDIA.
- Sr. Prof. (HM), Railway Staff College, Vadodara.
- Exe. Director/Medical Services/ Konkan Railways/Navi Mumbai

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2010/H-1/9/6

New Delhi, dated : 6.9.2010

General Managers,
All Indian Railways & Production Units.

Sub : National Vector Borne Diseases Control Programme – Guidelines for
Prevention and Control of Dengue.

Enclosed please find Guidelines for Prevention and Control of Dengue {Dengue Fever (DF)/Dengue Haemorrhagic Fever (DHF)}. All efforts should be made to implement the above Guidelines.

Please acknowledge receipt.

(Dr/ B.N. Annigeri)
Exe. Director /Health (G)
Railway Board

E-mail: edh@rb.railnet.gov.in

Rly. No. 43717, Tele Fax : 011-23386882

Copy to :

1. Secretary, Railway Board.
2. Managing Director, Container Corporation of India Ltd. (CONCOK), Concor Bhawan, C-3, Mathura Road, Opp. Appolo Hospital, New Delhi,
3. Managing Director, Centre for Railway Information System (CRIS), Chankyapuri, New Delhi
4. Managing Director, DMRC, Metro Bhawan, 13, Fire Bridge Lane, Barakhamba Raod, New Delhi.
5. Managing Director, IRCON International Ltd., C-4 District Center, Saket, New Delhi-17.
6. Managing Director, Indian Railway Catering & Tourism Corporation Ltd. (IRCTC), 9th floor, Bank of Baroda Building, 16, Parliament Street, N.Delhi.
7. Managing Director, Indian Railway Finance Corporation Ltd. (IRFC), NBCC Place, Bhisma Pitamah Marg, Pragati Vihar, Lodhi Raod, New Delhi.

8. Managing Director, Railway Vikas Nigam Ltd. (RNVL)
9. Managing Director, Railtel Corporation of India Ltd. (RCIL), 10th Floor, Bank of Baroda Building 16, Parliament Street, N. Delhi.
10. Managing Director, RITES Ltd. , RITES Bhavan, Plot No. 1, Sector -29, Gurgaon,
11. Managing Director, Dedicated Freight Corridor Corporation of India Ltd., 5th Floor, Pragati Maidan, Metro Station Building Complex, New Delhi.
12. Managing Director, Rail Land Development Authority, Near Safdarjang Rly. Station, Moti Bagh, Phase -I, N. Delhi.
13. Managing Director, Indian Railway Welfare Organization (IRWO), Railway Complex, Shivaji Bridge.
14. Managing Director, Kutch Railway Company Ltd., 14-A, SPWD House, 5th Floor, Vishnu Digamber Marg, Rouse Avennu Lane, New Delhi.
15. Managing Director, Pipavav Railway Corporation Ltd., 1st Floor, Jeevan Tara Building (Gate No.4), 5 Parliament Street, New Delhi.
16. Chief Administrative Officer, COFMOW, Tilak Bridge, New Delhi.
17. Chief Administrative Officer, Freight Operation & Information System (FOIS) – (CRIS), Chanakyapuri, N. Delhi.
18. Chief Administrative Officer, Indian Railway Project Management Unit (IRPMU), Shivaji Bridge, New Delhi.
19. Chief Administrative Officer, Indian Railway Central Organization for Telecom (IRCOT), Shivaji Bridge, New Delhi.
20. Chief Administrative Officer, Rail Coach Factory (RCF)- Rae Bareli, Delhi Kishan Ganj, Delhi.
21. Chief Administrative Officer, Indian Railway Organisation for Alternate Fuels (IROAF), 12th Floor, Core-I, Scope Minar, District Centre, Laxmi Nagar, Delhi -92
22. General Secretary, Indian Railway Conference Association (IRCA), New Delhi
23. Director, National Rail Buseum (NRM), Chankyapuri, New Delhi.
24. General Secretary, All India Railwaymen's Federation (AIRF),-4, State Entry Road, New Delhi.
25. General Secretary, National Federation of Indian Railwaymen (NFIR) – 3, Chelmsford Road, New Delhi.

**Managing Director,
Container Corporation of India Ltd. (CONCOR),
Concor Bhawan, C-3,
Mathura Road,
Opp. Appolo Hospital, New Delhi,**

**Managing Director,
Centre for Railway Information System (CRIS),
Chankyapuri,
New Delhi**

**Managing Director,
DMRC, Metro Bhawan,
13, Fire Bridge Lane,
Barakhamba Raod,
New Delhi.**

**Managing Director,
IRCON International Ltd.,
C-4 District Center,
Saket, New Delhi-17.**

**Managing Director,
Indian Railway Catering & Tourism Corporation Ltd. (IRCTC),
9th floor, Bank of Baroda Building,
16, Parliament Street,
N.Delhi.**

**Managing Director,
Indian Railway Finance Corporation Ltd. (IRFC),
NBCC Place,
Bhisma Pitamah Marg,
Pragati Vihar,
Lodhi Raod, New Delhi.**

**Managing Director,
Railway Vikas Nigam Ltd. (RNVL)
Railtel Corporation of India Ltd. (RCIL),
10th Floor, Bank of Baroda Building
16, Parliament Street,
N. Delhi.**

**Managing Director,
RITES Ltd. ,
RITES Bhavan,
Plot No. 1,
Sector -29, Gurgaon,**

**Managing Director,
Dedicated Freight Corridor Corporation of India Ltd.,
5th Floor, Pragati Maidan,
Metro Station Building Complex,
New Delhi.
Rail Land Development Authority,
Near Safdarjang Rly. Station,
Moti Bagh,
Phase -I, N. Delhi.**

**Managing Director,
Indian Railway Welfare Organization (IRWO),
Railway Complex,
Shivaji Bridge.
Kutch Railway Company Ltd.,
14-A, SPWD House, 5th Floor,
Vishnu Digamber Marg,
Rouse Avennu Lane, New Delhi.**

**Managing Director,
Pipavav Railway Corporation Ltd.,
1st Floor, Jeevan Tara Building (Gate No.4),
5 Parliament Street, New Delhi.**

**Chief Administrative Officer,
COFMOW,
Tilak Bridge,
New Delhi.**

**Chief Administrative Officer,
Freight Operation & Information System (FOIS) - (CRIS),
Chanakyapuri,
N. Delhi.**

**Chief Administrative Officer,
Indian Railway Project Management Unit (IRPMU),
Shivaji Bridge,
New Delhi.**

**Chief Administrative Officer,
Indian Railway Central Organization for Telecom (IRCOT),
Shivaji Bridge,
New Delhi.**

**Chief Administrative Officer,
Rail Coach Factory (RCF)- Rae Bareli,
Delhi Kishan Ganj,
Delhi.**

**Chief Administrative Officer,
Indian Railway Organisation for Alternate Fuels (IROAF),
12th Floor, Core-I, Scope Minar,
District Centre,
Laxmi Nagar, Delhi -92**

**General Secretary,
Indian Railway Conference Association (IRCA),
New Delhi**

**Director,
National Rail Buseum (NRM),
Chankyapuri,
New Delhi.**

GUIDELINES FOR PREVENTION AND CONTROL OF DENGUE

Introduction

No vaccine is available yet for the prevention of dengue infection and there are no specific drugs for its treatment. Hence DF/DHF control is primarily dependent on the control of *Ae. aegypti*.

In order to achieve sustainability of a successful Dengue Fever (DF)/Dengue Haemorrhagic Fever (DHF) vector control programme, it is essential to focus on larval source reduction and to have complete cooperation with non-health sectors, such as nongovernmental organizations, civic organizations and community groups, to ensure community understanding and involvement in implementation. There is, therefore, a need to adopt an integrated approach to mosquito control by including all appropriate methods (environmental, biological and chemical) which are safe, cost-effective and environmentally acceptable. A successful, sustainable *Ae. aegypti* control programme must involve a partnership between government control agencies and the community. The approaches described below are considered necessary to achieve long-term, sustainable control of *Ae. aegypti*.

A. Environmental Management

Environmental management involves any change that prevents or minimizes vector breeding and hence reduces human-vector contact.

Environmental methods to control *Ae. aegypti* and to reduce man-vector contact are source reduction, solid waste management, modification of man-made breeding sites, and improved house design.

• Environmental modification

Improved water supply

Whenever piped water supply is inadequate and available only at restricted hours or at low pressure, the storage of water in varied types of containers is encouraged, thus leading to increased *Aedes* breeding. The majority of such containers are large and heavy (e.g storage jars) and can neither be easily disposed of nor cleaned. In rural areas, unpolluted, disused wells become breeding grounds for *Ae. aegypti*. It is essential that potable water supplies be delivered in sufficient quantity, quality and consistency to reduce the necessity and use of water storage containers that serve as the most productive larval habitats.

Mosquito-proofing of overhead tanks/cisterns or underground reservoirs

Where *Ae. aegypti* larval habitats include overhead tanks/cisterns and masonry chambers of piped waterlines, these structures should be mosquito-proofed⁽⁴²⁾. Similarly, mosquito-proofing of domestic wells and underground water storage tanks should be undertaken. Masonry chambers of sluice valves and water meters are required to be provided with soak pits as part of preventive maintenance.

- **Environmental manipulation**

Draining of water supply installations

Water collection/leakages in masonry chambers, distribution pipes, valves, sluice valves, surface boxes for fire hydrants, water meters, etc. collect water and serve as important *Ae. aegypti* larval habitats in the absence of preventive maintenance.

Domestic storage

The major sources of *Ae. aegypti* breeding in most urban areas of South-East Asia are containers storing water for household use including clay, ceramic and cement water jars of 200 litre size, 210 litre (50 gallon) metal drums, and smaller containers storing fresh water or rain water. Water storage containers should be covered with tight-fitting lids or screens, care being taken to replace them after water is used.

Flower pots/vases and ant traps

Flower pots, flower vases and ant traps are common sources of *Ae. aegypti* breeding. They should be punctured to produce a drain hole. Alternatively, live flowers can be placed in a mixture of sand and water. Flowers should be removed and discarded weekly and vases scrubbed and cleaned before reuse. Ant traps to protect food storage cabinets can be treated with common salt or oil.

Aedes breeding in incidental water collections

Desert (evaporation) water coolers, condensation collection pans under refrigerators, and air conditioners should be regularly inspected, drained and cleaned.

Building exteriors

Drainage pipes of rooftops sunshades/porticos often get blocked and become breeding sites for *Aedes* mosquitoes. There is a need for periodic inspection of buildings during the rainy season to locate potential breeding sites.

Mandatory water storage for fire fighting

Fire prevention regulations may require mandatory water storage. Such storage tanks need to be kept mosquito-proofed.

Solid waste disposal

Solid wastes, namely tins, bottles, buckets or any other waste material scattered around houses, should be removed and buried in land fills. Scrap material should be stored appropriately until disposal. Household and garden utensils (buckets, bowls and watering devices) should be turned upside down to prevent the accumulation of rain water. Plant waste should be disposed of properly and without delay.

Tyre management

Used automobile tyres are of major importance as breeding sites for urban *Aedes*, and are therefore a significant public health problem. Tyre depots should always be kept under cover to prevent the collection of rain water.

Used tyres can be filled with earth or concrete and used for planters or traffic/crash barriers.

Filling of cavities of fences

Fences and fence posts made from hollow trees such as bamboo should be cut down to the node, and concrete blocks should be filled with packed sand, crushed glass, or concrete to eliminate potential *Aedes* larval habitats.

Glass bottles and cans

Glass bottles, cans and other small containers should be buried in land fills or crushed and recycled for industrial use.

B. Personal Protection

• Protective clothing

Clothing reduces the risk of mosquito biting if the cloth is sufficiently thick or loosely fitting. Long sleeves and trousers with stockings may protect the arms and legs, the preferred sites for mosquito bites.

• Mats, coils and aerosols

Household insecticidal products, namely mosquito coils, pyrethrum space spray and aerosols have been used extensively for personal protection against mosquitoes. Electric vaporizer mats and liquid vaporizers are more recent additions which are marketed in practically all urban areas.

• Repellents

Repellents are a common means of personal protection against mosquitoes and other biting insects. These are broadly classified into two categories, natural repellents and chemical repellents. Essential oils from plant extracts are the main natural repellent ingredients, i.e. citronella oil, lemongrass oil and neem oil. Chemical repellents such as DEET (N, N-Diethyl-m-Toluamide) can provide protection against *Ae. albopictus*, *Ae. aegypti* and anopheline species for several hours. Permethrin is an effective repellent when impregnated in cloth.

• Insecticide-treated mosquito nets and curtains

Insecticide-treated mosquito nets (ITMN) have limited utility in dengue control programmes, since the vector species bites during the day. However, treated nets can be effectively utilized to protect infants and night workers who sleep by day. They can also be effective for people who generally have an afternoon sleep.

C. Biological Control

The application of biological control agents which are directed against the larval stages of dengue vectors has been somewhat restricted to small-scale field operations.

• Fish

Larvivorous fish (*Gambusia affinis* and *Poecilia reticulata*) have been extensively used for the control of *An. stephensi* and/or *Ae. aegypti* in large water bodies or large water containers. The applicability and efficiency of this control measure depend on the type of containers.

- **Bacteria**

Two species of endotoxin-producing bacteria, *Bacillus thuringiensis* serotype H-14 (*Bt.H-14*) and *Bacillus sphaericus* (*Bs*) are effective mosquito control agents. They do not affect non-target species. *Bt.H-14* has been found to be most effective against *An. stephensi* and *Ae. aegypti*, while *Bs* is the most effective against *Culex quinquefasciatus* which breeds in polluted waters. There is a whole range of formulated *Bti* products produced by several major companies for control of vector mosquitoes. Such products include wettable powders and various slow-release formulations including briquettes, tablets and pellets. Further developments are expected in slow-release formulations. *Bt.H-14* has an extremely low-level mammalian toxicity and has been accepted for the control of mosquitoes in containers storing water for household use.

D. **Chemical Control**

Chemicals have been used to control *Ae. aegypti* since the turn of the century.

- **Chemical Larviciding**

Larviciding or "focal" control of *Ae. aegypti* is usually limited to domestic-use containers that cannot be destroyed, eliminated, or otherwise managed. It is difficult and expensive to apply chemical larvicides on a long-term basis. Therefore chemical larvicides are best used in situations where the disease and vector surveillance indicate the existence of certain periods of high risk and in localities where outbreaks might occur. Establishing the precise timing and location are essential for maximum effectiveness. Control personnel distributing the larvicide should always encourage house occupants to control larvae by environmental sanitation. There are three insecticides that can be used for treating containers that hold drinking water.

- **Temephos 1% sand granules**

One per cent temephos sand granules are applied to containers using a calibrated plastic spoon to administer a dosage of 1 ppm. This dosage has been found to be effective for 8-12 weeks, especially in porous earthen jars, under normal water use patterns. Although resistance to temephos in *Ae. aegypti* and *Ae. albopictus* populations has not been reported from India, the susceptibility level of *Aedes* mosquitoes should be monitored regularly in order to ensure the effective use of the insecticide.

- **Insect growth regulators**

Insect growth regulators (IGRs) interfere with the development of the immature stages of the mosquito by interference of chitin synthesis during the molting process in larvae or disruption of pupal and adult transformation processes.

Bacillus thuringiensis H-14 (Bt.H-14)

Bt.H-14, which is commercially available under a number of trade names, is a proven, environmentally-nonintrusive mosquito larvicide. It is entirely safe for humans when the larvicide is used in drinking water in normal dosages.

- **Space sprays**

Space spraying involves the application of small droplets of insecticide into the air in an attempt to kill adult mosquitoes. It has not been effective. Recent studies have demonstrated that the method has little effect on the mosquito population, and thus on dengue transmission ^(53,54,55). Moreover, when space spraying is conducted in a community, it creates a false sense of security among residents, which has a detrimental effect on community-based source reduction programmes. From a political point of view, however, it is a desirable approach because it is highly visible and conveys the message that the government is doing something about the disease. This, however, is poor justification for using space sprays. The current recommendations are that space spraying of insecticides (fogging) should not be used except in the most extreme conditions during a major DHF epidemic. However, the operations should be carried out at the right time, at the right place, and according to the prescribed instructions with maximum coverage, so that the fog penetration effect is complete enough to achieve the desired results.

