



सत्यमेव जयते

भारत सरकार Government of India
रेल मंत्रालय Ministry of Railways
(रेलवे बोर्ड Railway Board)

COMPENDIUM
of
Important letters/Advance Correction Slips
for
Amendments to
Indian Railways Medical Mannual, 2000
Issued
During the Year 2009

By :

HEALTH DIRECTORATE

COMPENDIUM

of

**Important letters/Advance
Correction Slips**

for

Amendments to

**Indian Railways Medical
Manual, 2000**

Issued

During the Year 2009

By: Health Directorate

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2010/एच/23/1

नई दिल्ली दिनांक 31.03.2010

महाप्रबंधक,
सभी भारतीय रेलें एवं उत्पादन इकाइयाँ

विषय : भारतीय रेल चिकित्सा नियमावली, 2000 (तीसरा संस्करण) में किए गये संशोधन - इन्हें अद्यतन करने हेतु वर्ष 2009 के दौरान जारी की गयी अग्रिम शुद्धि पर्चियाँ एवं महत्वपूर्ण पत्र ।

भारतीय रेल चिकित्सा नियमावली, 2000 के विभिन्न पैरों में किए गए संशोधनों को समाविष्ट करने के लिए 1.1.2009 से 31.12.2009 के दौरान जारी की गयी अग्रिम शुद्धि पर्चियाँ एवं महत्वपूर्ण पत्रों की छायाप्रतियाँ 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 2009 के दौरान समय-समय पर, इस कार्यालय से जारी की गयी सभी अग्रिम शुद्धि पर्चियों को भारतीय रेल चिकित्सा नियमावली, 2000 में समाहित किया जा सके ।

संलग्न : यथोक्त


(श्रीमती रजनी चड्ढा)
उपनिदेशक स्वास्थ्य-II
रेलवे बोर्ड
Ph. 43761 (रेलवे)

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

No.2010/H/23/1

New Delhi, dated 31.03.2010

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 2009 for updating
the same.**

Please find enclosed herewith copies of all Important letters and Advance Correction Slips issued from 1.1.2009 to 31.12.2009 for incorporating the amendments made to various paras of the Indian Railway Medical Mannual'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 2009 may be incorporated in the IRMM'2000 for doing the needful in the matter.


(Mrs. Rajni Chadha)
Dy. Director Health -II
Railway Board
Ph. 43761 (Rly.)

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

No:2005/H/23/7

New Delhi, dt.28-1-2009.

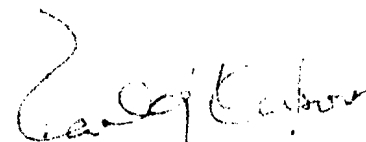
**The General Manager,
All Indian Railways (including PUs).**

Sub: Deployment of drivers as power controller/crew controller
Amendment to Para 12.7.2 of Annexure III (Para 509, 512) of
Indian Railway Medical Manual, 2000 (Item No.31/2005)

Arising out of a demand raised by NFIR, the issue of deployment of drivers detected to have diabetes controlled by diet and hypoglycaemic drugs for deployment as Power Controller/Crew Controller instead of putting them on shunting engine, was examined in the Board.

The following has been decided "since the posts of Power Controller/Crew Controller are filled through a selection process hence drivers on oral hypoglycaemic drugs can also appear in the selections for crew controller/ power controller like for any other posts, as per rule".

This is for your information please.



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

Copy to: (i) All CMDs, All Indian Railways.
(ii) NFIR and AIRF.

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

No:2008/H-I/2/15

New Delhi, dated 16-2-2009.

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

Corrigendum

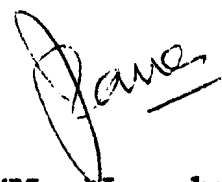
Sub : Removal of age limit of 25 years in respect of medical facilities for dependent children of serving Railway employees and pensioners.

Ref: Board's letter No.2000/H/PNM/AIRF dated 05.09.2000 (S.No.8 of Health 2000).

Arising out of demands raised by AIRF and NFIR in the PNM meetings, it is hereby clarified that the instructions contained in Para 601 (5)(b)(ii) of the Board's letter under reference regarding the above mentioned subject may now be read as under:-

"unmarried sons over 21 years of age without an upper age limit, even if not a student or invalid, provided he is wholly dependent on, and resides with the Railway employee".

The rest of the contents of the letter will remain unchanged. Advance Correction Slip (S.No.8 of Health 2000) Para 601 (5)(b) (ii) may now be read as enclosed.



**(Dr.(Mrs.) Jayashree Rana)
Executive Director, Health (G.)
Railway Board.**

Advance Correction Slip to Para 601 (5) (b) (ii) of IRMM, 2000.

Para 601(5)

(b) (ii) unmarried sons over 21 years of age without an upper age limit, even if not a student or invalid, provided he is wholly dependent on, and resides with the Railway employee.

(Authority : Board's letter No: 2008/H-I/2/15 dated 16. 02. 09)

No.2000/H/PNM-AIRF

New Delhi, dated 5.9.2000

08/09/00

The General Managers,
All Indian Railways & Production Units,
OSDs of all New Railway Zones,
Director General, RDSO, Lucknow..

Sub : Removal of age limit of 25 years in respect of medical facilities for dependent children of serving Railway Employees and Pensioner.

Ministry of Railways have decided to elaborate/amend Para 601 (5) and 601(6) of IRMM, 2000 as under:-

(5) "Family members", for purposes of these rules, will include-

(a) consort-

- (i) wife of a Railway Employee, whether she is earning or not;
- (ii) husband of a Railway employee, whether he is earning or not;

(b) sons-

- (i) sons under 21 years of age provided they are wholly dependent on the Railway employee;
- (ii) sons over 21 years of age without an upper age limit, even if not a student or invalid, provided he is wholly dependent on and resides with the Railway employee;

(c) daughters-

- (i) unmarried daughters, irrespective of whether they are earning or not and irrespective of their age;
- (ii) married daughters under 18 years of age and widowed daughters, irrespective of their age, provided they are wholly dependent on the Railway employee;

(d) step-sons, unmarried step-daughters, married step-daughters and one adopted child, subject to the age limit prescribed in (b) and (c) above, provided they are wholly dependent on the Railway employee.

Note:- In a case where both husband and wife are Railway employees, the wife may be allowed to avail herself of the medical attendance and treatment facilities either according to her own status or according to the status of her husband whichever is more favourable, the children may also be allowed these concessions according to the status of either of their parents and the preferential claim of reimbursement of medical expenses.

o/c

---2/-

(6). "Dependent relatives", for these rules, will include all such persons as are eligible for passes under the Pass rules and will thus include—

- (a) mother/step-mother ; if a widow ;
- (b) unmarried or widowed sisters or step-sisters if father is not alive;
- (c) brothers/step-brothers under 21 years of age , if father is not alive;

provided that the above are wholly dependent on and reside with the Railway employee. The words "wholly dependent" mean a person who does not have independent income more than 15 % of the emoluments of the Railway servant concerned or Rs.1500/- plus dearness relief thereon, which ever is more.

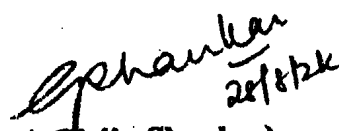
Note:- (i) The age limit prescribed in the case of brothers/ step -- brothers will not apply to *bonafide* students of recognized educational institutions and to invalids on appropriate certification by Railway Medical Officer.

(ii) Mother includes adoptive mother only in cases in which the mother has legally adopted the Railway employee as a child and has, since adoption, always been recognized* as the mother. A railway employee may not obtain free medical attention for his real mother as well as for an adoptive mother.

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

An advance correction slip with respect to 601 (5) and (6) of IRMM, 2000 is also enclosed for ready reference.

Please acknowledge receipt.


(Dr.(Mrs.) Girija Shankar)
Jt. Director (Industrial Health)
Railway Board.

DA: one ACS

हेल्थ 2009 का क्रम सं.1

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2008/एच/5/13

नई दिल्ली, दि. 16.02.09

महाप्रबंधक,
सभी भारतीय रेलें और
उत्पादन इकाइयां.

शुद्धिपत्र

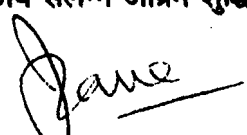
विषय: सेवारत रेल कर्मचारियों और पेंशनधारियों के आश्रित बच्चों के लिए चिकित्सा सुविधाओं के संबंध में 25 वर्ष की आयु सीमा को हटाना.

संदर्भ: बोर्ड का दिनांक 05.09.2000 का पत्र सं. 2000/एच/पी एन एम/ए आई आर एफ (हेल्थ 2000 का क्र. सं. 8).

स्थायी वार्ता तंत्र की बैठक में ए आई आर एफ आर एन एफ आई आर द्वारा उठाई गई मांगों के फलस्वरूप एतद्द्वारा यह स्पष्ट किया जाता है कि उपर्युक्त उल्लिखित विषय के संबंध में बोर्ड के संदर्भाधीन पत्र के पैरा 601 (5) (ख) (ii) में अनुबद्ध अनुदेशों को अब निम्नानुसार पढ़ा जाए :-

"ऊपरी आयु सीमा के बिना 21 वर्ष से अधिक आयु के अविवाहित पुत्र, भले ही वह छात्र न भी हो या न ही अशक्त हो, बशर्ते कि वह पूर्ण रूप से रेल कर्मचारी पर आश्रित हो और उसके साथ रहता हो."

पत्र की शेष विषयवस्तु अपरिवर्तित रहेगी. पैरा 601 (5) (ख) (ii) को अब संलग्न अग्रिम शुद्धि पृष्ठी (हेल्थ 2000 का क्र.सं. 8) के अनुसार पढ़ा जाए.


(डॉ. (श्रीमती) जयश्री राणा)
कार्यपालक निदेशक, स्वास्थ्य (सा.)
रेलवे बोर्ड

हेल्थ 2009 का क्र.सं. 1

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 601 (5) (ख) (ii) के लिए अग्रिम शब्द पच्ची.

पैरा 601 (5)

(ख) (ii) ऊपरी आयु सीमा के बिना 21 वर्ष से अधिक आयु के अविवाहित पुत्र, भले ही वह छात्र न भी हो या न ही अशक्त हो, बशर्ते कि वह पूर्ण रूप से रेल कर्मचारी पर आश्रित हो और उसके साथ रहता हो.

(प्राधिकार : बोर्ड का पत्र सं. 2008/एच-1/2/15, दि. 16.2.2009)

No. 2008/H-1/2/15

New Delhi, dated 16.02.2009

Copy to:

- 1 The FA&CAOs, All Indian Railways including CLW/DLW/ICF/RCF/RWF
- 2 Deputy Comptroller and Auditor General of India(Rlys.), Room No.224, Rail Bhawan, New Delhi.
- 3 CPO/Chief Medical Director and MSs' All Indian Railways(Including PUs)
- 4 Computer facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
- 5 Directors of CTIs, RSC/Baroda, IRICEN/Pune, IRIEN/Nasik, IRISIT, Secunderabad, IRIMEE/Jamalpur and IREITM/Lucknow.
- 6 General Manager & FA&CAO, Metro Rail/Kolkata
- 7 General manager & FACAO, CORE, Allahabad
- 8 The Director General, Railway Staff College, Vadodara.
- 9 The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd. Konkan Rly. Corpn., Ltd, Belapur Bhawan, Cector-11, C.B.D. Belapur, Navi Mumbai-400614, NVNL, Plot No. 25, 1st Floor, August Kranti Bhawan, Bhikaji Cama Place, New Delhi 110066.
- 10 The General Secretary, IRCA/New Delhi.
- 11 The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi (35 spares).
- 12 The General Secretary, NFIR, Room No. 256-E, Rail Bhawan, New Delhi (35 spares).
- 13 All Members of Departmental Council and National Council and Secretary, Staff Side,
- 14 National Council, 13-C, Ferozeshah Road, New Delhi (60 spares).
- 15 The Secretary General, FROA & IRPOA, Room No. 256-A & 268, Railway Board (5 spares).
- 16 The General Secretary, All India RPF Association, Room No. 256-D, Rail Bhawan, New Delhi.
- 17 The Secretary, RBSS Group 'A' Officers Association, Room No. 402, Railway Bhawan, New Delhi.
- 18 The Secretary, RBSS Group 'B' Officers Association, Railway Bhawan, New Delhi.
- 19 The Secretary, RBMSA, Railway Bhawan, New Delhi.
- 20 The Secretary, Railway Board Group 'D' Employees Association, Railway Bhawan, New Delhi.
- 21 The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Railway Bhawan, New Delhi.
- 22 Chief Commissioner of Railway Safety, Lucknow.
- 23 Adviser (Safety), Railway Board, New Delhi.
- 24 The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.
- 25 President, All India Retired Railway Officers' Association, 12-13, St. No.15, Tamaka, Secunderabad.
- 26 President, All India Retired Railwaymen's Federation, Building No.13/9, Vivekanand Housing Society, Guru Mandir Marg, Dombivli(B)-421201.
- 27 President, AIRRF, Block No.303, Railway Colony High School, Chilkalguda, Secunderabad- 500025(A.P)
- 28 President, National Federation of Railway Pensioners, Palghat,
- 29 President, National Federation of Railway Pensioners, Chennai.
- 30 General Secretary, Retired Railway Employees Welfare Association (Regd.)490A/16, Gurudwara Road, Gurgaon.


for Secretary/Railway Board

Copy to:

PSs to MR, MSR (V) & MSR (N).
Sr. PPS to CRB, FC, MS, ML, ME, MT & MM, Secretary, DG/RHS & DG/RPF.
All Officers of Railway Board.

5

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

No.2009/H/16/1/DACP

New Delhi, dated: 26.02.2009

**The General Managers
All Indian Railways & Production Units**

**Sub: Extension of Dynamic Assured Career Progression (DACP)
Scheme for officers of the Indian Railway Medical Services**

In terms of Board's letter No.PC-V/ACP/2 dated 07.01.2009 (RBE No.05/2009) Dynamic Assured Career Progression (DACP) Scheme in Indian Railways Medical Service up to Senior Administrative Grade (SAG, Grade Pay Rs.10000 in PB-4) has been notified. With a view to maintain the smooth functioning of medical as well as administrative set up of RHS it has further been decided as under:

- i) 152 SAG/IRMS posts already existing and pinpointed (in the Annexure) will have administrative and other powers of SAG officers as exercised by them heretofore;
- ii) Posting on these 152 posts will be done directly by the Railway Board;
- iii) Refusal to accept posting against these posts shall debar the officer for next two years for being considered to be posted against these posts;
- iv) For becoming CMD posting on these 152 posts is mandatory;
- v) Posting on these 152 posts will be on seniority basis;
- vi) The officers placed in SA Grade in terms of Board's letter dated 07/01/09 (other than 152 pinpointed posts) shall continue to perform their professional duties and other duties assigned to them from time to time by the administration.

- vii) The posting of these above said officers of (para vi) shall be decided by the respective zones as per their requirement.

This issues with the approval of Board.

DA: As above



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

Copy to:

1. OSD/MR, OSD/MSR(N), PSs to MR, MSR(N), MSR(V), EDPG/MSR(N) & JDPG(MR)
2. Sr. PPSs to CRB, FC, MM, ME, ML, MS, OSD to MT, PS to Secretary, DG/RHS, DG/RPF, all AMs/Advisers, JS(G), JS(C), JS(E&P), JS, EDE(GC), EDCC, ED(RRB), DS(D&A), DIP, DS(C)/CRB, US(E), Vig.(C), US(C), US/E(O)I, E(O)III-Spl & RBCC, Railway Board.
3. The Principal Director of Audit, all Indian Railways/PUs.
4. The FA& CAOs, All Indian Railways/PUs
5. Chief Medical Directors of All Indian Railways
6. The Secretary General, FROA, Room No.256-A, Rail Bhavan, New Delhi
7. The General Secretary, IRPOF, Room No.268, Rail Bhavan, New Delhi
8. The General Secretary, AIRF, Room No.253, Rail Bhavan, New Delhi.
9. The General Secretary, NFIR, Room No.256-C, Rail Bhawan, New Delhi
10. The Secretary General, AIRPFA, Room No.256-D, Rail Bhavan, New Delhi.
11. The Secretary, RBSS Group 'A', Room No.402, Rail Bhawan, New Delhi.
12. The DAI(Railways), Room No.224 Rail Bhavan, New Delhi.
13. the Secretary, RBPOA, Room No.341-C, Rail Bhavan, New Delhi

Pin pointing of H.A. grade element of IRMS Cadre
Total No. of posts - 12

1. CMD/Central Railway
2. CMD/Eastern Railway
3. CMD/East Central Railway
4. CMD/Northern Railway
5. CMD/North Central Railway
6. CMD/North Eastern Railway
7. CMD/North Frontier Railway
8. CMD/North Western Railway
9. CMD/Southern Railway
10. CMD/South Central Railway
11. CMD/South Eastern Railway
12. CMD/Western Railway

Pin pointing of S.A. grade element of IRMS Cadre
Total No. of posts - 152

1. Railway Board

1. ED/Health/General
2. ED/Health (Planning)

2. Railway Staff College/Vadodara

- Sr. Prof. (Medical), RSC/Vadodara

3. Central Railway

CMD in HA grade

1. CHD
2. MD/Byculla/Mumbai
3. Chief Specialist/Byculla/Mumbai
4. Chief Specialist/Byculla/Mumbai
5. CMS/Kalyan Division
6. CNS/Bhusawal Division
7. CMS/Nagpur Division
8. CMS/Pune Division
9. CMS/Solapur Division

4. Eastern Railway

CMD in IIA grade

1. CHD/E. Rly.
2. MD/BR Singh Hosp./Kolkata
3. Chief Specialist/BR Singh Hosp./Kolkata
4. Chief specialist/BR Singh Hosp./Kolkata
5. CMS/Sealdah Division
6. CMS/Howrah Division
7. CMS/Asansol Division
8. CMS/Malda Division
9. CMS/CLW/Hospital
10. CMS/JMP/Hosp.
11. CMS/KPA/Hosp.
12. CMS/Liluah/Hosp.
13. CMS/Metro Rly.
14. CMS/Andal

5. East Central Railway

CMD in HA grade

1. CHD/ECR
2. MD/Centra Hosp./ECR/Patna
3. CMS/Danapur Division
4. CMS/Samastipur Division
5. CMS/Dhanbad Division
6. CMS/Mughalsarai Division
7. CMS/Sonpur Division
8. CMS/Gaya Sub Division

6. East Coast Railway

1. CMD/ECOR
2. CHD/ECOR
3. MD/Central Hosp/ECOR/Bhubaneswar
4. CMS/Visakhapatnam Division
5. CMS/Khurda Road Division
6. CMS/Sambalpur Division

7. Northern Railway

CMD in HA grade

1. CHD/N. Rly.
2. MD/NRCH/N.Delhi
3. Chief Specialist/NRCH/N.Delhi
4. Chief Specialist/NRCH/N.Delhi
5. CMS/Delhi Division
6. CMS/LKO Division
7. CMS/Moradabad Division
8. CMS/Ambala Division
9. CMS/Firozpur Division
10. CMS/Kapurthala Rly. Hosp.
11. CMS/Jagadhari Workshop Hosp.
12. CMS/DMW/Patiala Rly. Hosp.
13. CMS/RDSO/LKO
14. CMS/Amritsar Sub Div./Firozpur Div.

8. North Central Railway

CMD in HA grade

1. CHD/NCR
2. MD/Central Hosp./NCR/Allahabad
3. CMS/Allahabad Division
4. CMS/Jhansi Division
5. CMS/Agra Division
6. CMS/Kanpur Sub Division

9. North-Eastern Railway

CMD in HA grade

1. CHD
2. MD/L.N. Mishra Hosp./Gorakhpur
3. Chief Specialist/ L.N. Mishra Hosp./Gorakhpur
4. MD/CRI/Varanasi
5. Chief specialist/CRI/Varanasi
6. CMS/Izzatnagar Division
7. CMS/LKO Division
8. CMS/Varanasi Division
9. CMS/DLW Varanasi
10. CMS/Gonda Sub Division

10. North Frontier Railway

CMD in HA grade

1. CHD/N.F. Railway
2. MD/Central Hosp./Maligaon
3. Chief Specialist/Central Hosp./Maligaon
4. CMS/Lumding Division
5. CMS/Tinsukia Division
6. CMS/Alipurduwar Division
7. CMS/Katihar Division
8. CMS/Rangia Division
9. CMS/NJP Division
10. CMS/Dibrugarh Railway Hospital
11. CMS/Badarpur Sub Division

11. North Western Railway

CMD in HA grade

1. CHD/NWR
2. MD/Central Hosp./Jaipur
3. CMS/Jaipur Division
4. CMS/Ajmer Division
5. CMS/Jodhpur Division
6. CMS/Bikaner Division
7. Chief Specialist/Ajmer Railway Hospital

12. Southern Railway

CMD in HA grade

1. CHD/S. Rly.
2. MD/Perambur/S.Rly.
3. Chief Specialist/Perambur
4. Chief Specialist/Perambur
5. Chief Specialist/Perambur
6. CMS/ICF/Chennai
7. CMS/Madras Division
8. CMS/Madurai Division
9. CMS/Palghat Division
10. CMS/Tiruchchirappalli Division
11. CMS/Trivandrum Division
12. CMS/Golden Rock Rly. Hosp.
13. CMS/Arkonam Rly. Hosp.

13. South Central Railway

CMD in HA grade

1. CHD/S.C. Rly.
2. MD/Lallaguda/Secunderabad
3. Chief Specialist/Lallaguda/Secunderabad
4. Chief Specialist/Lallaguda/Secunderabad
5. CMS/Hyderabad Division
6. CMS/Secunderabad Division
7. CMS/Vijayawada Division
8. CMS/Guntakal Division
9. CMS/Guntur Division
10. CMS/Nanded Division

14. South Eastern Railway

CMD in HA grade

1. CHD/S.E. Rly.
2. MD/GRC/Kolkata
3. Chief Specialist/GRC/Kolkata
4. Chief Specialist/GRC/Kolkata
5. CMS/Kharagpur Division
6. CMS/Chakradharpur Division
7. CMS/Adra Division
8. CMS/Ranchi Division
9. CMS/Tatanagar Sub Division
10. CMS/Bandamunda Sub Division

15. South East Central Railway

1. CMD/SECR
2. CHD/SECR
3. MD/Central Hosp./SECR./Bilaspur
4. CMS/Bilaspur Division
5. CMS/Nagpur Division
6. CMS/Raipur Division

16. South Western Railway

1. CMD/SWR
2. CHD/SWR
3. MD/Central Hosp./SWR/Hubli
4. CMS/Hubli Division
5. CMS/Bangalore Division
6. CMS/Mysore Division
7. CMS/RWF/Bangalore

17. Western Railway

CMD in HA grade

1. CHD/W. Rly.
2. MD/JRH/Mumbai
3. Chief Specialist/JRH/Mumbai
4. Chief Specialist/JRH/Mumbai
5. CMS/Mumbai Division
6. CMS/Ratlam Division
7. CMS/Vadodara Division
8. CMS/Ahmedabad Division
9. CMS/Bhavnagar Division
10. CMS/Rajkot Division
11. CMS/Dahod Division
12. CMS/Valsad Sub. Division

18. West Central Railway

1. CMD/W.C. Rly.
2. CHD/W.C. Rly.
3. MD/Central Hosp./W.C. Rly./Jabalpur
4. CMS/Jabalpur Division
5. CMS/Bhopal Division
6. CMS/Kota Division

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(3)

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

No.2003/H/28/1/RELHS

New Delhi, dated: 16.3.2009

**The General Managers,  
All Indian Railways  
(including Production Units)  
Director General, R.D.S.O.**

Sub: Re-opening of Retired Employees Liberalised Health  
Scheme (RELHS-97).

Ref:-Board's letter No.2003/H/28/1/RELHS dated 28.1.05,  
21.10.2005, 30.12.2005, 10.5.2006 and 10.01.2007.

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Arising out of demands raised by old retirees and Pensioners Associations, the subject of extension / re-opening of the Retired Employees Liberalised Health Scheme (RELHS-97), for those retired employees who have not yet joined the RELHS -97 scheme, has been under consideration of the Board for some time. After careful examination of the matter it has been decided that all retired Railway employees having qualifying service period and who have not yet joined the RELHS -97 scheme, will be given another last and final chance to join RELHS-97.

2. The period during which the scheme shall be opened is from the date of issue of this letter and upto 31.03.2010 (Thirty first March two thousand and ten only).

3. The re-opening of RELHS-97 scheme has been approved by Railway Board with the same conditions as stipulated in Board's letter of even number dated 10.1.2007 viz. **there will be a "lock-in period" of six months from the date on which a retired employee joins the scheme i.e. the date of depositing the fees.** During this period, the retired employee will be entitled for medical treatment as available in Railway hospitals and other Govt. hospitals including Govt. owned autonomous hospitals and Govt. Medical College Hospitals only. They shall not be referred to private hospitals, which are recognized for Railway employees and other RELHS card holders. In any circumstances and in any medical condition, during the "lock-in period", reimbursement of medical claims for treatment taken in private hospital including the private recognized hospitals will not be permitted.

3.1 All other terms and conditions of the RELHS-97 mentioned in Board's letters under reference will remain unaltered. RELHS (Medical identity) card will be issued by the Personnel Branch of concerned Railways. The RELHS Card issued to beneficiaries with lock-in period should clearly indicate the designation, amount and date of deposit, name and designation of issuing authority/signatory along with date.

3.2 Lock in period to be clearly and prominently mentioned on the card.

3.3 The retired / medically invalidated employees who are willing to join this scheme must give a clear declaration along with application that he/she is joining the scheme with full knowledge about the "lock-in" period. He/She should also give clear declaration that during the "lock-in" period, he/she will not submit any reimbursement claim for treatment taken in private or private Railway recognized hospitals and would not challenge the orders of Railway Board to this effect in any court of law.

.....2/-

4. The instructions regarding Lock-in Period are also applicable to those retired / medically invalidated employees and spouses of Railway employees who died in harness / after superannuation and have not joined the RELHS-97 scheme earlier because they are permitted to join the scheme within 3 months from the date of invalidation / death of the employee.

5. It has further been decided by the Board that joining of RELHS-97 may be made mandatory for all retiring Railway employees. In case, the retiring officer/staff is unwilling to join the Scheme, he/she should clearly submit his/her unwillingness in writing in the declaration proforma along with reasons thereof, (Revised Annexure of Booklet containing Pension Forms). As such, option/declaration proforma may be modified suitably. The retiring Railway employees may also be explained that the certification of his/her willingness to join RELHS shall be treated as final and no further chance will be given to join the scheme thereafter.