When space sprays are employed, it is important to follow the instructions on both the application equipment and the insecticide label and to make sure the application equipment is well maintained and properly calibrated. Droplets that are too small tend to drift beyond the target area, while large droplets fall out rapidly. Nozzles for ultra-low volume ground equipment should be capable of producing droplets in the 5 to 27 micron range and the mass median diameter should not exceed the droplet size recommended by the manufacturer. Desirable spray characteristics include a sufficient period of suspension in the air with suitable drift and penetration into target areas with the ultimate aim of impacting adult mosquitoes. Generally, there are two forms of space-spray that have been used for *Ae. aegypti* control, namely "thermal fogs" and "cold fogs". Both can be dispensed by vehicle-mounted or hand-operated machines.

- **Thermal fogs**

Thermal fogs containing insecticides are normally produced when a suitable formulation condenses after being vaporized at a high temperature. Generally, a thermal fogging machine employs the resonant pulse principle to generate hot gas (over 200°C) at high velocity. These gases atomize the insecticide formulation instantly so that it is vaporized and condensed rapidly with only negligible formulation breakdown. Thermal fogging formulations can be oil-based or water-based. The oil(diesel)-based formulations produce dense clouds of white smoke, whereas water-based formulations produce a colorless fine mist. The droplet (particle) size of a thermal fog is usually less than 15 microns in diameter. The exact droplet size depends on the type of machine and operational conditions. However, uniform droplet size is difficult to achieve in normal fogging operations.

- **Ultra-low volume (ULV), aerosols (cold fogs) and mists**

ULV involves the application of a small quantity of concentrated liquid insecticides. The use of less than 4.6 litres/ha of an insecticide concentrate is usually considered as an ULV application. ULV is directly related to the application volume and not to the droplet size. Nevertheless, droplet size is important and the equipment used should be capable of producing droplets in the 10 to 15 micron range, although the effectiveness changes little when the droplet size range is extended to 5-25 microns. The droplet size should be monitored by exposure on teflon or silicone-coated slides and examined under a microscope. Aerosols, mists and fogs may be applied by portable machines, vehicle-mounted generators or aircraft equipment.

- **House-to-house application using portable equipment**

Portable spray units can be used when the area to be treated is not very large or in areas where vehicle-mounted equipment cannot be used effectively. This equipment is meant for restricted outdoor use and for enclosed spaces (buildings) of not less than 14m³. Portable application can be made in congested low-income housing areas, multistoried buildings, godowns and warehouses, covered drains, sewer tanks and residential or commercial premises. Operators can treat an average of 80 houses per day, but the weight of the machine and the vibrations caused by the engine make it necessary to allow the operators to rest, so that two or three operators are required per machine.

- **Vehicle-mounted fogging**

Vehicle-mounted aerosol generators can be used in urban or suburban areas with a good road system. One machine can cover up to 1500-2000 houses (or approximately 80 ha) per day. It is necessary to calibrate the equipment, vehicle speed, and swath width (60-90m) to determine the coverage obtained by a single pass.

- **Insecticide formulations for space sprays**

Organophosphate insecticides, such as malathion, fenitrothion and pirimiphos methyl have been used for the control of adult *Aedes* vectors. Undiluted technical grade malathion (active ingredient 95%+) or one part technical grade diluted with 24 parts of diesel have been used for ULV spraying and thermal fogging respectively. For undiluted technical grade ULV malathion applications from vehicles, the dosage on an area basis is 0.5 liters per hectare.

Apart from the above-mentioned formulations, a number of companies produce pyrethroid formulations containing either permethrin, deltamethrin, lambda-cyhalothin or other compounds which can be used for space spray applications. It is important not to under-dose during operational conditions. Low dosages of pyrethroid insecticides are usually more effective indoors than outdoors.

Also, low dosages are usually more effective when applied with portable equipment (close to or inside houses) than with vehicle-mounted equipment, even if wind and climatic conditions are favourable for outdoor applications. Regardless of the type of equipment and spray formulations and concentrations used, an evaluation should be made from time to time to ensure that effective vector control is being achieved.

- **Intergated Control Approach**

The use of insecticides for the prevention and control of dengue vectors should be integrated into environmental methods wherever possible. During periods of little or no dengue virus activity, the routine source reduction measures described earlier can be integrated into larvicide application in containers that cannot be eliminated, covered, filled or otherwise managed. For emergency control to suppress a dengue virus epidemic or to prevent an imminent outbreak, a programme of rapid and massive destruction of the *Ae. aegypti* population should be undertaken with both insecticides and source reduction, using the techniques described in these guidelines in an integrated manner.

- **Insecticide susceptibility monitoring**

During the past 40 years, chemicals have been widely used to control mosquitoes and other insects from spreading diseases of public health importance. As a result, *Ae. aegypti* and other dengue vectors have developed resistance to commonly-used insecticides, including temephos, malathion, fenthion, permethrin, propoxur and fenitrothion. It is therefore advisable to obtain baseline data on insecticide susceptibility before insecticidal control operations are started, and to continue monitoring susceptibility levels periodically.

- **Safety precautions for chemical control**

All pesticides are toxic to some degree. Safety precautions should therefore be followed, including care in the handling of pesticides, safe work practices for those who apply them, and their appropriate use in and around occupied housing.

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2009/H-1/3/5

New Delhi, dated: 7.9.2010

Dr. Ashok Kumar,
Dy. Director General and Director,
Central Bureau of Health Intelligence
Dte. General of Health Services,
Ministry of Health and Family Welfare,
Government of India
Nirman Bhawan,
New Delhi.

Sub : Meeting of the Nodal Officers from Eight Identified National Nodal Institutions and Ministries of Defence, Railways and Labour (ESIC) in respect of ICF Implementation in India, scheduled on 15th September, 2010 at 1500 hrs. under the Chairmanship of Dr. H.C. Goyal, Special DG(PH)/Dte. GHS to Discuss the Way Forward – Regarding.

Ref : Dy. Director General, Central Bureau of Health Intelligence
Dte. General of Health Services, Ministry of Health and Family Welfare, Government of India letter No. M.11027/1/2009-CBHI dated 8th Feb. 2010.

Reference may please be made to the Meetings held on 7th Dec. 2009 and the circulated Minutes thereof.

It has been decided that following four Railway Hospitals shall be the Nodal Institutions for Indian Railways for the four major thrust areas identified under ICF :-

Thrust Area	Nodal Institutions	Nodal Officer in the Nodal Institutions
Physical Medicine & Rehabilitation	Howrah Orthopadic Hospital, Eastern Railway, Kolkata.	Dr. S. Guha, Sr. Divisional Medical Officer/ Physical Medicine
Mental health/ Psychiatric	South Western Railway, Divisional Hospital, Bangalore	Dr. Salim, S.A.A., Sr. Divisional Medical Officer/ Bangalore Cantt.
Speech & Hearing	Western Railway, Zonal Hospital, Jagjeevan Ram Hospital, Mumbai Central.	Dr. Uma Natarajan, Sr. Divisional Medical Officer (ENT)

Visually Handicapped	Northern Railway, Central Hospital, Basant Lane, New Delhi-110055	Dr. O.P. Anand/ Sr. Divisional Medical Officer (SAG) (Ophthalmology)
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It is, therefore, requested that necessary collaboration/coordination mechanism be evolved so that the Railways' Nodal Institutions in the respective thrust areas are able to effectively progress to improve technical capacity towards use of ICF and their appropriate involvement in promotion on use of ICF in the Railways.

C/O 27/4-10

(डा. राजीव कुमार जैन)(Dr. Rajiv Kumar Jain)
'निदेशक (स्वा. एवं प.क.)/Director (H&FW)
रेलवे बोर्ड/Railway Board.

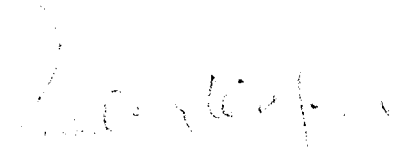
E.mail : dhfw@rb.railnet.gov.in
Rly No. 43395, MTNL : 23388373
Tele Fax : 011-23388373, Fax: 23303985
Mobile : 09910487408

No.2007/H/23/5(Appliances)

New Delhi, dated 08.09.2010

Copy to:

1. CMDs, All Indian Railways.
2. FA & CAOs, All Indian Railways.


(Dr. Pankaj Kapoor)
Executive Director, Health (P)
Railway Board.

No.2007/H/23/5(Appliances)

New Delhi, dated- 08.09.2010

Copy forwarded to:-

1. Principal Director of Audit/All Indian Railways.
2. Deputy Comptroller and Auditor General of India (Railways), Room No.224, Rail Bhavan, New Delhi


For Financial Commissioner/Railways.

Copy to F(E) Spl. Branch/Railway Board

Advance Correction Slip to Para 404 of IRMM,2000.

Add (4) after (3) to Para 404

Procurement of BiPAP/CPAP machines for Railway beneficiaries on the following conditions:-

- (a) The machine shall be provided once in a life time and responsibility of maintenance of machine shall be of beneficiaries and expenditure incurred for that shall be borne by him/her.
- (b) The ceiling limit for purchase shall be as per CGHS Guidelines i.e. :-

CPAP machine	Rs.50,000/-
Bi-PAP machine	Rs.1,00,000/-
- (c) Procurement will be at zonal level, following artificial appliances procurement procedures.
- (d) Recommendation for supply of CPAP/Bi PAP machine by Railway Medical Officer would be assessed and certified by a Committee of three doctors (one SAG and 2 JAG with at least one Physician and one Chest Physician) clearly mentioning the indication.
- (e) Procedure of monitoring the effectiveness and requirement of machine i.e. Physician to reassess patient's adherence to the use of machine at 2 months interval and yearly re-certification. Machine is to be returned to the hospital, if not required further or in case of death of the patient

(Authority Board's letter No:2007/H/23/5 (Appliances), New Delhi, dated, 08-09-2010)

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2909/H-1/3/5

New Delhi, dated: 17.9.2010

Dr. Ashok Kumar,
Dy. Director General and Director,
Central Bureau of Health Intelligence
Dte. General of Health Services,
Ministry of Health and Family Welfare,
Government of India
Nirman Bhawan,
New Delhi.

Sub : Meeting of the Nodal Officers from Eight Identified National Nodal Institutions and Ministries of Defence, Railways and Labour (ESIC) in respect of ICF Implementation in India, scheduled on 15th September, 2010 at 1500 hrs. under the Chairmanship of Dr. H.C. Goyal, Special DG(PH)/Dte. GHS to Discuss the Way Forward – Regarding.

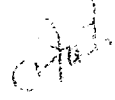
Ref : Discussion held on 15.9.2010.

This is with reference to the discussions held during the above meeting with reference to development of Basic Format/Structure and Responsibility for Preparing the ICF Training Module for Master Trainers and Professionals of 4 Major Thrust Areas viz. (PMR) Mental Health/Visual Handicap/Speech & Hearing Handicap).

It is requested to associate following subject experts from Railway Medical Services as follows :-

Thrust Area	Nodal Institutions	Nodal Officer in the Nodal Institutions
Physical Medicine & Rehabilitation	Howrah Orthopaedic Hospital, Eastern Railway, Kolkata.	Dr. S. Guha, Sr. Divisional Medical Officer/ (Physical Medicine). (Mobile No.09002022512 and email: saumyajitguha@yahoo.co.in)
Mental health/ Psychiatric	South Eastern Railway Zonal Hospital, Garden Reach Kolkata.	Dr. P.K. Samanta Ray, Sr DMO Psychiatry, (SAG) (Mobile No. 09002080514 and email: samantaraypk@gmail.com)
Speech & Hearing	Western Railway, Zonal Hospital, Jagjeevan Ram Hospital, Mumbai Central.	Dr. Uma Natarajan, Sr. Divisional Medical Officer (ENT) (Mobile No. 09004490545 and email: drumanataraj@yahoo.co.in)

Visually Handicapped	Northern Railway, Central Hospital, Basant Lane, New Delhi-110055	Dr. O.P. Anand/ Sr. Divisional Medical Officer (SAG) (Ophthalmology) (Mobile No. 9717630564 and email: dropanand@yahoo.com)
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 (डा. राजीव कुमार जैन)(Dr. Rajiv Kumar Jain)
 निदेशक (स्वा. एवं प.क.)/Director (H&FW)
 रेलवे बोर्ड/Railway Board.
 E.mail : dhfw@rb.railnet.gov.in
 Rly No. 43395, MTNL : 23388373
 Tele Fax : 011-23388373, Fax: 23303985
 Mobile : 09910487408

Copy for information to :

1. Chief Medical Director, Eastern Railway, Kolkata.
2. Chief Medical Director, Northern Railway, New Delhi.
3. Chief Medical Director, South Eastern Railway, Kolkata.
4. Chief Medical Director, Western Railway, Mumbai.

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No.2009/H-1/11/31 (SR)(Part)

New Delhi, dt 22.9.10.

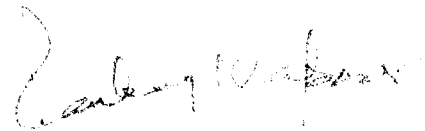
**The General Manager,
Southern Railway.
Chennai.**

**Sub: Submission of proposals of recognition of hospitals-
regarding.**

Ref: Board's letter of even no. dt.8/10.06.10 (copy enclosed).

Proposals of Southern Railway for empanelment of the private hospitals had been reaching Railway Board always for post-facto approval, for which Finance Directorate, Railway Board had objected to. In this regard, a letter was issued as mentioned above wherein it was advised that the proposals should be furnished three months before the expiry of the existing contract.

Inspite of this, it has been observed that these instructions are not being adhered to by your Railway. Therefore, it is requested that the instructions contained in the letter mentioned above may be adhered to and the proposals should be sent in time.



**(Dr. Pankaj Kapoor)
Executive Director Health (Plg)
Railway Board.**

Copy forwarded to:-

The Chief Medical Director, Southern Railway.

Case No. 100/3/5

IMMEDIATE

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No. 2010/HI/3/5

New Delhi, dated 27.9.2010

Chief Medical Directors,
All Indian Railways.

Chief Medical Superintendents
CLW, DLW, ICF and RCF.

- Sub: Imparting of CBHI in-service Orientation Training Courses on**
- (i) Master Training on Family of International Classification (ICD-10 & ICF).**
 - (ii) Family of International Classification (ICD-10 & ICF) for Non-medical Personnel.**

Central Bureau of Health Intelligence, Ministry of Health and Family Welfare, Government of India has intimated that the following Training Courses exclusively for the eligible Railway Officers/Officials shall be held at Regional Health Statistics Training Centre (RHSTC), Primary Health Centre Annexe, Phase 3-B1, SAS Nagar, Mohali, Punjab 160059 (16 Km. from Chandigarh)/CBHI, Mohali (Tel/fax: 0172-2261070 E-mail: mohali_rhstc@yahoo.com) shall be held during the period mentioned against each of them as hereunder

Sl. No.	Name of the Training Course & Batch Size	Proposed Dates/Period	Eligibility of participants
1.	Training of Master of Master Trainers on Family of international Classification (ICD-10 & ICF). (A batch of 20 persons)	22-26 Nov.2010	1. Zonal Railway's Nodal Officer for ICD-10 and ICF: One from each Zonal Railway and One each from following Four production units Production units: CLW, DLW, ICF and RCF.
2.	Orientation Training on Family of International Classification (ICD-10 & ICF) for Non-medical. (A batch of 20 persons)	25-29 Oct 2010	Non-medical official of Group-C and above levels engaged in preparation, handling & maintenance of medical and health records & data in various hospitals/health institutions of the Railways; and One each from following Four production units Production units: CLW, DLW, ICF and RCF.

Objectives of the training of Master Trainer(s) are as follows:-

- Assess the FIC training needs at various levels of health care delivery system.
- Advocate on the promotion and use of FIC
- Co-ordinate/conduct FIC training courses to the eligible candidates
- Act as resource person to facilitate planning, implementation as well as evaluation of FIC related training activities.

The nominated Officer/Official will be reimbursed expenses towards entitled TA and DA by RHSTC Mohali, as per provisions of Govt of India rules. An honorarium (@ Rs 200/- per day for Group-A (and equivalent) and (@ Rs125/- per day for Group B & C (and equivalent) will also be paid for days on which training is attended by them

Please ensure that the slots allocated do not remain unutilized under any circumstances. It is, therefore, advised that one standby from each of the units for both the Training Courses should also be nominated and in case the nominated Officer/Official is not able to attend, then the standby nominee should attend the course positively.