6. In the wake of the recommendations by VIth Central Pay Commission, it has been decided by Board that following should be the rate of contribution for joining RELHS-97:

|       |                                                                                                                              |                                                                                                           |
|-------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| (i)   | The employees who have already retired on the date of RE-OPENING OF THE RELHS and have not joined at the time of retirement. | A sum equivalent to double the amount of revised basic pension after the implementation of VIth CPC.      |
| (ii)  | Family pensioners                                                                                                            | A sum equivalent to double the amount of revised family pension after the implementation of the VIth CPC. |
| (iii) | SRPF optees                                                                                                                  | A sum twice the amount of ex-gratia monthly payment admissible on the date of joining the scheme.         |

A wide publicity should be given.

This issues with the concurrence of the Finance and Pay Commission Directorates of the Ministry of Railways.

*Pankaj Kapoor*

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

No.2003/H/28/1/RELHS

New Delhi, dated : 16.3.2009

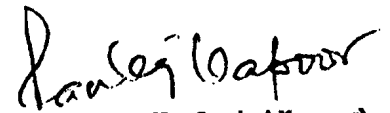
Copy to :-

1. The FA&CAOs, all Indian Railways including CLW/DLW/DMW/RWF.
2. Dy. Comptroller and Auditor General of India (Railways), Room No.224, Rail Bhawan, New Delhi.

*Spw*  
For Financial Commissioner/Railways

**Endorsement 1****No. 2003/H/28/RELHS****New Delhi, dated 16.3.2009****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, IRIEEN/Nasik, IRISSET, Secunderabad, 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, 1<sup>st</sup> 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) IRIEEN, Nasik. (b) IRICEN, Pune (c) IRIMEE, Lamalpur (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. Pankaj Kapoor)  
 Executive Director, Health(Plg.)  
 Railway Board.

**New Delhi, dated 16.3.2009****No. 2003/H/28/RELHS****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), &amp; 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  
रेल मंत्रालय (रेलवे बोर्ड)**

सं. 2003/एच/28/1/आरईएलएचएस

नई दिल्ली, दिनांक: 16.03.2009

महाप्रबंधक,  
सभी भारतीय रेलें  
(उत्पादन इकाइयों सहित)  
महानिदेशक, अ.अ.मा.सं., लखनऊ।

**विषय: सेवानिवृत्त कर्मचारी उदारीकृत स्वास्थ्य योजना (आरईएलएचएस-97) - को पुनः शुरू करना।**

**संदर्भ: बोर्ड के 28.01.05, 21.10.05, 30.12.05, 10.05.06 एवं 10.01.2007 के पत्र सं. 2003/एच/28/1/आरईएलएचएस।**

पुराने सेवानिवृत्त कर्मचारियों और पेंशनधारी एसोसिएशनों द्वारा उठाई गई मांगों के कारण, उन सेवानिवृत्त रेल कर्मचारियों के लिए, जो पहले आरईएलएचएस-97 में शामिल नहीं हो सके, सेवानिवृत्त कर्मचारी उदारीकृत स्वास्थ्य योजना (आरईएलएचएस-97) में शामिल होने की अवधि बढ़ाने/पुनः शुरू करने का विषय काफी समय से बोर्ड के विचाराधीन रहा है। मामले की ध्यानपूर्वक जांच करने के उपरांत यह विनिश्चय किया गया है कि सभी सेवानिवृत्त रेल कर्मचारियों, जिनकी अर्हक सेवावधि है और जो पहले आरईएलएचएस-97 योजना में सम्मिलित नहीं हुए, को आरईएलएचएस-97 में शामिल होने का एक और आखिरी तथा अंतिम मौका दिया जाएगा।

2. यह योजना इस पत्र के जारी होने की तारीख से 31.03.2010 (केवल इकतीस मार्च दो हजार दस) तक चालू रहेगी।

3. आरईएलएचएस-97 योजना को पुनः शुरू करना रेलवे बोर्ड द्वारा बोर्ड के 10.01.2007 के समसंख्यक पत्र में यथा निर्धारित इन समान शर्तों के साथ अनुमोदित किया गया है कि जिस तारीख से सेवानिवृत्त कर्मचारी योजना में सम्मिलित होता है, उस तारीख से अर्थात् फीस जमा कराने की तारीख से छह महीने तक की अवधि 'लॉक-इन अवधि' रहेगी। इस अवधि के दौरान सेवानिवृत्त कर्मचारी को केवल सरकारी स्वायत्त अस्पतालों और सरकारी मेडिकल कॉलेजों सहित रेलवे अस्पतालों तथा अन्य सरकारी अस्पतालों में उपलब्ध चिकित्सीय इलाज प्रदान किया जाएगा। उन्हें रेल कर्मचारियों तथा अन्य आरईएलएचएस कार्ड धारकों के लिए मान्य प्राइवेट अस्पतालों में नहीं भेजा जाएगा। किसी भी स्थिति में और किसी भी चिकित्सा हालत में 'लॉक-इन अवधि' के दौरान प्राइवेट मान्यता प्राप्त

अस्पतालों सहित प्राइवेट अस्पतालों में कराए गए इलाज के लिए चिकित्सा दावों की प्रतिपूर्ति की अनुमति नहीं दी जाएगी।

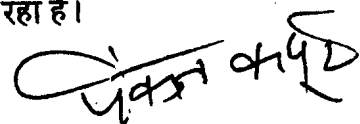
- 3.1 बोर्ड के उपर्युक्त संदर्भाधीन पत्रों में उल्लिखित आरईएलएचएस-97 की अन्य सभी निबंधन और शर्तें वही रहेंगी। संबंधित रेलों की कार्मिक शाखा द्वारा आरईएलएचएस (चिकित्सा पहचान) कार्ड जारी किए जाएंगे। लॉक-इन अवधि में लाभार्थियों को जारी आरईएलएचएस कार्ड में तारीख सहित पदनाम, जमा की गई राशि एवं जारी करने वाले प्राधिकारी/हस्ताक्षर करने वाले अधिकारी का नाम एवं पदनाम स्पष्ट रूप से दर्शाया जाए।
- 3.2 कार्ड में उल्लिखित लॉक-इन अवधि स्पष्ट और विशिष्ट रूप से उल्लेख की जानी चाहिए।
- 3.3 इस योजना में सम्मिलित होने के इच्छुक सेवानिवृत्त चिकित्सा दृष्टि से अक्षम कर्मचारियों को आवेदन पत्र के साथ स्पष्ट घोषणा देनी होगी कि वे 'लॉक इन' अवधि की पूर्व जानकारी के साथ योजना में सम्मिलित हो रहे हैं। उन्हें यह भी स्पष्ट रूप से घोषण करनी होगी कि वे 'लॉक इन' अवधि के दौरान प्राइवेट अस्पतालों और प्राइवेट मान्यता प्राप्त अस्पतालों में कराए गए इलाज के लिए कोई प्रतिपूर्ति दावा नहीं भेजेंगे और किसी भी न्यायालय में इस संबंध में रेलवे बोर्ड के आदेशों को चुनौती नहीं देंगे।
4. लॉक-इन अवधि से संबंधित अनुदेश उन सेवानिवृत्त/चिकित्सा की दृष्टि से अक्षम अधिकारियों और ऐसे रेलवे कर्मचारियों की पति/पत्नी, जिनकी मृत्यु सेवाकाल के दौरान हुई है/सेवानिवृत्ति के बाद हुई है, पर भी लागू होंगे जो पहले आरईएलएचएस-97 में सम्मिलित नहीं हुए हैं क्योंकि उनको चिकित्सा की दृष्टि से अक्षम होने/कर्मचारी की मृत्यु की तारीख से 3 महीने के भीतर सम्मिलित होने की अनुमति है।
5. बोर्ड द्वारा और आगे यह विनिश्चय किया गया है कि आरईएलएचएस-97 में सम्मिलित होना सभी सेवानिवृत्त हो रहे रेल कर्मचारियों के लिए अनिवार्य बनाया जाए। यदि सेवानिवृत्त हो रहे अधिकारी/कर्मचारी योजना में सम्मिलित होने के अनिच्छुक हैं, तो वह स्पष्ट रूप से घोषणा प्रोफार्मा (पेंशन फार्मों वाली बुकलेट का संशोधित अनुबंध) में लिखित में अपनी अनिच्छा और उसके लिए कारण देते हुए प्रस्तुत करें। अतः, विकल्प/घोषणा प्रोफार्मा को उपयुक्त रूप से आशोधित किया जाए। सेवानिवृत्त हो रहे रेल कर्मचारियों को यह भी स्पष्ट किया जाए कि आरईएलएचएस में सम्मिलित होने की उनकी इच्छा का प्रमाणीकरण अंतिम समझा जाएगा और इसके बाद योजना में सम्मिलित होने का कोई आगे मौका नहीं दिया जाएगा।

6. केन्द्रीय वेतन आयोग द्वारा सिफारिशों के अनुसरण में, बोर्ड द्वारा यह विनिश्चय किया गया है कि आरईएलएचएस-97 में सम्मिलित होने के लिए अंशदान की दर निम्नलिखित होनी चाहिए:

|       |                                                                                                                                       |                                                                                                     |
|-------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| (i)   | कर्मचारी, जो आरईएलएचएस के पुनः शुरू होने की तारीख को पहले ही सेवानिवृत्त हो चुके हैं और जो सेवानिवृत्ति के समय सम्मिलित नहीं हुए हैं। | 6ठे केन्द्रीय वेतन आयोग के लागू होने के बाद संशोधित परिवार पेंशन की राशि के दुगुने के समान एक राशि। |
| (ii)  | परिवारिक पेंशनधारी                                                                                                                    | 6ठे केन्द्रीय वेतन आयोग के लागू होने के बाद संशोधित परिवार पेंशन की राशि के दुगुने के समान एक राशि  |
| (iii) | एसआरपीएफ विकल्पी                                                                                                                      | योजना में सम्मिलित होने की तारीख को ग्राह्य बाह्य अनुग्रह मासिक भुगतान की दुगुनी राशि               |

इसका व्यापक रूप से प्रचार किया जाना चाहिए।

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



(डॉ. पंकज कपूर)

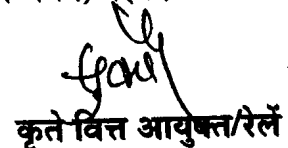
कार्यपालक निदेशक/स्वास्थ्य (योजना),  
रेलवे बोर्ड

सं. 2003/एच/28/1/आरईएलएचएस

नई दिल्ली, दिनांक: 16.03.2009

प्रतिलिपि प्रेषित:

1. विस एवं मुलेधि, चिरेका, डीरेका, डीएमडब्ल्यू, आरडब्ल्यूएफ सहित 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. 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**

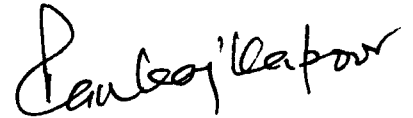
**DA: As above**

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

By Speed Post

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 1<sup>st</sup> 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 & Safdarjung 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.**

Sir/Madam,

I am directed to convey the sanction of the President to the revision of the pay structure of the Junior and Senior Residents in all Central Government institutions/hospitals including statutory/autonomous bodies wholly financed by the Central Government as under as per the recommendations of 6<sup>th</sup> Pay Commission which have been accepted by the Central Government.

- (i) Junior Residents: The Junior Residents will now be placed in pay scale of Rs.8000-13,500/- (pre-revised) corresponding to the revised pay band PB-3 of Rs. 15,600-39,100 carrying grade pay of Rs. 5,400.
- (ii) Senior Residents: The Senior Residents will now be placed in pay scale of Rs. 8000-13,500/- (pre-revised) corresponding to the revised pay band PB-3 of Rs. 15,600-39,100 carrying grade pay of Rs. 6,600.

2. The fixation of initial emoluments in the revised emoluments structure, fixation of emoluments in respect of fresh recruits and grant of normal increments will be as per guidelines contained in the Central Civil Services (Revised Pay) Rules, 2008.

3. The emoluments as now revised will be effective from 01<sup>st</sup> January, 2006.

4. The additional expenditure involved due to revision of the emoluments to be paid to Junior and Senior Residents shall be met from within the sanctioned budget grant of the concerned institutions/hospitals.

5. This issues with the concurrence of the Integrated Finance, Division of the Ministry of Health & Family Welfare vide their Dy No. 6085 dated 1.10.2008.

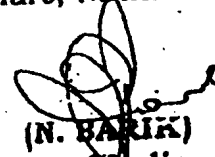
Yours faithfully,



(N. BARIK)  
Under Secretary to the Govt. of India  
Ph: 23061342

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.



(N. BARIK)  
Under Secretary to the Govt. of India  
Ph: 23061342

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  
Ph: 23061342

-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 8<sup>th</sup> 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 6<sup>th</sup> 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 6<sup>th</sup> 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,



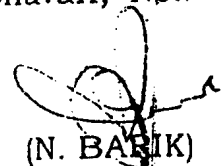
(N. BARIK)

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 |         |         |       |
|-------------|---------|---------|-------|
|             | 10940   | 11295   | 11650 |
| Basic       | 6838    | 7059    | 7281  |
| DP          | 4445    | 4589    | 4733  |
| NPA         | 5334    | 5506    | 5679  |
| DA          |         |         |       |
| Total       | 27557   | 28449   | 29343 |
| Revised     |         |         |       |
| Ray         | 20348.4 | 21008.7 | 21669 |
| Grade Pay   | 6600    | 6600    | 6600  |
| DA on NPA   | 367     | 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

Pay fixation for Jr. Resident Doctors

| Pr- Revised |       |         |         |
|-------------|-------|---------|---------|
| Basic       | 9000  | ✓ 9725  | ✓ 10050 |
| DP          | 5625  | 6078    | 6281    |
| NPA         | 3656  | 3951    | 4083    |
| DA          | 4387  | 4741    | 4899    |
| Total       | 22668 | 24495   | 25313   |
| Revised     |       |         |         |
| Ray         | 16740 | 18088.5 | 18693   |
| Grade Pay   | 5400  | 5400    | 5400    |
| DA on NPA   | 877   | 948     | 980     |
| TOTAL       | 23020 | 24440   | 25070   |
| NPA         | 5755  | 6110    | 6268    |
| DA on NPA   | 4604  | 4888    | 5014    |
| TA          | 3712  | 3712    | 3712    |
| TOTAL       | 37091 | 39150   | 40064   |

+ HRA

| Pr- Revised |        |       |       |
|-------------|--------|-------|-------|
| Basic       | ✓ 9400 | 9200  | 9000  |
| DP          | 5875   | 5750  | 5625  |
| NPA         | 3819   | 3738  | 3656  |
| DA          | 4583   | 4485  | 4387  |
| Total       | 23677  | 23173 | 22668 |
| Revised     |        |       |       |
| Ray         | 17484  | 17112 | 16740 |
| Grade Pay   | 5400   | 5400  | 5400  |
| DA on NPA   | 917    | 897   | 877   |
| TOTAL       | 23800  | 23410 | 23020 |
| NPA         | 5950   | 5853  | 5755  |
| DA on NPA   | 4760   | 4682  | 4604  |
| TA          | 3712   | 3712  | 3712  |
| TOTAL       | 38222  | 37657 | 37091 |

+ HRA

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

No. 2006/H/2-1/5

New Delhi, dated 6.04.2009

**General Managers,  
All Indian Railway/ Production Units,  
Director General/RDSO, Lucknow.**

**Sub: Revision of stipend payable to DNB Trainees (Jr. Residents)  
working in Railway hospitals all over Indian Railways.**

**Ref:-Board's letter No.2006/H/2-1/5 dated 26.2.07.**

\*\*\*

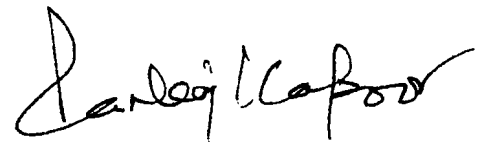
In pursuance of implementation of the recommendation of VIth Central Pay Commission, Ministry of Health & Family Welfare, vide their letters No.U.11014/1/2008/ME (P.II) dated 1.10.2008 and 8.10.2008 (copies enclosed) have revised the stipend payable to Junior Residents working in Central Government hospitals. After careful examination of the matter, Ministry of Railways have decided to revise the emoluments/stipend payable to DNB Trainees (Junior Residents) working in all the Railway hospitals as per the rates prescribed in M/o Health & Family Welfare's letters.

It is advised that the rates of stipend/emoluments payable to the DNB Trainees (Junior 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.2006/H/2-1/5 dated 26.2.07 will remain unchanged.



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

**DA: As above**

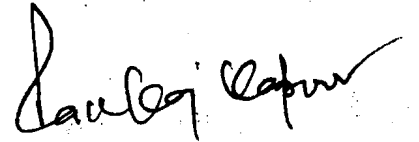
-2-

No. 2006/H/2-1/5

Copy forwarded to:-

New Delhi, dated 6.04.2009

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



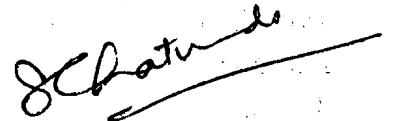
**(Dr. Pankaj Kapoor)**  
**Executive Director, Health (Plg.)**  
**Railway Board**

No. 2006/H/2-1/5

New Delhi, dated 6.04.2009

Copy forwarded to:-

1. The Principal Director of Audit, All Indian 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

भारत सरकार  
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2006/एच/2-1/5

नई दिल्ली, दिनांक: 6.04.2009

महाप्रबंधक  
सभी भारतीय रेलें/उत्पादन इकाइयां,  
महानिदेशक/अ.अ.मा.सं., लखनऊ।

**विषय: समस्त भारतीय रेलों में रेल अस्पतालों में कार्यरत डीएनबी प्रशिक्षुओं (कनिष्ठ रेजीडेंट्स) को देय स्टाइपेंड का संशोधन।**

**संदर्भ: बोर्ड का 26.02.207 का पत्र सं. 2006/एच/2-1/5**

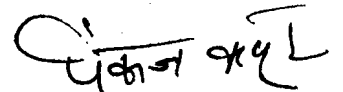
छठे केन्द्रीय वेतन आयोग की सिफारिश के कार्यान्वयन के अनुसरण में, स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने 01.10.2008 और 08.10.2008 के अपने पत्र सं. यू.11014/1/2008/एमई (पी-II) (प्रतिलिपियां संलग्न) के तहत केन्द्रीय सरकारी अस्पतालों में कार्यरत कनिष्ठ रेजीडेंट्स को देय स्टाइपेंड में संशोधन किया है। मामले की सावधानीपूर्वक जांच करने के बाद, रेल मंत्रालय ने स्वास्थ्य एवं परिवार कल्याण मंत्रालय के पत्रों में निर्धारित दरों के अनुसार सभी रेल अस्पतालों में कार्यरत डीएनबी प्रशिक्षुओं (कनिष्ठ रेजीडेंट्स) को देय परिलब्धियों/स्टाइपेंड को संशोधित करने का विनिश्चय किया है।

यह सूचित किया जाता है कि डीएनबी प्रशिक्षुओं (कनिष्ठ रेजीडेंट्स) को देय परिलब्धियों/स्टाइपेंड की दरों को 01.01.2006 से संशोधित किया जाए।

बकाया 01.01.2006 से देय होगा।

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

बोर्ड के 26.02.2007 के पत्र सं. 2006/एच/2-1/5 में निहित अन्य निबंधन एवं शर्तें अपरिवर्तित रहेंगी।



(डॉ. पंकज कपूर)

कार्यपालक निदेशक, स्वास्थ्य (योजना)  
रेलवे बोर्ड

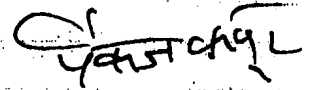
संलग्नक: यथोक्त

सं. 2006/एच/2-1/5

नई दिल्ली, दिनांक: 6.04.2009

प्रतिलिपि प्रेषित:

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



(डॉ. यंकज कपूर)

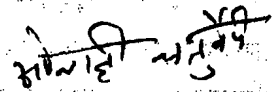
कार्यपालक निदेशक, स्वास्थ्य (योजना)  
रेलवे बोर्ड

सं. 2006/एच/2-1/5

नई दिल्ली, दिनांक: 6.04.2009

प्रतिलिपि प्रेषित:

1. प्रधान लेखा परीक्षक, सभी भारतीय रेलें।
2. भारत के उपनियंत्रक एवं महालेखा परीक्षक (रेलें), कमरा सं. 224, रेल भवन, नई दिल्ली।



कृते वित्त आयुक्त/रेलें

By Speed Post

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 1<sup>st</sup> 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 & Saladarjung Hospital, New Delhi.
8. The Director, Dr. R.M.L. PGIMER, New Delhi.

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**Sub: Residency Scheme- Revision of emoluments of the Junior and Senior Residents.**

Sir/Madam,

I am directed to convey the sanction of the President to the revision of the pay structure of the Junior and Senior Residents in all Central Government institutions/hospitals including statutory/autonomous bodies wholly financed by the Central Government as under as per the recommendations of 6<sup>th</sup> Pay Commission which have been accepted by the Central Government.

- (i) Junior Residents: The Junior Residents will now be placed in pay scale of Rs.8000-13,500/- (pre-revised) corresponding to the revised pay band PB-3 of Rs. 15,600-39,100 carrying grade pay of Rs. 5,400.
- (ii) Senior Residents: The Senior Residents will now be placed in pay scale of Rs. 8000-13,500/- (pre-revised) corresponding to the revised pay band PB-3 of Rs. 15,600-39,100 carrying grade pay of Rs. 6,600.

2. The fixation of initial emoluments in the revised emoluments structure, fixation of emoluments in respect of fresh recruits and grant of normal increments will be as per guidelines contained in the Central Civil Services (Revised Pay) Rules, 2008.

3. The emoluments as now revised will be effective from 01<sup>st</sup> January, 2006.

4. The additional expenditure involved due to revision of the emoluments to be paid to Junior and Senior Residents shall be met from within the sanctioned budget grant of the concerned institutions/hospitals.

5. This issues with the concurrence of the Integrated Finance, Division of the Ministry of Health & Family Welfare vide their Dy No. 6085 dated 1.10.2008.

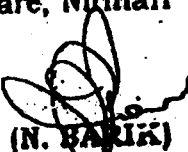
Yours faithfully,



(N. BARIK)  
Under Secretary to the Govt. of India  
Ph: 23061342

**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.



(N. BARIK)  
Under Secretary to the Govt. of India  
Ph: 23061342

**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  
Ph: 23061342

-7-

**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 8<sup>th</sup> 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 6<sup>th</sup> 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 6<sup>th</sup> 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,



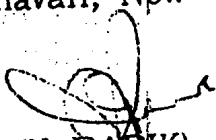
(N. BARIK)

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     |         |         |       |
| Ray         | 20348.4 | 21008.7 | 21669 |
| Grade Pay   | 6600    | 6600    | 6600  |
| DA on NPA   | 1067    | 1101    | 1136  |
| TOTAL       | 28020   | 28710   | 29410 |
|             | 7005    | 7178    | 7353  |
| DA on NPA   | 5604    | 5742    | 5882  |
| TA          | 3712    | 3712    | 3712  |
| TOTAL       | 44341   | 45342   | 46357 |

+ HRA

Pay fixation for Jr. Resident Doctors

| Pr- Revised |       |         |        |
|-------------|-------|---------|--------|
| Basic       | 9000  | ✓9725   | ✓10050 |
| DP          | 5625  | 6078    | 6281   |
| NPA         | 3656  | 3951    | 4083   |
| DA          | 4387  | 4741    | 4899   |
| Total       | 22668 | 24495   | 25313  |
| Revised     |       |         |        |
| Ray         | 16740 | 18088.5 | 18693  |
| Grade Pay   | 5400  | 5400    | 5400   |
| DA on NPA   | 877   | 948     | 980    |
| TOTAL       | 23020 | 24440   | 25070  |
| NPA         | 5755  | 6110    | 6268   |
| DA on NPA   | 4604  | 4888    | 5014   |
| TA          | 3712  | 3712    | 3712   |
| TOTAL       | 37091 | 39150   | 40064  |

+ HRA

| Pr- Revised |       |       |       |
|-------------|-------|-------|-------|
| Basic       | ✓9400 | 9200  | 9000  |
| DP          | 5875  | 5750  | 5625  |
| NPA         | 3819  | 3738  | 3656  |
| DA          | 4583  | 4485  | 4387  |
| Total       | 23677 | 23173 | 22668 |
| Revised     |       |       |       |
| Ray         | 17484 | 17112 | 16740 |
| Grade Pay   | 5400  | 5400  | 5400  |
| DA on NPA   | 917   | 897   | 877   |
| TOTAL       | 23800 | 23410 | 23020 |
| NPA         | 5950  | 5853  | 5755  |
| DA on NPA   | 4760  | 4682  | 4604  |
| TA          | 3712  | 3712  | 3712  |
| TOTAL       | 38222 | 37657 | 37091 |

+HRA

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

No.2003/H/28/1/RELHS

New Delhi, dated: 8.4.2009

**The General Managers,  
All Indian Railways  
(including Production Units)  
Director General, R.D.S.O.**

**CORRIGENDUM**

Sub: Re-opening of Retired Employees Liberalised Health  
Scheme (RELHS-97).

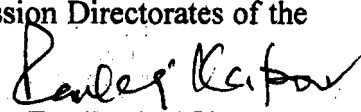
Ref:- Board's letter No.2003/H/28/1/RELHS dated 16.3.2009.

-----  
Replace the existing para 5 of Board's letter No. 2003/H/28/1/RELHS dtd. 16.3.2009  
with the following:

5. It has further been decided by the Board that joining of RELHS-97 may be made mandatory for all retiring Railway employees. In case, the retiring officer/staff is unwilling to join the Scheme, he/she should clearly submit his/her unwillingness in writing in the declaration proforma along with reasons thereof, (Revised Annexure of Booklet containing Pension Forms). As such, option/declaration proforma may be modified suitably. The retiring Railway employees may also be explained that the certification of his/her unwillingness to join RELHS shall be treated as final and no further chance will be given to join the scheme thereafter.

All other terms and conditions remain unaltered.

This issues with the concurrence of the Finance and Pay Commission Directorates of the Ministry of Railways.

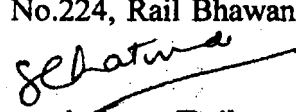
  
(Dr. Pankaj Kapoor)  
Executive Director/Health (Plg.),  
Railway Board

No.2003/H/28/1/RELHS

New Delhi, dated : 8.4.2009

Copy to :-

1. The FA&CAOs, all Indian Railways including CLW/DLW/DMW/RWF.
2. Dy. Comptroller and Auditor General of India (Railways), Room No.224, Rail Bhawan, New Delhi.