The nominations of the eligible Officers/Officials alongwith their name, address, telephone number, e-mail Id etc may kindly be sent directly to the Assistant Director, RHSTC, PHC Annexe, Phase 3-B-1 SAS Nagar, Mohali (Punjab) – 160059 under intimation to the Board's Office and also to Shri Umed Singh, Dy. Director, Central Bureau of Health Intelligence, Dte. General of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi.

Please acknowledge the receipt.

O/K

(Signature)

(Dr. Rajiv Kumar Jain)
Director (Health & Family Welfare)

Railway Board.

E-Mail: dhfw@rb.railnet.gov.in

Phone: 030-43395, MTNL: 011-23388373, 23303395.

Tele Fax: Rly 011-23303985, 23388373

Copy for information and necessary action to:

1. General Managers All Indian Railways and CLW, DLW, ICF and RCF.
2. Shri Umed Singh, Dy. Director, Central Bureau of Health intelligence, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, New Delhi with reference to their rediffmail No. Z22025/2/2005 dated 22. Sept. 2010.

3. Dr. (Mrs.) Amarjeet Kaur, Sr. Regional Director(H&FW) Government of India, ROH &FW, Kendriya Sadan, 4th Floor, C -Block, Sector - 9A, Chandigarh - 160017 (Tel/Fax 0987 2355526; E-mail: Chd@yahoo.com)
4. Mrs. Meena Nandwani, Assistant Director, RHSTC, PHC Annexe, Phase 3-B-1, SAS Nagar, Mohali, Punjab -PIN No. 160059 (Tel./Fax:0172 2261070; E-mail: mohalirhstc@yahoo.com)

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2010/H-1/3/9

New Delhi, dated : 1.10.2010

Chief Medical Directors,
All Indian Railways.

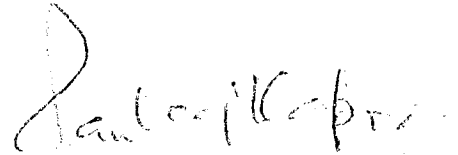
Sub : Framework for award of Comprehensive Health Care Shield and Comprehensive Health Care Cup for New Zones, awarded during Railway Week Central Function and Framework for Quarterly Performance Review(QPR) of Medical Department of Zonal Railways.

It has been decided to revise the framework for award of Comprehensive Health Care Shield and Comprehensive Health Care Cup for New Zones, awarded during Railway Week Central Function and the framework for Quarterly Performance Review (QPR) of Medical Department of Zonal Railways as a result of extensive discussions held during the three Quarterly Performance Review Meetings with the CMDs of Zonal Railways during the last 9 months. This shall further finetune and validate the Key Performance Indicators (KPI) for Performance Review of Medical Department of Zonal Railways and Production Units. A copy of the revised framework is enclosed.

It may please be ensured that this framework is strictly adhered to while sending the data to the Board's Office and also while preparing the presentations during the Quarterly Performance Review meetings.

If any clarification is required, the same may be taken from Director (Health & Family Welfare) (SAG), (Mobile No. 09910487408, email: dhfw@rb.railnet.gov.in).

Please acknowledge receipt.



(Dr. Pankaj Kapoor)
Exe. Director /Health (P)
Railway Board

E-mail: edhp@rb.railnet.gov.in

Rly. No. 43739, Tele Fax : 011-23389623

DA : As above

✓ Copy to : Sr. Prof (HM), RSC/BRC.

please issue for

18/10/2010

FRAME WORK FOR AWARD OF COMPREHENSIVE HEALTH CARE SHIELD AND COMPREHENSIVE 'HEALTH CARE CUP' FOR NEW ZONE, AWARDED DURING RAILWAY WEEK CENTRAL FUNCTION AND FRAME WORK FOR QUARTERLY PERFORMANCE REVIEW OF MEDICAL DEPARTMENT OF ZONAL RAILWAYS.

KPI 1 O.P.D. Attendance

20 OPD patients attended per OPD unit per day.

Data :

1.1 Average daily OPD attendance in the Zone during the period.

1.2 Total no. of OPD units functioning {in both Hospitals and Health Units (as per the Key at Note I below)}.

1.3 No. of OPD patients attended per OPD unit per day.

Method : divide 1.1 by 1.2

Note :

Key for OPD units at 1.2 above.

For Health Units/Polyclinic : one OPD unit for every post of doctors.

For Hospitals :

No. of Beds	No. of OPD Units
30	3
30-100	4
100-150	5
150-200	6
200-300	7
300-400	8
400-500	9
>500	10

KPI 2.1 Indoor admission

20

No. of Indoor cases admitted per bed/year or quarter as applicable.

2.1 No. of indoor patients admitted in the year (quarter if applicable) in all the hospitals of zone.

2.2 Total indoor beds in the Zone.

2.3 No. of indoor cases admitted per bed/year or quarter as applicable.

Method : divide 2.1 by 2.2

KPI 2.2 Referral to Railway Hospitals of other Zones, Govt. Hospitals/ Private Hospitals.

10

Secondary level cases referred to Railway Hospitals of other Zones. Government Hospitals/Private Hospitals out of total no. of patients admitted in Railway Hospitals

Data :

2.4 No. of Railway Patient referred for indoor treatment in Railway

Hospitals of other Zone,
Government Hospitals/Private
Hospitals etc.

(a) For tertiary level health care.

(b) For secondary level health
care.

2.5 Percentage of secondary level
cases referred to Railway
Hospitals of other Zones,
Government Hospitals/Private
Hospitals out of total no. of
patients admitted in Railway
Hospitals

Method : divide 2.4 (b) by 2.1 and Multiply
by 100.

**KPI 3 Out put of Surgeons/ surgical 20
specialties.**

KPI a) Total number of operation
3.1 theatres in the Zone.

b) Number of Surgeries (all
surgeries in all specialties
including General Surgery,
Orthopedic, Gynae and
Obstetrics, Eye and ENT surgeon
etc.) done during the year or
quarter, as applicable.

(i) Special

(ii) Major

(iii) Minor

c) Number of Surgeries done per
Operation theatre (OT) per
month.

(i) Special

(ii) Major

(iii) Minor

Method:

Divide : 3.1 (b) (i) by 3.1 (a) and then
divide by no. of months.

Divide : 3.1 (b) (ii) by 3.1 (a) and then
divide by no. of months.

Divide : 3.1 (b) (iii) by 3.1 (a) and then
divide by no. of months.

KPI General Surgeries
3.2

20 No. of general surgeries done per surgeon
per month.

(a) Total no. of General Surgeons
working.

(b) Total no. of General Surgeries
done per Surgeon per month.

(i) Special

(ii) Major

Method:

Divide : 3.2 (b) (i) by 3.2 (a) and then
divide by no. of months.



**KPI
3.3**

(iii)Minor

Orthopedic Surgeries

- a) Total no. of Orthopedic Surgeons working.
- b) Total no. of Orthopedic Surgeries done per Surgeon per month.

(i) Special

(ii) Major

(iii)Minor

**KPI
3.4**

Gynae & Obstetrics Surgeries

- a) Total no. of Gynae & Obstetrics Surgeons working.
- b) Total no. of Gynae & Obstetrics Surgeries done per Surgeon per month.

(i) Special

(ii) Major

(iii)Minor

**KPI
3.5**

Eye Surgeon

- a) Total no. of Eye Surgeons working.
- b) Total no. of Eye Surgeries done per Surgeon per month.

(i) Special

(ii) Major

(iii)Minor

**KPI
3.6**

ENT Surgeon

- a) Total no. of ENT Surgeons working.
- b) Total no. of ENT Surgeries done per Surgeon per month.

(i) Special

(ii) Major

Divide : 3.2 (b) (ii) by 3.2 (a) and then divide by no. of months.

Divide : 3.2.(b) (iii) by 3.2 (a) and then divide by no. of months.

20

No. of Orthopedic surgeries done Orthopedic per surgeon per month.

Method:

Divide : 3.3 (b) (i) by 3.3 (a) and then divide by no. of months.

Divide : 3.3 (b) (ii) by 3.3 (a) and then divide by no. of months.

Divide : 3.3.(b) (iii) by 3.3 (a) and then divide by no. of months.

20

No. of Gynae & Obstetrics surgeries done per Gynae & Obstetrics surgeon per month.

Method:

Divide : 3.4 (b) (i) by 3.4 (a) and then divide by no. of months.

Divide: 3.4 (b) (ii) by 3.4 (a) and then divide by no. of months.

Divide: 3.4.(b) (iii) by 3.4 (a) and then divide by no. of months.

20

No. of Eye surgeries done per eye surgeon per month.

Method:

Divide: 3.5 (b) (i) by 3.5 (a) and then divide by no. of months.

Divide: 3.5 (b) (ii) by 3.5 (a) and then divide by no. of months.

Divide: 3.5.(b) (iii) by 3.5 (a) and then divide by no. of months.

20

No. of ENT surgeries done per ENT surgeon per month.

Method:

Divide: 3.6 (b) (i) by 3.6 (a) and then divide by no. of months.

Divide: 3.6 (b) (ii) by 3.6 (a) and then

(iii) Minor

divide by no. of months.

Divide: 3.6.(b) (iii) by 3.6 (a) and then divide by no. of months.

Note :

- (1) Hospital Visiting Specialist and Senior Resident to be taken as Regular Surgeon for above purposes. Surgeon/s called on case to case basis is/are to be taken as one surgeon only.
- (2) Relative weightage of Special, Major and Minor surgeries at 3.1, 3.2, 3.3, 3.4, 3.5 and 3.6 shall be :
Special surgery 5 times.
Major surgery 3 times.
Minor surgery 0.5 times

KPI 4 Maternal Health

KPI- 4.1 Percentage of low birth weight babies (less than 2.5 kg) out of total number of deliveries taking place in all the Hospitals in the Zone. **10**

Data :

- (a) Total number of deliveries that took place in all the Hospitals in the Zone during the period.
- (b) No. of low birth weight babies (less than 2.5 kg)
- (c) Percentage of low birth weight babies (less than 2.5 kg) out of total number of deliveries taking place in all the Hospitals in the Zone.

Method: divide 4.1 (b) by 4.1 (a) and multiply by 100.

KPI 4.2 Proportion of deliveries with low birth weight babies among booked cases amongst total number of low birth weight babies. **10**

Data :

- (a) No. of deliveries with low birth weight babies among booked cases.
- (b) No. of deliveries with low birth weight babies among unbooked cases.

Method : Divide 4.2 (a) by 4.1 (b)

KPI 4.3 Maternal Death Rate:- Deaths taking place following delivery/abortion conducted in Railway Hospitals either immediately or at a later date upto 42 days out of **10**

total deliveries/abortion during the period (year or quarter) per 1000 deliveries and abortions.

Data :

(a) Total number of deliveries/abortions conducted in Railway Hospitals during the period.

(b) Deaths taking place following delivery/abortion conducted in Railway Hospitals either immediately or at a later date upto 42 days out of total deliveries/abortion during the period (year or quarter).

Method: Divide 4.3 (b) by 4.3 (a) and multiply by 1000.

KPI 5 Procurement of Drugs:
Percentage of money spent on local purchase versus value of bills passed on PO issued from Zonal Headquarter. 10

Data :

(a) Money spent on local purchase during the period

(b) Value of bills passed against PO issued from Zonal Headquarter office.

Method : Divide 5 (a) by 5 (b) and multiply by 100.

KPI 6 Man days lost

KPI 6.1 Percentage of Man days lost on RMC & HOD in the period(year/quarter) 20

Method : Divide number of man days lost on RMC & HOD during one year or quarter divided by total number of days in the year or quarter and multiply by 100.

KPI 6.2 No. of cases on RMC/HOD on sick list for more than one year per 10,000 employees. 10

Method : Number of cases on sick list for more than one year divided by number of employees in the Zone multiply by 10000.

Note:

Separate figures for number of cases on sick list for more than one year during each month to be given as annexure.

KPI 7 Medical Examination

KPI 7.1 Percentage of PME's done for A1 category and finalized within two days. 8

(a) No. of PME done for A1 category.

(b) No. out of 7.1 (a) cases finalized within 2 days.

(c) Percentage of PME's done for A1 category and finalized within two days.

Method : No. of PME's done for A1 category done and finalized within two days divided by number of PME's done for A1 category multiply by 100.

KPI
7.2

Percentage of PMEs done for A2 8
category and finalized within same
day.

- (a) No. of PME done for A2
category.
- (b) No. out of 7.2 (a) cases finalized
within same day.
- (c) Percentage of PMEs done for A2
category and finalized within
same day.

Method : Divide 7.2 (b) by 7.2 (a) and
multiply by 100.

KPI
7.3

Percentage of candidates of A1 8
category examined and finalized
within two days.

- (a) No. of candidates of A1 category
examined.
- (b) No. out of 7.3 (a) cases finalized
within 2 days.
- (c) Percentage of candidates
examined for A1 category and
finalized two days

Method : Divide 7.3 (b) by 7.3 (a) and
multiply by 100.

KPI
7.4

Percentage of candidates of A2 8
category and below examined and
finalized within two days.

- (a) No. of candidates of A2 category
and below examined.
- (b) No. out of 7.3 (a) cases finalized
within same day.
- (c) Percentage of candidates
examined for A2 category and
below and finalized within same
day.

Method : Divide 7.4 (b) by 7.4 (a) and
multiply by 100.

KPI
7.5

Proportion of appeals against 8
medical examination preferred by
candidates and the total number of
medical examination of candidates
conducted.

- (a) Total number of medical
examination of candidates of all
categories examined.
- (b) Total number of appeals
against medical examination
preferred by candidates.
- (c) Proportion of appeals against
medical examination preferred
by candidates and the total
number of medical examination
of candidate examined
conducted.

Method : Divide 7.5 (b) by 7.5 (a).

KPI 8

M & P Items:
Maintenance of High cost medical

	equipments.		
KPI 8.1	Percentage of M&P items under AMC for the whole year/ quarter out of total number of M&P items (each costing more than Rs.1 lakh). (i) Total number of M&P items (each costing more than Rs.1 lakh). (ii) Total number of M&P items at 8.1 (i) under AMC for the whole year/quarter. (iii)Percentage of M&P items under AMC for the whole year/ quarter out of total number of M&P items (each costing more than Rs.1 lakh).	20	Method : Divide 8.1 (ii) by 8.1 (i) and multiply by 100
KPI 8.2	Percentage of M&P items where preventive maintenance/ repair work done at least once in a year out of total number of M&P items not to be kept under regular AMC. (i) No. of M&P items not to be kept under regular AMC. (ii) No. out of 8.2 (i) where preventive maintenance/ repair work done at least once in a year. (iii) Percentage of M&P items where preventive maintenance/ repair work done at least once in a year out of total number of M&P items not to be kept under regular AMC.	10	Method: Divide 8.2 (ii) by 8.2 (i) and multiply by 100
KPI 9	Water quality and food safety		
KPI 9.1	Water quality (bacteriological) (i) Percentage of water sample bacteriologically satisfactory. Note: Month wise information to be provided as Annexure.	10	Method: Divide total number of water samples found bacteriologically satisfactory by total number of water samples bacteriologically examined and multiply by 100.
KPI 9.2	Water quality: chlorination. Percentage of water sample satisfactory for chlorination. Note: Month wise information to be provided as Annexure	10	Method: Divide total number of water samples found satisfactory for chlorination by total number of water samples examined for chlorination and multiply by 100.
KPI 9.3	Food Safety: Quality control	7	

	(i) Total number of Food Samples tested for Quality control.		
	(ii) Total number of Health and Malaria Inspectors working in the Zones.		
	(iii) Total number of Food samples collected for quality control per Health & Malaria Inspector.		Method: Divide 9.3 (i) by 9.3 (ii) .
KPI 9.4	Food Quality : PFA Act.	7	
	(i) Total number of Food Samples tested under PFA Act.		
	(ii) Total number of Food Inspectors working in the Zones.		
	(iii) Total number of Food samples collected under PFA Act per Food Inspector		Method : Divide 9.4 (i) by 9.4 (ii)
KPI 9.5	Spectrum of Food Samples collected and tested.	6	
	Types of Food samples tested.		
KPI 10	Family Welfare Activities.		
KPI 10.1	Sterilization	10	Method: Divide 10.1 (ii) by 10.1 (i) and multiply by 10000.
	(i) Total number of Railway Employees in the Zone.		
	(ii) Total number of Sterilization done (only Railway cases) per 10,000 employees.		
KPI 10.2	IUD insertions.	10	
	(i) Total number of IUD insertions (only Railway cases) per 10,000 employees.		Method: Divide 10.2 (i) by 10.1 (i) and multiply by 10000.
KPI 10.3	Oral pills users.	10	
	(i) Total number of oral pill users (only Railway cases) per 10,000 employees.		Method: Divide 10.3 (i) by 10.1 (i) and multiply by 10000.
KPI 10.4	Total number of target couples in the Zone		
	(i) Total number of target couples in the Zone per 10,000 employees.		Method: Divide 10.4 (i) by 10.1 (i) and multiply by 10000.
KPI 11	Immunization of Children		
KPI 11.1	(i) Number of children below one year receiving measles vaccine having already received BCG, DPT and OPV vaccines per 10,000 employees.	10	Method: Divide 11.1 (i) by 10.1 (i) and multiply by 10000.