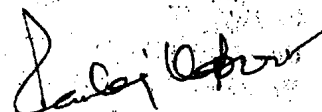
  
For Financial Commissioner/Railways

Endorsement 1  
No. 2003/H/28/IRELHS

New Delhi, dated 8.4.2009

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, IRIEEN/Nasik, IRISSET, Secunderabad, 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, Patka 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) IRIEEN, Nasik. (b) IRCEN, Pune (c) IRIMEE, Jamalpur (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, Shivalji 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. Parikaj Kapoor)  
Executive Director, Health(Pig)  
Railway Board.

New Delhi, dated 8.4.2009

No. 2003/H/28/IRELHS

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, Peazeshan 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.

(9)

**S.No. 2 Health 2009**

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

No:2008/H-1/2/15

New Delhi, dated 16-4-2009.

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

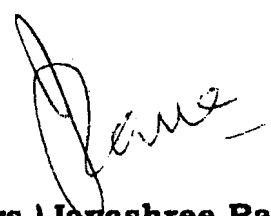
**Corrigendum**

Sub: Deletion of clause regarding medical facilities available to married daughters under 18 years of age.

Ref: Board's letter No.2000/H/PNM/AIRF dated 05.09.2000 (ACS No.8) and No:2008/H-1/2/15 dated 16.02.2009 (ACS No.1).

In reference to the above cited subject, it is hereby clarified that the clause contained in Para (5)(c)(ii) of the Board's letter dated 05.09.2000 i.e. '**married daughters under 18 years of age**' may now be considered as deleted since as per the Child Marriage Act -2006, marriage of a girl child under 18 years of age is now considered illegal.

The rest of the contents of the letters under reference shall remain the same.

  
**(Dr.(Mrs.)Jayashree Rana)  
Executive Director, Health (G.)  
Railway Board.**

**S.No. 2 Health 2009**

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

The clause regarding medical facilities available to married daughters under 18 years of age may be treated as deleted since as per the Child Marriage Act -2006, marriage of a girl child under 18 years of age is now considered illegal.

**Para 601(5) ( c ) (ii) may be read as under:-**

- (c) (ii) 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 dated 16 . 04 . 09 )**

भारत सरकार  
रेल मंत्रालय  
(रेलवे बोर्ड)

सं. 2008/एच-1/2/15

नई दिल्ली, दि. 16.04.09

महाप्रबंधक,  
सभी भारतीय रेलें और  
उत्पादन इकाइयाँ.

शुद्धिपत्र

विषय: 18 वर्ष से कम उम्र की विवाहित पुत्रियों को दी गई चिकित्सा सुविधाओं से संबंधित  
खंड को हटाना.

संदर्भ: बोर्ड का दिनांक 05.09.2000 (अग्रिम शुद्धि पर्ची सं. 8) का पत्र सं.2000/एच/पी एन  
एम/एआईआरएफ और दिनांक 16.2.2009 (अग्रिम शुद्धि पर्ची सं. 1) का पत्र सं.  
2008/एच-1/2/15.

उपर्युक्त विषय के संदर्भ में, एतद्वारा यह स्पष्ट किया जाता है कि बोर्ड के दिनांक 05.09.2000  
के पत्र के पैरा 601 (5) (ग) (ii) में अंतर्विष्ट खंड अर्थात् '18 वर्ष से कम उम्र की विवाहित पुत्रियाँ' को  
अब हटा दिया जाए चूंकि बाल विवाह अधिनियम, 2006 के अनुसार, 18 वर्ष से कम उम्र की लड़की के  
विवाह को अब गैर-कानूनी माना गया है.

संदर्भाधीन पत्र की शेष विषय-वस्तु समान रहेगी.



(डॉ.(श्रीमती) जयश्री राणा)  
कार्यपालक निदेशक, स्वास्थ्य (सा.)  
रेलवे बोर्ड

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

18 वर्ष से कम उम्र की विवाहित पुत्रियों को दी जाने वाली चिकित्सा सुविधाओं से संबंधित खंड को हटा दिया जाए, चूंकि बाल विवाह अधिनियम, 2006 के अनुसार 18 वर्ष से कम उम्र की लड़की के विवाह को अब गैर-कानूनी माना गया है.

पैरा 601 (5) (ग) (ii) को निम्नानुसार पढ़ा जाए :-

(ग) (ii) विधवा पुत्रियां, भले ही वह किसी भी उम्र की हों, बशर्ते कि वे रेल कर्मचारी पर पूर्णतः आश्रित हों.

(प्राधिकार: बोर्ड का दिनांक 16.04.09 का पत्र सं. 2008/एच-1/2/15).

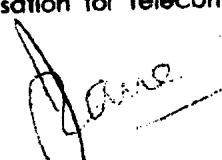
**Endorsement 1**

**No. 2 3/H-1/2/15**

**New Delhi, dated 16/4/2009**

**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, 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 (e), CONCOR of India, Ltd., Konkarn Railway Corpn. Ltd. Belapur Bhawan Sector-11, CBD Belapur, Navi Mumbai, NVNL, Plot No. 25, 1<sup>st</sup> 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) IRIEEN, Nasik, (b) IRCEN, Pune (c) IRIMEE, Lamalpur (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. (Mrs.) Jayashree Rana)**  
**Executive Director, Health(G)**  
**Railway Board.**

**New Delhi, dated 16/4/2009**

**No. 2008/H-1/2/15**

**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.
- 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)

संख्या 2008/H-1/12/1(Policy)

नई दिल्ली, दिनांक/6.04.2009

General Managers,  
All Indian Railways.

**Sub: Extension to the arrangement relating to provision of  
reimbursement of expenditure incurred on the  
Dental treatment of Railway beneficiaries.**

**Ref: Board's letter of even no. dated 14.07.2008.**

Sanction of the Ministry of Railways was accorded for the arrangement relating to provision of reimbursement of expenditure incurred on the Dental treatment by Railway beneficiaries for a period upto 30.09.2004 vide this office letter of even no. dated 02.09.2002. This arrangement has since been extended from time to time, on the same terms and conditions, last being for a period of three months from 13.06.2008 vide Board's letter of even no. dated 14.07.2008.

Ministry of Railways have now decided to extend the aforesaid arrangement, further for a period of two years from 13.09.2008, on the same terms and conditions.

However, this facility would stand withdrawn automatically in case any Railway hospital/health unit is provided with part time/ full time dental surgeon and infrastructure facilities in terms of Board (MS)'s d.o. letter of even number dated 25.10.2002 to all General Managers and no reimbursement would be permissible in such cases thereafter.

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

(जयश्री राना)

(डा. जयश्री राना)  
कार्यकारी निदेशक/स्वास्थ्य(स)  
रेलवे बोर्ड

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

New Delhi, dated/6.04.2009

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

(श्वर)

for Financial Commissioner/Railways

Copy for DDF(E) 1 & F (E) Spl., Railway Board.

**Endorsement 2**

**No. 2008/H-1/12/1/Policy**

**New Delhi, dated/6.9.2009**

**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, IRIEEN/Nasik, IRISSET, Secunderabad, 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, 1<sup>st</sup> 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) IRIEEN, Nasik. (b) IRCEN, Pune (c) IRIMEE, Lalpur (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.
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- 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.

*जायश्री राना*  
(Dr. (Mrs.) Jayashree Rana)  
Executive Director, Health(G)  
Railway Board.

**No. 2008/H-1/12/1/Policy**

**New Delhi, dated/6.9.2009**

**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.

*M. Wale*  
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  
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2008/एच-1/12/1 (पॉलिसी)

नई दिल्ली, दिनांक: /6 .04.2009

महाप्रबंधक,  
सभी भारतीय रेलें।

विषय: रेलवे लाभार्थियों की दंत चिकित्सा पर उपगत खर्च की प्रतिपूर्ति के प्रावधान संबंधी व्यवस्था का विस्तार।

संदर्भ: बोर्ड का 14.07.2008 का समसंख्यक पत्र।

इस कार्यालय के 02.09.2002 के समसंख्यक पत्र के तहत 30.09.2004 तक की अवधि के लिए रेलवे लाभार्थियों द्वारा दंत चिकित्सा पर उपगत खर्च की प्रतिपूर्ति के प्रावधान संबंधी व्यवस्था के लिए रेल मंत्रालय की स्वीकृति प्रदान की गई थी। चूंकि इस व्यवस्था को समान निबंधन एवं शर्तों पर बोर्ड के 14.07.2008 के समसंख्यक पत्र के तहत अंतिम बार 13.06.2008 से तीन महीने की अवधि के लिए समय-समय पर विस्तारित किया गया है।

रेल मंत्रालय ने अब उपर्युक्त व्यवस्था को समान निबंधन एवं शर्तों पर 13.09.2008 से और दो वर्षों की अवधि के लिए बढ़ाने का विनिश्चय किया है।

बहरहाल, यह सुविधा सभी महाप्रबंधकों को भेजे गए बोर्ड (सदस्य कार्मिक) के 25.10.2002 के समसंख्यक अ.शा. पत्र के अनुसार अंशकालिक/पूर्णकालिक दंत सर्जन और मूलभूत सुविधाएं मुहैया कराए गए रेलवे अस्पताल/स्वास्थ्य इकाई के मामले में स्वतः वापस ली गई मानी जाएगी और इन मामलों में उसके बाद कोई प्रतिपूर्ति अनुमेय नहीं होगी।

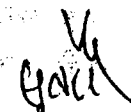
इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है।

(डॉ. जयश्री राना)  
कार्यकारी निदेशक/स्वास्थ्य (स)  
रेलवे बोर्ड

सं. 2008/एच-1/12/1 (पॉलिसी)

नई दिल्ली, दिनांक: 16.04.2009

1. निदेशक, लेखा परीक्षा, सभी भारतीय रेलें।
2. भारत के उप निर्यत्रक एवं महालेखा परीक्षक (रेलें), कमरा सं. 222, रेल भवन, नई दिल्ली को प्रेषित।

  
कृते वित्त आयुक्त/रेलें

**IMMEDIATE**

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

No.2008/H-1/9/1

New Delhi, dated: 12.5.2009

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

**Sub : New Influenza 'A' (H1N1)**

There are reports of Influenza 'A' (H1N1) re-assorted Swine Flu virus that is causing Epidemic in Mexico. As on date 29 countries have officially reported 4379 cases of Influenza 'A' (H1N1) Infection. The list of affected countries is being constantly up dated on the website of the World Health Organization. ([www.who.int](http://www.who.int))

Mexico has reported 1626 laboratory confirmed human cases of infection, including 45 deaths. The United States has reported 2254 laboratory confirmed human cases, including two deaths. Canada has reported 280 laboratory confirmed human cases, including one death. Costa Rica has reported eight laboratory confirmed human cases, including one death.

The following countries have reported laboratory confirmed cases with no deaths - Argentina (1), Australia (1), Austria (1), Brazil (6), China, Hong Kong Special Administrative Region (1), Colombia (1), Denmark (1), El Salvador (2), France (12), Germany (11), Guatemala (1), Ireland (1), Israel (7), Italy (9), Japan (4), Netherlands (3), New Zealand (7), Panama (3), Poland (1), Portugal (1), Republic of Korea (3), Spain (93), Sweden (1), Switzerland (1) and the United Kingdom (39).

World Health Organization has officially designated this out break as public health emergency of international concern and has raised the pandemic alert level from Phase 4 to Phase 5 implying that the virus has caused sustained community level outbreaks in atleast two countries in one WHO region. At Phase 5 pandemic is considered imminent.

As this disease appears to be spreading globally, the situation has the potential to change fast. Ministry of Health & Family Welfare, Government of India has enhanced surveillance at Ports and International Airports. Integrated Disease Surveillance focal points in the States have been alerted to report cluster of Influenza like illness and that of pneumonia. The Ministry has been issuing Travel Advisory for those planning to travel to the affected areas to defer non essential travel to the affected countries.

...2..

In India, Samples of 36 suspected persons have been tested for Influenza 'A' (H1N1) virus and found negative for the same as on 10<sup>th</sup> May 2009. Samples of two persons are under testing. As of now, no case has been reported in India.

It is, therefore, advised to maintain close coordination with State/ District/ Block Administration and all instructions/directions be complied with.

Ministry of Health and Family Welfare, Government of India has made a Control Room functional from the Emergency Medical Relief Division of the Ministry of Health and Family Welfare in New Delhi from 8.00 AM to 8.00 PM, Control Room phone is No. 011-23061469. For requesting outbreak investigations 24x7 Influenza of Monitoring Cell at National Institute of Communicable Diseases (NICD), New Delhi may be contacted at Phone No. 011-23921401. Daily status reports are being web hoisted and could be accessed at [www.mohfw.nic.in](http://www.mohfw.nic.in). Website also contains CD Alert, Swine Flu-Clinical Management Protocol and Infection Control Guidelines, Travel Advisory to the Public and Guidelines for Sample Collection and Handling Clinical samples for Laboratory Diagnosis of H1N1 Influenza.

It is, therefore, requested that close watch be kept on the situation and all prevention and control measures undertaken.

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

**Telefax : 23386882 Rly. No. 43717**

**E-mail : [edh@rb.railnet.gov.in](mailto:edh@rb.railnet.gov.in)**

No.2009/H-1/9/1

New Delhi, dated 12.5.2009

Copy to:

- 1 Chief Medical Directors and CMSs' All Indian Railways (including PUs)
- 2 Directors of CTIs, IRICEN/Pune, IRIEEN/Nasik, IRISSET, Secunderabd, IRIMEE/Jamalpur and IRITEM/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 Ltd, RITES Bhawan, 1, Sector 29, Gurgaon, 122014 (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, Pragati Vihar, Lodhi Colony, New Delhi. (e), CONCOR of India, Ltd., Concor Bhawan, C-3, Mathura Road, New Delhi 110076. (f) 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 (g) Indian Railway Catering Tourism Corp. Ltd., (IRCTC) 9<sup>th</sup> Floor, Bank of Baroda Building, 16 Parliament Street New Delhi..
- 7 The General Secretary, IRCA/New Delhi.
- 8 Director General RDSO, Lucknow.
- 9 The Chairman, Passenger Amenities Committee.
- 10 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
- 11 The Director, CAMTECH/Gwalior.
- 12 The CAO (A) MTP(G)/Mumbai (b) MTP (G)/Chennai.
- 13 Office of the Chief Project Administrator (Telecom), Indian Railways Central Organisation for Telecom, Shivaji Bridge, New Delhi.
- 14 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 15 Chief Commissioner of Railway Safety, Lucknow.

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

Copy to: Sr. PPSs/PPs/PSs/PAs to

MR, MSR(V), MSR(N), CRB, FC, ME, ML, MM, MS, DG/RHS, DG/RPF, MT, AM(B), AM(CE), AM(C) AM (C&IS), AM(Elec), AM (F), AM (Plg), AM (Projects), AM(Sig), AM(MS), AM(Mech), AM(PU), AM(RS), AM (T&C), AM (Tele), AM(T), AM(V), AM (Works), Adv.(F), Adv(IR), Adv. (Safety), Adv. (S), Secretary. ED(Plg), ED(A), DF(BC), EDCE(B&S), EDCE(G), EDCE (Plg.) ED(Chg), ED(CC), ED(C&IS), ED(E&R), EDEE(Dev), EDEE(G) EDEE(RS), EDE, EDE(RRB), EDE(N), EDE(RES.), EDF(C), EDF(E), EDF(S), EDF(B), EDF(RM), 0EDF(X)I, EDF(X)II, EDH (P), ED(LM), ED(MIS), EDE(CG), EDT (MPP), EDME(Chg), EDME(FR), EDME(Tr.), EDME(TOT), EDME(Dev.), EDME(W), EDPC-I, ED(Plg), ED(PP), ED(Project), EDPROJECT-DMRC, ED(RE), EDRE(S&T), EDRE(S), ED(Sig), ED(S&E), EDRS(C), EDRS(G), EDRS(P), EDRS(S), EDRS(W), ED(TD), EDTrack (M), EDTrack(MC), ED Track (P), ED(T&C), ED (CP), ED(PM), ED (PG), ED(TR), EDTC(FM), EDTT(M), EDTT(FM), EDTT(S), EDV(A), EDV(E) EDV(S), EDV(T) ED(W) IG/RPF(Hqs), IG/RS, JS, JS(C), JS(D), JS(E), JS(G) and JS(P).

भारत सरकार  
रेल मंत्रालय (रेलवे बोर्ड )

सं. 2009/H/6-4/Policy-II

नई दिल्ली, दिनांक 15.05.2009

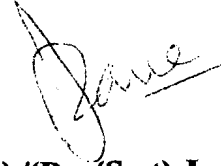
**Chief Medical Directors,  
All Zonal Railways and  
CMS/Production Units.**

**Sub.: Transplantation of Human Organs Act 1994 and Transplantation of  
Human Organs Rules, 1995.**

Kindly find enclosed herewith a copy of notification issued by the Department of Health and Family Welfare (Ministry of Health and Family Welfare) dated 31.7.2008 vide GSR 571(E), relating to amendment to the Transplantation of Human Organs Rules, 1995 The said notification is also available on the website [www.mohfw.nic.in](http://www.mohfw.nic.in).

This is for your information and necessary action please.

Encl.: As above.



(डॉ (श्रीमती) जयश्री राना) / (Dr. (Smt) Jayashree Rana)  
कार्यकारी निदेशक, स्वास्थ्य (सामा.) / Executive Director, Health (Genl.)  
रेलवे बोर्ड / Railway Board.

**MINISTRY OF HEALTH AND FAMILY WELFARE**

**(Department of Health and Family Welfare)**

**NOTIFICATION**

New Delhi, the 31st July, 2008

**G.S.R. 571(E).—** In exercise of the powers conferred by sub-section (1) of section 24 of the Transplantation of Human Organs Act, 1994 (42 of 1994), the Central Government hereby makes the following amendments to the Transplantation of Human Organs Rules, 1995, namely:-

**1. Short title and Commencement**

(1) These rules may be called the Transplantation of Human Organs (Amendment) Rules, 2008.

(2) They shall come into force on the date of their publication in the Official Gazette.

**2. In the Transplantation of Human Organs (Amendment) Rules, 2008 (hereinafter referred to as the said rules), -** (i) clause (d) shall be renumbered as clause (f), thereof and before clause (f) as so renumbered the following clauses shall be inserted, after clause (c), namely:

(i). after sub-rule (c) of Rule 2, the following shall be inserted:

"(d) "National Accreditation Board for Laboratories" (NABL) means a Board set up by the Quality Council of India (set up by the Government of India) for undertaking assessment and accreditation of testing and calibration of laboratories in accordance with the international standard ISO / IEC 17025 and ISO 15189;

2945 GI/08-3

(il) (e) the Registered Medical Practitioner, as defined in clause (n) of section 2 of Transplantation of Human Organs Act, 1994 includes an allopathic doctor with MBBS or equivalent degree under the Medical Council of India Act.

3. In the said rules, in rule 3, for the words and figure "Form.1" the words, figures and letters "Forms 1(A), 1(B) and 1(C) shall be substituted:

4. In the said rules, - (i) in rule 4 for sub-rule(1) the following sub-rule shall be substituted, namely:-

"(i) Duties of the Medical Practitioner:

(1) A registered medical practitioner shall, before removing a human organ from the body of a donor before his death, satisfy himself -

(a) that the donor has given his authorization in appropriate Form 1(A) or 1(B) or 1(C).

(b) that the donor is in proper state of health and is fit to donate the organ, and the registered medical practitioner shall sign a certificate as specified in Form 2.

(c) that the donor is a near relative of the recipient, as certified in Form 3, who has signed Form 1(A) or 1(B) as applicable to the donor and that the donor has submitted an application in Form 10 jointly with the recipient and that the proposed donation has been approved by the concerned competent authority and that the necessary documents as prescribed and medical tests, if required, to determine the factum of near relationship, have been examined to the satisfaction of the Registered Medical Practitioner i.e. Incharge of transplant centre.

(d) that in case the recipient is spouse of the donor, the donor has given a statement to the effect that they are so related by signing a certificate in Form 1(B) and has submitted an application in Form 10 jointly with the recipient and that the proposed donation has been approved by the concerned competent authority under provisions of sub-rule(2) of rule 4A.

(e) In case of a donor who is other than a near relative and has signed Form 1(C) and submitted an application in Form 10 jointly with the recipient, the permission from the Authorisation Committee for the said donation has been obtained.

(ii) In rule 4 in sub-rule(2) for clause (b) the following clause shall be substituted, namely:-

"(b) that then person lawfully in possession of the dead body has signed a certificate as specified in Form 6."

(iii) the existing Form 7 shall be omitted.

5. In the said rules, after rule 4 the following rule shall be inserted, namely:-

"4-A. (1) The medical practitioner who will be part of the organ transplantation Authorisation team for carrying out transplantation operation shall not be a member Committee of the Authorisation Committee constituted under the provisions of clauses (a) and (b) of sub-section(4) of section 9 of the Act.

- (2) Where the proposed transplantation is between a married couple, the Registered Medical Practitioner i.e. Incharge of transplant centre must evaluate the factum and duration of marriage and ensure that documents such as marriage certificate, marriage photograph etc. are kept for records along with the information on the number and age of children and family photograph depicting the entire immediate family, birth certificate of children containing particulars of parents.
- (3) When the proposed donor or recipient or both are not Indian Nationals/citizens whether 'near relatives' or otherwise, Authorisation Committees shall consider all such requests.
- (4) when the proposed donor and the recipient are not 'near relatives', as defined under clause(i) of section 2 of the Act, the Authorisation Committee shall evaluate that,-
  - (i) there is no commercial transaction between the recipient and the donor and that no payment or money or moneys worth as referred to the Act, has been made to the donor or promised to be made to the donor or any other person;
  - (ii) the following shall specifically be assessed by the Authorisation Committee:-
    - (a) an explanation of the link between them and the circumstances which led to the offer being made;
    - (b) reasons why the donor wishes to donate;
    - (c) documentary evidence of the link, e.g. proof that they have lived together, etc.;
    - (d) old photographs showing the donor and the recipient together;
  - (iii) that there is no middleman or tout involved;
  - (iv) that financial status of the donor and the recipient is probed by asking them to give appropriate evidence of their vocation and income for the previous three financial years. Any gross disparity between the status of the two must be evaluated in the backdrop of the objective of preventing commercial dealing;
  - (v) that the donor is not a drug addict or known person with criminal record;
  - (vi) that the next of the kin of the proposed unrelated donor is interviewed regarding awareness about his or her intention to donate an organ, the authenticity of the link between the donor and the recipient and the reasons for donation. Any strong views or disagreement or objection of such kin shall also be recorded and taken note of.

**6. In the said rules:-**

- (i) For rule 6 the following rules shall be substituted, namely:-

- "6.** The donor and the recipient shall make jointly an application to grant approval for removal and transplantation of a human organ, to the concerned competent authority or Authorisation Committee as specified in Form 10. The Authorisation Committee shall take a decision on such application in accordance with the guidelines in rule 6-A."
- (ii) after rule 6, the following rule shall be inserted, namely:-
- "6A.** Composition of Authorisation Committees:
1. There shall be one State level Authorisation Committee.
  2. Additional authorisation committees may be set up at various levels as per norms given below, namely:-
    - (i) no member from transplant team of the institution should be a member of the respective Authorisation Committee. All Foreign Nationals (related and unrelated) should go to 'Authorisation Committee' as abundant precaution needs to be taken in such cases;
    - (ii) Authorisation Committee should be Hospital based in Metro and big cities if the number of transplants exceed 25 in a year at the respective transplantation centres. In smaller towns, there are State or District level Committees if transplants are less than 25 in a year in the respective districts.
- (A) Composition of Hospital Based Authorisation Committees: (To be constituted by the State Government and in case of Union territory by the Central Government).
- (a) the senior most person officiating as Medical Director or Medical Superintendent of the Hospital;
  - (b) two senior medical practitioners from the same hospital who are not part of the transplant team;
  - (c) two members being persons of high integrity, social standing and credibility, who have served in high ranking Government positions, such as in higher judiciary, senior cadre of police service or who have served as a reader or professor in University Grants Commission approved University or are self-employed professionals of repute such as lawyers, chartered accountants and doctors (of Indian Medical Association) etc.; and
  - (d) Secretary (Health) or nominee and Director Health Services or nominee.
- (B) Composition of State or District Level Authorisation Committees: (To be constituted by the State Government and in case of Union territory by the Central Government).

- (a) a Medical Practitioner officiating as Chief Medical Officer or any other equivalent post in the main/major Government Hospital of the District.
- (b) two senior medical practitioners to be chosen from the pool of such medical practitioners who are residing in the concerned District and who are not part of any transplant team.
- (c) two senior citizens, non-medical background (one lady) of high reputation and integrity to be chosen from the pool of such citizens residing in the same district, who have served in high ranking Government positions, such as in higher judiciary, senior cadre of police service or who have served as a reader or professor in University Grants Commission approved University or are self-employed professionals of repute such as lawyers, chartered accountants and doctors (of Indian Medical Association) etc.; and
- (d) Secretary (Health) or nominee and Director Health Services or nominee.

(Note: Effort should be made to have most of the members' ex-officio so that the need to change the composition of committee is less frequent.)

- 6B. The State level committees shall be formed for the purpose of providing approval or no objection certificate to the respective donor and recipient to establish the legal and residential status as a domicile state. It is mandatory that if donor, recipient and place of transplantation are from different states, then the approval or 'no objection certificate' from the respective domicile State Government should be necessary. The institution where the transplant is to be undertaken in such case the approval of Authorisation Committee is mandatory.
- 6C. The quorum of the Authorisation Committee should be minimum four. However, quorum ought not to be considered as complete without the participation of the Chairman. The presence of Secretary (Health) or nominee and Director of Health Services or nominee is mandatory.
- 6D. The format of the Authorisation Committee approval should be uniform in all the institutions in a State. The format may be notified by respective State Government.
- 6E. Secretariat of the Committee shall circulate copies of all applications received from the proposed donors to all members of the Committee. Such applications should be circulated along with all annexures, which may have been filed along with the applications. At the time of the meeting, the Authorisation Committee should take note of all relevant contents and documents in the course of its decision making process and in the event any document or information is found to be inadequate or doubtful, explanation should be sought from the applicant and if it is considered

necessary that any fact or information requires to be verified in order to confirm its veracity or correctness, the same be ascertained through the concerned officer(s) of the State/ Union territory Government.