KPI 11.2	(i) Number of railway children (below five years) immunized during pulse polio immunization programme during National Immunization Day per 10,000 employees.	10	Method : Divide 11.2 (i) by 10.1 (i) and multiply by 10000
KPI 12	Medical audit meeting held on death cases.		
KPI 12.1	(i) No. of Hospitals in the Zone. (ii) No. of mortality meetings held per hospital per year or quarter, as applicable.	10	Method: Divide 12.1 (ii) by 12.1 (i)
KPI 12.2	(i) No. of death case discussed per hospital per year or quarter as applicable.	10	Method: Divide 12.2 (i) by 12.1 (i)
KPI 13	Hospital Acquired infection.		
KPI 13.1	(i) No. of Hospitals where hospitals acquired infection control programme fully implemented.	20	Method: Divide 13.1 (i) by 12.1 (i).
KPI 14	Community based health Activities		
KPI 14.1	(a) Number of Multi Purpose Health Drives conducted in the Health Units/Hospitals.	5	
	(b) Number of Multi Purpose Health Drives conducted at the Work Place.	10	
	(c) Number of Multi Purpose Health Drives conducted at the other places than Health Units/Hospitals/Hospitals and work place.	5	
KPI 14.2	(i) Total number of persons examined in the multi purpose health drives at 14.1 above. (ii) Total number of railway beneficiaries in the Zone. (iii)Percentage of Railway Beneficiaries covered through multi purpose health drives in the year or quarter as applicable.	20	Method: Divide 14.2 (i) by 14.2 (ii) and multiply by 100.
KPI 15	School Health		
KPI 15.1	(i) Number of Railway schools in the Zone. (ii) Number of Schools where all the student's health check up done. (iii)Proportion of schools where all the students' health check up done and total no. of Railway Schools in the Zone.	10	Method: Divide 15.1 (ii) by 15.1 (i) and multiply by 100.
KPI	Percentage of students whose health	10	

15.2	check up has been done out of total students in the schools where all the students' health check up has not been done.		
	(i) No. of schools where all the students' health check up has not been done.		
	(ii) Percentage of students whose health check up has been done out of total students in the schools at 15.2 (i).		
KPI 16	Industrial based injuries		
KPI	Workshop related Injuries:		
16.1	(i) Total no. of employees.		
	(ii) Total no. of Fatal injuries per 1,000 employees per year or per quarter as applicable.	10	Method: Divide 16.1 (ii) by 16.1 (i) and multiply by 1000.
	(iii) Total no. of grievous injuries per 1,000 employees per year or per quarter as applicable.	10	Method: Divide 16.1 (iii) by 16.1 (i) and multiply by 1000.
	(iv) Total no. of simple injuries per 1,000 employees per year or per quarter as applicable.	10	Method: Divide 16.1 (iv) by 16.1 (i) and multiply by 1000.
KPI	Open line related Injuries:		
16.2	(i) Total No. of open line staff		
	(ii) Total no. of Fatal injuries per 10,000 employees per year.	10	Method: Divide 16.2 (ii) by 16.2 (i) and multiply by 10000.
	(iii) Total no. of grievous injuries per 10,000 employees per year.	10	Method: Divide 16.2 (iii) by 16.2 (i) and multiply by 10000.
	(iv) Total no. of simple injuries per 10,000 employees per year.	10	Method: Divide 16.2 (iv) by 16.2 (i) and multiply by 10000.
KPI 17	Implementation of Revised National Tuberculosis Control Programme (RNTCP).	20	
	Percentage of pulmonary TB cases under RNTCP Programme		
	(i) Total number of pulmonary TB cases		
	(ii) Total number of pulmonary TB cases under RNTCP Programme out of those at 17.1.		
	(iii) Percentage of pulmonary TB cases under RNTCP Programme.		Method: Divide 17 (ii) by 17 (i) and multiply by 100.
KPI 18	Prevention of HIV Transmission and Management of AIDS Cases		
KPI	(i) No. of persons tested for HIV	5	
18.1	per 10,000 employees per year or per quarter as applicable.		
	(ii) Percentage of those at 18.1 (i) found +ve	5	

(iii)Percentage of +ve persons 7
tested for CD4 count.

KPI (i) Percentage of eligible AIDS 8
18.2 cases receiving ART.

(ii) No. of HIV+ve mothers
delivered (In Railway Hospitals
and outside).

(iii)No. of HIV+ve mothers who
delivered HIV -ve babies.

(iv)Proportion of HIV+ve mothers 5
delivered babies who are HIV-ve
and total number of deliveries
amongst total HIV+ve mothers.

Method: Divide 18.2 (iii) by 18.2 (ii).

Note : HIV testing done during
Sentinel Survey are not to be
included for figures at 18.1 (i)
above.

KPI 19 Training :

KPI (i) Total no. of UPSC selected
19.1 doctors working as

a) GDMO

b) Specialist

(ii) No. of doctors attended scientific
conference once (during the year
or quarter as applicable) while
working as

a) GDMO 10

b) Specialist 10

(iii)No. of doctors attended scientific
conference twice (during the
year or quarter as applicable)
while working as Specialist. 10

KPI (a) No. of doctors who underwent
19.2 professional training of one week
or more duration.

(b) Total Number of SAG Medical
Officers.

(c) No. of SAG Medical officers 30
who attended Hospital
Administration training of one
week or more duration.

KPI Training of Para Medical Personnel

19.3 (i) Total number of paramedical
personnel.

(ii) No. of paramedical personnel 15
trained in house.

Method: Divide 19.3 (ii) by 19.3 (i) and
multiply by 100.

(iii)No. of paramedical personnel 15

Method: Divide 19.3 (iii) by 19.3 (i) and

	deputed for training to outside institution.		multiply by 100.
KPI 20	Material Management		
KPI 20.1	(i) Total number of items in Annual Demand (AD). (ii) Total number of items finalized by issue of Purchase Order (PO). (iii) Percentage of items finalized by purchase order issue out of total items in Annual Demands (AD).	10	Method: Divide 20.1 (ii) by 20.1 (i) and multiply by 100
KPI 20.2	No. of samples of medicines sent for analysis.	10	
KPI 21	ICD (International classification of diseases)		
KPI 21.1	(i) Total number of Hospitals in the Zone. (ii) No. of Hospitals where ICD fully implemented. (iii) No. of Hospitals where not implemented.	20	Method: Divide 21.1 (ii) by 21.1 (i).
KPI 22	New technologies introduced during the period (year/quarter as applicable). Details of technologies introduced during the period (year/quarter as applicable) to be given as annexure.	20	
KPI 23	Scientific/Management papers published in the journals (i) International (ii) National (iii) Local/State Note : Relative weightage of Scientific/Management papers published in the journals (i) International : 5 (ii) National : 3 (iii) Local/State : 1	20	
KPI 24	Scientific/Management conference organized by the Zone. (i) National level (ii) Zonal level in association with State Chapter. (iii) Other local level conference. Note : Relative weightage of Scientific/Management conference organized by the Zone. (i) National level : 5 (ii) Zonal level in association with State Chapter : 3 (iii) Other local level conference : 1	20	

Note : Please note that the figures for full year are to be used only for award of Comprehensive Health Care Shield and Comprehensive Health Care Cup for New Zones awarded during railway week central function.

Also please note that figures for the relevant quarter only are to be used for Quarterly Performance Review and compared with the figures of the same quarter in the immediate proceeding year.

IMMEDIATE

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. 2010/H1/3/9

New Delhi, dated 15.10.2010

Chief Medical Directors,
All Indian Railways.

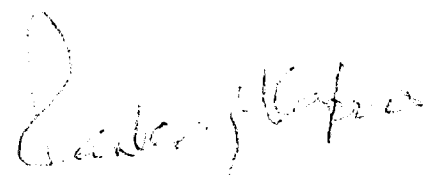
Sub: Framework for award of Comprehensive Health Care Shield and Comprehensive Health Care Cup for New Zones, awarded during Railway Week Central Function and Framework for Quarterly Performance Review (QPR) of Medical Department of Zonal Railways.

Ref: Board's letter of even No. dated 1.10.2010.

Further to this Office letter of even no. dated 1.1.2010, it is informed that KPI 7.2 and KPI 7.4 of the revised framework for the Quarterly Performance Review (QPR) of Medical Department of Zonal Railways and Production Units may be read as under

KPI 7.2	Percentage of PME done for A2 category and below examined and finalized within same day. (a) No. of PME done for A2 category and below . (b) No. out of 7.2 (a) cases finalized with same day. (c) Percentage of PMEs done for A2 category and below examined and finalized within the same day .	Method: Divide 7.2 (b) by 7.2 (a) and multiply by 100
KPI 7.4	Percentage of candidates of A2 category and below examined and finalized within same day. (a) No. of candidates of A2 category and Below examined (b) No. out of 7.3 (a) cases finalized within same day. (c) Percentage of candidates examined for A 2 category and below and finalized within same day .	Method: Divide 7.4 (b) by 7.4 (a) and multiply by 100

Please acknowledge receipt



(Dr. Pankaj Kapoor)
Exe. Director/Health(P)
Railway Board.

E-mail: edhp@rb.railnet.gov.in
Rly.No. 43739, Tele Fax: 011-23389623

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2010/H-1/23/1

New Delhi, dated : 28.10.2010

**Chief Medical Director,
All Indian Railways,
New Delhi.**

Sub : Guidelines for Intra-dermal Rabies Vaccination (IDRV)

Rabies continues to be a public health problem. Government of India has banned the production and use of Nervous Tissue Vaccine in December, 2004, which was the vaccine widely used in the public sector. With the recommendations of World Health Organization, National experts and Indian Council of Medical Research study on the use of Intra-Dermal Vaccination, National Regulatory Authority (Drug Control Authority of India) has permitted the use of this safe, feasible, economical and efficacious route in India also in 2006.

National Centre for Disease Control (NCDC) (formerly National Institute of Communicable Diseases), Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India has framed "National Guidelines for Rabies Prophylaxis and Intra-dermal Administration of Cell Culture Rabies Vaccines". The Guidelines of Govt. of Kerala and Orissa are placed at F

These guidelines are accessible online at the website :

http://www.nicd.nic.in/Rabies_Guidelines.pdf.

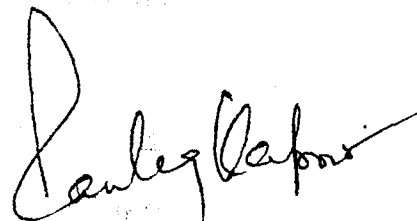
The intradermal administration of cell culture vaccine has been implemented in States like Uttar Pradesh, Orissa, Andhra Pradesh, Karnataka, Kerala, West Bengal, Tamilnadu and Himachal Pradesh.

Accordingly, please find enclosed "Guidelines on Intra Dermal Rabies Vaccination (IDRV) over Indian Railways".

These guidelines are to be implemented in the Hospitals of Indian Railways which meet the following criteria :-

- Have adequately trained staff to give ID inoculation.
- Can maintain cold chain for vaccine storage and ensure adequate supply of suitable syringes and needles for ID administration.
- Are adequately well versed in management of open vial and safe storage practices.

Please acknowledge receipt.



(Dr. Pankaj Kapoor)
Exe. Director Health (Plg.)

DA : As above.

Copy to : General Manager, All Indian Railways & Production Units.

GUIDELINES FOR INTRA-DERMAL RABIES VACCINATION (IDRV)

Anti-Rabies Vaccines

Active immunization is achieved by administration of safe and potent Cell Culture Vaccines (CCV). In India, Nerve Tissue Vaccine (NTV) was used for post-exposure treatment in public sector. However, as this vaccine was reactogenic, the production was stopped in December, 2004, CCVs are now used for active immunization.

Indications : All age groups of animal bite victims of Category II and III require the same number of injections and dose per injection. The Category III exposures, in addition require administration of rabies immunoglobulins as discussed earlier.

Storage and transportation : Though most Cell Culture Vaccines are marketed in freeze dried (lyophilized) form which is more tolerant of vagaries of temperature, yet it is recommended that these vaccines should be kept and transported at a temperature range of 2-8°C. Freezing does not damage the lyophilized vaccine but there are chances of breakage of ampoule containing the diluents. Liquid vaccines should never be frozen.

Reconstitution and storage : The lyophilized vaccine should be reconstituted with the diluents provided with the vaccine immediately prior to use. However, in case of unforeseen delay it should not be used after 6-8 hours of reconstitution.

Adverse effects with Cell Culture Vaccines : The Cell Culture Vaccines are widely accepted as the least reactogenic rabies vaccines available today. However, few studies have not shown that adverse effects can be either general in nature or allergic in origin. The general adverse reactions include sore arm, headache, malaise, nausea, fever and localized oedema at the site of injection. Symptomatic treatment may be needed.

Switch over from one brand/type of vaccine to the other : Shifting from one brand/type of CCV to other brand/type should not be encouraged as literature supports that good immunity is best achieved with same brand. However, under unavoidable circumstances, available brand/type may be used to complete PEP.

Protective level of anti-rabies antibody : Humoral antibodies play important role in protection against rabies and a titre of 0.5 IU/ml or more in serum as tested by Rapid Fluorescent Focus Inhibition Test (RFFIT) is considered as protective.

Currently available CCVs could be administered by IM regimen or approved CCVs could be administered by IM regimen or approved CCVs could be administered by ID regimen.

Intra-muscular (IM) Regimen

The currently available vaccines and regimen in India for IM administration are described below :

Vaccines

1. Cell Culture Vaccines

- Human Diploid Cell Vaccine (HDCV): Produced locally in private sector.
- Purified Chick Embryo Cell Vaccine (PCEC) : Produced locally in private sector.
- Purified Vero Cell Rabies Vaccine (PVRV) : Imported and produced locally in public & private sector.

2. Purified Duck Embryo Vaccine : Produced locally in private sector.

Regimen

Essen Schedule : Five dose intramuscular regimen – The course for post-exposure prophylaxis should consist of intramuscular administration of five injections on days 0,3,7,14 and 28. The sixth injection (D90) should be considered as optional and should be given to those individuals who are immunologically deficient, are at the extremes of age and on steroid therapy. Day 0 indicates date of first injection.

Site of inoculation : The deltoid region is ideal for the inoculation of these vaccines. Gluteal region is not recommended because the fat present in this region retards the absorption of antigen and hence impairs the generation of optimal immune response. In case of infants and young children antero-lateral part of the thigh is the preferred site.

Intra-dermal (ID) Regimens

Concept of intra-dermal inoculation of anti-rabies vaccines (IDRV) : Intra-dermal regimens consist of administration of a fraction of intramuscular doses of certain rabies vaccine on multiple sites in the layers of dermis of skin. The vaccines used are same: however route dose and site of administration differ. The use of intra-dermal route leads to considerable savings in terms of total amount of vaccine needed for full pre-or post-exposure vaccination, thereby reducing the cost of active immunization. Single dose (0.5 ml/1ml) of rabies vaccine/antigen when given by IM route gets deposited in the muscles. Thereafter the antigen is absorbed by the blood vessels and is presented to antigen presenting cells which triggers immune response. Whereas, while using ID route, small amount (0.1 ml) of rabies vaccines/antigen is deposited in the layers of the skin of multiple sites. The antigen is directly presented to the antigen presenting cells (without circulation/dilution in blood) at multiple sites triggering a stronger immune response.