6F. The Authorisation Committee shall focus its attention on the following, namely:-

- (a) Where the proposed transplant is between persons related genetically, Mother, Father, Brother, Sister, Son or Daughter above the age of 18 years).

the concerned competent authority shall evaluate:-

- (i) results of tissue typing and other basic tests;
- (ii) documentary evidence of relationship e.g. relevant birth certificates and marriage certificate, certificate from Sub-divisional magistrate/ Metropolitan Magistrate/or Sarpanch of the Panchayat;
- (iii) documentary evidence of identity and residence of the proposed donor e.g. Ration Card or Voters identity Card or Passport or Driving License or PAN Card or Bank Account and family photograph depicting the proposed donor and the proposed recipient along with another near relative;
- (iv) If in its opinion, the relationship is not conclusively established after evaluating the above evidence, it may in its discretion direct further medical tests as prescribed as below:
  - (a) the tests for Human Leukocyte Antigen (HLA), Human Leukocyte Antigen-B alleles to be performed by the serological and/or Polymerase chain reaction (PCR) based Deoxyribonucleic acid (DNA) methods.
  - (b) test for Human Leukocyte Antigen-DR beta genes to be performed using the Polymerase chain reaction (PCR) based Deoxyribonucleic acid (DNA) methods.
  - (c) the tests referred to in sub-rules (i) and (ii) shall be got done from a laboratory accredited with National Accreditation Board for Laboratories (NABL)."
  - (d) where the tests referred to in (i) to (iii) above do not establish a genetic relationship between the donor and the recipient, the same tests to be performed on both or at least one parent, preferably both parents. If parents are not available, same tests to be performed on such relatives of donor and recipient as are available and are willing to be tested failing which, genetic relationship between the donor and the recipient will be deemed to have not been established.

- (b) The papers for approval of transplantation would be processed by the registered medical practitioner and administrative division of the Institution for transplantation, while the approval will be granted by the Authorisation Committee.
- (c) Where the proposed transplant is between a married couple (except foreigners, whose cases should be dealt by Authorisation Committee):

The concerned competent authority or authorisation committee as the case may be must evaluate all available evidence to establish the factum and duration of marriage and ensure that documents such as marriage certificate, marriage photograph is placed before the committee along with the information on the number and age of children and a family photograph depicting the entire immediate family, birth certificate of children containing the particulars of parents.

- (d) Where the proposed transplant is between individuals who are not "near relatives". The authorization committee shall evaluate:-
  - (i) that there is no commercial transaction between the recipient and the donor. That no payment of money or moneys worth as referred to in the sections of the Act, has been made to the donor or promised to be made to the donor or any other person. In this connection the Authorisation Committee shall take into consideration:-
    - (a) an explanation of the link between them and the circumstances which led to the offer being made;
    - (b) documentary evidence of the link e.g. proof that they have lived together etc.;
    - (c) reasons why the donor wishes to donate; and
    - (d) old photographs showing the donor and the recipient together.
  - (ii) that there is no middleman/tout involved;
  - (iii) that financial status of the donor and the recipient is probed by asking them to give appropriate evidence of their vocation and income for the previous three financial years. Any gross disparity between the status of the two, must be evaluated in the backdrop of the objective of preventing commercial dealing;
  - (iv) that the donor is not a drug addict or a known person with criminal record;
  - (v) that the next of kin of the proposed unrelated donor is interviewed regarding awareness about his/her intention to donate an organ, the authenticity of the link between the donor and the recipient and the reasons for donation. Any strong views or disagreement or objection of such kin may also be recorded and taken note of; and

- (e) When the proposed donor or the recipient or both are foreigners:-
- (i) a senior Embassy official of the country of origin has to certify the relationship between the donor and the recipient.
  - (ii) Authorisation Committee shall examine the cases of Indian donors consenting to donate organs to a foreign national (who is a near relative), including a foreign national of Indian origin, with greater caution. Such cases should be considered rarely on case to case basis.
- (f) In the course, of determining eligibility of the applicant to donate, the applicant should be personally interviewed by the Authorisation Committee and minutes of the interview should be recorded. Such interviews with the donors should be videographed.
- (g) In case where the donor is a woman greater precautions ought to be taken. Her identity and independent consent should be confirmed by a person other than the recipient. Any document with regard to the proof of residence or domicile and particulars of parentage should be relatable to the photo identity of the applicant in order to ensure that the documents pertain to the same person, who is the proposed donor and in the event of any inadequate or doubtful information to this effect, the Authorisation Committee may in its discretion seek such other information or evidence as may be expedient and desirable in the peculiar facts of the case.
- (h) The Authorisation Committee should state in writing its reason for rejecting/ approving the application of the proposed donor and all approvals should be subject to the following conditions:-
- (i) that the approved proposed donor would be subjected to all such medical tests as required at the relevant stages to determine his biological capacity and compatibility to donate the organ in question.
  - (ii) further that the psychiatrist clearance would also be mandatory to certify his mental condition, awareness, absence of any overt or latent psychiatric disease and ability to give free consent.
  - (iii) all prescribed forms have been and would be filled up by all relevant persons involved in the process of transplantation.
  - (iv) all interviews to be video recorded.
- (i) The authorisation committee shall expedite its decision making process and use its discretion judiciously and pragmatically in all such cases where, the patient requires immediate transplantation.

(i) Every authorised transplantation centre must have its own website. The Authorisation Committee is required to take final decision within 24 hours of holding the meeting for grant of permission or rejection for transplant. The decision of the Authorisation Committee should be displayed on the notice board of the hospital or Institution immediately and should reflect on the website of the hospital or Institution within 24 hours of taking the decision. Apart from this, the website of the hospital or institution must update its website regularly in respect of the total number of the transplantations done in that hospital or institution along with the details of each transplantation. The same data should be accessible for compilation, analysis and further use by respective State Governments and Central Government.

7. In the said rules, in rule 7, after clause(2) the following clause shall be inserted, namely:-

"7(3) before a hospital is registered under the provisions of this rule, it shall be mandatory for the hospital to nominate a transplant coordinator."

8. In the said rules, for rule 9 the following rule shall be substituted, namely:-

"9. Conditions for grant of Certificate of Registration:

No hospital shall be granted a certificate of registration under this Act unless it fulfils the following requirement of manpower, equipment, specialized services and facilities as laid down below:-

A General Manpower Requirement Specialised Services and Facilities:

- (1) 24 hours availability of medical and surgical, (senior and junior) staff.
- (2) 24 hours availability of nursing staff, (general and speciality trained).
- (3) 24 hours availability of Intensive Care Units with adequate equipments, staff and support system, including specialists in anaesthesiology, intensive care.
- (4) 24 hours availability of laboratory with multiple discipline testing facilities including but not limited to Microbiology, Bio-Chemistry, Pathology and Hematology and Radiology departments with trained staff.
- (5) 24 hours availability of Operation Theater facilities (OT facilities) for planned and emergency procedures with adequate staff, support system and equipments.
- (6) 24 hours availability of communication system, with power backup, including but not limited to multiple line telephones, public telephone systems, fax, computers and paper photo-imaging machine.
- (7) Experts (Other than the experts required for the relevant transplantation) of relevant and associated specialties including but not limited to and depending upon the requirements, the experts in internal medicine, diabetology,

gastroenterology, nephrology, neurology, paediatrics, gynaecology immunology and cardiology etc. should be available to the transplantation centre.

**B Equipments:**

Equipments as per current and expected scientific requirements specific to organ or organs being transplanted. The transplant centre should ensure the availability of the accessories, spare-parts and back-up/maintenance/service support system in relation to all relevant equipments.

**C Experts and their qualifications:-**

**(A) Kidney Transplantation:**

M.S. (Gen.) Surgery or equivalent qualification with three years post M.S. training in a recognised center in India or abroad and having attended to adequate number of renal transplantation as an active member of team.

**(B) Transplantation of liver and other abdominal organs**

M.S. (Gen.) Surgery or equivalent qualification with adequate post M.S. training in an established center with a reasonable experience of performing liver transplantation as an active member of team.

**(C) Cardiac, Pulmonary, Cardio-Pulmonary Transplantation:**

M.Ch. Cardio-thoracic and vascular surgery or equivalent qualification in India or abroad with at least 3 years experience as an active member of the team performing an adequate number of open heart operations per year and well-versed with Coronary by-pass surgery and Heart-valve surgery.

**(D) Cornea Transplantation:**

M.D./M.S. ophthalmology or equivalent qualification with one year post M.D./M.S training in a recognised hospital carrying out Corneal transplant operations.

[F. No. S-12011/12/2007-MS]  
VINEET CHAUDHRY, Jt. Secy.

**Note :—** The principal rules were published in the Gazette of India *vide* notification No. S-12011/2/1994-MS, dated the 4th February, 1995, Extraordinary, under G.S.R. No. 51(E).

**FORM 1(A)**

(Page 1 of 2)

*(To be completed by the prospective related donor)**(See Rule 3)*

My full name is .....

and this is my photograph

Photograph of the Donor  
(Attested by Notary Public)To be affixed and  
attested by Notary  
Public after it is  
affixed.

My permanent home address is .....

Tel: .....

My present home address is .....

Tel: .....

Date of birth ..... (day/month/year)

- Ration/Consumer Card number and Date of issue & place: .....  
(Photocopy attached)

and/or

- Voter's I-Card number, date of issue, Assembly constituency .....  
(Photocopy attached)

and/or

- Passport number and country of issue .....  
(Photocopy attached)

and/or

- Driving Licence number, Date of issue, licensing authority .....  
(Photocopy attached)

and/or

- PAN .....  
and/or

- Other proof of identity and address .....

I hereby authorize removal for therapeutic purposes/consent to donate my .....  
(state which organ) to my relative ..... (specify son/daughter/father/mother/  
brother/sister), whose name is ..... and  
who was born on ..... (day/month/year) and whose particulars are as  
follows:

Photograph of the Recipient  
(Attested by Notary Public)To be affixed and  
attested by Notary  
Public after it is  
affixed.

**FORM 1(A) [Page- 2]**

- Ration/Consumer Card number and Date of issue & place:.....  
(Photocopy attached)
- and/ or
- Voter's I-Card number, date of issue, Assembly constituency.....  
(Photocopy attached)
- and/or
- Passport number and country of issue.....  
(Photocopy attached)
- and/ or
- Driving Licence number, Date of issue, licensing authority.....  
(photocopy attached)
- and/or
- PAN.....  
and/or
- Other proof of identity and address .....

**I solemnly affirm and declare that:**

Sections 2, 9 and 19 of The Transplantation of Human Organs Act 1994 have been explained to me and I confirm that:

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my .....  
(organ) of my own free will without any undue pressure, inducement, influence or allurements.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my ..... (organ).  
That explanation was given by ..... (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....  
Signature of the prospective donor

.....  
Date

**Note:** To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

- ✓ wherever applicable.

**FORM 1(B)**

(Page 1 of 2)

(To be completed by the prospective spousal donor)  
(see Rule 3)My full name is .....  
and this is my photographPhotograph of the Donor  
(Attested by Notary Public)To be affixed and  
attested by Notary  
Public after it is  
affixed.

My permanent home address is

..... Tel: .....

My present home address is

..... Tel: .....

Date of birth .....(day/month/year)

I authorize to remove for therapeutic purposes/consent to donate my  
 ..... (state which organ) to my husband/wife .....  
 whose full name is ..... and  
 who was born on ..... (day/month/year) and whose particulars are as  
 follows:

Photograph of the Recipient  
(Attested by Notary Public)To be affixed and  
attested by Notary  
Public after it is  
affixed.

- Ration/Consumer Card number and Date of issue & place: .....  
(Photocopy attached) and/or
- Voter's I-Card number, date of issue, Assembly constituency .....  
(Photocopy attached) and/or
- Passport number and country of issue .....  
(Photocopy attached) and/or
- Driving Licence number, Date of issue, licensing authority .....  
(Photocopy attached) and/or
- PAN ..... and/or
- Other proof of identity and address .....

**FORM 1(B) [Page-2]**

I submit the following as evidence of being married to the recipient:-

- (a) A certified copy of a marriage certificate

OR

- (b) An affidavit of a 'near relative' confirming the status of marriage to be sworn before Class-I Magistrate/Notary Public.
- (c) Family photographs
- (d) Letter from member of Gram Panchayat / Tehsildar / Block Development Officer/ MLA/ MP certifying factum and status of marriage.

OR

- (e) Other credible evidence

I solemnly affirm and declare that:

Sections 2, 9 and 19 of The Transplantation of Human Organs Act 1994 have been explained to me and I confirm that

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the Sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my ..... (organ) of my own free will without any undue pressure, inducement, influence or allurements.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my ..... (organ). That explanation was given by ..... (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....  
Signature of the prospective donor

.....  
Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

- ✓ wherever applicable.

**FORM 1(C)**

(Page 1 of 2)

(To be completed by the prospective un-related donor)  
(See Rule 3)My full name is .....  
and this is my photographPhotograph of the Donor  
(Attested by Notary Public)To be affixed  
and attested by  
Notary Public  
after it is affixed.

My permanent home address is ..... Tel: .....

My present home address is ..... Tel: .....

Date of birth ..... (day/month/year)

- Ration/Consumer Card number and Date of issue & place: .....  
(Photocopy attached) and/or
- Voter's I-Card number, date of issue, Assembly constituency .....  
(Photocopy attached) and/or
- Passport number and country of issue .....  
(Photocopy attached) and/or
- Driving Licence number, Date of issue, licensing authority .....  
(Photocopy attached) and/or
- PAN ..... and/or
- Other proof of identity and address .....

Details of last three years income and vocation of donor .....  
.....  
.....

I hereby authorize to remove for therapeutic purposes/consent to donate my  
..... (state which organ) to a person whose full name is  
..... and who was born on .....  
(day/month/year) and whose particulars are as follows:

Photograph of the Recipient  
(Attested by Notary Public)To be affixed and  
attested by Notary  
Public after it is  
affixed.

**FORM 1(C) [Page-2]**

- Ration/Consumer Card number and Date of issue & place:.....  
(Photocopy attached) and/or
- Voter's I-Card number, date of issue, Assembly constituency.....  
(Photocopy attached) and/or
- Passport number and country of issue.....  
(Photocopy attached) and/or
- Driving Licence number, Date of issue, licensing authority.....  
(Photocopy attached) and/or
- PAN..... and/or
- Other proof of identity and address .....

**I solemnly affirm and declare that:**

Sections 2, 9 and 19 of The Transplantation of Human Organs Act 1994 have been explained to me and I confirm that

1. I understand the nature of criminal offences referred to in the Sections.
2. No payment of money or money's worth as referred to in the Sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my .....  
(organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my ..... (organ).  
That explanation was given by ..... (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....  
Signature of the prospective donor

.....  
Date

**Note:** To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

- ✓ wherever applicable.

**FORM 2**

[See rule 4(1) (b)]

(To be completed by the concerned Medical Practitioner)

I, Dr. .... possessing qualification of .....  
 registered as medical practitioner at serial no. .... by the .....  
 ..... Medical Council, certify that I have examined  
 Shri/ Smt./ Km. .... S/o, D/o, W/o Shri .....  
 aged ..... who has given informed consent about donation of the organ, namely (name  
 of the organ) ..... to Shri/Smt./Km .....  
 who is a 'near relative' of the donor/other than near relative of the donor, who had been  
 approved by the Authorisation Committee/ Registered Medical Practitioner i.e. Incharge of  
 transplant centre (as the case may be) and that the said donor is in proper state of health  
 and is medically fit to be subjected to the procedure of organ removal.

Place: .....

Date: .....

 Signature of Doctor  
 Seal

To be affixed  
 (pasted) and  
 attested by the  
 doctor concerned.

The signatures and  
 seal should partially  
 appear on  
 photograph and  
 document without  
 disfiguring the face  
 in photograph.

Photograph of the Donor  
 (Attested by doctor)

To be affixed  
 (pasted) and  
 attested by the  
 doctor concerned.

The signatures and  
 seal should partially  
 appear on  
 photograph and  
 document without  
 disfiguring the face  
 in photograph.

Photograph of the recipient  
 (Attested by the doctor)

**FORM 3**

[See Rule 4(1)(c)]

I, Dr./Mr./Mrs. .... working as .....  
 at ..... and possessing qualification of ..... certify  
 that Shri/ Smt./ Km. .... S/o, D/o, W/o  
 Shri/ Smt. .... aged ..... the donor  
 and Shri/ Smt. .... S/o, D/o, W/o  
 Shri/Smt. .... aged ..... the proposed recipient of the organ to  
 be donated by the said donor are related to each other as  
 brother/sister/mother/father/son/daughter as per their statement and the fact of this  
 relationship has been established / not established by the results of the tests for Antigenic  
 Products of the Human Major Histocompatibility Complex. The results of the tests are  
 attached.

Place: .....

Date: .....

 Signature  
 (To be signed by the Head of the Laboratory)

Seal

2945 GI/08-5

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**FORM 10**

(Page 1 of 2)

**APPLICATION FOR APPROVAL FOR TRANSPLANTATION (LIVE DONOR)***(To be completed by the proposed recipient and the proposed donor)***[See Rule 4 (1) (c)(d)(e)]**

To be self  
attested across  
the affixed  
photograph

To be self  
attested across  
the affixed  
photograph

Photograph of the Donor  
(Self-attested)

Photograph of the recipient  
(Self-attested)

Whereas I ..... S/o, D/o, W/o,  
Shri/Smt. .... aged ..... residing at  
..... have been  
advised by my doctor ..... that I am suffering from  
..... and may be benefited by transplantation  
of ..... into my body.

And whereas I ..... S/o, D/o, W/o,  
Shri/Smt. .... aged ..... residing at  
..... by the following reason(s):-

a) by virtue of being a near relative i.e. ....

b) by reason of affection/attachment/other special reason as explained below :-

I would therefore like to donate my (name of the organ) ..... to  
Shri/Smt. ....

We ..... and .....  
(Donor) (Recipient)

hereby apply to Authorization Committee for permission for such transplantation to be  
carried out.

We solemnly affirm that the above decision has been taken without any undue  
pressure, inducement, influence or allurements and that all possible consequences and  
options of organ transplantation have been explained to us.

**FORM 10 [Page 2]****Instructions for the applicants:-**

1. Form 10 must be submitted along with the completed Form 1(A), or Form 1(B) or Form 1(C) as may be applicable.
2. The applicable Form i.e. Form 1(A) or Form 1(B) or Form 1(C) as the case may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.
3. Completed Form 3 to be submitted along with the laboratory report.
4. The doctor's advice recommending transplantation must be enclosed with the application.
5. In addition to above, in case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income tax returns, keeping in view that the applicant(s) in a given case may not be filing income tax returns.
6. The application shall be accepted for consideration by the Authorisation Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
7. As per the Supreme Court's judgement dated 31.03.2005, the approval/ No Objection Certificate from the concerned State/ Union Territory Government or Authorisation Committees is mandatory from the domicile State/ Union Territory of donor as well as recipient. It is understood that final approval for transplantation should be granted by the Authorisation Committee/ Registered Medical Practitioner i.e. Incharge of transplant centre (as the case may be) where transplantation should be done.

We have read and understood the above instructions.

Signature of the Prospective Donor

Date :

Place :

Signature of Prospective Recipient

Date :

Place :

**URGENT**

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

**2009/H-1/9/1**

**New Delhi, dated 27.5.2009**

**All General Managers,  
Zonal Railways/Productions Units.**

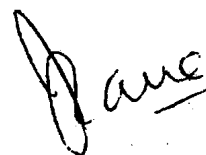
Further to this office letter of even no, dated 12.5.09, DG/RHS desires that an intensive awareness drive be launched amongst Railway Employees and Officers.

Facts sheet along with DO's and Don'ts regarding Influenza – (HINI) are also enclosed for wider dissemination.

Simultaneously, awareness generation should be intensified amongst Medical Officers and Paramedical personnel also. Each Zonal Railway/Production Unit should identify a Nodal Medical Officer for this purpose, under intimation to this office.

Special focus should be laid on following aspects: -

1. Clinical Management Protocol and Infection Control Guidelines.
2. Implementation of Guidelines for Sample Collection and Handling of Human Clinical Samples for Laboratory Diagnosis of HINI Influenza
3. Personal Protection Measures.



**(Dr. (Mrs.) Jayashree Rana)  
Executive Director, Health (G)  
Railway Board.**

**No.2009/H-1/9/1**

**New Delhi, dated 27.5.2009**

**Copy to:**

- 1 Chief Medical Directors and CMSs' All Indian Railways (including PUs)
- 2 Directors of CTIs, IRICEN/Pune, IRIEEN/Nasik, IRISSET, Secunderabd, IRIMEE/Jamalpur and IRITEM/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 Ltd, RITES Bhawan, 1, Sector 29, Gurgaon.

12201. (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, Pragati Vihar, Lodhi Colony, New Delhi. (e), CONCOR of India, Ltd., Concor Bhawan, C-3, Mathura Road, New Delhi 110076. (f) 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 (g) Indian Railway Catering Tourism Corp. Ltd., (IRCTC) 9<sup>th</sup> Floor, Bank of Baroda Building, 16 Parliament Street New Delhi..

- 7 The General Secretary, IRCA/New Delhi.
- 8 Director General RDSO, Lucknow.
- 9 The Chairman, Passenger Amenities Committee.
- 10 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
- 11 The Director, CAMTECH/Gwalior.
- 12 The CAO (A) MTP(G)/Mumbai (b) MTP (G)/Chennai.
- 13 Office of the Chief Project Administrator (Telecom), Indian Railways Central Organisation for Telecom, Shivaji Bridge, New Delhi.
- 14 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 15 Chief Commissioner of Railway Safety, Lucknow.

*[Signature]*

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

Copy to: Sr. PPSs/PPs/PSs/PAs to

MR, MSR(V), MSR(N), CRB, FC, ME, ML, MM, MS, DG/RHS, DG/RPF, MT, AM(B), AM(CE), AM(C) AM (C&IS), AM(Elec), AM (F), AM (Plg), AM (Projects), AM(Sig), AM(MS), AM(Mech), AM(PU), AM(RS), AM (T&C), AM (Tele), AM(T), AM(V), AM (Works), Adv.(F), Adv(IR), Adv. (Safety), Adv. (S), Secretary. ED(Plg), ED(A), DF(BC), EDCE(B&S), EDCE(G), EDCE (Plg.) ED(Chg), ED(CC), ED(C&IS), ED(E&R), EDEE(Dev), EDEE(G) EDEE(RS), EDE, EDE(RRB), EDE(N), EDE(RES.), EDF(C), EDF(E), EDF(S), EDF(B), EDF(RM), EDF(X)I, EDF(X)II, EDH (P), ED(LM), ED(MIS), EDE(CG), EDT (MPP), EDME(Chg), EDME(FR), EDME(Tr.), EDME(TOT), EDME(Dev.), EDME(W), EDPC-I, ED(Plg), ED(PP), ED(Project), EDPROJECT-DMRC, ED(RE), EDRE(S&T), EDRE(S), ED(Sig), ED(S&E), EDRS(C), EDRS(G), EDRS(P), EDRS(S), EDRS(W), ED(TD), EDTrack (M), EDTrack(MC), ED Track (P), ED(T&C), ED (CP), ED(PM), ED (PG), ED(TR), EDTC(FM), EDTT(M), EDTT(FM), EDTT(S), EDV(A), EDV(E) EDV(S), EDV(T) ED(W) IG/RPF(Hqs), IG/RS, JS, JS(C), JS(D), JS(E), JS(G) and JS(P).

*[Signature]*  
28/5/09

## FACTS SHEET – INFLUENZA A (H1N1)

- **What is influenza – A(H1N1)**

Influenza – A (H1N1) (earlier known as swine flu) is a new influenza virus causing illness in people. First detected in Mexico in April, 2009, it has spread to many countries in the World. Swine flu is basically a misnomer. This was originally referred to as “swine flu” because laboratory testing showed that many of the genes in this new virus were very similar to those found in pigs in North America. Further on, it has been found that this new virus has gene segments from the swine, avian and human flu virus genes. The scientists call this a ‘quadruple reassortant’ virus and hence this new (novel) virus is christened “influenza-A (H1N1) virus.”

- **Influenza A(H1N1) outbreak**

It is causing an epidemic among humans in Mexico and it has spread to Argentina, Australia, Austria, Belgium, Brazil, Canada, Chile, China, Colombia, Costa Rica, Cuba, Denmark, Ecuador, El Salvador, Finland, France, Germany, Guatemala, India, Ireland, Israel, Italy, Japan, Republic of Korea, Malaysia, Netherlands, New Zealand, Norway, Panama, Peru, Poland, Portugal, Spain, Sweden, Switzerland, Thailand, Turkey, UK and USA.

- **Are there human/infections with influenza – A (H1N1) in India?**

One passenger who traveled to India from USA has tested positive for Influenza A [H1N1]. There is no further spread from him. Do not panic!

- **Is it safe to take pork items?**

Pigs have nothing to do with this disease. Pork products are absolutely safe if properly cooked. There is no need to cull pigs. Do not panic if some pigs die in the community due to natural disease.

- **Is this flu virus contagious?**

Influenza A (H1N1) virus is contagious and spreading from human to human.

- **What are the signs and symptoms of influenza-A (H1N1) in people?**

The symptoms of swine flu in people are similar to the symptoms of regular seasonal flu and include fever, cough, sore throat, body aches, headache, chills

and fatigue. Some people have reported diarrhea and vomiting associated with influenza-A (H1N1).

- **How does influenza-A (H1N1) spread?**

Flu viruses are spread mainly from person to person through droplets created while coughing or sneezing by a person infected with the influenza-A (H1N1).

- **How can someone with the flu infect someone else?**

Infected person may be able to infect others beginning one day before symptoms develop and up to seven or more days after becoming sick.

- **How to keep away from getting the flu?**

First and most important: Follow simple steps as cough etiquettes (covering mouth & nose with handkerchief or tissue paper while coughing), stay at least an arm's length from persons coughing or sneezing, avoid gathering and wash your hands frequently. Try to stay in good general health. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids and eat nutritious food.

- **Are there medicines to treat this flu?**

Yes. Necessary medicines in sufficient quantity are available. The Government has in the designated hospitals stored medicines if required. It is strongly advisable not to take medicines of your own, as it will lower your immunity.

- **What can I do to protect myself from getting sick?**

- (a) Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- (b) Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- (c) Avoid touching your eyes, nose or mouth. Germs spread this way.
- (d) Try to avoid close contact with people having respiratory illness.
- (e) If one gets sick with influenza, one must stay at home, away from work or school and limit contact with others to keep from infecting them. However, if one is having any respiratory distress, one should report to a nearby hospital.

- **What steps Government of India taking to prevent outbreak of this flu in India?**

- (1) The strategy is basically to detect early cases among the passengers coming from the affected countries either by air, road or ship.

- (2) The Government has launched a massive mass media campaign to inform and educate people on dos and do nots.
- (3) Sharing information with public through media.

### **APPEAL**

People who have traveled from the affected countries in the past ten days and show symptoms of influenza A (H1N1) like fever, cough, sore throat and difficulty in breathing should immediately contact the telephone number given below or the nearby Government Hospital.

### **IMPORTANT CONTACT NUMBERS:**

Outbreak Monitoring Cell (Control Room, NICD): 011-23921401

Important Websites:

[www.mohfw.nic.in](http://www.mohfw.nic.in); [www.nicd.nic.in](http://www.nicd.nic.in)

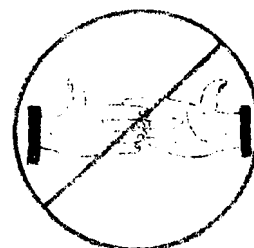
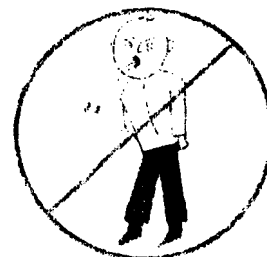
# FLU

**Spread the message**

**Save lives**

## DO NOT...

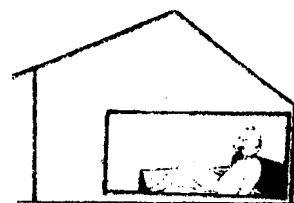
- ⊙ shake hands or hug
- ⊙ spit in public
- ⊙ take medicines without consulting a physician



## If you are sick, PLEASE



- ⊙ cover your cough or sneeze
- ⊙ stay home and limit contact with others as much as possible



- ⊙ rest and take plenty of liquids
- ⊙ seek medical advice



**IMMEDIATE**

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

No.2008/H-1/9/1

New Delhi, dated: 5.6.2009

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

**Sub : New Influenza 'A' (H1N1)**

Further to this office letters of even number dated 12.5.09 and 29.5.09 please find enclosed the following documents :-

1. List of Isolation/Critical Care Facility
2. List of State Nodal Officers and contact details of Control Room.

The same are for your information and necessary action please.

As on 29<sup>th</sup> May 2009, 53 countries have reported 15510 laboratory confirmed cases of Influenza A/H1N1 infection. There have been 99 deaths.

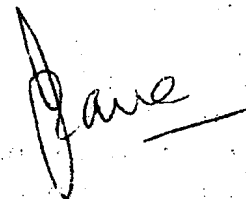
In India, so far, 106 samples of 116 persons have been tested. Except for one, all have been found negative for re-assorted Influenza A (H1N1).



**(Dr. Jayashree Rana)  
Exe. Director Health (G)  
Railway Board  
Telefax :23386882 Rly. No. 43717  
E-mail : [edh@rb.railnet.gov.in](mailto:edh@rb.railnet.gov.in)**

## Copy to:

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- 2 Directors of CTIs, IRICEN/Pune, IRIEN/Nasik, IRISSET, Secunderabd, IRIMEE/Jamalpur and IRIITEM/Lucknow.
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- 7 The General Secretary, IRCA/New Delhi.
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- 10 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
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- 12 The CAO (A) MTP(G)/Mumbai (b) MTP (G)/Chennai.
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- 14 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 15 Chief Commissioner of Railway Safety, Lucknow.



(Dr. (Mrs.) Jayashree Rana)  
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# List of airports along with identified Isolation/Critical care Facilities

| City Airports                  | Isolation/Critical Care Facility                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hyderabad<br>(Andhra Pradesh)  | Govt. General and Chest Diseases Hospital, Erragadda , Hyderabad, Andhra Pradesh<br>040-23814939<br>[Dr. Prasad – 9849902995]                                                                                                                                                                                                                                                                                                 |
| Ahmedabad<br>(Gujarat)         | Civil Hospital attached to Medical College, Asarwa, Ahmedabad, Gujarat-380016<br>[Dr. Ancheliah – 09426347531]                                                                                                                                                                                                                                                                                                                |
| Goa                            | 1. Cottage Hospital, Chikalem, Goa<br>(Isolation Ward) [0832-2540864]<br>2. Goa Medical College & Hospital,<br>Panjim, Goa (Critical Care)<br>[Dr. Suhas- 09011025066]                                                                                                                                                                                                                                                        |
| Srinagar<br>(Jammu & Kashmir)  | 1. Govt Medical College, Sri Maharaja Hari Singh Hospital, Karan Nagar, Srinagar-<br>190010, J&K<br>[SMHS - Dr. Wasim Qureshi – 09419000231] (both isolation and critical care)<br>2. Sher-e-Kashmir Institute of Medical Sciences, Srinagar, Jammu & Kashmir<br>[Prof. Dr Bhukhari 09419000318]                                                                                                                              |
| Thiruvananthapuram<br>(Kerala) | 1. General Hospital, Thiruvananthapuram, Kerala-695025<br>[Dr. Suresh - 09447030291]<br>{ Isolation and Critical care}<br>2. District Hospital, Manjeri; District-Malappuram, Kerala<br>Dr. Ramani – 09447157128,<br>Krishna – 9388014526] {Isolation}<br>3. Taluk Head Quarter Hospital, Perumbavoor, Ernakulum District, Kerala-683542<br>{Isolation}<br>[Dr. Rosy Sebastian - 09846948926<br>Dr. Sudha Karan – 9446505990] |

# Influenza H1N1

## List of airports along with identified Isolation/Critical care Facilities

|                          |                                                                                                                                                                                                                                    |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bangalore<br>(Karnataka) | 1. Dr. Rajiv Gandhi Institute of Chest Diseases and SDS TB Hospital Hosur Road,<br>Near NIMHANS, Bangalore-29, Karnataka<br>{Isolation and critical care}<br>[Dr. S. Buggi - 09448042579<br>Dr. Nagraj- 09448057093]               |
| Mangalore<br>(Karnataka) | 2. District Wenlock Hospital, Mangalore, Karnataka<br>{Isolation and critical care}<br>[Dr. Prabhudev- 09480015944<br>Dr. Jagannath - 09448166113<br>Fax - 08242445664]                                                            |
| Mumbai<br>(Maharashtra)  | Kasturba Hospital, Sane Guruji Marg, Mumbai-11, Maharashtra<br>{Isolation and critical care}<br>[Dr. Umesh Aigal - 09820935680,<br>022-23083901, 02,03,04]                                                                         |
| Pune<br>(Maharashtra)    | Dr. Naidu Infectious Disease Hospital,<br>Pune, Maharashtra<br>{Isolation and critical care}<br>[Dr. Barathe - 09923130909]                                                                                                        |
| Nagpur<br>(Maharashtra)  | Govt Medical College and Hospital, Nagpur, Maharashtra-444003<br>{Isolation and critical care}<br>Swine Flu Ward: 0712-2750730<br>[GMC- MS -0712- 2750427, 2749311,<br>Dr. Khade- 09422139720]                                     |
| Amritsar<br>(Punjab)     | Jallian Wala Bagh Memorial Civil Hospital, Ram Bagh, Amritsar, Punjab<br>[Dr. Kakkar - 09815576862]                                                                                                                                |
| Jaipur<br>(Rajasthan)    | Infectious District Hospital, Near Charak Bhawan, SMS Medical College, Jaipur,<br>Rajasthan<br>[Dr.P. D.Vyas - 0141-2564434, 518392<br>2605148<br>Dr. Sen - 9887806450,<br>Dr. Girdhari - 9414772483<br>Dr. Somundra - 9829620508] |

## Influenza H1N1

### List of airports along with identified Isolation/Critical care Facilities

|                                       |                                                                                                                                                                                                    |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Chennai</b><br>(Tamil Nadu)        | 1. Communicable Disease Hospital, 87, T.H. Road, Tondiarpet, Chennai, Tamil Nadu {Isolation Facility}<br><br>[Dr. Lakshmi- 044-25912688. M- 09841250567]                                           |
| <b>Tiruchirapalli</b><br>(Tamil Nadu) | 2. Annal Gandhi Memorial Hospital, Puthur, Trichy-17, Tamil Nadu {Isolation and Critical care}<br>[Dr. Veerapande – 09443913446]                                                                   |
| <b>Coimbatore</b><br>(Tamil Nadu)     | 3. Dist. Headquarter Hospital, Mannapari {Isolation Facility}<br>[Dr. Veerapande – 09443913446]                                                                                                    |
|                                       | 4. Coimbatore Medical College Hospital, Trichy Road, Coimbatore, Tamil Nadu {Isolation and Critical care}<br>[Dr. Kumaran – 09442012555]                                                           |
| <b>Lucknow</b><br>(Uttar Pradesh)     | 1. Balrampur District Hospital, Lucknow, Uttar Pradesh-226001 {Isolation and Critical care}<br>[Dr. P. N. Srivastva – 9415181629]                                                                  |
| <b>Varanasi</b><br>(Uttar Pradesh)    | 2. Shree Shiv Prasad Gupta District Hospital, Kabir Chaura, Varanasi Uttar Pradesh {Isolation and critical care}                                                                                   |
|                                       | 3. Pandit Deen Dayal Upadhyaya Govt Hospital, Pandeypur, Varanasi, Uttar Pradesh-221002<br><br>{Isolation and Critical care}<br><br>[Dr. Kanta Prasad - 9451006046, Dr. R. S. Verma – 09415301513] |

## Influenza H1N1

### List of airports along with identified Isolation/Critical care Facilities

|                                 |                                                                                                                                                                                                                                                     |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Kolkata</b><br>(West Bengal) | Beliaghata Infectious Diseases Hospital, 57, Beliaghata, Main Road, Kolkata<br>{Isolation and Critical Care}<br><br>[Dr. Vishwanath 09433392182<br>Dr. Vishwas -09434009077]                                                                        |
| <b>DELHI</b>                    | Yellow Fever Quarantine Centre, Near AAI Residential Colony, New Delhi [APHO-25652129, Dr S.K Singh:09868252314]<br><br>Influenza Ward, Ward no 5, Second Floor, New Building, RML Hospital, Delhi-1<br>[RML- 24525211,23404328,23365525- Ext 4328] |

**Influenza H1N1**  
**List of State Nodal Officers and contact details of Control Room**

| STATE             | CONTROL ROOM (ADD. & CONTACT)                                                                                                                                                                         | NODAL OFFICER                                                                                                                 |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| ANDHRA PRADESH    | Office of The Addl. Director (Health Services),<br>Hyderabad.<br>040-24656852(T) [24x7]                                                                                                               | Dr Ramswarup<br>[09989923781]                                                                                                 |
| ARUNACHAL PRADESH | SSU IDSP, Directorate of Health Services, Naharlagun,<br>Arunachal Pradesh.<br>Tel: 0360-2245460<br>Telefax:: 0360-2244271<br>(During office hours)                                                   | Dr.L.Jampa<br>[09436055743]<br>[24x7]                                                                                         |
| ASSAM             | Office of the Director (Health Services), Guwahati.<br>0361-2235577<br>0361-2261630<br>0361-2261089<br>[24x7]                                                                                         | Dr Doley<br>0361-2642008<br>09854066560                                                                                       |
| BIHAR             | Office of the Executive Director,<br>State Health Society, Sheikhpura, Patna.<br>0612-2280562<br>0612-2281232<br>0612-2290322(F)<br>[24x7]                                                            | Mr. Santosh Mathew (IAS)<br>Dr D K Gupta (Addl.Nodal officer)- 09430057795<br>Control Room In-charge (Dr BK Singh: 947000302) |
| CHHATISHGARH      | State Surveillance Unit (IDSP),<br>Directorate Health services,<br>Old Nurses Hostel, DKS Mantralya<br>Campus,Raipur<br>0771-2220011<br>[24x7]                                                        | Dr T K Agarwal (Deputy Director, Epidemic)-No<br>officer: 09926624162<br>Dr S N M Murti (Addl.N.O)<br>09425564418             |
| GUJARAT           | Office of Dy.Director (Epid)<br>Commisionerate of Health Services Block No:5,<br>Dr.Jivaraj Mehta Bhawan, Old Sachivalaya ,<br>Ahmedabad, Gujarat<br>Tel: 079-23253334<br>Fax: 079-23250818<br>[24X7] | Dr.S.J.Gandhi<br>[09825342899]                                                                                                |

# Influenza H1N1

## List of State Nodal Officers and contact details of Control Room

|                         |                                                                                                                  |                                                                          |
|-------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>GOA</b>              | Call Centre: 0832- 2458458<br>[24X7]                                                                             | Dr.Tamba (09822123801)                                                   |
| <b>HIMACHAL PRADESH</b> | IDSP Cell, Directorate of Health Services, Kasumti, Shimla-9<br>Tel/Fax: 0177-2628046<br>[ during office hours]  | Dr.Vinod Mehta(09418163500)<br>[24x7]                                    |
| <b>HARYANA</b>          | Office of the Director (Health Services),Sector-6, Panchkula<br>0172-2587346<br>[During office hours]            | Dr.Aparajita Sondh (Nodal Officer)<br>09417931024<br>[24x7]              |
| <b>JAMMU-KASHMIR</b>    | Office of DHS, Srinagar, J& K<br>Tel/Fax. No (0194) 2452697 (main)<br>2452052,2454706,2430141<br>(24x7)          | Dr.M.Ahmed (09419012355)<br>Dr.Bashir Ahmed Dar (Addl.N.O) (09419017716) |
| <b>JHARKHAND</b>        | RIMS, RANCHI<br>Chamber of Dr. A. K. Mathur (HOD Medicine)<br>(09431176496)<br>(RIMS acting as Control Room)     | Dr C.B Sharma (094311740820)<br>Dr.Pradeep Baski<br>(09431102461)        |
| <b>KERALA</b>           | Office of Addl.DHS (Public Health),<br>Near Govt. General Hospital Trivandrum<br>TF:(0471) 2466828<br>[24X7]     | Dr. Amar<br>09447451846                                                  |
| <b>KARNATAKA</b>        | Office of the Director (Health and Family Welfare),Anand Rao Circle, Bangalore-9<br>Phone no: 080-1056<br>[24X7] | Dr.Chelluraj<br>09901060584<br>Dr.Vasudev Murthi<br>09880024329          |
| <b>MAHARASHTRA</b>      |                                                                                                                  |                                                                          |

## Influenza H1N1

### List of State Nodal Officers and contact details of Control Room

|                |                                                                                                                                                                                                                            |                                                            |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Mumbai         | Room no.137,First Floor,<br>Swasthaya Bhawan,Mumbai.<br>022-22029070<br>022-22025830<br>[24X7]                                                                                                                             | Dr. Gawande<br>(09420711426)                               |
| Pune           | Office of the Joint Director (Health Services), Central<br>Building , Pune<br>020-26124299<br>[24X7]                                                                                                                       | Dr. Desai-09822429266<br>Dr. Suresh Bohatre<br>09881364656 |
| MEGHALAYA      | Office of DHS, Medical Institutions<br>Nokrek Bldg. 3 <sup>rd</sup> Secretariat,<br>Shillong, Meghalaya TF:(0364)2506498<br>[Office hour only]<br><br>Control room no 0364-2505842<br>Civil hospital<br>Shilling<br>[24x7] | Dr.R.R.Lanong,<br>(09436102763)                            |
| MANIPUR        | Medical Directorate, Office of DHS, Manipur<br>Room no-23<br>Lamphelpat<br>Manipur-795004<br>0385-2411668<br>(9am-6pm)                                                                                                     | Dr Bhubon Chandra<br>[09436021607]                         |
| MADHYA PRADESH | State Surveillance Unit, Directorate Health Services,<br>Satpura Bhavan, Bhopal<br>0755-4094192(TF)<br>[Office hours only]                                                                                                 | Dr. B N Chauhan<br>09826282249                             |

**Influenza H1N1**  
**List of State Nodal Officers and contact details of Control Room**

|                  |                                                                                                                                          |                                                                                                                                    |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>MIZORAM</b>   | Civil hospital<br>Aizwal<br>0389-2322318<br>102                                                                                          | Dr Sangawalar<br>0389-2313721                                                                                                      |
| <b>NAGALAND</b>  | SSU IDSP, Directorate of Health Services & FW, T.R.<br>Hill, KOHIMA-797001.<br>Tel:(0370)2245016<br>[Office hours only]                  | Dr.Kebichusa<br>(09436000463)<br>[24x7]                                                                                            |
| <b>ORISSA</b>    | State Surveillance Unit, Director of Health Services,<br>Heads of the Department Buildings, Bhubaneshwar.<br>0674-2390466 (TF)<br>[24x7] | Dr. V. Patnaik<br>0674-2390466                                                                                                     |
| <b>PUNJAB</b>    | Govt. Multispecialty Hospital,<br>Sector-16, Chandigarh.<br>Call Centre:102<br>Tel:(0172) 2700255<br>[24x7]                              | Mr. H.C. Gera<br>(09988212139)<br>(0172)-2740408                                                                                   |
| <b>RAJASTHAN</b> | Office of the Director (Public Health), Swasthaya<br>Bhawan, Jaipur.<br>0141-2225624<br>0141-2224831(F)<br>[                             | Mr. R K Meena ,IAS, Principal Sect.(Health)- Nodal<br>Officer<br><br>Dr. O P Gupta(Addl.Nodal Officer)-0141-2229858<br>09829333936 |
| <b>SIKKIM</b>    | SSU IDSP, Health & F.W.<br>Govt. of Sikkim<br>03592-204199<br>[Office hours only]                                                        | Dr.Y.D.Chingappa<br>(09832079576)<br>Tel:(03592)204199                                                                             |
| <b>TRIPURA</b>   | DHS building<br>PN Building<br>Gurkha Basti<br>Agartala<br>Tel/Fax:(0381) 2215879                                                        | Dr P Chatterjee (09436120711)<br>Dr.R.K. Dhar<br>(09436137652)                                                                     |

**Influenza H1N1**  
**List of State Nodal Officers and contact details of Control Room**

|                               |                                                                                                                                                                                                          |                                                                        |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>TAMILNADU</b>              | Office of the Director (Public Health & Preventive Medicine),<br>Central Malaria Laboratory,<br>359, Annasalai, Chennai-6<br><br>044-24321569 (TF)<br>[24X7]                                             | DR. Elango, DHS,<br>(09940610123)                                      |
| <b>UTTARAKHAND</b>            | Office of DHS, IDSP,<br>107, Chander Nagar, Dehradun<br>TF: 0135-2721792<br>0135-2729897<br>[Office Hours only]                                                                                          | Dr. Pankaj Jain (09412969502)<br>[24x7]                                |
| <b>UTTAR PRADESH</b>          | Swasthaya Bhawan, Luknow<br>Control Room No-Tel: (0522) 2616482<br>Fax: (0522) 2622819<br>[24X7]                                                                                                         | Dr. Pyare Mohan Srivastava<br>0522-2629106 (TF)<br>(09415181629)       |
| <b>WEST BENGAL</b>            | Chamber of Joint Director (Health Services),<br>Swasthaya Bhawan,<br>Sector-5, GN Block, Kolkata-91<br>(033)-23571192<br>[ 10 am to 7 pm on working days]<br>[11 am to 4:30 pm on Saturday and Holidays] | Dr. Bhaskar Bhattacharya,<br>Jt. DHS<br>033-23330180<br>(09831187818)  |
| <b>ANDAMAN AND NICOBAR</b>    | G.B. Pant Hospital, Port Blair<br>Tel: 03192-233473                                                                                                                                                      | Dr. Abhijit Roy, Dy. Director (H) (09474269315)<br>T/F: (03192-232797) |
| <b>CHANDIGARH</b>             | Govt. Multispecialty Hospital,<br>Sector-16, Chandigarh.<br>Call Centre: 102<br>Tel: (0172) 2700255                                                                                                      | Mr. H.C. Gera<br>(09988212139)<br>(0172)-2740408                       |
| <b>DADRA AND NAGAR HAVELI</b> | Office of DHS, Silvassa.<br>T/F (0260) 2642061, 2641759<br><br>CONTROL ROOM NO- 0260-2642120                                                                                                             | Dr. L.M. Patra DHS<br>(09426117593)                                    |

**Influenza H1N1**  
**List of State Nodal Officers and contact details of Control Room**

|                      |                                                                 |                                                                                         |
|----------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>DAMAN AND DIU</b> | CHC, Daman.<br>Tel:(0260)2230080<br>Fax:(0260)2230570<br>[24x7] | Dr.B.Hansraj (Daman)<br>(09825142600)<br>Dr.Das (Silvassa)<br>Tel:0260-2642961,26422120 |
| <b>DELHI</b>         | DHS Office<br>Tel:22307145<br>(24X7)                            | Dr.R.P.Vashist<br>(09212222456)                                                         |
| <b>LAKSHADWEEP</b>   | Office of DHS,<br>Tel:(04896)262316<br>[Office hours only]      | Dr.B.S.Ashraf (09447297450)<br>Dr.Hanza Koya (DHS)-Addl.N.O.(09496429027)               |
| <b>PUDUCHERRY</b>    | Call Centre:(24X7)<br>Tel: (0413)1070<br>(0413)1077             | Dr.G.S.Naidu (09443729783)<br>Tel:(0413)2249357                                         |

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

No.2009/H/16/1/DACP

New Delhi, dated: 22.06.2009

**The General Managers  
All Indian Railways & Production Units**

**Sub: Extension of Dynamic Assured Career Progression (DACP) Scheme for officers of the Indian Railway Medical Services**

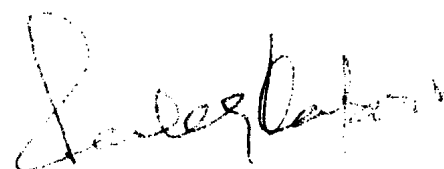
Further to Board's letter of even number dated 26.02.09 the sub-para (ii) & (iii) are amended and should be read as:

Orders of SA Grade IRMS officers for these 152 pin pointed posts shall be issued by Railway Board against the vacancy on all India Seniority of SAG. However it will be the prerogative of the GM's to post these incumbents on said posts according to the zones requirement and needs.

CDMS shall not be posted against these 152 pin pointed posts.

The other conditions remain the same.

This issues with the approval of Board.



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

Copy to:

1. OSD/MR, OSD/MSR(N), PSs to MR, MSR(N), MSR(V), EDPG/MSR(N) & JDPG(MR)
2. Sr. PPSs to CRB, FC, MM, ME, ML, MS, OSD to MT, PS to Secretary, DG/RHS, DG/RPF, all AMs/Advisers, JS(G), JS(C), JS(E&P), JS, EDE(GC), EDCC, ED(RRB), DS(D&A), DIP, DS(C)/CRB, US(E), Vig.(C), US(C), US/E(O)I, E(O)III-Spl & RBCC, Railway Board.
3. The Principal Director of Audit, all Indian Railways/PUs.
4. The FA& CAOs, All Indian Railways/PUs
5. Chief Medical Directors of All Indian Railways
6. The Secretary General, FROA, Room No.256-A, Rail Bhavan, New Delhi
7. The General Secretary, IRPOF, Room No.268, Rail Bhavan, New Delhi
8. The General Secretary, AIRF, Room No.253, Rail Bhavan, New Delhi.
9. The General Secretary, NFIR, Room No.256-C, Rail Bhawan, New Delhi
10. The Secretary General, AIRPFA, Room No.256-D, Rail Bhavan, New Delhi.
11. The Secretary, RBSS Group 'A', Room No.402, Rail Bhawan, New Delhi.
12. The DAI(Railways), Room No.224 Rail Bhavan, New Delhi.
13. the Secretary, RBPOA, Room No.341-C, Rail Bhavan, New Delhi

S.No. 3 Health/2009

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

No.2003/H/28/1/RELHS

New Delhi, dated 8. 7. 09

**The General Managers,  
All Indian Railways(including Production Units)  
Director General, RDSO.**

**Sub.: Proforma for joining RELHS to be signed by serving Railway employees before superannuation.**

**Ref.: Board's letter of even number dated 16.3.2009 and 8.4.2009.**

\*\*\*\*

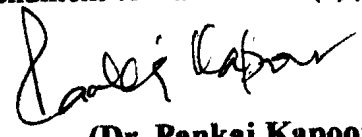
As per the Board's decision vide letters cited above, joining of RELHS-97 has been made **MANDATORY** for all retiring Railway employees. In case the retiring officer/staff is unwilling to join the scheme, he/she will have to submit his/her unwillingness in writing with a clear understanding that no further chance shall be given to join the scheme in future.

**2. This replaces the existing proforma (for issuing of RELHS medical ID card) in the Booklet containing Pension forms to be filled by retiring officer/staff of all Railways.**

**3. This issues with the concurrence of Finance Dte. of the Ministry of Railways.**

**4. Accordingly, an Advance Correction Slip, as an amendment to Para 612 A(5)(a) of IRMM-2000, is enclosed.**

A wide publicity should be given.



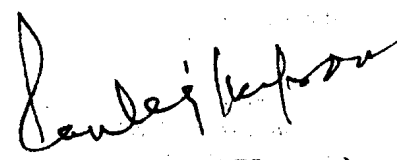
**(Dr. Pankaj Kapoor)  
Executive Director, Health (Plg.)  
Railway Board.**

DA:- As above  
No.2003/H/28/1/RELHS

New Delhi, dated 8. 7. 09

Copy forwarded to :

1. CPOs/CMDs/All Indian Railways (including Pus)
2. FA&CAO/All Indian Railways (including Pus)



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

DA:- As above

No.2003/H/28/1/RELHS

New Delhi, dated 8. 7. 09

Copy forwarded to :

1. Principal Director of Audit/All Indian Railways (including Pls)
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/Rly. Board.**

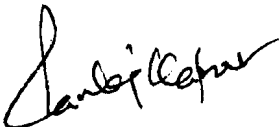
Endorsement 2

No. 2003/H/28/1RELHS

New Delhi, dated 8.7.2009

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, IRSET, 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, 1<sup>st</sup> 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, Lamalpur (d) IRSET, 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.

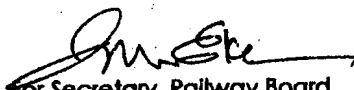
  
(Dr. Pankaj Kapoor)  
Executive Director, Health(Ptg)  
Railway Board.

No. 2003/H/28/1RELHS

New Delhi, dated 8.7.2009

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.

**Advance Correction Slip to Para 612 A(5) of Indian Railway Medical Manual Volume Third Edition, 2000**

**(5) Mode of Joining**

Para 612 A(5) (a) may be replaced as under:

- (a) Joining of RELHS-97 has been made **MANDATORY** for all retiring Railway employees. In case the retiring officer/staff is unwilling to join the scheme, he/she will have to submit his/her unwillingness in writing with a clear understanding that no further chance shall be given to join the scheme in future.

**(Authority : Board's letter No. 2003/H/28/1/RELHS/ dated 8.7.09**

भारत सरकार  
रेल मंत्रालय  
रेलवे बोर्ड

सं. 2003/एच/28/1/आरईएलएचएस

नई दिल्ली, दि. 8.7.09

महाप्रबंधक,  
सभी भारतीय रेलें,  
(उत्पादन इकाइयों सहित).  
महानिदेशक, अअमासं.