Mechanism of action of IDRV : Intra-dermal inoculation is deposition of approved rabies vaccine (or antigen) in the layers of dermis of skin. Subsequently the antigen is carried by antigen presenting cells via the lymphatic drainage to the regional lymph nodes and later to the reticulo-endothelial system eliciting a prompt and highly protective antibody response. Immunity is believed to depend mainly upon the CD 4 + T-cell dependent neutralizing antibody response to the G protein. In addition, cell-mediated immunity has long been reported as an important part of the defense against rabies. Cells presenting the fragments of G protein are the targets of cytotoxic T-cells and the N protein induced T helper cells. The immune response induced by IDRV is adequate and protective against rabies.

General guidelines for use of IDRV

- Vaccines to be applied by intra-dermal route of administration should be approved by DCGI.
- The vaccine package leaflet should include a statement indicating that the potency as well as immunogenicity and safety allow safe use of vaccine by ID pre- and post-exposure.
- Intra-dermal injections must be administered by staff trained in this technique.
- Vaccine vials must be stored at 2° to 8°C after reconstitution.
- The total content of reconstituted vial should be used as soon as possible, but at least within 8 hours.
- All the reconstituted vaccines should be discarded after 8 hours of reconstitution and at the end of the day.

- Rabies vaccines formulated with an adjuvant should not be administered intra-dermally.
- Vaccine when given intra-dermally should raise a visible and palpable bleb in the skin.
- In the event that the dose is inadvertently given subcutaneously or intra-muscularly or in the event of spillage, a new dose should be given intra-dermally in near by site.
- Animal bite victims on chloroquine therapy (anti-malarial therapy) should be given ARV by intramuscular route.

Vaccine and regimen approved for ID use in the country

Considering the recommendations on intra-dermal application of rabies by WHO and results of safety, efficacy and feasibility trials conducted in India, Drug Controller General of India (DCGI) approved the use of reduced dosage intra-dermal vaccination regimen for rabies post-exposure prophylaxis. The use of this route leads to considerable savings in terms of the total amount of vaccine needed for a full post-exposure vaccination, thereby reducing the cost of active immunization.

The following have been approved by DCGI currently for use by intra-dermal route. Vaccines

PVRV - Verorab, vial 0.5ml, Aventis Pasteur (Sanofi Pasteur) India Pvt. Ltd.

PCECV - Rabipur, vial of 1 ml, Chiron Behring Vaccines Pvt. Ltd.

PVRV - Pasteur Institute of India, Coonoor

PVRV - Abhayrab, vial of 0.5 ml, Human Biologicals institute.

PVRV - Indirab, vial of 0.5 ml/1 ml Bharat Biotech, Hyderabad.

Potency of approved vaccines : The vaccines should have stated potency of > 2.5 IU per IM dose, irrespective of reconstituted volume. The same vaccine is used for ID administration as per stated schedule. 0.1 ml of vaccine, irrespective of reconstituted volume, is administered per ID site as per schedule below.

Regimen

Updated Thai Red Cross Schedule (2-2-2-0-2)

This involves injection of 0.1 ml of reconstituted vaccine per ID site and on two such ID sites per visit (one on each deltoid area, an inch above the insertion of deltoid muscle) on days 0, 3, 7 and 28. The day 0 is the day of first dose administration of IDRV and may not be the day of rabies exposure/animal bite.

Maintenance of vaccine vial in use

- Use aseptic technique to withdraw the dose.
- Store in a refrigerator at 2°C to 8°C
- Reconstituted vaccines should be used as soon as possible or within 6 to 8 hours if kept at 2°C to 8°C. All unused reconstituted vaccine at the end of 6-8 hours must be discarded.

Materials required

- A vial of rabies vaccine approved for IDRV and its diluents.
- 2 ml disposable syringe with 24 G needle for reconstitution of vaccine.
- Disposable 1 ml (insulin) syringe (with graduations upto 100 or 40 units) with a fixed (28 G) needle.
- Disinfectant swabs (e.g. 70% ethanol, isopropyl alcohol) for cleaning the top of the vial and the patients' skin.

ID Injection technique

Using aseptic technique, reconstitute the vial of freeze-dried vaccine with the diluents supplied by the manufacturer. With 1 ml syringe draw 0.2 ml (upto 20 units if a 100 units syringe is used or upto 8 units if a 40 units syringe is used) of vaccine needed for one patient (i.e. 0.1 ml per ID site X 2 sites) and expel the air bubbles carefully from the syringe thereby removing any dead space in the syringe.

Using the technique of BCG inoculation, stretch the surface of the skin and insert the tip of the needle with bevel upwards, almost parallel to the skin surface and slowly inject half the volume of vaccine in the syringe (i.e. 0.1 ml; either 10 or 4 units) into the uppermost dermal layer of skin, over the deltoid area, preferably an inch above the insertion of deltoid muscle. If the needle is correctly placed inside the dermis, considerable resistance is felt while injecting the vaccine. A raised papule should begin to appear immediately causing a peau d'orange (orange peel) appearance. Inject the remaining half the volume of vaccine (i.e. 0.1 ml; either 10 or 4 units) on the opposite deltoid area.

If the vaccine is injected too deeply into the skin (subcutaneous), papule is not seen. Then the needle should be withdrawn and reinserted at an adjacent site and the ID vaccine given once more.

Anti-rabies treatment centers which meet the following criteria may use ID administration :

- Have adequately trained staff to give ID inoculation of anti-rabies vaccine.
- Can maintain cold chain for vaccine storage.
- Ensure adequate supply of suitable syringes and needles for ID administration.
- Are adequately well versed in management of open vial and safe storage practices.

WHO guide for post-exposure treatment against Rabies

Category	Type of contact with a suspected or confirmed rabid domestic/wild animal unavailable for observation.	Recommended treatment
I	Touching or feeding or animal licks on intact skin.	None, if reliable case history is available.
II	Nibbling of uncovered skin, Minor scratches or abrasions without bleeding. Licks on broken skin.	Administer vaccine immediately. Stop treatment if animal remains health throughout an observation period of 10 days or if animal is killed humanely and found to be negative for rabies by appropriate laboratory techniques.
III	Single or multiple trans-dermal bites or scratches. Contact of mucous membrane with saliva (i.e. licks)	Administer rabies immunoglobulin and vaccine immediately. Stop treatment if animal remains health through out an observation period of 10 days or if animal is killed humanely and found to be negative for rabies by appropriate laboratory techniques.

- a. Exposure to rodents, rabbits and hares seldom, if ever requires specific anti-rabies treatment.
- b. If an apparently health dog or cat in or from a low risk area is placed under observation, the situation may warrant delaying initiation of treatment.
- c. This observation period applies only to dogs and cats. Except in the case of threatened or endangered species, other domestic and wild animals suspected as rabid should be killed humanely and there tissues examined using appropriate laboratory techniques.

Post-Exposure Prophylaxis for previously vaccinated persons

Managing re-exposure following post-exposure treatment with TCV : If re-exposed, persons who have previously received full post-exposure prophylaxis (either by IM or ID route) with a potent cell-culture vaccine should not be given only two booster doses, intramuscularly (0.5 ml/1 ml)/intra-dermally (0.1 ml at 1 site) on days 0 and 3. Proper wound toilet should be done. Treatment with RIG is not necessary.

Managing exposure following pre-exposure prophylaxis with TCV : If after recommended pre-exposure prophylaxis, a vaccinated person is exposed to rabies, a proper wound toileting should be done and two IM/ID (0.1 ml at 1 site) doses of Cell Culture Vaccine be given on days 0,3. Treatment with RIG is not necessary.

Managing re-exposure following post-exposure treatment with NTV : Persons who have previously received full post-exposure treatment with NTV should be treated as fresh case and may be given treatment as per merits of the case.

Precautions, Dos and Don'ts

DO's	Don'ts
Vaccine handling and administration	
• Only trained person should given ID injection. • Use 1 ml (Insulin) syringe with 28 gauge needle. • Wash hand before handling the vaccine. • Check the level for type of vaccine and expiry. • For each dose use one syringe & needle. • Injection vaccine at correct site, parallel to skin into the dermis, see for the BLEB. • Explain the dose schedule to the patient and tell when to come next. • Proper disposal of needle and syringe using hub cutter.	• Do not allow untrained person to give ID injection. • Do not use the vaccine without label. • Do not leave the needle inside the vial. • Do not touch or massage the vaccination site.

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No.2009/H-1/12/5 (E.R.)

dt. 15.11.10

The General Manager,
Eastern Railway,
Kolkata.

Sub: - Cardiac Surgery to be performed at Advanced Cardiac Centre at BRSH/SDAH/E. Rly. on case to case basis by calling private/specialized surgeons from outside.

Ref.: Your Rly.'s letter No.MD.173 dt.12.06.2009, 10.07.2009 and 25.08.2010.

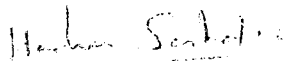
Sanction of the Ministry of Railways is hereby accorded for hiring a team of specialists consisting of Sr. Cardiac Surgeon and two Jr. Cardiac Surgeons, Sr. Cardiac Anesthetist and two specialized trained experienced Cardiac OT Nurses to perform cardiac surgery on Railway patients on case to case basis at a cost of Rs.28,000/- per case (to be paid to Team Leader) at Advanced Cardiac Centre in B.R. Singh Hospital/Sealdah for one year purely on experimental basis with the following terms & conditions: -

- (i) The team of Specialists are to be selected in a transparent manner following the due process of selection.
- (ii) The team of hired Specialists will be responsible for the treatment (Pre-operative, operative and post-operative) and follow up till the patient is shifted to the general ward.
- (iii) The Hospital administration should ensure that proper infrastructure and other necessary facilities for post operative care of patients are in place in the General Ward.

It is also advised that the Railway should have its own doctors and para-medical staff involved so that techniques, technology & skills are picked up. Further, efforts should be made to procure the necessary medical/para medical staff from UPSC/RRB so that cardiac cases could ultimately be done entirely by Railway personnel and referral in cardiac cases to the tie up hospital may be kept at minimum.

The system would be reviewed at the end of the year.

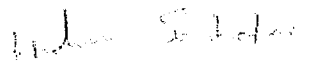
This issues with the concurrence of Finance Directorate of Ministry of Railways.


(H.K. SANHOTRA)
Dy. Director Health & FW
Railway Board.
dt. 15.11.10

No.2009/H-1/12/5 (E.R.)

Copy forwarded to:-

1. The Chief Medical Director, Eastern Railway, Kolkata.
2. The FA&CAO of Eastern Railway, Kolkata.


(H.K. SANHOTRA)
Dy. Director Health & FW
Railway Board.
dt. 15.11.10

No.2009/H-1/12/5 (E.R.)

1. Copy forwarded to Principal Director of Audit, Eastern Railway, Kolkata.
2. Dy. Comptroller & Auditor General of India (Rlys.), Room No.224, Rail Bhawan, New Delhi.

For Financial Commissioner/Rly

Copy to F(E) Spl. Branch, Health-II, Rly. Board.

IMMEDIATE

**भारत सरकार (GOVERNMENT OF INDIA)
रेल मंत्रालय (MINISTRY OF RAILWAYS)
रेलवे बोर्ड (RAILWAY BOARD)**

No. 2010/H-I/7/1

New Delhi dated:- 24 April 2010

**The General Manager(Medical),
All Indian Railways
except EC, NC and WC.**

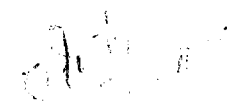
**Sub:- Prevention and Control of HIV/AIDS in Indian Railways-
Approval of Action Plan 2010-2011.**

National AIDS Control Organisation (NACO), Department of AIDS, Ministry of Health & Family Welfare, vide their letter No. M. 18011/01/2008-NACO(F) dated 10/11/2010 has approved the Annual Action Plan for the financial year 2010-2011 and accorded approval to utilize the unspent balance of previous year (2009-2010) during the current financial year 2010-2011,

It is, therefore, requested to kindly utilize the unspent amount of 2009-2010 for payment of remuneration of the Counselors of ICTCs of your Railway during the current financial year 2010-2011 as per details enclosed.

This has the concurrence of Finance Directorate of Ministry of Railways.

DA:- As above.


डा राजीव कुमार जैन / Dr. Rajiv Kumar Jain),
निदेशक/स्वास्थ्य एवम प क./Director/Health & FW,
रेलवे बोर्ड /Railway Board
E Mail: dhfw@rb.railnet.gov.in
Phone: Rly: 43395, MTNL: 011- 23388373, 23303395.
Fax: Rly: 030-43395, MTNL: 011-23388373

Copy for information to FA&CAO- All Indian Railways except EC/NC and WC Railways.

STATEMENT OF ACCOUNTS FOR THE YEAR 2009-2010

Zone	Balance as on 01/04/2009	Allotted during 2009-2010	Total Allotment for the year 2009-2010	Expenditure incurred during 2009-2010	Balance as on 31/03/2010
Central	504912	263,088	768,000	39,762	728,238
Eastern	127265	256,735	384,000	39,000	345,000
East-Central					
East-Coast	163702	28,298	192,000	-	192,000
Northern	565303	202,697	768,000	94,133	673,867
North-Central					
North-Eastern	78192	305,808	384,000	280,698	103,302
Northeast- Frontier	451241	124,759	576,000	23,273	552,727
North-Western	384000	-	384,000	7,338	376,662
Southern	71112	696,888	768,000	91,538	676,462
South-Central	300260	275,740	576,000	-	576,000
South-Eastern	359433	24,567	384,000	-	384,000
Southeast -Central	192000	-	192,000	-	192,000
South-Western	6324	185,676	192,000	42,495	149,505
Western	153130	422,870	576,000	41,032	534,968
West-Central					
Total Zones	3356874	2,787,126	6,144,000	659,269	5,484,731

भारत सरकार (GOVERNMENT OF INDIA)
रेल मंत्रालय (MINISTRY OF RAILWAYS)
रेलवे बोर्ड (RAILWAY BOARD)

No. 2010/H-I/7/1

New Delhi dated:- 24/11/2010

The General Manager(Medical),
All Indian Railways
except EC, NC and WC.

Sub:- Prevention and Control of HIV/AIDS in Indian Railways-
Approval of Action Plan 2010-2011.

In continuation to this office letter of even number dated 24/11/2010, National AIDS Control Organisation (NACO), Department of AIDS, Ministry of Health & Family Welfare, vide their letter No. M. 18011/01/2008-NACO(F) dated 10/11/2010 has decided to discontinue the NACO support from the next financial year 2011-2012 and requested to mainstream the programme.

It is, therefore, requested to take further necessary action accordingly so that the services presently provided through NACO funding continue to be provided uninterruptedly.

Please acknowledge receipt.

डा राजीव कुमार जैन / Dr. Rajiv Kumar Jain),
निदेशक/स्वास्थ्य एवम प क./Director/Health & FW,
रेलवे बोर्ड /Railway Board
E Mail: dhfw@rb.railnet.gov.in
Phone: Rly: 43395, MTNL: 011- 23388373, 23303395.
Fax: Rly: 030-43395, MTNL: 011-23388373

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2010/H/1-1/1

New Delhi, dated : 06-12-2010

**General Managers,
All Indian Railways & Production Units.**

Sub : Constitution of Committee of Experts for Health Research in Indian Railways.

Recognizing that the present process of health care delivery in the Railway health care system lacks research based evidence to drive the model, strategy and delivery of health care the Ministry of Railways, Railway Board has constituted a Committee of Experts for Health Research in Indian Railways. The composition of this committee of Experts for Health Research in Indian Railways shall be as follows :-

Chairperson	--	DG(RHS)
Vice-Chairperson	--	EDH(G)
Members	Eight	(a) Five Indian Railway Medical Service Officers who have technical qualifications scientific work and experience in Health Research over Indian Railways. (b) Nominee of DG/ICMR, Nominee of Director/National Institute of Health and Family Welfare(NIHFW), New Delhi and one Nominee of Director/All India Institute of Medical Sciences (AIIMS), New Delhi.
Member Secretary		Director (H&FW)

The terms of reference of the above Committee of Experts shall be as follows:-

1. To determine priorities for Health Research in Railways in India.
2. To be a clearing house for all Health Research proposals (including DNB Thesis work) over Indian Railways.
3. To devise strategy for promotion (including financing mechanisms) of Health Research over Indian Railways.
4. To devise and monitor training in Health Research capacity development over Indian Railways.
5. To monitor and evaluate the approved Health Research projects/proposals over Indian Railways.