**विषय: सेवानिवृत्ति से पहले सेवारत रेल कर्मियों द्वारा आरईएलएचएस ज्वाइन करने के लिए  
हस्ताक्षर किए जाने वाला प्रोफार्मा.**

**संदर्भ: बोर्ड का दि. 16.3.2009 एवं 8.4.2009 का समसंख्यक पत्र.**

उपर्युक्त संदर्भित पत्रों के तहत बोर्ड के निर्णय के अनुसार, सभी सेवानिवृत्त हो रहे रेल कर्मियों के लिए आरईएलएचएस-97 को ज्वाइन करना अनिवार्य बना दिया गया है. यदि सेवानिवृत्त हो रहा अधिकारी/कर्मचारी स्कीम ज्वाइन करने का इच्छुक नहीं है, तब उसे अपनी अनिच्छा स्पष्ट रूप से लिखकर देनी होगी कि इसके बाद भविष्य में उसे स्कीम ज्वाइन करने के लिए कोई अतिरिक्त मौका नहीं दिया जाएगा.

2. यह सभी रेलों के अधिकारियों/कर्मचारियों द्वारा भरे जाने वाले पेंशन फार्मों की पुस्तिका में दिए गए प्रोफार्मा (आरईएलएचएस मेडिकल आई डी कार्ड जारी करने के लिए) के बदले में है.
3. इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है.
4. तदनुसार, आईआरएमएम-2000 के पैरा 612 ए (5) (क) को संशोधित करते हुए एक अग्रिम शुद्धि पचीं संलग्न है.

इसका व्यापक प्रचार-प्रसार किया जाए.

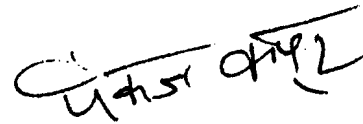


(डा. पंकज कपूर)  
कार्यपालक निदेशक, स्वास्थ्य (यो जना)  
रेलवे बोर्ड

संलग्न: यथोक्त

प्रतिलिपि-

1. मुख्य चिकित्सा निदेशक, सभी भारतीय रेलों के मुख्य चिकित्सा सर्जन (उत्पादन इकाइयों सहित).
2. कंप्यूटरीकृत सुविधा केंद्र, कमरा सं. 5, गेट नं. 1 के निकट, रेल भवन.
3. केंद्रीय प्रशिक्षण संस्थानों, रेलवे स्टाफ कॉलेज/वडोदरा, इरिसेन/पुणे, इरिएन/नासिक, इरिसेट/सिक्कराबाद, इरिमी/जमालपुर और इरिटम/लखनऊ के निदेशक.
4. महाप्रबंधक एवं विसमूलेधि, मेट्रो रेल कोलकाता.
5. महाप्रबंधक एवं विसमूलेधि, कोर, इलाहाबाद.
6. महानिदेशक, रेलवे स्टाफ कॉलेज, वडोदरा.
7. प्रबंध निदेशक, राइट्स, इरकॉन, भारेविनि, भारतीय कॉनकोर लिमि., कॉकण रेलवे कॉर्पोरेशन लिमि., बेलापुर भवन, सेक्टर-11, सी बी डी. बेलापुर, नवी मुंबई, 400614, आर वी एन एल, प्लॉट नं. 25, पहली मंजिल, अगस्त क्रांति भवन, भीकाजी कामा प्लेस, नई दिल्ली-110066.
8. महासचिव, आई आर सी ए, नई दिल्ली.
9. सचिव, रेलवे बोर्ड प्रोमोटी ऑफिसर्स एसोसिएशन, कमरा नं. 341-सी, रेल भवन, नई दिल्ली.
10. महानिदेशक, अअमासं, लखनऊ.
11. अध्यक्ष, आरसीसी, लोकसभा सचिवालय, नई दिल्ली.
12. सलाहकार (संरक्षा), रेलवे बोर्ड, नई दिल्ली.
13. अध्यक्ष, आरआरटी चेन्नै.
14. अध्यक्ष, आरसीटी.
15. अध्यक्ष, आर आर बी/अजमेर, अहमदाबाद, इलाहाबाद, बेंगलूरु, भोपाल, भुवनेश्वर, चंडीगढ़, चेन्नै, कोलकाता, जम्मू, गोरखपुर, गुवाहाटी, मालदा, मुंबई, मुजफ्फरपुर, पटना, रांची, सिक्कराबाद एवं त्रिवेंद्रम.
16. अध्यक्ष, यात्री सुविधा समिति.
17. सदस्य, यात्री सुविधा समिति.
18. मुख्य प्रशासनिक अधिकारी (जी), कॉफमो, तिलक ब्रिज, नई दिल्ली.
19. निदेशक, कैमटेक/वालियर.
20. मुख्य प्रशा. अधिकारी (क) म.प.परि.(जी)/मुंबई, (ख) म.प.परि. (जी)/चेन्नै.
21. मुख्य परियोजना प्रशासन (दूरसंचार), इंडियन रेलवेज सेंट्रल ऑर्गेनाइजेशन, फोर टेलीकॉम कंसलटेंसी, शिवाजी ब्रिज, नई दिल्ली.
22. मुख्य खनन सलाहकार, रेल मंत्रालय, धनबाद.
23. मुख्य प्रशासनिक अधिकारी (निर्माण), मध्य रेलवे, मुंबई.
24. निदेशक (संचलन) रेलें/कोलकाता.



(डॉ. पंकज कपूर)  
कार्यपालक निदेशक, स्वास्थ्य (योजना)  
रेलवे बोर्ड

प्रतिलिपि प्रेषित:

1. महासचिव, ए आई आर एफ, कमरा नं. 253, रेल भवन, नई दिल्ली.
2. महासचिव, एनएफआईआर, कमरा नं. 256-ई, नई दिल्ली.
3. राष्ट्रीय परिषद्, विभागीय परिषद् के सदस्य तथा सचिव, कर्मचारी पक्ष, राष्ट्रीय परिषद्, 13-सी, फिरोजशाह रोड, नई दिल्ली-9.
4. महासचिव, एफ आर ओ ए, एवं आईआरपीओए, कमरा नं. 256 ए एवं 268, रेलवे बोर्ड.
5. महासचिव, अखिल भारतीय रेल सुरक्षा बल संघ, कमरा नं. 256-डी, रेल भवन, नई दिल्ली.
6. सचिव, आर बी एस एस, ग्रुप 'ए' ऑफिसर्स एसोसिएशन.
7. सचिव, आर बी एस एस, ग्रुप 'बी' ऑफिसर्स एसोसिएशन.
8. सचिव, रेलवे बोर्ड, मिनिस्टिरियल स्टाफ एसोसिएशन.
9. सचिव, रेलवे बोर्ड ग्रुप 'डी' कर्मचारी संघ.
10. सचिव, रेलवे बोर्ड प्रमोटी ऑफिसर्स एसोसिएशन, कमरा नं. 341-सी, रेल भवन, नई दिल्ली.
11. मुख्य रेल संरक्षा आयुक्त, लखनऊ.
12. सलाहकार (संरक्षा), रेलवे बोर्ड, नई दिल्ली.
13. महासचिव, ऑल इंडिया एससी/एसटी रेलवे इम्प्लॉईज एसोसिएशन, कमरा नं. 8, रेल भवन, नई दिल्ली-110 001.
14. महासचिव, आर आर ई डब्ल्यू ए, (रजि.) 490 ए/16, गुस्दारा रोड, गुडगांव.

प्रतिलिपि :-

रेल मंत्री, रेल राज्य मंत्रियों के निजी सचिव.

अध्यक्ष रेलवे बोर्ड, वित्त आयुक्त, सदस्य कार्मिक, सदस्य यातायात, सदस्य इंजीनियरी, सदस्य बिजली, सदस्य यांत्रिक, महानिदेशक/रेल स्वा. से., महानिदेशक/रे.सु.ब., सभी अपर सदस्य के वरिष्ठ प्रमुख निजी सचिव, रेलवे बोर्ड के सभी अधिकारी एवं शाखाएं.

**भारतीय रेल चिकित्सा नियमावली, जिल्द -I, तृतीय संस्करण, 2000 के पैरा 612 ए (5) के लिए**  
**अग्रिम शुद्धि पच्ची**

**(5) सम्मिलित होने की विधि**

पैरा 612 ए (5) क को निम्नलिखित से प्रतिस्थापित किया जाए:-

(क) सभी सेवानिवृत्त हो रहे रेलकर्मियों के लिए आरईएलएचएस-97 को ज्वाइन करना अनिवार्य कर दिया गया है. यदि सेवानिवृत्त हो रहा अधिकारी/कर्मचारी स्कीम ज्वाइन करने का इच्छुक नहीं है, तब उसे अपनी अनिच्छा स्पष्ट रूप से लिखकर देनी होगी कि इसके बाद भविष्य में उसे स्कीम ज्वाइन करने के लिए कोई अतिरिक्त मौका नहीं दिया जाएगा.

(प्राधिकार: बोर्ड के दि. १. 7. 09 का पत्र सं. 2003/एच/28/1/आरईएलएचएस)

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

2008/112/3/3  
No. 2008/H-1/91/Misc.

New Delhi, dated 7.7.2009

**Chief Medical Directors,  
All Indian Railways.**

**Chief Medical Superintendents,  
Production Units.**

**Sub: - The Workshop on Implementation of Revised National  
Tuberculosis Control Programme (RNTCP) in Indian  
Railways held on 29<sup>th</sup> May 2009.**

A copy of minutes of the workshop on Implementation of Revised National Tuberculosis Control Programme (RNTCP) in Indian Railways held on 29<sup>th</sup> May 2009 at New Delhi Tuberculosis Centre, New Delhi, has been received from Directorate General of Health Services, Ministry of Health Government of India under their letter No. T-18013/3/2008-TB dated 7.7.2009. The same is enclosed herewith.

It is advised to take necessary action accordingly.

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

Fax: Rly: 030-43985, MTNL: 011-23388373

Copy for information and necessary action to:

**1. General Managers All Indian Railways and Production Units.**

**2. Dr. L.S. Chauhan, Deputy Director General, Directorate General of Health Services, Ministry of Health, Govt. of India, Nirman Bhawan, New Delhi, 110018  
(Phone: 23063226, 23062980, Fax No. 91-11-23063226, e.mail : [ddgtb@rntcp.org](mailto:ddgtb@rntcp.org).)**

**Notes of the Workshop on Implementation of Revised National Tuberculosis Control Programme in Indian Railways on 29<sup>th</sup> May 2009, at New Delhi**

A workshop was conducted by Central TB Division to discuss the operational problems in the implementation of RNTCP in Railways. The workshop was attended by 16 Zonal Railways' and 6 Production Units' representatives. Each participant presented the Status of RNTCP implementation in their respective jurisdiction.

Dr. (Mrs.) Jayashree Rana, ED Health/G, Railway Board welcomed all the delegates to the Workshop.

The workshop was inaugurated by Dr. V.K. Ramteke, DG/RHS, Railway Board, who assured commitment from Railways in smooth implementation of RNTCP in the Railway Health Facilities.

Dr.L.S.Chauhan, Deputy Director General (Tuberculosis) Central TB Division, Directorate General Health Services, Ministry of Health and Family Welfare, Government of India in his opening remarks thanked the Railways in taking a lead in strengthening the Health Ministry efforts in controlling the menace of TB. The commitment of Railways in this endeavor was evident by the presence of DG,Railway Board in the National meeting of all Zonal Railways and Production Units. This would go a long way in motivating the Railway Health officials in their contribution towards implementation of RNTCP in their respective health facilities. He pointed out that some Railway hospitals are doing exemplary work and are being documented in the success stories of RNTCP but at some places there is apathy towards the collaboration for which both RNTCP as well as Railway health officials are equally responsible. The communication gap between the two partners, RNTCP and Railways should be bridged by a continuous dialogue through periodic meetings.

The operational difficulties were discussed and suggestions made which are given below-

**• Improper coordination between Railways and RNTCP Authorities-**

Co-ordination between State/District and Railway health facilities was not satisfactory at some places.

It was suggested to conduct regular coordination meetings with RNTCP authorities at different levels. There should be monthly meetings at district level and quarterly meetings at the State level to sort out problems related to drug logistics, supervision by RNTCP staff, defaulter retrieval and outcome of the patients.

DOT Directory containing the contact details of RNTCP health facilities should be provided by the RNTCP to the Railway health facilities.

**• Jurisdiction problem- One division comes under too many District TB Centers & sometimes many states.**

The Central TB Division would ensure that States organize Border meetings with adjacent districts in jurisdiction of Divisional Railway Hospitals. The Railway Medical officers should be invited in such meetings. These meetings can be held on quarterly basis and problems of patient transfer can be discussed as per Programme guidelines.

- **Lack of Manpower to provide DOT in Railways**

Involvement of social organizations (WSSCs) & Railway Unions should be encouraged. Honorarium of Rs 250/- per patient cured /treatment completed can be provided by the programme to the Non-salaried Government staff.

The beneficiaries who are reluctant to come on alternate days can be provided DOT by these social organizations near their residences.

For school going children and employees the Community DOT provider should be promoted to give DOT so that timings are convenient to the patient and no school/workday is lost to take medicine on alternate days.

- **Recruitment of lab technicians on contract basis to decrease the workload in Railway Health facility for sputum microscopy.**

The Central TB Division would ensure that the State TB cell should assess the workload of Sputum examination in the Railway hospital and, if an exclusive Laboratory Technician is required, it can be taken through the LT scheme under the Revised NGO/PP guidelines.

- **Patients residing on way side stations and running staff like guards, drivers etc. It becomes difficult to come to DOT center.**

Mobile patients /patients on line duties can be provided unsupervised DOT for few doses which should be marked on the treatment card according to the RNTCP guidelines. These patients can be given some flexibility in providing DOT.

- **Regular re-orientation programmes and training courses for the Medical Officers and paramedical staff**

This can be conducted by RNTCP in coordination with the Railway authorities.

The meeting ended with vote of thanks by Dr Rajiv Kumar Jain, Director (H&FW) who underscored the benefits of such coordination meetings to monitor the RNTCP in the Railways. He also acknowledged the role played by the WHO India Country Office and Central TB Division in ensuring success of the workshop.

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Plase. sou  
Jain

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

No.2009/H-1/3/3

New Delhi, dated: 15.7.2009

Chief Medical Director, All Indian Railways,  
Chief Medical Superintendents, Production Units.

Sub : Revised National Tuberculosis Control Programme:  
Diagnosis of smear positive pulmonary TB-New Guidelines.

Enclosed please find a copy of 'New Guidelines for Diagnosis of Smear Positive Pulmonary TB' issued by the Central TB Division, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. The guidelines are effective from 1<sup>st</sup> April 2009.

The guidelines also contain the Diagnostic Algorithms for Pulmonary TB and Paediatric Pulmonary TB.

It may please be noted that according to these guidelines :

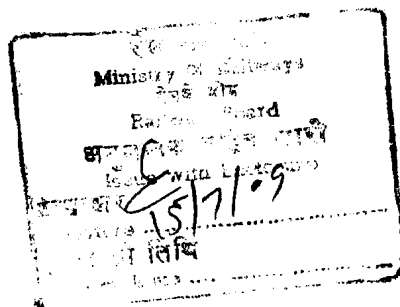
1. *Persons with cough for 2 weeks or more with or without other symptoms suggestive of TB should be promptly identified as pulmonary TB suspects and steps taken to subject them to sputum smear microscopy for acid fast bacilli, for diagnosis of TB.*
2. *The number of specimen required for diagnosis of smear positive pulmonary TB is two, with one of them being a morning sputum specimen.*
3. *One specimen positive out of the two is enough to declare a patient as smear Positive TB.*

These guidelines should be widely disseminated amongst the Medical Officers working under your jurisdiction.

0/c

01/07/09  
(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, Tele Fax : 011-23388373  
Mobile No. 9910487408

Copy for information to : Dr. L.S. Chauhan, DDG(TB), Central TB Division, Ministry of Health & Family Welfare, Govt. of India, Room No. 522 'C' Wing, Nirman Bhawan, New Delhi. (Phone : 91 11 23063226/23062980, Fax : 91 11 23063226), email ; [ddgtb@rntcp.org](mailto:ddgtb@rntcp.org))



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## **Diagnosis of smear positive pulmonary TB**

### **New guidelines, effective from 1<sup>st</sup> April 2009**

#### **Identification of TB suspects**

*A pulmonary TB suspect is any person with cough for 2 weeks, or more.*

At all outpatient clinics, hospitals and health facilities, both in the public and private sectors, all patients need to be systematically screened for cough by medical officers and health staff manning the health facilities. Additionally, in medical colleges and hospitals, in-patients also need to be screened for identification of TB suspects. Persons with cough for 2 weeks, or more, with or without other symptoms suggestive of TB, should be promptly identified as pulmonary TB suspects and steps taken to subject them to sputum smear microscopy for acid-fast bacilli, for diagnosis of TB.

#### **Diagnosis of smear positive TB amongst TB suspects**

Using the RNTCP laboratory form for sputum examination, the medical officer / health staff of the health facility sends the TB suspects for sputum examination to the laboratory of RNTCP designated microscopy centre (DMC). In the DMC laboratory the patient receives sputum containers with instructions to provide sputum specimens, which are then subjected for sputum examination. If the health facility is not a DMC then the patient may be referred to the nearest DMC, or else the patient's sputum is collected and transported to the nearest DMC.

*The number of specimen required for diagnosis of smear positive pulmonary TB is two, with one of them being a morning sputum specimen.*

Two sputum specimens are collected over one, or two consecutive days. Of the two sputum specimens, one is collected on the spot and the other is an early morning specimen collected at home by the patient. If the health facility is a DMC one spot specimen is collected immediately on the first day and patient is given a sputum container with instructions for collection of an early morning specimen which is brought to the DMC by the patient/attendant on the second day. If the health facility is not a DMC then the patient is given a sputum container with instructions to collect an early morning specimen and go with the sputum specimen to the DMC where the spot specimen can be

collected. In case the patient is not able to travel to the DMC then both the morning and the spot specimens could be collected at the nearest health facility or sputum collection centre and transported to the DMC. Results of sputum tests should be reported within a day.

***One specimen positive out of the two is enough to declare a patient as smear positive TB.***

Smear positive TB is further classified as a new or retreatment case based on their previous treatment history, and appropriate therapy is prescribed.

Patients in whom both specimens are smear-negative should be prescribed symptomatic treatment and broad-spectrum antibiotics for 10 - 14 days. In such cases antibiotics such as fluoroquinolones (ciprofloxacin, ofloxacin, etc.), rifampicin or streptomycin, which are active against tuberculosis, should not be used. Most patients are likely to improve with antibiotics if they are not suffering from TB. If the symptoms persist after a course of broad spectrum antibiotics, repeat sputum smear examination (2 samples) must be done for such patients. If one or more smears are positive, the patient is diagnosed as having smear-positive pulmonary TB. If none of the repeat sputum specimens is positive, a chest X-ray is taken, and if findings of the X-ray are consistent with pulmonary tuberculosis, the patient is diagnosed by the physician as a case of sputum negative pulmonary TB.

***The new diagnostic algorithm for diagnosis of pulmonary TB in adults and children is annexed.***

Patients suspected of having extra-pulmonary TB, and patients who are contacts of sputum smear-positive patients, should have their sputum examined for AFB if they have cough of any duration.

## **Recording and reporting**

For 2009, no changes are required in the recording and reporting formats. The spot sputum specimen, irrespective of whether it is collected prior or after the morning specimen, should be recorded as specimen "a" (first specimen) in the laboratory register and the laboratory form for sputum examination. The morning specimen is always recorded as specimen "b", i.e. second specimen, in the laboratory form for sputum examination and the laboratory register. The space for the "c" specimen should be left blank.

## **Quality assurance of sputum microscopy**

In view of these changes, it is of utmost importance to maintain the full range of External Quality Assessment (EQA) activities in all the RNTCP designated microscopy centres across all states and districts as per the existing guidelines. Each district should implement 'on-site evaluation' and 'random blinded rechecking' for all DMCs in the

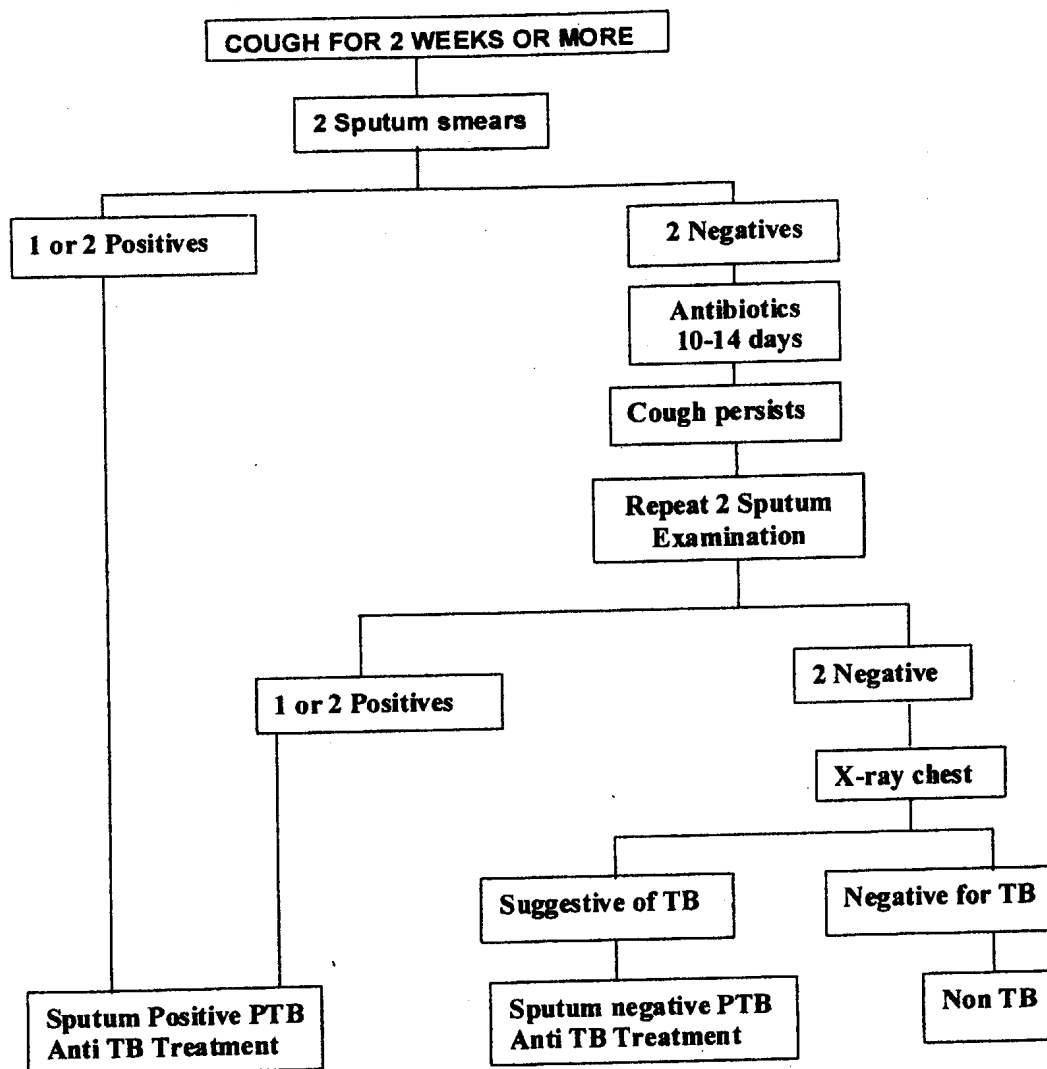
district. In addition, each district needs to undergo at least one 'panel testing' and one 'on-site evaluation' by the Intermediate Reference Laboratory. It is the responsibility of the STOs, DTOs and the IRLs to ensure that EQA is maintained across all DMCs under their jurisdiction. In addition to EQA, Internal Quality Control and Quality Improvement activities need to be carried out as per RNTCP guidelines.

For details of guidelines on quality assurance of sputum microscopy, please refer to "RNTCP laboratory network: Guidelines for Quality Assurance of smear microscopy for diagnosing tuberculosis", published in 2005 by the Central TB Division, Directorate General of Health Services, Ministry of Health & Family Welfare, New Delhi, and available in downloadable format at [www.tbcindia.org](http://www.tbcindia.org).

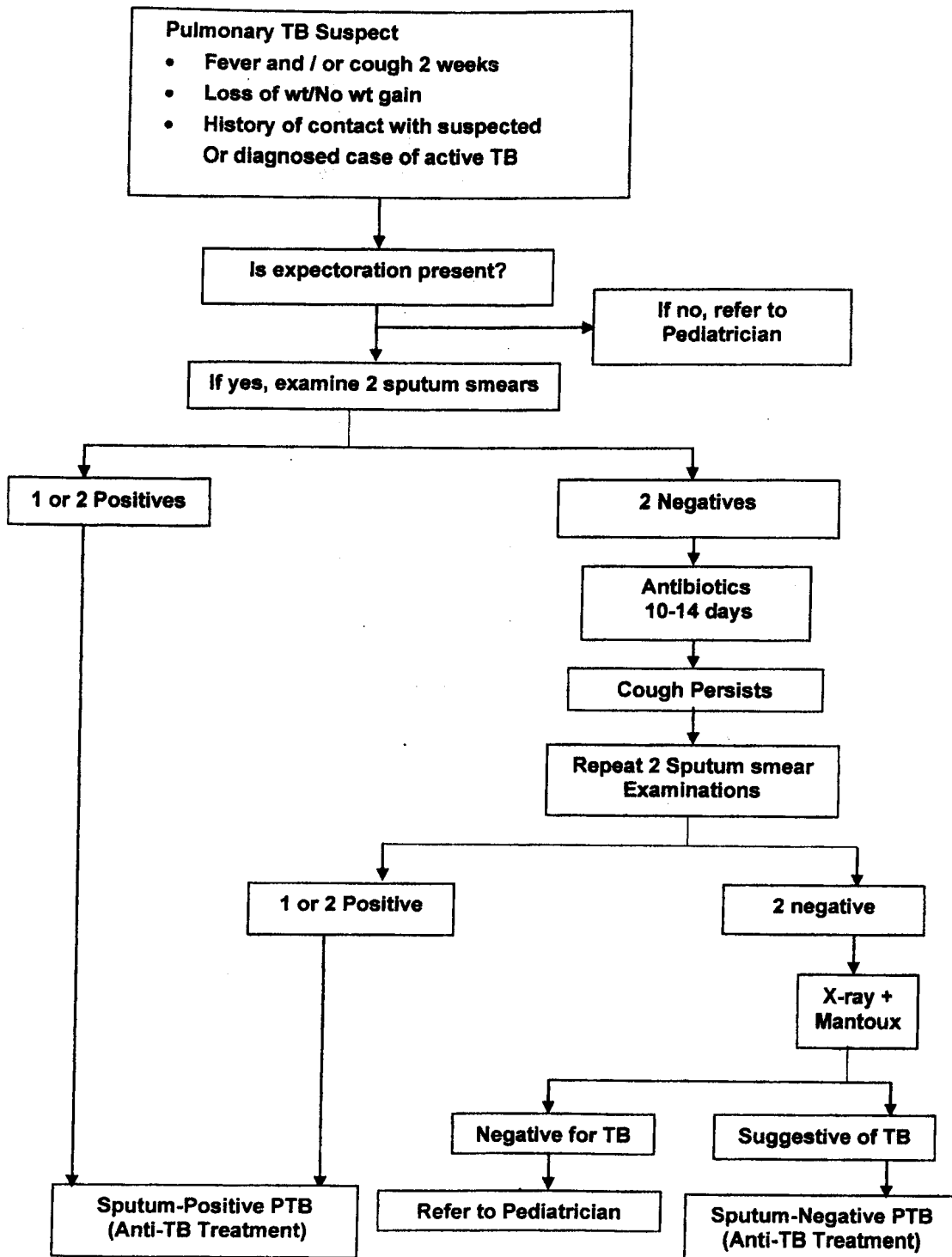
### **Training and communication**

This change will be incorporated in the next version of all RNTCP training material. In the interim all concerned staff need to be briefed on the new policy. This change in policy needs to be communicated to all staff involved in identification of TB suspects, sputum microscopy and diagnosis of pulmonary TB, both in the public and private sector. All IEC material, on TB suspects and number of sputum samples for diagnosis, need to be changed to reflect the new policy. All partners of RNTCP, including PPM partners and TB/HIV partners at state and district levels need to be communicated the new policy.