This Committee of Experts for Health Research can constitute sub Committees/Steering Groups for specific issues/research Projects.

Over a period of time, this process is likely to lead to research based evidence for the burden of diseases in Railways, nurture collaboration and leadership in health research, develop multidisciplinary research (including health economics, social science, bio-

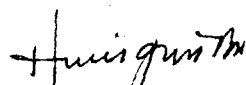
statistics, data management, other allied health and non-health disciplines) where appropriate and involve clinical and non-clinical (community) health workers, other elements of civil society, industry, policy/decisions makers and patient groups/families in study designs. It will also foster sharing of methods, tools and research materials, encourage the exchange of researchers and ensure the effective dissemination of results. It shall also lead to building an appropriate monitoring/evaluation process (with agreed milestones) from the initiation of the research studies/project.

The headquarters of the Committee shall be at New Delhi.

It is advised that any health research (including DNB Thesis) being conducted or planned to be conducted in the Railway health care system is submitted to the Committee of Experts for Health Research well in time for its consideration for approval/modifications.

This has the concurrence of Finance Directorate of Railway Board.

Hindi version will follow.


(Dr. B.N. Annigeri)

Exe. Director /Health (G)
Railway Board

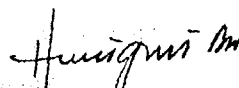
E-mail: edh@rb.railnet.gov.in

Rly. No. 43717, Tele Fax : 011-23386882

No.2010/H/1-1/1

New Delhi, dated : 06.12.2010

1. FA & CAO, All Indian Railways (including production units)
2. CMD, All Indian Railways (including production units)



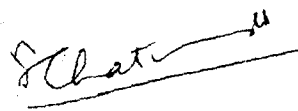
(Dr. B.N. Annigeri)
Exe. Director /Health (G)
Railway Board

No.2010/H/1-1/1

New Delhi, dated : 06.12.2010

Copy forwarded to

1. Principal Director of Audit, All Indian Railways (including production units)
2. Deputy Comptroller and Auditor General of India (Railways), Room No224, Rail-Bhawan, New Delhi.



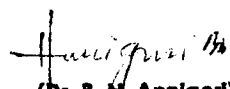
For financial Commissioner/ Railways

Copy to

1. F(E) Spl. and FE(II) Branch/ Railway Board.

Copy to:

- 1 Computer facilitation Centre, Room No. 5, Near Gate No.1, Rail Bhawan.
- 2 Directors of CTIs, RSC/Baroda, IRICEN/Pune, IRIEN/Nasik, IRSET, Secunderabd, IRIMEE/Jamalpur and IREITEM/Lucknow.
- 3 General Manager & FA&CAO, Metro Rail/Kolkata.
- 4 General Manager & FA&CAO, CORE, Allahabad.
- 5 The Director General, Railway Staff College, Vadodara.
- 6 The managing Director, RITES, New Delhi House, 27, Barakhamba Road, New Delhi and (b) IRCON Palika Bhawan, Sector XIII, R.K. Puram, New Delhi. (c) CRIS, Safdarjung Railway Station, Chankyapuri, New Delhi. (d) IRFC (e), CONCOR of India, Ltd., Konkan Railway Corpn. Ltd. Belapur Bhawan Sector-11, CBD Belapur, Navi Mumbai, NVNL, Plot No. 25, 1st Floor, August Kranti Bhawan, Bhikaji Cama Place, New Delhi-110066.
- 7 The General Secretary, IRCA/New Delhi.
- 8 The Secretary, Railway Board, Promotee Officers Association, Room No.341-C, Rail Bhawan, New Delhi.
- 9 Director General RDSO, Lucknow.
- 10 Member Secretary, Expert Committee, Room No. 507, Rail Bhawan, New Delhi.
- 11 The Chairman, RCC, Lok Sabha Secretariat, New Delhi.
- 12 The Chairman, RRT, Chennai.
- 13 The Chairman, RCT.13/15 Mal Rod, Delhi- 54.
- 14 The Chairman, RRB/Ajmer, Ahmedabad, Allahabad, Bangalore, Bhopal, Bhubaneswar, Chandigarh, Chennai, Kolkata, Jammu, Gorakhpur, Guwahati, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad & Trivandrum.
- 15 The Chairman, Passenger Amenities Committee.
- 16 Member Passenger Amenities Committee.
- 17 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
- 18 The Director, CAMTECH/Gwalior.
- 19 The CAO (a) MTP(G)/Mumbai (b) MTP (G)/Chennai.
- 20 Office of the Chief Project Administrator (Telecom), Indian Railways Central Organisation for Telecom Consultancy, Shivaji Bridge, New Delhi.
- 21 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 22 The CAO (Const.), Central Railway, Mumbai.
- 23 The Director (Movement) Railways/Kolkata.

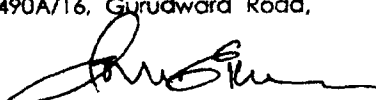

(Dr. B. N. Annigeri)
Executive Director, Health (Genl.)
Railway Board.

No. 2010/H/1-1/1

New Delhi, dated 06-12-10

Copy to:

- 1 The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi.
- 2 The General Secretary, NFIR, Room No. 256-E, Rail Bhawan, New Delhi.
- 3 All Members of Departmental Council and National Council and Secretary, Staff Side, National Council, 13-C, Feorzeshah Road, New Delhi.
- 4 The Secretary General, FROA & IRPOA, Room No.256-A & 268, Railway Board.
- 5 The General Secretary, All India RPF Association, Room No.256-D, Rail Bhawan, New Delhi.
- 6 The Secretary, RBSS Group 'A' Officers Association, Room No.402, Rail Bhawan, New Delhi.
- 7 The Secretary, RBSS Group 'B' Officers Association, Rail Bhawan, New Delhi.
- 8 The Secretary, RBMSA, Rail Bhawan, New Delhi.
- 9 The Secretary, Railway Board Group 'D' Employees Association, Rail Bhawan, New Delhi.
- 10 The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Rail Bhawan, New Delhi.
- 11 Chief Commissioner of Railway Safety, Lucknow.
- 12 Advisor (Safety), Railway Board, New Delhi.
- 13 The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.
- 14 General Secretary, Retired Railway Employees Welfare Association (Regd.), 490A/16, Gurudwara Road, Gurgaon.


For Secretary, Railway Board.

Copy to:

PS to MR, MSR(A), & MSR(M),

Sr. PPS to CRB, FC, MS, ME, MT, ML, MM, All Additional Members DG/RHS, DG/RPF, Secretary, All Officers and Branches of Railway Board.

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

Hindi version of
the letter issued
On 6.12.2010

सं. 2010/एच-1-1/1

नई दिल्ली, दिनांक: 6.12.2010

महाप्रबंधक,
सभी भारतीय रेलें एवं उत्पादन इकाइयां।

विषय: भारतीय रेलों पर स्वास्थ्य रिसर्च के लिए विशेषज्ञ समिति का गठन।

इस बात को ध्यान में रखते हुए कि रेलवे स्वास्थ्य देखभाल प्रणाली में स्वास्थ्य देखभाल कार्य की मौजूदा प्रणाली में स्वास्थ्य देखभाल के मॉडल, नीति तथा कार्य के लिए रिसर्च आधारित प्रमाण की कमी है। रेल मंत्रालय, रेलवे बोर्ड ने भारतीय रेलों पर स्वास्थ्य रिसर्च के लिए एक विशेषज्ञ समिति गठित की है। भारतीय रेलों पर स्वास्थ्य रिसर्च के लिए इस विशेषज्ञ समिति की संरचना निम्नानुसार होगी:-

अध्यक्ष	---	महानिदेशक (रे.स्वा.से.)
उपाध्यक्ष	---	का.नि.स्वा. (जी)
सदस्य	आठ	(क) भारतीय रेल चिकित्सा सेवा के पांच अधिकारी जिन्हें भारतीय रेलों पर तकनीकी अर्हता तथा स्वास्थ्य रिसर्च में वैज्ञानिक कार्य का अनुभव हो। (ख) महानिदेशक/आईसीएमआर के नामिती, निदेशक/राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान (एनआईएचएफडब्ल्यू), नई दिल्ली के नामिती, निदेशक/अखिल भारतीय आयुर्विज्ञान संस्थान (एआईआईएमएस), नई दिल्ली का एक नामिती।
सदस्य सचिव	---	निदेशक (स्वास्थ्य एवं परिवार कल्याण)

उपर्युक्त विशेषज्ञ समिति के विचारार्थ विषय निम्नानुसार होंगे:-

1. भारत में रेलों पर स्वास्थ्य रिसर्च के लिए प्राथमिकता निर्धारित करना।
2. भारतीय रेलों पर सभी स्वास्थ्य रिसर्च प्रस्तावों (डीएनबी शोध-प्रबंध कार्य सहित) के लिए एक क्लियरिंग हाउस होना।

3. भारतीय रेलों पर स्वास्थ्य रिसर्च (वित्त पोषण प्रक्रियाओं सहित) को बढ़ावा देने के लिए नीति बनाना।
4. भारतीय रेलों पर स्वास्थ्य रिसर्च क्षमता के विकास में प्रशिक्षण देना तथा उसे मॉनीटर करना।
5. भारतीय रेलों पर अनुमोदित स्वास्थ्य रिसर्च परियोजनाओं/प्रस्तावों को मॉनीटर करना तथा उनका मूल्यांकन करना।

स्वास्थ्य रिसर्च के लिए गठित यह विशेषज्ञ समिति विशिष्ट मुद्दों/रिसर्च परियोजनाओं के लिए उप समिति/संचालन ग्रुप गठित कर सकती है।

काफी समय से, इस प्रक्रिया से रेलों पर रोगों के भार, पोषाहार सहयोग तथा स्वास्थ्य रिसर्च में नेतृत्व, बहु-कार्यात्मक रिसर्च (जिसमें स्वास्थ्य अर्थशास्त्र, सामाजिक विज्ञान, बायो-सांख्यिकी, डाटा प्रबंधन, अन्य संबद्ध स्वास्थ्य तथा गैर-स्वास्थ्य क्षेत्र शामिल हैं) के लिए रिसर्च आधारित प्रमाण की संभावना है जहां उपयुक्त हो तथा अध्ययन डिजाइन में क्लीनिकल तथा गैर-क्लीनिकल (समुदाय) स्वास्थ्य कार्यकर्ता, सिविल सोसायटी, इंडस्ट्री के अन्य तत्व, नीति/निर्णय निर्माता तथा रोगी ग्रुप/परिवार शामिल हो। इससे तौर-तरीकों, औजारों तथा रिसर्च सामग्री में भागीदारी भी विकसित होगी जिससे रिसर्च में आदान-प्रदान को बढ़ावा मिलेगा तथा परिणामों का प्रभावी प्रसार सुनिश्चित होगा। इससे रिसर्च अध्ययन/परियोजना की शुरुआत से उपयुक्त मॉनीटरिंग/मूल्यांकन प्रक्रिया (सम्मत विशेष उपलब्धि सहित) भी बनाई जा सकेगी।

समिति का मुख्यालय नई दिल्ली में होगा।

यह सूचित किया जाता है कि रेलवे स्वास्थ्य देखभाल प्रणाली में की जा रही अथवा की जाने वाली कोई भी स्वास्थ्य रिसर्च (डीएनबी शोध-प्रबंध सहित) अनुमोदन/आशोधन के लिए स्वास्थ्य रिसर्च विशेषज्ञ समिति के विचारार्थ समय पर भेजी जाए।

इसे रेलवे बोर्ड के वित्त निदेशालय की सहमति प्राप्त है।

बि एन अण्णीगेरी

(डॉ. बी.एन. अण्णीगेरी)

कार्यपालक निदेशक/स्वास्थ्य (सामान्य)

रेलवे बोर्ड

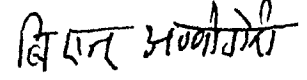
ईमेल: edh@rb.railnet.gov.in

रेलवे नं. 43717, टेली फैक्स: 011-23386882

सं. 2010/एच-1-1/1

नई दिल्ली, दिनांक: 6.12.2010

1. वित्त सलाहकार एवं मुख्य लेखा अधिकारी, सभी भारतीय रेलें (उत्पादन इकाइयों सहित)।
2. मुख्य चिकित्सा निदेशक, सभी भारतीय रेलें (उत्पादन इकाइयों सहित)।



(डॉ. बी.एन. अण्णीगेरी)

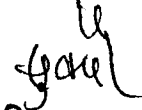
कार्यपालक निदेशक/स्वास्थ्य (सामान्य)
रेलवे बोर्ड

सं. 2010/एच-1-1/1

नई दिल्ली, दिनांक: 6.12.2010

प्रतिलिपि प्रेषित:

1. प्रमुख निदेशक लेखा परीक्षा/सभी भारतीय रेलें (उत्पादन इकाइयों सहित)।
2. भारत के उप नियंत्रक एवं महालेखा परीक्षक (रेलें), कमरा नं. 224, रेल भवन, नई दिल्ली।



कृते वित्त आयुक्त/रेलें

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No.2008/H-1/2/15

New Delhi, dated / 0 .11.2010

**The General Managers,
All Indian Railways and
Production Units.**

Sub: - Inclusion of legally divorced dependent daughter of serving Railway employees and pensioners.

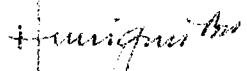
- Ref: -**
1. Board's letter No.2000/H/PNM/AIRF dt. 05.09.2000 (S. No.8 of Health 2000).
 2. Board's letter No.2008/H-1/2/15 dt.16.02.2009 (S. No.1 of Health 2009).
 3. Board's letter No.2008/H-1/2/15 dt.16.04.2009 (S. NO.2 of Health 2009)
 4. Board's letter No.2008/H-1/2/15 dt. 26.10.2009 (S. No.5 of Health 2009)

Arising out of demand raised by AIRF, it is hereby clarified that the legally divorced dependent daughters may be included in the list of family members in para 601 (5) (c) of IRMM 2000.

The rest of the contents of the above-mentioned letters will remain unchanged.

This issues with the concurrence of Finance Directorate of Railway Board.

Advance Correction Slip (S. No. Health 2010) amending Para 601 (5) (c) of IRMM 2000 is enclosed.


(Dr. B.N. ANNIGERI)
Executive Director Health (G)
Railway Board.

No.2008/H-1/2/15

New Delhi, dated / 0 .11.2010

Copy to: -

1. The Director of Audit, All Indian Railways.
2. The Dy. Comptroller & Auditor General of India (Railways), Room NO.222, Rail Bhavan, New Delhi.


for Financial Commissioner/Railways

Copy to: - DDF(E)1 & F(E) Spl., Railway Board.

S. NO. 23 Health 2010

Advance Correction Slip to Para 601(5) (c) (ii) of IRMM 2000

In para 601 (5), item (c) (ii) may be substituted as under: -

Para 601 (5) (c) (ii) : legally divorced daughters, widowed daughters, irrespective of their age, provided they are wholly dependent on the Railway employee.

(Authority: Board's letter No.2008/H-1/2/15 dt. /6 .12.10)

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2008/एच-1/2/15

नई दिल्ली, दि. 10.12.10

महाप्रबंधक,
सभी भारतीय रेलें और
उत्पादन इकाइयां.

विषय: सेवारत रेल कर्मचारी और पेंशनरों की कानूनी तौर पर तलाकशुदा आश्रित पुत्री को शामिल करना.

- संदर्भ: 1. बोर्ड का दिनांक 05.09.2000 का पत्र सं. 2000/एच/पी एन एम/ए आई आर एफ (हेल्थ 2000 का क्रम सं. 8).
2. बोर्ड का दिनांक 16.02.09 का पत्र सं. 2008/एच-1/2/15. (हेल्थ 2009 का क्र.सं. 1)
3. बोर्ड का दिनांक 16.04.2009 का पत्र सं. 2008/एच-1/2/15. (हेल्थ 2009 का क्र.सं. 2)
4. बोर्ड का दिनांक 26.10.2009 का पत्र सं. 2008/एच-1/2/15. (हेल्थ 2009 का क्र.सं. 5)

ए आई आर एफ द्वारा उठाई गई मांग के फलस्वरूप, एतद्वारा यह स्पष्ट किया जाता है कि कानूनी तौर पर तलाकशुदा आश्रित पुत्रियों को भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 601 (5) (ग) में परिवार के सदस्यों की सूची में शामिल किया जाए.