## Diagnostic Algorithms for Pulmonary TB



### Diagnostic Algorithm for Pediatric Pulmonary TB



IMMEDIATE

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

No.2008/H-1/9/1

New Delhi, dated: 10.8.2009

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

**Sub : New Influenza A – (H1N1).**

Further to this office letters of even number dated 12.5.09, 29.5.09, 5.6.09 and 26.6.09, please find enclosed the following document:

**Revised Guidelines for testing of persons with flu like symptoms reporting at hospitals notified for influenza H1N1.**

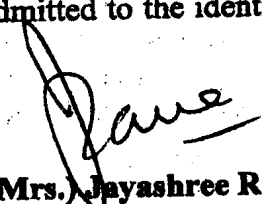
The same should be widely disseminated amongst the Medical Officers working under your control.

Above document is also available on the website : <http://mohfw.nic.in>.

All information relating to New Influenza A (H1N1) is also available on the website: <http://www.indianrailways.gov.in> on the link "Information on Swine Flu".

As on 31<sup>st</sup> July 2009, 168 countries have reported 1,62,380 laboratory confirmed cases of Influenza A (H1N1). There have been 1154 deaths.

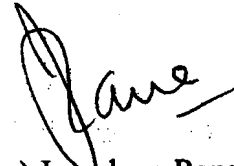
In India, as on 6<sup>th</sup> Aug. 2009, samples of 2772 persons have been tested. Except for 615, all have been found negative for re-assorted Influenza A (H1N1). Out of 615 positive cases 487 have been discharged. Rest of them remain admitted to the identified health facility. One case has died.

  
**(Dr. (Mrs.) Jayashree Rana)  
Executive Director, Health(G)  
Railway Board**

DA : As above

## Copy to:

- 1 Chief Medical Directors, All Indian Railways and CMSs, All Production Units
- 2 Directors of CTIs :- IRICEN/Pune, IRIEEN/Nasik, IRISSET, Secunderabd, IRIMEE/Jamalpur and IRITEM/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 Ltd, RITES Bhawan, 1, Sector 29, Gurgaon, 12201. (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, Pragati Vihar, Lodhi Colony, New Delhi. (e), CONCOR of India, Ltd., Concor Bhawan, C-3, Mathura Road, New Delhi 110076. (f) 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 (g) Indian Railway Catering Tourism Corp. Ltd., (IRCTC) 9th Floor, Bank of Baroda Building, 16 Parliament Street New Delhi..
- 7 The General Secretary, IRCA/New Delhi.
- 8 Director General RDSO, Lucknow.
- 9 The Chairman, Passenger Amenities Committee.
- 10 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
- 11 The Director, CAMTECH/Gwalior.
- 12 The CAO (A) MTP(G)/Mumbai (b) MTP (G)/Chennai.
- 13 Office of the Chief Project Administrator (Telecom), Indian Railways Central Organisation for Telecom, Shivaji Bridge, New Delhi.
- 14 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 15 Chief Commissioner of Railway Safety, Lucknow.



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

## Copy to: Sr. PPSs/PPs/PSs/PAs to

MR, MSR(V), MSR(N), CRB, FC, ME, ML, MM, MS, DG/RHS, DG/RPF, MT, AM(B), AM(CE), AM(C) AM (C&IS), AM(Elec), AM (F), AM (Plg), AM (Projects), AM(Sig), AM(MS), AM(Mech), AM(PU), AM(RS), AM (T&C), AM (Tele), AM(T), AM(V), AM (Works), Adv.(F), Adv(IR), Adv. (Safety), Adv. (S), Secretary. ED(Plg), ED(A), DF(BC), EDCE(B&S), EDCE(G), EDCE (Plg.) ED(Chg), ED(CC), ED(C&IS), ED(E&R), EDEE(Dev), EDEE(G) EDEE(RS), EDE, EDE(RRB), EDE(N), EDE(RES.), EDF(C), EDF(E), EDF(S), EDF(B), EDF(RM), EDF(X)I, EDF(X)II, EDH (P), ED(LM), ED(MIS), EDE(CG), EDT (MPP), EDME(Chg), EDME(FR), EDME(Tr.), EDME(TOT), EDME(Dev.), EDME(W), EDPC-I, ED(Plg), ED(PP), ED(Project), EDPROJECT-DMRC, ED(RE), EDRE(S&T), EDRE(S), ED(Sig). ED(S&E), EDRS(C), EDRS(G), EDRS(P), EDRS(S), EDRS(W), ED(TD), EDTrack (M), EDTrack(MC), EDTrack (P), ED(T&C), ED (CP), ED(PM), ED (PG), ED(TR), EDTC(FM), EDTT(M), EDTT(FM), EDTT(S), EDV(A), EDV(E) EDV(S), EDV(T) ED(W) IG/RPF(Hqs), IG/RS, JS, JS(C), JS(D), JS(E), JS(G) and JS(P).

## **Revised Guidelines for testing of persons with flu like symptoms reporting at hospitals notified for influenza H1N1**

So far, the present guidelines stipulate that a person suspected of influenza A H1N1 need to be referred to an identified govt. health facility. He/she needs to be kept in an isolation facility in that hospital and if found positive, is treated accordingly.

In order to make the testing facility for H1N1 more accessible at large and due to the onset of the Influenza season in the country, it has been decided to revise the existing guidelines.

Under the new guidelines, any person with flu like symptoms such as fever, cough, sore throat, cold, running nose etc. should go to a designated Government facility for giving his/her sample for testing for the H1N1 virus. After clinical assessment, the designated medical officer would decide on the need for testing. Except for cases that are severe, the patient would be allowed to go home (This was not allowed under the existing guidelines).

The sample of the suspect case would be collected and sent to the notified laboratory for testing. If tested as positive for H1N1 and in case the symptoms are mild, the patient would be informed and given the option of admission into the hospital or isolation and treatment at his own home.

In case the patient opts for home isolation and treatment, he/she would be provided with detailed guidelines / safety measures to be strictly adhered to by the entire household of the patient. He/ she would have to provide full contact details of his entire household. The household and social contacts would be provided with the preventive treatment.

Notwithstanding the above guidelines, the decision of the doctor of the notified hospital about admitting the patient would be final.

In case the test is negative, the patient will accordingly be informed.

These guidelines have been issued by the Government in public interest and shall be reviewed from time to time depending on the spread of the pandemic and its severity in the country. These guidelines would however not apply to passengers who are identified through screening at the points of entry. The existing policy of isolating passengers with flu like symptoms would continue.

MOST IMMEDIATE

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

**2008/H-1/9/1**

**New Delhi, dt. 10.8.09**

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

**Sub : New Influenza 'A' (H1N1)**

In view of the fast evolving Influenza A (H1N1) infection in the country, it is felt necessary to frame specific guidelines for prevention of spread of infection due to New Influenza A (H1N1) in the Railway Hospitals. This is all the more necessary in order to protect health care personnel and visitors/patients to Railway Hospitals/ Railway Health Care Facilities. Accordingly, please find enclosed the "Guidelines for Prevention of Influenza A (H1N1) in Railway Hospitals/ Railway Health Care Facilities". This is further to this office letters of even no. dtd. 12.5.2009, 29.5.09, 5.6.09, 26.6.09 and 10.8.09.

It is desired that immediate effective action be taken to implement these guidelines in all Railway Hospitals/Railway Health Care Facilities under your jurisdiction.

It may please be ensured that these guidelines are shared amongst the Medical Officers working under your control.

It is requested that a weekly report be submitted of action taken in this regard. The action taken report may please be sent through email/ fax/ messenger.

It is reiterated that close coordination be maintained with State/ District/ Block Administration and all instructions/ directions be complied with.

Updated information on Influenza A (H1N1) is available on following websites:

1. <http://mohfw.nic.in>
2. <http://www.who.int>
3. <http://www.indianrailways.gov.in>
4. <http://www.searo.who.int>

Please acknowledge receipt.



DA : As above.

**(Dr. (Mrs.) Jayashree Rana)**  
**Executive Director Health (General)**  
**Railway Board**

Tele Fax No. 011 – 23386882,  
Mobile : 09910487411, 09910487408, 09910487410  
Rly : 43717, 43395.

Email [edh@rb.railnet.gov.in](mailto:edh@rb.railnet.gov.in) [jaya49rana@gmail.com](mailto:jaya49rana@gmail.com), [dhfw@rb.railnet.gov.in](mailto:dhfw@rb.railnet.gov.in)

**Copy to : CMDs/ All Indian Railways, CMSs/ Production Units.**

**Most Immediate**

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

No.2008/H-1/9/1

New Delhi, dated: 11.8.2009

**Chief Medical Directors,  
All Indian Railways,**

**Sub : New Influenza A – (H1N1).**

In view of fast evolving situation of Influenza A (H1N1) in the country, there is a need to closely monitor the cases suspected/confirmed to be having Influenza A (H1N1) infection amongst Railway employees/their family members/dependants.

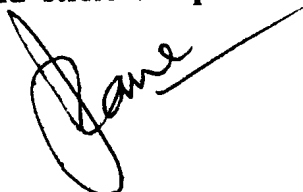
Accordingly, please find enclosed the proforma for Surveillance of Influenza A (H1N1) in Railways.

It is requested that the proforma duly filled in is sent weekly i.e. by 11 AM every Monday through Fax/Email/Speed Post. The data/information there in should pertain to all the areas (including Production Units located within the Zonal Railways) under your jurisdiction.

Please ensure the classification of cases into suspected, probable and confirmed is correctly done as per Case Definitions enclosed at Annexure I.

**The matter may please be treated on top priority and strict compliance ensured.**

Please acknowledge receipt.

  
**(Dr. (Mrs.) Jayashree Rana)  
Executive Director, Health(G)  
Railway Board**

**Tele Fax Nos. 23386882, 23388373, 23303985  
Email. [edh@rb.railnet.gov.in](mailto:edh@rb.railnet.gov.in) , [dhfw@rb.railnet.gov.in](mailto:dhfw@rb.railnet.gov.in)  
CUG Mobile No. 9910487411, 9910487408, 9910487410**

**DA: As above.**

**Copy for information to : General Manager, All Indian Railways and Production Units..**

## Case Definition

A suspected case of swine influenza A (H1N1) virus infection is defined as a person with acute febrile respiratory illness (fever  $\geq 38^{\circ}\text{C}$ ) with onset.:

- *within 7 days of close contact with a person who is a confirmed case of swine influenza A (H1N1) virus infection, or*
- *within 7 days of travel to community where there are one or more confirmed swine influenza A(H1N1) cases, or*
- *resides in a community where there are one or more confirmed swine influenza cases.*

A probable case of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness who:

- *is positive for influenza A, but unsubtypable for H1 and H3 by influenza RT-PCR or reagents used to detect seasonal influenza virus infection, or*
- *is positive for influenza A by an influenza rapid test or an influenza immunofluorescence assay (IFA) plus meets criteria for a suspected case*
- *individual with a clinically compatible illness who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case.*

A confirmed case of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed swine influenza A (H1N1) virus infection at WHO approved laboratories by one or more of the following tests:

- *Real Time PCR*
- *viral culture*
- *Four-fold rise in swine influenza A (H1N1) virus specific neutralizing antibodies.*

# **Prevention and Control of Influenza A (H1N1) in Railways** **WEEKLY SURVEILLANCE REPORT**

Zone/ Production Unit \_\_\_\_\_ Date : \_\_\_\_\_

| Division | No. of suspected cases | No. of probable cases | No. of confirmed cases ( details in Annexure A) | No. of admitted cases ( details in Annexure B) | No. of deaths (details in Annexure C) |
|----------|------------------------|-----------------------|-------------------------------------------------|------------------------------------------------|---------------------------------------|
|          |                        |                       |                                                 |                                                |                                       |
|          |                        |                       |                                                 |                                                |                                       |
|          |                        |                       |                                                 |                                                |                                       |

Note : Classification into suspected, probable and confirmed case to be done as per respective case definitions at Annexure I.

Signature of Zonal Nodal Officer \_\_\_\_\_  
Name \_\_\_\_\_  
CUG Mobile No. \_\_\_\_\_  
E-mail \_\_\_\_\_  
BSNL Phone No. Off. \_\_\_\_\_ Res. \_\_\_\_\_  
Rly. Phone No. Off. \_\_\_\_\_ Res. \_\_\_\_\_

## Annexure A

### Details of confirmed cases of Influenza A (H1N1)

Date : \_\_\_\_\_

Zonal Railway/ Production Unit \_\_\_\_\_ Division \_\_\_\_\_

| SNo. | Date | Name of patients and relation with Railway employee with designation/ Deptt./Station/ Division | Age | Sex | Complete residential address (including telephone No./ Mobile No.) | If admitted, name of hospital ward, Bed No. | Present clinical condition | Place of testing of sample | Contact Tracing done/ not done |
|------|------|------------------------------------------------------------------------------------------------|-----|-----|--------------------------------------------------------------------|---------------------------------------------|----------------------------|----------------------------|--------------------------------|
|      |      |                                                                                                |     |     |                                                                    |                                             |                            |                            |                                |
|      |      |                                                                                                |     |     |                                                                    |                                             |                            |                            |                                |
|      |      |                                                                                                |     |     |                                                                    |                                             |                            |                            |                                |
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|      |      |                                                                                                |     |     |                                                                    |                                             |                            |                            |                                |

## Annexure B

### Details of admitted cases of Influenza A (H1N1)

Date : \_\_\_\_\_

| Zonal Railway/ Production Unit _____ |      |                                                                                                | Division _____ |     |                                                                    |                               |                |                                 |
|--------------------------------------|------|------------------------------------------------------------------------------------------------|----------------|-----|--------------------------------------------------------------------|-------------------------------|----------------|---------------------------------|
| SNo.                                 | Date | Name of patients and relation with Railway employee with designation/ Deptt./Station/ Division | Age            | Sex | Complete residential address (including telephone No./ Mobile No.) | Date, time and place of death | Cause of death | Contact/ tracing done/ not done |
|                                      |      |                                                                                                |                |     |                                                                    |                               |                |                                 |
|                                      |      |                                                                                                |                |     |                                                                    |                               |                |                                 |
|                                      |      |                                                                                                |                |     |                                                                    |                               |                |                                 |
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|                                      |      |                                                                                                |                |     |                                                                    |                               |                |                                 |

## Annexure C

### Details of death cases

Date : \_\_\_\_\_

Zonal Railway/ Production Unit \_\_\_\_\_ Division \_\_\_\_\_

| SNo. | Date | Name of patients and relation with Railway employee with designation/ Deptt./Station/ Division | Age | Sex | Complete residential address (including telephone No./ Mobile No.) | Date, time and place of death | Cause of death | Contact/ tracing done/ not done |
|------|------|------------------------------------------------------------------------------------------------|-----|-----|--------------------------------------------------------------------|-------------------------------|----------------|---------------------------------|
|      |      |                                                                                                |     |     |                                                                    |                               |                |                                 |
|      |      |                                                                                                |     |     |                                                                    |                               |                |                                 |
|      |      |                                                                                                |     |     |                                                                    |                               |                |                                 |
|      |      |                                                                                                |     |     |                                                                    |                               |                |                                 |
|      |      |                                                                                                |     |     |                                                                    |                               |                |                                 |

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

No. 2005/H/6-4/Policy

New Delhi, dated 17 .08.09

The General Managers,  
All Indian Railways, Production Units,  
Director General, RDSO, Lucknow.

**Sub.: Delegation of powers to General Managers for (a) Reimbursement of medical expenses and (b) Advance payment & Referral for procurement of pace maker.**

**Ref.: Board's letters No. 2007/H/6-4/Policy dated 26.11.2007**

\*\*\*\*\*

The matter regarding delegation of powers to General Managers to settle claims of Railway employees for reimbursement of medical expenses for procurement of pace maker has been examined in detail in Board's office and it has been decided to remove heart pace maker from para 666 and re-delegate power to Zones as under:-

- (i) Full reimbursement of medical expenses including pace maker in case of Govt. Hospitals
- (ii) The powers delegated to the GMs of the Railways/PUs to settle reimbursement claims, submitted by serving/retired railway employees, of medical expenses incurred on treatment of self and family members/dependents, taken in Non-Recognized/recognized private hospitals and dispensaries run by philanthropic organizations without proper referral by Authorized Medical Officers (AMO) in emergency situations, are hereby enhanced from existing limits of Rs. Two lakh only in each case to Rs. Two lakh only in each case, including Pace Maker.
- (iii) The powers delegated to General Managers to refer the emergent cases to private non-recognized hospitals are also enhanced from the existing (Rupees Two lakh only in each case to) Rs. 2,00,000/- (Rs. Two lakh only in each case) including pace maker, if the treatment is neither available at Railway hospital nor at recognized private hospital. The powers of General Managers are also enhanced to release advance payment upto Rs.2,00,000/- (Rs. Two lakh only) per case directly to such hospitals provided the employee/beneficiary had specifically been referred to that private non-recognized hospital by AMO. While referring the patient, instructions given in Board's letter No. 2005/H/6-4/Policy-II dated 16.4.2007 should be adhered to.
- (iv) In terms of note below Para 651 of Indian Railway Medical Manual (Vol. 1, 3<sup>rd</sup> Edition) 2000, General Managers have been empowered to sanction advance payment upto the reimbursement part of the anticipated cost of the treatment or upto Rs. 5,00,000/- (including pacemaker) whichever is less, on recommendations of the CMD and the concurrence of FA&CAO towards the treatment of railway beneficiary in Government Hospital/Recognized Hospital where they are officially referred to by the Authorised Medical Officer.
- (v) Word "Heart pace maker" may be deleted from para 666.

Contd..

2. Above delegation to Zonal Railways and Production Units is subject to the norms as prescribed in Railway Board's letter No. 2005/H/6-4/Policy-II dated 31.1.2007 being followed. These powers are delegated to the General Managers of Zonal Railways/Production Units only with the following conditions:-

In case of reimbursement claim with single chamber pace maker with or without rate response, admissible reimbursable amount (including pacemaker, leads and accessories cost and all associated hospital charges) should not exceed Rs. 1 lakh. In case of a reimbursement claim with dual chamber pacemaker, with or without rate response, the admissible reimbursable amount (including pacemaker leads and accessories cost and all associated hospital charges) should not exceed Rs. 2. lakh Bills for biventricular pacemakers, single and double chamber implantable cardioverter defibrillator and combo device, costing more than Rs. 2 lakhs may be referred to Railway Board.

- (i) The claimant shall be required to submit the sticker of the pacemaker, in original, with the reimbursement claim. The cash memo should include pacemaker generator model and serial number, and lead model (s) and unique serial number(s), and life time warranty for the pulse generator. In case the private hospital has not given the serial number etc. of pacemaker and lead only in a particular case, the beneficiary shall be required to obtain the same from the hospital/vender before the Railway Administration finally settles the claim for reimbursement.

3. These powers, however, may not be re-delegated further.

4. All such cases within the above delegation which are still pending in Board's office or in the Railway/ PUs. for sanction of competent authority may be processed by the Zonal Railways/Production Units at their end.

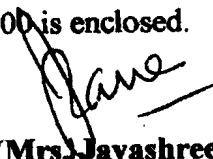
5. Claims over and above the ceiling limits, stipulated in para (1) above and the provisions laid down there under, would continue to be referred to Railway Board for consideration.

6. These instructions shall be effective from the date of issue of this letter.

7. This has the sanction of the President and issues with the concurrence of Finance Directorate of Ministry of Railways.

8. Accordingly ACS to Para 648, 651 and Para 666 of IRMM, 2000 is enclosed.

DA : As above.

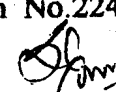
  
(Dr. (Mrs.) Jayashree Rana)  
Executive Director, Health (G)  
Railway Board.

No. 2005/H/6-4 Policy

New Delhi, dated 17.8.2009

Copy to:

1. The FA&CAOs, All Indian Railways including CLW/DLW/ICF/RCF/RWF
2. Deputy Comptroller and Auditor General of India(Rlys.), Room No.224, Rail Bhawan, New Delhi.

  
For Financial Commissioner/Railways,  
Railway Board.

2. Above delegation to Zonal Railways and Production Units is subject to the norms as prescribed in Railway Board's letter No. 2005/H/6-4/Policy-II dated 31.1.2007 being followed. These powers are delegated to the General Managers of Zonal Railways/Production Units only with the following conditions:-

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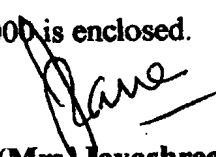
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7. This has the sanction of the President and issues with the concurrence of Finance Directorate of Ministry of Railways.

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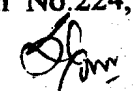
  
(Dr. (Mrs.) Jayashree Rana)  
Executive Director, Health (G)  
Railway Board.

No. 2005/H/6-4 Policy

New Delhi, dated 17.8.2009

Copy to:

1. The FA&CAOs, All Indian Railways including CLW/DLW/ICF/RCF/RWF
2. Deputy Comptroller and Auditor General of India(Rlys.), Room No.224, Rail Bhawan, New Delhi.

  
For Financial Commissioner/Railways,  
Railway Board.

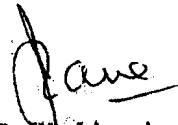
**Endorsement 1**

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

**New Delhi, dated /7.8.2007**

**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/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., Konkarn Railway Corpn. Ltd. Belapur Bhawan Sector-11, CBD Belapur, Navi Mumbai, RVNL Plot No. 25, 1<sup>st</sup> 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. (Mrs.) Jayashree Rana)  
Executive Director, Health(G)  
Railway Board.

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

**New Delhi, dated /7.8.2007**

**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. ( 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.

**ADVANCE CORRECTION SLIP FOR AMENDMENT OF PARA 648, 65'  
and 666 OF IRMM, 2000**

**A. Para 648 (1) (a) & (b) may be replaced as under:**

- (a) Full reimbursement of medical expenses including pace maker in case of Govt. Hospitals and
- (b) Up to limit of Rs. 2,00,000/- (Rupees Two lakh) in each case where treatment is taken in Recognized/non-recognized private Hospitals and dispensaries run by philanthropic organizations with proper referral by Authorized Medical Officer (AMO) in emergent circumstances. All cases above Rupees two lakh should be referred to Railway Board along with the Proforma as given in Annexure VI to this Chapter duly filled in all the columns. The above delegation to Zonal Railways and Production Units is subject to the norms prescribed in Railway Board's letter No. 2005/H/6-4/Policy-II dated 31.1.2007 being followed.

**B. In Para 648(2) replace Rs. 2,00,000/- with Rs. 2,00,000/- including pacemaker.**

**C. In item (ii) under Note below para 648(2) replace Rs. 2,00,000/- with Rs. 2,00,000/- including pacemaker.**

**D. Note to Para 651 may be read as under:**

1. The State Government, where agreeable, should debit the Railway administration concerned by preferring bills for those items for which reimbursement is permissible. To facilitate payment to such of the Government hospitals which press for advance deposit of money for the treatment of cases referred to them, the CMS/MS in charge of the Division concerned may be allowed an imprest. The holder of the imprest should submit a report for the amount spent. Further, the General Managers may sanction advance payment up to the reimbursable portion of the anticipated cost of the treatment including pace maker or up to Rs. 5 lakh, whichever, is less on recommendations of the CMD and with the concurrence of the FA&CAO, towards the treatment of Railway beneficiary in Government hospitals where they are officially referred by the Authorised Medical Officer. However, efforts should be made for payments through bill system or in installments agreeable to the concerned hospital authorities through negotiation. In order to meet some urgent requirements to save the life of the patients, DRMs of the Divisions can also sanction such advance payment within their delegated powers with the concurrence of the Divisional finance and on recommendations of the CMS/MS of the divisional hospital.

2. In case of referral by Authorised Medical Officer to recognized hospitals ceiling for sanction of advance payment by General Managers shall be Rs. Two Lakh only. All other terms and conditions for sanction shall remain the same.

**E. Word "Heart pace maker" may be deleted from para 666.**

**(Authority: Board's letter No. 2005/H/6-4/Policy dated 17 .08.2009)**  
Policy, July, 2009

भारत सरकार  
रेल मंत्रालय  
(रेलवे बोर्ड)

सं. 2005/एच/6-4/पॉलिसी

नई दिल्ली, दि. 17.8.2009

महाप्रबंधक,  
सभी भारतीय रेलें, उत्पादन इकाइयां,  
महानिदेशक, अजमासं, लखनऊ.