पत्रों की शेष विषय-वस्तु अपरिवर्तित रहेगी.

इसे रेलवे बोर्ड के वित्त निदेशालय की सहमति से जारी किया जा रहा है.

भारतीय रेल चिकित्सा नियमावली 2000 के पैरा 601 (5) (ग) को संशोधित करते हुए अग्रिम शुद्धि पर्ची (हेल्थ 2010 का क्र. सं. 23) संलग्न है.

वि. एन. अण्णिगेरी

(डॉ. बी.एन.अण्णिगेरी)

कार्यपालक निदेशक, स्वा. (सामा.)

रेलवे बोर्ड

-122-

सं. 2008/एच-I/2/15

नई दिल्ली, दि.10.12.10

प्रतिलिपि:-

1. निदेशक, लेखा परीक्षा, सभी भारतीय रेलें.
2. भारत के उप नियंत्रक एवं महालेखा परीक्षक (रेलें), कमरा नं. 222, रेल भवन, नई दिल्ली.

कृते वित्तायुक्त/रेलें

प्रतिलिपि :

उप निदेशक, एफ (ई) I एवं एफ (ई) स्पे., रेलवे बोर्ड.

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 601 (5) (ग) (ii) के लिए अग्रिम शुद्धि पर्ची .

पैरा 601 (5) में मद (ग) (ii) को निम्नानुसार प्रतिस्थापित किया जाए:-

पैरा 601 (5) (ग) (ii) : कानूनी तौर से तलाकशुदा पुत्रियां, विधवा पुत्रियां, भले ही उनकी आयु कितनी भी क्यों न हो, बशर्ते कि वे पूर्णतः रेल कर्मचारी पर निर्भर हों.

(प्राधिकार: बोर्ड का दिनांक/0 .11.10 का पत्र सं. 2008/एच-1/2/15).

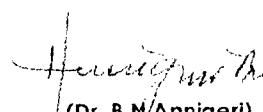
Endorsement 3

No. 2008/H-1/2/15

New Delhi, dated 10.12.2010

Copy to:

- 1 Chief Medical Directors and MSs' All Indian Railways (Including Pus)
- 2 Computer facilitation Centre, Room No. 5, Near Gate No.1, Rail Bhawan.
- 3 Directors of CTIs, RSC/Baroda, IRICEN/Pune, IRIEN/Nasik, IRISSET, Secunderabd, IRIMEE/Jamalpur and IREITEM/Lucknow.
- 4 General Manager & FA&CAO, Metro Rail/Kolkata.
- 5 General Manager & FA&CAO, CORE, Allahabad.
- 6 The Director General, Railway Staff College, Vadodara.
- 7 The managing Director, RITES, New Delhi House, 27, Barakhamba Road, New Delhi and (b) IRCON Palika Bhawan, Sector XIII, R.K. Puram, New Delhi. (c) CRIS, Safdarjung Railway Station, Chankyapuri, New Delhi. (d) IRFC (e), CONCOR of India, Ltd., Konkan Railway Corpn. Ltd. Belapur Bhawan Sector-11, CBD Belapur, Navi Mumbai, NVNL, Plot No. 25, 1st Floor, August Kranti Bhawan, Bhikaji Cama Place, New Delhi-110066.
- 8 The General Secretary, IRCA/New Delhi.
- 9 The Secretary, Railway Board, Promotee Officers Association, Room No.341-C, Rail Bhawan, New Delhi.
- 10 Director General RDSO, Lucknow.
- 11 The Director (a) IRIEN, Nasik, (b) IRCEN, Pune (c) IRIMEE, Lalapur (d) IRISSET, Secunderabad.
- 12 The Chairman, RCC, Lok Sabha Secretariat, New Delhi.
- 13 The Chairman, RRT, Chennai.
- 14 The Chairman, RCT.
- 15 The Chairman, RRB/Ajmer, Ahmedabad, Allahabad, Bangalore, Bhopal, Bhubaneswar, Chandigarh, Chennai, Kolkata, Jammu, Gorakhpur, Guwahati, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad & Trivandrum.
- 16 The Chairman, Passenger Amenities Committee.
- 17 Member Passenger Amenities Committee.
- 18 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
- 19 The Director, CAMTECH/Gwalior.
- 20 The CAO (a) MTP(G)/Mumbai (b) MTP (G)/Chennai.
- 21 Office of the Chief Project Administrator (Telecom), Indian Railways Central Organisation for Telecom Consultancy, Shivaji Bridge, New Delhi.
- 22 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 23 The CAO(Const.), Central Railway, Mumbai.
- 24 The Director (Movement) Railways/Kolkata.

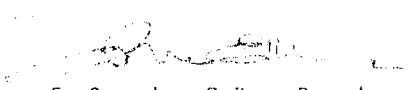

(Dr. B.N. Annigeri)
Executive Director, Health(G)
Railway Board.

No. 2005/H-1/2/15

New Delhi, dated 10.12.2010

Copy to:

- 1 The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi.
- 2 The General Secretary, NFIR, Room No. 256-E, Rail Bhawan, New Delhi.
- 3 All Members of Departmental Council and National Council and Secretary, Staff Side, National Council, 13-C, Feorzeshah Road, New Delhi.
- 4 The Secretary General, FROA & IRPOA, Room No.256-A & 268, Railway Board.
- 5 The General Secretary, All India RPF Association, Room No.256-D, Rail Bhawan, New Delhi.
- 6 The Secretary, RBSS Group 'A' Officers Association, Room No.402, Rail Bhawan, New Delhi.
- 7 The Secretary, RBSS Group 'B' Officers Association, Rail Bhawan, New Delhi.
- 8 The Secretary, RBMSA, Rail Bhawan, New Delhi.
- 9 The Secretary, Railway Board Group 'D' Employees Association, Rail Bhawan, New Delhi.
- 10 The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Rail Bhawan, New Delhi.
- 11 Chief Commissioner of Railway Safety, Lucknow.
- 12 Advisor (Safety), Railway Board, New Delhi.
- 13 The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.
- 14 General Secretary, Retired Railway Employees Welfare Association (Regd.), 490A/16, Gurudwara Road, Gurgaon.


For Secretary, Railway Board.

Copy to:

PS to MR, MSR(V), & MSR(N).

Sr. PPS to CRB, FC, MS, ME, MT, ML, MM, All Additional Members DG/RHS, DG/RPF, Secretary, All Officers and Branches of Railway Board.

भारत सरकार (GOVERNMENT OF INDIA)
रेल मंत्रालय (MINISTRY OF RAILWAYS)
रेलवे बोर्ड (RAILWAY BOARD)

No. 2010/H-I/7/1

New Delhi dated:- 14/12/2010

The General Manager(Medical),
All Indian Railways
except EC, NC and WC.

Sub:- Prevention and Control of HIV/AIDS in Indian Railways-
Approval of Action Plan 2010-2011.

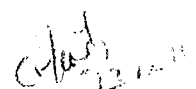
, *****

In continuation to this office letter of even number dated 24/11/2010, it is mentioned that all the expenditure incurred towards remuneration of Counselors of ICTCs of your Railway during the current financial year 2010-11 may be debited to civil head of Department of Health as under:-

“ Major head : 2210 Medical and Public Health,
Minor head : 06101 Prevention and Control of Diseases,
33- National AIDS Control Programme: 33.03 National AIDS Control
Programme (Externally aided component): 33.03.50 –Other Charges
during 2010-11 under Plan.”

This has the concurrence of Finance Directorate of Ministry of Railways.

Please acknowledge receipt.


डा राजीव कुमार जैन / Dr. Rajiv Kumar Jain),
निदेशक/स्वास्थ्य एवम प क./Director/Health & FW,
रेलवे बोर्ड /Railway Board
E Mail: dhfw@rb.railnet.gov.in
Phone: Rly: 43395, MTNL: 011- 23388373, 23303395.
Fax: Rly: 030-43395, MTNL: 011-23388373

Copy for information to FA&CAO- All Indian Railways except EC/NC and WC Railways.

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2015-2016

2017-2018

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

Spare

No.2010/H/2-1/3

New Delhi, dated- 15.12.2010

General Manager,
Eastern Railway,
Kolkata.

Sub:- Engagement of five (5) posts of Senior Residents for advance Cardiac
Centre at B.R. Singh Hospital, Sealdah.

In reference to your letters (i) No.HG.4/PWP(Cardiology)/BRSH, dated 11.10.2010 and (ii) No.MD.121/HS/SR dated 08.09.2009, on the above cited subject, Ministry of Railways, agree, as a special case, for engagement of five (5) Senior Residents for Advance Cardiac Centre at B.R. Singh Hospital, Eastern Railway, Sealdah, on the terms and conditions laid down in Board's Letters No.88/H/2-1/9 dated 24.06.2008 and No.2006/H/2-1/5 dated 30.03.2009 (copies enclosed).

The above issues with the concurrence of Finance Directorate of Ministry of Railways.

(Dr. D. P. Pande)

Executive Director, Health (P)
Railway Board.

No.2010/H/2-1/3

New Delhi, Dated 15.12.2010

Copy forwarded to:-

- 1.FA & CAO, Eastern Railway, Kolkata.
- 2.Chief Medical Director, Eastern Railway, Kolkata.

(Dr. D. P. Pande)

Executive Director, Health (P)
Railway Board.

No.2010/H/2-1/3

New Delhi, Dated 15.12.2010

Copy forwarded to

1. The Principal Director of Audit/Eastern Railway, Kolkata.
2. Deputy Controller & Auditor General of India(Railways) Room No.224, Rail Bhawan New Delhi.

S. S. Chandra

For Financial Commissioner, Railways.

Copy to F(E) Spl. Branch.

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No. 88/H/2-1/9

New Delhi dated 24.6.2008

The General Managers,
Northern & Southern Railways.

**Sub:-Revised terms and conditions for Senior Residents working in
Railway Hospitals.**

The matter regarding review of the terms and conditions for the Senior Residents working in Railway Hospitals have been under consideration of the Board for some time. After careful examination of the issue and on the basis of latest instructions of the Ministry of Health & Family Welfare on the subject, the Ministry of Railways have decided to introduce the following revised terms and conditions:-

Terms & Conditions for Senior Residents in Indian Railways

Minimum Educational Qualification

- Post Graduate Degree or Diploma in the concerned specialty from university recognized by State/Central Government.
- If such candidates are not available in particular speciality, those without PG qualification but having at least three years experience after MBBS, out of which one year Junior Residency from a Government Hospital in the concerned speciality, can be considered.

Age Limit for appointment as Senior Residents

- 33 years for those having Post Graduate qualification.
- 35 years for Post Doctoral Degree holders.
- Relaxation of 5 years for SC/ST candidate.

Selection Process

Selection will be through a Press notification followed by an interview by a selection committee comprising of the following:

- MD/CMS In charge of concerned Hospital
- CPO
- SAG/Selection grade officer of concerned departments

Accommodation

Free residential unfurnished accommodation would be provided to Senior Residents subject to availability.

Leave entitlements

- One day weekly off by rotation.
- Entitled to total 20 days leave in one contract year which can be availed as not more than 10 in six months period.
- Not entitled to any vacation or any other type of leave.

Medical Treatment Facility

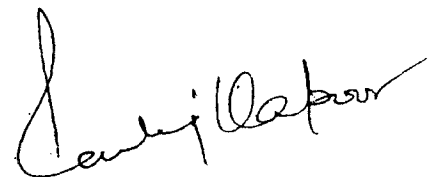
- Free OPD treatment Medical facility as available in Railway hospital will be provided to the Senior Residents for self, spouse & children.
- Free Indoor Medical treatment as available in Railway hospital will be extended to self only in emergency and acute illness situation.
- There shall not be any provision for referral to other Private Medical Centres for treatment.

Duties and Responsibilities

- Duties and responsibilities of the Senior Residents will be as fixed by the Railway administration from time to time.
- They will be required to perform any work as may be needed in the legitimate interest of Railway administration including National Programmes or during Railway accidents, in addition to their speciality work.
- The Senior Resident Doctors will be required to be on call duty not exceeding 12 hours/day.
- No Private Practice shall be permitted.

2. These instructions will be effective from 01.07.2008 and are in supersession to all the previous instructions issued in this regard.

3. This issues with the concurrence of Finance Directorate of the Ministry of Railways.



(Dr. Pankaj Kapoor)
Executive Director Health(P)
Railway Board.

S.No. 17

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No. 2006/H/2-1/5

New Delhi, dated 30.03.2009

**General Managers,
Northern Railway, New Delhi
Southern Railway, Chennai.**

**Sub: Revision of stipend payable to Senior Residents working in
Railway hospitals.**

Ref:-Board's letter No.88/H/2-1/9 dated 24.6.08.

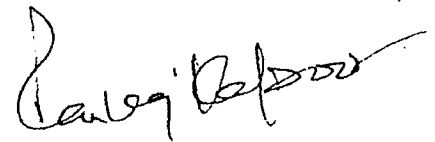
In pursuance of implementation of the recommendation of VIth Central Pay Commission, Ministry of Health & Family Welfare, vide their letters No.U.11014/1/2008/ME (P.II) dated 1.10.2008 and 8.10.2008 (copies enclosed) have revised the stipend payable to Senior Residents working in Central Government hospitals. After careful examination of the matter, Ministry of Railways have decided to revise the emoluments payable to Senior Residents working in Railway hospitals as per the rates prescribed in M/o Health & Family Welfare's letters.

It is advised that the rates of emoluments payable to the Senior Residents be revised w.e.f. 01.01.2006.

Arrears are payable w.e.f. 01.01.2006

This issues with the concurrence of Finance Dte. of Ministry of Railways.

The other terms and conditions contained in Board's letter No.88/H/2-1/9 dated 24.6.08 will remain unchanged.



**(Dr. Pankaj Kapoor)
Executive Director, Health (Plg.)
Railway Board**

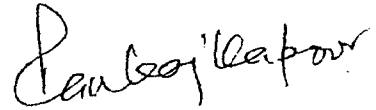
DA: As above

No. 2006/H/2-1/5

New Delhi, dated 30.03.2009

Copy forwarded to:-

1. FA&CAO, Northern & Southern Railways.
2. Chief Medical Directors, Northern & Southern Railways.



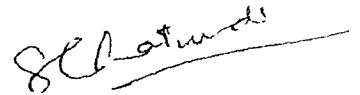
(Dr. Pankaj Kapoor)
Executive Director, Health (Plg.)
Railway Board

No. 2006/H/2-1/5

New Delhi, dated 30.03.2009

Copy forwarded to:-

1. The Principal Director of Audit, Northern & Southern Railways.
2. Dy. Comptroller and Auditor General of India (Railways), Room No. 224, Rail Bhavan, New Delhi.



For Financial Commissioner/Railways

Copy to DDF(E)I and F(E)Spl. Branch

-5-

No. U.11014/1/2008-ME (P.II)
Government of India
Ministry of Health & Family Welfare
(Department of Health and Family Welfare)

Nirman Bhawan, New Delhi,
Dated the 8th October, 2008

To --

1. The Director General of Health Services, Nirman Bhawan, New Delhi.
2. The Director, All India Institute of Medical Sciences, New Delhi
3. The Director, Post Graduate Institute of Medical Education and Research, Chandigarh.
4. The Director, National Institute of Mental Health & Neuro-Sciences, Bangalore.
5. The Director, Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry.
6. The Principal, Lady Hardinge Medical College, New Delhi.
7. The Principal, Vardhman Mahavir Medical College & Safadarjung Hospital, New Delhi.
8. The Director, Dr. R.M.L. PGIMER, New Delhi.

Sub: Residency Scheme- Revision of emoluments of the Junior and Senior Residents - Amendments to original order dated 1.10.2008.

Sir/Madam,

In continuation of this Ministry's letter of even number dated 1.10.2008 and clarifications sought by a number of institutions, I am directed to clarify certain aspects of emoluments in respect of Junior & Senior Residents as under:

- (i) It is seen that the existing pay of Junior Residents in some institutions is Rs. 9400 (fixed). In order to find the new basic pay as per the 6th CPC, the basic pay should be multiplied by 1.86 for fixation of pay in the revised scale.
- (ii) Inadvertently, Sr. Residents were placed in the pay scale of Rs. 8000-13500 (pre-revised) vide this Ministry's order dated 1.10.2008. The Senior Residents are now placed in the pay scale of Rs. 10000-15200 (Pre-revised) corresponding to the revised pay band PB-3 of Rs. 15,600-39,100 carrying grade pay of Rs. 6,600.
- (iii) NPA, Transport Allowance & House Rent Allowance to the Junior & Senior Residents are admissible as per applicability under the Rules.

2. Para (8) of Revised Pay Rules defines the fixation of pay for fresh recruits. Their emoluments may please be fixed accordingly.

3. In order to resolve the issue relating to pay fixation (revised) of Junior and Senior Residents, model fixation tables based on 6th CPC recommendations is enclosed for guidance.

4. Other contents of the letter dated 1.10.2008 remain unchanged.

5. This issues with the concurrence of the Integrated Finance, Division of the Ministry of Health & Family Welfare vide their Dy No.6085 dated 8.10.2008.

Yours faithfully,



(N. BARIK)

Under Secretary to the Govt. of India

Ph: 23061342

Encl: 4 pages-Fixations Table.

Copy for information and necessary action to:-

1. Chief Secretary, Delhi Administration, Delhi.
2. Commissioner, Municipal Corporation of Delhi, Delhi.
3. Secretary, New Delhi Municipal Committee, New Delhi.
4. Dy. Secretary (CHS), Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.
5. IFD, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.



(N. BARIK)

Under Secretary to the Govt. of India

Copy also to:-

1. The Secretary, Ministry of HRD, Department of Education, Shastri Bhawan, New Delhi.
2. The Secretary, University Grants Commission, New Delhi.



(N. BARIK)

Under Secretary to the Govt. of India

Pay fixation for Sr. Resident Doctors

Pr- Revised			
Basic	10940	11295	11650
DP	6838	7059	7281
NPA	4445	4589	4733
DA	5334	5506	5679
Total	27557	28449	29343
Revised			
Pay	20348.4	21008.7	21669
Grade Pay	6600	6600	6600
DA on NPA	1067	1101	1136
TOTAL	28020	28710	29410
NPA	7005	7178	7353
DA on NPA	5604	5742	5882
TA	3712	3712	3712
TOTAL	44341	45342	46357

+ HRA

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
(रेलवे बोर्ड/RAILWAY BOARD)

No. 2010/H-1/10/1

New Delhi, dated 23.12.2010

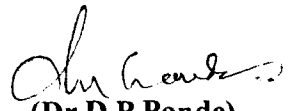
**The General Managers,
All Indian Railways.**

**Sub: Upgradation of the posts of Paramedical staff from
Group 'B' to Group 'B' Sr. Scale.**

Arising out of representations from various paramedical associations and Railway Federations, the above mentioned subject is under examination in Board's office and the following has been advised by Est. dte./Railway Board.

"Provided there is enough justification for upgradation of the posts of Paramedical staff from Group 'B' to Group 'B' Sr. Scale, a proposal with full functional justification and equivalent matching savings with the concurrence of associate finance may sent for consideration to Board's office."

This is for your information and necessary action at zonal level.


(Dr.D.P.Pande)
Executive Director/ H(P)
Railway Board

**Copy for information and necessary action to:
The Chief Personnel Officers, All Indian Railways.**

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

सं.2010/एच/6-1/80

New Delhi 25.12.2010

General Manager
Northern Railway
New Delhi

Sub:- Sanction of Advance Payment of ₹ 5,62,085/- in favour of Fortis Flt.Lt.Rajan Dhall Hospital, Vasant Kunj, New Delhi for treatment of Smt. Kusum Chaturvedi, dependant widow mother of Shri Asit Kumar Chaturvedi, Retd. Additional Member (IT), Railway Board.

Ref.: N.Rly letter No.139-Med/AP/K.C./ 10/117 dated 07-12-10.

In this instant case of Northern Railway for sanctioning advance payment, Finance Directorate has made following observations:

"It has been seen that earlier advance payments of Rs 1,91,500/- and Rs.1,12,251/- have already been sanctioned for the treatment of the patient in addition to the proposed advance payment. The status and accountal of these advances have not been received in F(E).

It is also found from the estimated expenditure given by the hospital, that the rates of items are substantially higher than CGHS rates of New Delhi and accordingly a comparative chart has been prepared below:-

S.No.	Item	Rate Quoted	CGHS Delhi Rate	Difference
1.	Cranioplasty	57,100	50,715 (rate of Craniotomy not cranioplasty)	6,385/-
2.	Room Rent	63,000 (7000x9)	27,000 (3000x9)	36,000/-
3.	ICU	42,500(8500x5)	19,450(3890x5)	23,050/-
4.	Doctor visit	22,900	6,720 (240x28)	16,180/-

However, for other items like consumables, investigation, blood components, drugs, asst surgeon etc comparison cannot be made because details are not given.

The above comparison with the CGHS 2010 rates for Super Speciality Hospital have been made in spite of the fact that this hospital does not qualify as a Super Specialty hospital as per CGHS yardstick. This comparison has been made mainly because in Delhi, hospitals are recognized as per CGHS rates and if this or any other hospital were recognized by Northern Railway, the rates of CGHS would have been charged and would have resulted in savings to the tune of difference as shown in the table above. Further as per CGHS Rates, the procedure (read Cranioplasty) is charged as per package rates which include room charges, surgery fee, operation theatre charges, cost of

medicine and lab tests etc. whereas in this case rates for procedure, room/ICU rent, medicines, investigation, doctors visit have been charged separately.

The main contention is that Railway is to make such excess payments mainly because no multispeciality hospital has been recognized by NR for quite some time. It is all the more surprising considering the fact that so many hospitals in Delhi have been recognized/empanelled by CGHS (Copy enclosed). In the present scenario, since no hospital is recognized it almost gives licence to the Railway beneficiary to choose hospital of his choice notwithstanding the fact, howsoever costly it may be. In some other major Railways like Central and Western, whenever advance payment is to be processed in non-recognized hospitals, quotations are obtained from three or four hospitals and then based on the suitability cum reasonability of rates, hospital is chosen. However, in Northern Railway this procedure is seldom followed and hospital is virtually decided by the beneficiary.

However, in future cases of advance payments to non-recognized hospitals procedure as followed in Central and Western Railway should be observed and justification for referring a patient to a particular hospital should be clearly brought out".

It is, therefore, requested to follow the same before sending the proposal to Board's Office for sanction.

This would prevent avoidable back references and resulting delays in processing the proposal for sanction of competent authority.

Please acknowledge receipt.


(Dr. B.N. Annigeri)
(Executive Director, Health (G)
Railway Board.

DA:- as above

Copy to:- (i) Chief Medical Director, Northern Railway, New Delhi
(ii) FA & CAO, Northern Railway, New Delhi
(iii) F(E) Spl. Railway Board
(iv) EDH(P), Railway Board

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2009/DG(RHS)/Misc.

Dated: 07th October, 2009

The Chief Medical Directors
All Indian Railways

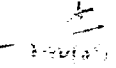
In a recent preventive check by Vigilance in one of the premier hospitals of a Zonal Railway, it was observed that medicines were being pilferaged in huge quantity on false OPD slips. The mischief was being done by hospital staff but the doctors were inadvertently involved because they were signing the slips without confirming the authenticity. This offence was possible because the doctors and staff were not following the laid down procedures on procurement and distribution of medicines and disposables.

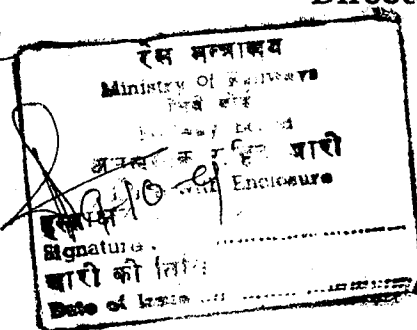
You are advised to reiterate the laid down procedures to all the doctors and the pharmacists and it would be useful to organize refresher courses for them on this subject. Any system failure also needs to be corrected immediately.

It will also be useful to organize planned and surprise checks by the doctors in the CMDs' offices and the Incharges of the hospitals, so that any irregularity done, can be detected and corrective action taken immediately.


(Dr. V.K. Ramteke)
Director General (RHS)
Railway Board

Copy to:-

1. EDH(G) - 
2. EDH(P) - 



During their zonal inspections, they should also include Store and Distribution Management Inspection in the programme.

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No.2009/DG(RHS)/Misc.

Dated: 08th October, 2009

**The Chief Medical Directors
All Indian Railways**

Sub: Medical Certification.

During a large number of preventive checks carried out by the Vigilance in the recent past, it has been observed that the doctors are not following the rules and regulations laid down in Indian Railways Medical Manual on medical attendance and certification.

This has led to their making procedural mistakes and DAR action being initiated against them. In many cases, it is observed that this is due to sheer carelessness and negligence.

The common irregularities seen are:-

1. Issuing Fitness Certificate instead of Transfer Certificate to employees outside AMA jurisdiction.
2. Regularizing the absent period during sickness instead of issuing Discharge Certificate for non-attendance.
3. Not following the procedures laid down for sickness of RPF personnel.

The rules and regulations laid down are very clear and there should not be any scope for making mistakes.

You are advised to initiate educational and refresher programmes for your doctors, so that such irregularities are avoided in future. You may also like to check for system failure, if any, in your Zone in reference to these issues.

Kindly acknowledge receipt and inform action taken.


(Dr. V.K. Ramteke)
Director General (RHS)
Railway Board

Copy to:

Member Staff Railway Board for information.

रखे जाने के लिये
रेलवे बोर्ड
Railway Board
अनुमति के साथ जारी
Issued with 1. Sure
हस्ताक्षर
Signature
जारी की तिथि

9-10-09

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2006/H/DC/JCM

New Delhi, dated 12.10.2006.

General Managers,
All Indian Railways (Including Production Units)
Chief Medical Officer, Konkan Railway Corpn Ltd,
C.B.D. Belapur, Navi Mumbai; and
Director General, RDSO, Lucknow.

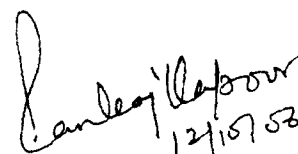
Sub:- Clarifications regarding chronic diseases in relation to Fixed Medical Allowance @ Rs. 100/- granted to Railway Pensioners.

As per Board's letter No. PC/V/98/1/7/1/1 dated 21.4.99 a fixed medical allowance @ Rs. 100/- per month is granted to the Railway Pensioners/family Pensioners who are residing beyond 2.5 kms. from Railway Hospital/Health Unit/Dispensary. This fixed medical allowance is given to meet the day to day medical expenses. They are not entitled to receive outdoor treatment from Health Unit/Railway Hospital etc. except in cases of Chronic Diseases.

Arising out of demand in the DC/JCM September, 2006, the definition of Chronic disease and some illness which are to be treated as Chronic ones are hereby stated.

Any disease which persists for a period of approximately three months or more is defined as a chronic disease. Some of the common illness, which are treated as chronic diseases are given below:-

1. Arthritis and related conditions.
2. Cardiovascular disease.
3. Cancer of any part of body.
4. Diabetes mellitus
5. Epilepsy disorders
6. Obesity/chronic weight loss.
7. Tuberculosis.
8. AIDS
9. Oral Health Problem.
10. Chronic skin disorders.



(Dr. Pankaj Kapoor)
Executive Director/Health (Plg.)
Railway Board

No.2006/H/DC/JCM/Part-I

New Delhi, dated : 12.10.2006.

Copy to:

1. Chief Medical Directors, All Indian Railways,
2. Chief Medical Superintendents/Medical Superintendents,
CLW / Cittaranjan (West Bengal); DLW / Varanasi (UP); ICF / Perambur
(Chennai), DMW / Patiala (Punjab); RCF / Kapurthala (Punjab) & RWF /
Yelhanaka (Bangalore)..

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2006/एच/डीसी/जेसीएम

नई दिल्ली, दिनांक : 12.10.2006

महाप्रबंधक,
सभी भारतीय रेलें
(उत्पादन इकाइयों सहित)
महानिदेशक/अ.अ.मा.सं., लखनऊ

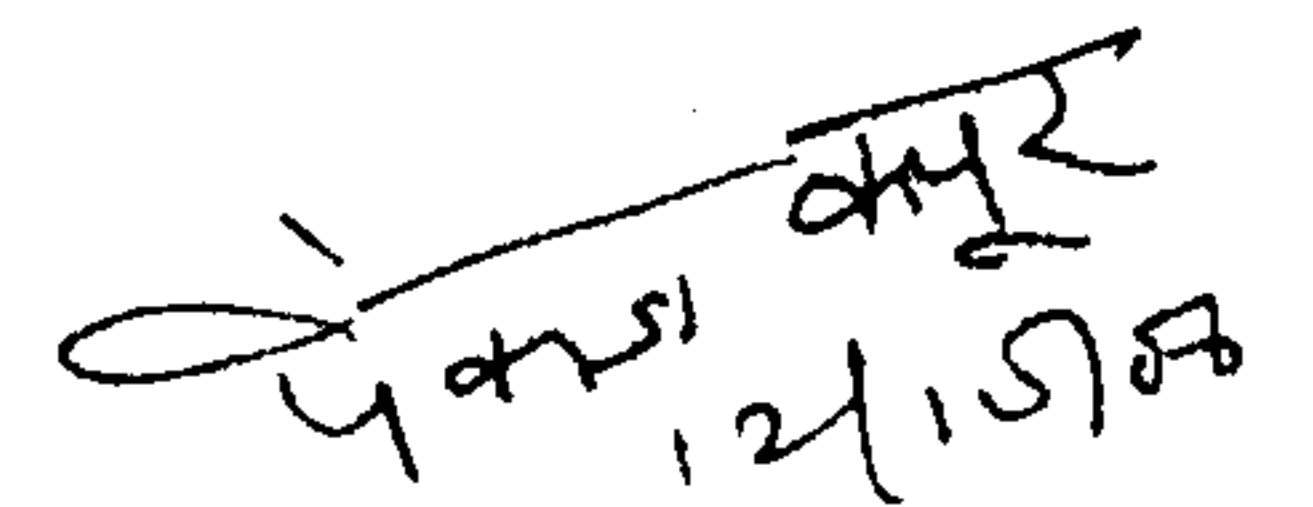
विषय :- रेलवे पेंशनधारियों को प्रदान किए जाने वाले 100/- रु. की दर से निर्धारित मेडिकल भत्ते के संबंध में चिरकालिक रोगों संबंधी स्पष्टीकरण.

बोर्ड के 21.4.99 के पत्र सं. पीसी-v/98/1/7/1/1 के अनुसार रेलवे पेंशनधारियों/पारिवारिक पेंशनधारियों, जो रेलवे अस्पताल/स्वास्थ्य इकाई/औषाधालय से 2.5 कि.मी. की दूरी पर रहते हैं, को 100/- रु. प्रतिमाह की दर से एक निर्धारित मेडिकल भत्ता प्रदान किया जाता है. यह निर्धारित मेडिकल भत्ता रोजमर्रा के मेडिकल खर्चों को पूरा करने के लिए दिया जाता है. चिरकालिक रोगों के मामलों के अलावा, वे स्वास्थ्य इकाई/रेलवे अस्पताल आदि से बाहरी उपचार प्राप्त करने के हकदार नहीं हैं.

डी.सी. / जे.सी.एम. के द्वारा सितंबर, 2006 में उठाई गई एक मांग के परिणामस्वरूप चिरकालिक रोग और कुछ बीमारियों, जिन्हें चिरकालिक रोगों के रूप में समझा जाएगा, की परिभाषा एतद्वारा यहां स्पष्ट की जाती है.

कोई रोग, जो लगभग 3 महीने या अधिक समय तक रहता है, को एक चिरकालिक रोग के रूप में परिभाषित किया गया है. कुछ सामान्य बीमारियाँ, जिन्हें चिरकालिक रोगों के रूप में माना जाता है, नीचे दी गई हैं :-

1. गठिया और संबंधित दशाएं
2. हृदय संबंधी रोग
3. शरीर के किसी भाग का कैंसर
4. मधुमेय मेलिटस
5. मिर्गी के दौरे संबंधी रोग
6. मोटापा/वजन का निरंतर कम होना
7. तपेदिक
8. एड्स
9. मुँह संबंधी स्वास्थ्य समस्या
10. चिरकालिक त्वचा संबंधी रोग



(डॉ. पंकज कपूर)

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