**विषय : (क) चिकित्सा व्यय की प्रतिपूर्ति और (ख) पेस मेकर की खरीद के लिए अग्रिम भुगतान एवं रेफरल के लिए महाप्रबंधकों को शक्तियों का प्रत्यायोजन.**  
**संदर्भ : बोर्ड का दिनांक 26.11.2007 का पत्र सं. 2007/एच/ 6-4/पॉलिसी.**

पेस मेकर की खरीद के लिए चिकित्सा व्यय की प्रतिपूर्ति हेतु रेलवे कर्मचारियों के दावों के निपटान के लिए महाप्रबंधकों को शक्तियों के प्रत्यायोजन संबंधी मामले पर बोर्ड कार्यालय में विस्तारपूर्वक जांच की गई है और यह विनिश्चय किया गया है कि पैरा 666 से हार्ट पेस मेकर को हटा दिया जाए और जोनों को निम्नानुसार शक्तियों को पुनः प्रत्यायोजित किया जाए:-

- (i) सरकारी अस्पतालों के मामले में पेस मेकर सहित चिकित्सा व्यय की पूरी प्रतिपूर्ति.
- (ii) आपातकालीन परिस्थितियों में सेवारत/सेवानिवृत्त रेलवे कर्मचारियों द्वारा प्राधिकृत चिकित्साधिकारी द्वारा उचित रूप से रेफर किए बिना ही गैर-मान्यता प्राप्त/मान्यता प्राप्त प्राइवेट अस्पतालों और धर्मार्थ संगठनों द्वारा चलाए जा रहे औषधालयों में उनके और उनके परिवार के सदस्यों/आश्रितों के इलाज पर खर्च किए गए चिकित्सा व्यय की प्रतिपूर्ति के दावों के निपटान के लिए रेलवे/उत्पादन इकाइयों के महाप्रबंधकों को प्रत्यायोजित शक्तियां एतद्वारा प्रत्येक मामले में 2 लाख रुपए की मौजूदा सीमा को बढ़ाकर प्रत्येक मामले में दो लाख रुपए कर दी गई है, जिसमें पेस मेकर भी शामिल है.
- (iii) यदि इलाज न तो रेलवे अस्पताल और न ही मान्यता प्राप्त प्राइवेट अस्पताल में उपलब्ध हो तो महाप्रबंधकों को प्रत्यायोजित शक्तियों को आपातकालीन मामलों को गैर-मान्यता प्राप्त प्राइवेट अस्पतालों में रेफर करने के लिए भी प्रत्येक मामले में मौजूदा 2,00,000/-रुपए (केवल दो लाख रुपए) से बढ़ाकर प्रत्येक मामले में पेस मेकर सहित 2 लाख रुपए तक कर दिया गया है. महाप्रबंधकों की शक्तियों को ऐसे अस्पतालों को प्रत्येक मामले के लिए सीधे 2 लाख रुपए तक का अग्रिम भुगतान रिलीज करने के लिए भी बढ़ा दिया गया है. बशर्ते कि कर्मचारी/लाभार्थी को

विनिर्दिष्ट रूप से प्राधिकृत चिकित्सा अधिकारी द्वारा उस गैर-मान्यता प्राप्त प्राइवेट अस्पताल रेफर किया गया है. रोगी को रेफर करते समय बोर्ड के दिनांक 16.4.2007 के पत्र सं. 2005/एच/6-4/पॉलिसी II में दिए गए अनुदेशों का पालन किया जाए.

- (iv) भारतीय रेल चिकित्सा नियमावली, (जिल्द-I, तीसरा संस्करण) 2000 के पैरा 651 के नीचे दी गई टिप्पणी के अनुसार, सरकारी/मान्यताप्राप्त चिकित्सालयों में रेल लाभार्थियों के उपचार हेतु मुख्य चिकित्सा निदेशक के परामर्श एवं वित्त सलाहकार एवं मुख्य लेखा अधिकारी की सहमति से उपचार की प्रत्याशित लागत के प्रतिपूर्ति होने वाले भाग अथवा पांच लाख रुपए (पेस मेकर सहित) तक की राशि, जो न्यूनतम हो, के भुगतान की मंजूरी प्रदान करने की शक्तियां महाप्रबंधक को दी गई हैं यदि रोगियों को इन चिकित्सालयों में प्राधिकृत चिकित्साधिकारी द्वारा भेजा जाए.
- (v) शब्द "हार्ट पेस मेकर" को पैरा 666 से हटा दिया जाए.

2. क्षेत्रीय रेलों और उत्पादन इकाइयों के उपर्युक्त प्रत्यायोजन पर रेलवे बोर्ड के दिनांक 31.1.2007 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में यथा-निर्धारित मानकों के अध्यक्षीन कार्रवाई की जाएगी. इन शक्तियों को निम्नलिखित शर्तों के अध्यक्षीन केवल क्षेत्रीय रेलों/उत्पादन इकाइयों के महाप्रबंधकों को ही प्रत्यायोजित किया जाए:-

- (i) रेट रिस्पॉंस (Rate Response) के साथ या उसके बिना सिंगल चैम्बर पेस मेकर के लिए दावा प्रतिपूर्ति के मामले में, स्वीकार्य प्रतिपूर्ति राशि (जिसमें पेस मेकर, लीड और सहायक उपकरणों की लागत एवं चिकित्सालय से संबद्ध सभी प्रभार शामिल हैं) 1 लाख रुपए से अधिक नहीं होनी चाहिए. रेट रिस्पॉंस (Rate Response) के साथ या उसके बिना डबल चैम्बर पेस मेकर के लिए दावा प्रति पूर्ति के मामले में, स्वीकार्य प्रतिपूर्ति राशि (जिसमें पेस मेकर लीड और सहायक उपकरणों की लागत एवं चिकित्सालय से संबद्ध सभी प्रभार शामिल हैं) 2 लाख रुपए से नहीं होनी चाहिए. बाई-वेन्ट्रिक्यूलर पेस मेकरों, सिंगल एवं डबल चैम्बर इम्प्लांटेबल कार्डियोवर्टर डीफाइब्रिलेटर तथा कोम्बो उपकरणों की 2 लाख रुपए से अधिक लागत के बिल रेलवे बोर्ड को भेजे जाएं.
- (ii) दावाकर्ता को, प्रतिपूर्ति दावों के साथ पेस मेकर का मूल स्टीकर जमा कराना होगा. कैश मीमो में पेस मेकर जेनरेटर मॉडल और सीरियल नंबर तथा लीड मॉडल और यूनिक सीरियल नंबर और पल्स जेनरेटर के लिए लाइफ़ टाइम वारंटी शामिल होगी.

यदि किसी विशेष मामले में प्राइवेट अस्पताल ने पेस मेकर और लीड के सीरियल नं. आदि नहीं दिए हैं तो लाभार्थी को, रेल प्रशासन द्वारा दावों की प्रतिपूर्ति के अंतिम निपटान से पहले अस्पताल/वेंडर से उसे प्राप्त करना अपेक्षित होगा.

3. बहरहाल, इन शक्तियों को आगे पुनः प्रत्यायोजित न किया जाए.

4. उपर्युक्त प्रत्यायोजन के अंतर्गत आने वाले ऐसे सभी मामले जो बोर्ड कार्यालय या रेलवे/उत्पादन इकाइयों में सक्षम प्राधिकारी की मंजूरी के लिए अभी तक लंबित हैं, पर क्षेत्रीय रेलों/उत्पादन इकाइयों द्वारा अपने स्तर पर कार्रवाई की जाए.
5. उपर्युक्त पैरा (1) तथा उनमें निर्धारित उपबंधों में अनुबद्ध उच्चतम सीमा से अधिक रकम के दावे रेलवे बोर्ड के विचारार्थ भेजे जाते रहेंगे.
6. ये अनुदेश इस पत्र के जारी होने की तारीख से प्रभावी होंगे.
7. इसे राष्ट्रपति की स्वीकृति प्राप्त है और इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है.
8. तदनुसार, भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648, 651 और पैरा 666 के लिए अग्रिम शुद्धि पर्ची संलग्न है.

(डॉ. (श्रीमती) जयश्री राना)

कार्यपालक निदेशक, स्वास्थ्य (सामान्य)  
रेलवे बोर्ड

संलग्नक : यथोक्त

सं. 2005/एच/6-4/पॉलिसी

नई दिल्ली, दि. 17 .8.2009

1. विसमुलेधि, सभी भारतीय रेलें, चिरेका/डीरेका/सडिका/रेल कोच फैक्टरी/डीपुका/रेल पहिया कारखाना सहित.
2. भारत के उप नियंत्रक एवं महा लेखा परीक्षक (रेलें), कमरा सं. 224, रेल भवन, नई दिल्ली.

कृते वित्त आयुक्त/रेलें  
रेलवे बोर्ड

एफ (ई) स्पे. शाखा (5 अतिरिक्त प्रतियों सहित)

**भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648, 651 और 666 में संशोधन के लिए अग्रिम शुद्धि पच्ची**

**क. पैरा 648 (1) (क) एवं (ख) को निम्नानुसार प्रतिस्थापित किया जाए :-**

**(क)** सरकारी अस्पतालों के मामले में पेस मेकर सहित चिकित्सा व्यय की पूरी प्रतिपूर्ति और

**(ख)** आपातकालीन परिस्थितियों में जब प्राधिकृत चिकित्सा अधिकारी से उचित रूप से रेफर कराकर मान्यता-प्राप्त/गैर-मान्यता प्राप्त प्राइवेट अस्पतालों और धर्मार्थ संगठनों द्वारा चलाए जा रहे औषधालयों में इलाज कराना पड़ा हो, तब प्रत्येक मामले में 2,00,000/-रुपए (केवल दो लाख रुपए) तक की सीमा. दो लाख रुपए से अधिक के सभी मामलों को इस अध्याय के अनुबंध VI में दिए गए अनुसार प्रोफॉर्मा के सभी कॉलमों को विधिवत् भरकर संलग्न करते हुए रेलवे बोर्ड को भेजा जाना चाहिए. क्षेत्रीय रेलों/उत्पादन इकाइयों के उपर्युक्त प्रत्यायोजन पर रेलवे बोर्ड के दिनांक 31.1.2007 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में निर्धारित मानकों के अध्यक्षीन कार्रवाई की जानी अपेक्षित है.

**ख. पैरा 648 (2) में 2,00,000/-रुपए को पेस मेकर सहित 2,00,000/-रुपए से प्रतिस्थापित किया जाए.**

**ग. पैरा 648 (2) के नीचे टिप्पणी के अंतर्गत मद (ii) में 2,00,000/-रुपए को 2,00,000/-रुपए, जिसमें पेस मेकर भी शामिल है, से प्रतिस्थापित किया जाए.**

**घ. पैरा 651 के लिए टिप्पणी को निम्नानुसार पढ़ा जाए :-**

1. यदि राज्य सरकार सहमत हो तो उसके द्वारा उन मदों के बिल, जिनकी प्रतिपूर्ति अनुमेय है, भेजकर संबद्ध रेल प्रशासन के नाम रकम डाली जाए. जो सरकारी चिकित्सालय इस बात पर जोर देते हैं कि उनको भेजे गए रोगियों के उपचार के लिए रकम अग्रिम जमा की जाए, उन्हें भुगतान किए जाने के लिए संबंधित मंडल के प्रभारी मुख्य चिकित्सा अधीक्षक/चिकित्सा अधीक्षक के पास अग्रदाय रखने की व्यवस्था की जाए. अग्रदायधारी द्वारा खर्च की गई राशि की रिपोर्ट प्रस्तुत की जानी चाहिए. इसके अतिरिक्त, सरकारी/मान्यताप्राप्त चिकित्सालयों में रेल लाभार्थियों के उपचार हेतु मुख्य चिकित्सा निदेशक के परामर्श एवं वित्त सलाहकार एवं मुख्य लेखा अधिकारी की सहमति से पेस मेकर सहित उपचार की प्रत्याशित लागत के प्रतिपूर्ति होने वाले भाग अथवा पाँच लाख रुपए तक की राशि, जो न्यूनतम हो, के भुगतान की मंजूरी महाप्रबंधकों द्वारा दी जा सकती है, यदि रोगियों को इन चिकित्सालयों में प्राधिकृत चिकित्साधिकारियों द्वारा भेजा जाए. फिर भी इस बात के प्रयास किए जाने चाहिए कि भुगतान बिल प्रणाली द्वारा किए जाए

अथवा संबंधित चिकित्साधिकारियों से वार्ता करके उनकी सहमति लेकर किशतों में किया जाए. रोगियों का जीवन बचाने के लिए कुछ तत्काल आवश्यकताओं को पूरा करने के उद्देश्य से मंडलों के मंडल रेल प्रबंधक भी मंडल की वित्तीय सहमति से उन्हें प्रत्यायोजित शक्तियों के भीतर ही तथा मंडल चिकित्सालय के मुख्य चिकित्सा अधीक्षक/चिकित्सा अधीक्षक की सिफारिश से उपर्युक्त निर्धारित की गई राशि के अग्रिम भुगतान की अनुमति प्रदान कर सकते हैं.

2. प्राधिकृत चिकित्सा अधिकारी द्वारा मान्यता-प्राप्त अस्पतालों में भेजे जाने के मामले में, महाप्रबंधकों द्वारा अग्रिम भुगतान स्वीकृत किए जाने की सीमा केवल दो लाख रु. होगी. अन्य सभी निबंधन एवं शर्तों में कोई परिवर्तन नहीं होगा.

ड. शब्द "हार्ट पेस मेकर" को पैरा 666 से हटा दिया जाए.

**(प्राधिकार: बोर्ड का पत्र सं. 2005/एच/6/4/पॉलिसी दिनांक 17.08.09)**

(14)

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

**No.2005/H/28/1/RELHS**

**New Delhi, dated: 31-8-2009**

The General Managers,  
All Indian Railways (including production units and RDSO, Lucknow)

**Sub : Issuance of medical card for joining Retired Employees Liberalised  
Health Scheme (RELHS-97).**

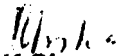
Difficulties have been expressed by retired railway staff and Association of Pensioners etc. in regard to early issuance of RELHS Card. Keeping in view the problems faced by such retired railway staff and with a view to minimize the time taken to issue such RELHS Cards etc., Board has decided that such retired staff who may opt for the scheme (last date being 31.03.2010) may be allowed to have/issue RELHS Card from the Personnel Department of division from which the retiree is drawing post retirement passes. The way-side station supervisors from where too such retirees may be drawing post retirement passes should get such requests for RELHS Cards, collected and validate the last pay drawn etc. from the records available with them and adduced by retirees and arrange to send the same to Personnel Department of the Division for arranging a RELHS Card. An advice to the zonal railway/division, from which the retiree staff actually retired about the issuance of this RELHS card by some other division etc., may also be sent separately.

All other terms and conditions contained in Board's letter No. 97/H/28/1 dated 23.10.97, 17.5.99 and 27.12.99 and letters No. 2003/H/28/1/RELHS dated 28.1.2005, letter No. 2005/H/28/1/RELHS/Cont. dated 24.6.2005, 2005/H/28/1/RELHS dt. 31.10.05 and 2003/H/28/1/RELHS dt. 16.3.09 will remain unaltered.

The RELHS card should also be signed by the incharge of the pass issuing authority i.e. AEN/Area Manager/ASTE etc. as the case may be.

Bank statement/certificate regarding the amount of pension and allowance drawn by the retiree may be considered as a valid document.

2. This issues with the concurrence of Finance Directorate of Ministry of Railways.
3. Please acknowledge receipt.

  
(P.K.Sharma)  
Adviser Staff  
Railway Board

**No.2005/H/28/1/RELHS**

**New Delhi, dated: 31-8-2009**

Copy forwarded to:-

- 1 CPOs /CMDs/All Indian Railways (including PUs)
- 2 FA&CAO/ All Indian Railways (including PUs)

  
(P.K.Sharma)  
Adviser Staff  
Railway Board

**No.2005/H/28/1/RELHS**

**New Delhi, dated: 31-8-2009**

Copy forwarded

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

  
**For Financial Commissioner/ Railways.**

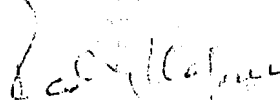
Copy to F(E) Spl. Branch/Rly. Board.

No. 2005/H/28/RELHS

New Delhi, dated 31.8.2009

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, 1<sup>st</sup> 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, Lamalpur (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.

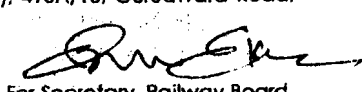
  
(Dr. Pankaj Kapoor)  
Executive Director, Health(Pig)  
Railway Board.

No. 2005/H/28/1RELHS

New Delhi, dated 31.8.2009

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. 2005/एच/28/1/आरईएलएचएस

नई दिल्ली, दिनांक: 31.08.2009

महाप्रबंधक,  
सभी भारतीय रेलें  
(उत्पादन इकाइयां एवं अ.अ.मा.सं., लखनऊ सहित)।

**विषय: सेवानिवृत्त कर्मचारी उदारीकृत स्वास्थ्य योजना (आरईएलएचएस-97) के लिए मेडिकल कार्ड जारी करना।**

सेवानिवृत्त रेल कर्मचारियों तथा पेंशनभोगी संघ आदि द्वारा उन्हें सेवानिवृत्त कर्मचारी उदारीकृत स्वास्थ्य योजना कार्ड शीघ्र जारी न किए जाने के संबंध में आ रही कठिनाइयों का उल्लेख किया गया है। ऐसे सेवानिवृत्त रेल कर्मचारियों के समक्ष आ रही समस्याओं को ध्यान में रखते हुए तथा ऐसे आरईएलएचएस कार्ड आदि को जारी करने में लगने वाले समय को कम करने की दृष्टि से, बोर्ड ने विनिश्चय किया है कि ऐसे सेवानिवृत्त कर्मचारियों, जो इस योजना (अंतिम तिथि 31.03.2010 है) का विकल्प देना चाहते हैं, को मंडल के उस कार्मिक विभाग, जहां से सेवानिवृत्त कर्मचारी सेवानिवृत्त उपरांत पास ले रहे हैं, से आरईएलएचएस कार्ड प्राप्त करने/जारी करने की अनुमति दी जाए। छोटे स्टेशनों, जहां से भी ऐसे सेवानिवृत्त कर्मचारी सेवानिवृत्त उपरांत पास ले रहे हैं, के पर्यवेक्षक आरईएलएचएस कार्डों के ऐसे अनुरोधों को एकत्रित करें तथा उनके पास उपलब्ध तथा कर्मचारियों द्वारा प्रस्तुत किए गए रिकॉर्डों से अंतिम आहरित वेतन की अभिपुष्टि करें तथा आरईएलएचएस कार्ड की व्यवस्था कराने के लिए उसे उस मंडल के कार्मिक विभाग को भेजने की व्यवस्था करें। उस क्षेत्रीय रेलवे/मंडल, जहां से वह सेवानिवृत्त कर्मचारी वास्तव में सेवानिवृत्त हुआ है, को भी किसी अन्य मंडल आदि द्वारा इस आरईएलएचएस कार्ड के जारी किए जाने के संबंध में सूचना अलग से भेजी जानी चाहिए।

बोर्ड के दिनांक 23.10.97, 17.05.99 तथा 27.12.99 के पत्र सं. 97/एच/28/1 तथा 28.01.2005 के पत्र सं. 2003/एच/28/1/आरईएलएचएस तथा 24.06.2005 के पत्र सं. 2005/एच/28/1/आरईएलएचएस/कंस्ट., 31.10.2005 के पत्र सं. 2005/एच/28/1/आरईएलएचएस एवं 16.03.2009 के पत्र सं. 2003/एच/28/1/आरईएलएचएस में अंतर्विष्ट सभी अन्य निबंधन एवं शर्तें अपरिवर्तित रहेंगी।

आरईएलएचएस कार्ड पर पास जारीकर्ता प्राधिकरण के प्रभारी अर्थात् सहायक इंजीनियरी/क्षेत्रीय प्रबंधक/सहायक सिगनल एवं दूरसंचार इंजीनियर आदि, जैसा भी मामला हो, द्वारा भी हस्ताक्षर किया जाना चाहिए।

सेवानिवृत्त कर्मचारी द्वारा आहरित पेंशन एवं भत्ते की धनराशि से संबंधित बैंक विवरण/प्रमाण-पत्र को एक वैध दस्तावेज के रूप में माना जाए।

2. इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है।
3. कृपया पावती दें।

प्र. 2/11

(पी.के. शर्मा)

सलाहकार कार्मिक

रेलवे बोर्ड

सं. 2005/एच/28/1/आरईएलएचएस

नई दिल्ली, दिनांक: 31.08.2009

प्रतिलिपि प्रेषित:

1. मु.का.अधि/मु.चि.अ./सभी भारतीय रेलें (उत्पादन इकाइयों सहित)।
2. विस एवं मुलेधि, सभी भारतीय रेलें (उत्पादन इकाइयों सहित)।

प्र. 2/11

(पी.के. शर्मा)

सलाहकार कार्मिक

रेलवे बोर्ड

सं. 2005/एच/28/1/आरईएलएचएस

नई दिल्ली, दिनांक: 31.08.2009

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।

4/11

कृते वित्त आयुक्त/रेलें

✓

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

No. 2005/H-1/1/1

New Delhi, dated 14.9.2009

**The General Manager (Medical),  
All Indian Railways.**

**Sub: Family Welfare Programme on All Indian Railways-Allocation of funds for the year 2009-10.**

**Ref: Ministry of Health & Family Welfare's letter No. G.20011/2/2009-Ply dated 19<sup>th</sup> August 2009.**

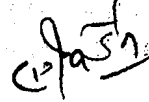
Government of India, Ministry of Health & Family Welfare in their Budget estimate for 2009-10 has made a provision of Rs. 48 Lakhs (forty eight lakhs only) for Compensation under the Family Welfare Programme on the Indian Railways. Railway wise allotment of this fund for the year 2009-10 is given the enclosed statement.

1. The funds provided by the Ministry of Health & Family Welfare are for the payment of compensation of 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:

|                   |               |                                                                            |
|-------------------|---------------|----------------------------------------------------------------------------|
| <b>Demand No.</b> | <b>46</b>     | <b>For the year 2009-10<br/>Department of Health &amp; Family Welfare.</b> |
| <b>Major Head</b> | <b>2211</b>   | <b>(Plan)</b>                                                              |
|                   | <b>00200</b>  | <b>Other Services &amp; Supplies</b>                                       |
|                   | <b>02</b>     | <b>Family Welfare Programme in other Ministries.</b>                       |
|                   | <b>0202</b>   | <b>Sterilization and IUD Insertion</b>                                     |
|                   | <b>020250</b> | <b>Other charges.</b>                                                      |

| <b>ALPHA CODE</b> | <b>DESCRIPTION</b> | <b>SER CODE</b> | <b>SCCD</b> | <b>AMOUNT<br/>(In Rupees Plan)</b> |
|-------------------|--------------------|-----------------|-------------|------------------------------------|
| 221100200020250   | Other Charges      | 22110587        | 194         | 48,00,000 (Forty Eight Lakhs)      |

4. The expenditure on Family Welfare Programme during 2009-2010 should be advised in terms of Board's letter No. 92/ACII/2/2 Pt. dated 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.

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

Fax: Rly: 030-43985, MTNL: 011-23303985

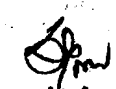
No.. 2005/H-1/1/1

New Delhi, dated 15.9.2009

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.. 2005/H-1/1/1

New Delhi, dated 15.9.2009

4. Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi, 110011 (with reference to their letter No. G.20011/2/2009-Ply dated 19<sup>th</sup> August 2009) (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.

  
(डा. राजीव कुमार जैन) / (Dr. Rajiv Kumar Jain),  
निदेशक/स्वास्थ्य एवं प.क./Director/Health & FW,  
रेलवे बोर्ड/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 2009-10**

| <b><u>Zonal Railways</u></b>      | <b><u>Total Allocation (figures in<br/>Thousand of rupees)</u></b> |
|-----------------------------------|--------------------------------------------------------------------|
| <b>Central Railway</b>            | <b>300</b>                                                         |
| <b>Eastern Railway</b>            | <b>550</b>                                                         |
| <b>East Central Railway</b>       | <b>300</b>                                                         |
| <b>East Coast Railway</b>         | <b>250</b>                                                         |
| <b>Northern Railway</b>           | <b>375</b>                                                         |
| <b>North Central Railway</b>      | <b>150</b>                                                         |
| <b>North Eastern Railway</b>      | <b>200</b>                                                         |
| <b>Northeast Frontier Railway</b> | <b>325</b>                                                         |
| <b>North Western Railway</b>      | <b>250</b>                                                         |
| <b>Southern Railway</b>           | <b>425</b>                                                         |
| <b>South Central Railway</b>      | <b>300</b>                                                         |
| <b>South Eastern Railway</b>      | <b>325</b>                                                         |
| <b>South East Central Railway</b> | <b>250</b>                                                         |
| <b>South Western Railway</b>      | <b>150</b>                                                         |
| <b>Western Railway</b>            | <b>475</b>                                                         |
| <b>West Central Railway</b>       | <b>175</b>                                                         |
| <b>Total</b>                      | <b>4800</b>                                                        |

भारत सरकार  
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2005/एच-1/1/1

नई दिल्ली, दिनांक: १५.09.2009

महाप्रबंधक (चिकित्सा),  
सभी भारतीय रेलें।

**विषय:** सभी भारतीय रेलों पर परिवार कल्याण कार्यक्रम-वर्ष 2009-2010 के लिए निधि का आवंटन।

**संदर्भ:** स्वास्थ्य एवं परिवार कल्याण मंत्रालय का 19 अगस्त, 2009 का पत्र सं. जी-20011/2/2009-पीएलवाई।

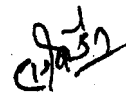
भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने अपने बजट अनुमान 2009-2010 में भारतीय रेलों पर परिवार कल्याण कार्यक्रम के अंतर्गत मुआवजे हेतु रुपए 48 लाख (मात्र अड़तालीस लाख रुपए) की व्यवस्था की है। वर्ष 2009-2010 के लिए इस निधि का रेलवेवार आवंटन संलग्न विवरण में दिया गया है।

1. स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा मुहैया कराई गई यह निधि स्टरलाइजेशन (ट्यूबकटॉमी/वेसोक्टॉमी) आपरेशन तथा आईयूडी इनसर्शन कराने वालों की मजदूरी की हानि के मुआवजे के लिए है।
2. "क्षतिपूर्ति" के खर्च को पूरा करने के लिए बजट प्रावधान वास्तविक कार्य निष्पादन के आधार पर उपलब्ध होगा तथा यदि आवश्यक हुआ, तो रेलों को अतिरिक्त निधि उपलब्ध कराई जाएगी, बहरहाल, क्षतिपूर्ति के लिए स्वीकृत परिव्यय किसी अन्य प्रयोजनों के लिए परिवर्तित नहीं किया जाएगा।
3. भारतीय रेलों पर परिवार कल्याण कार्यक्रम के तहत वहन किए जाने वाले व्यय को निम्नलिखित बजट शीर्ष में डेबिट किया जाए:

|             |        |                                                       |
|-------------|--------|-------------------------------------------------------|
| मांग सं.    | 46     | वर्ष 2009-10 के लिए स्वास्थ्य एवं परिवार कल्याण विभाग |
| मुख्य शीर्ष | 2211   | (प्लान)                                               |
|             | 00200  | अन्य सेवा एवं सप्लाई                                  |
|             | 02     | अन्य मंत्रालयों में परिवार कल्याण कार्यक्रम           |
|             | 0202   | जावाणुनाशन एवं आईयूडी इनसर्शन                         |
|             | 020250 | अन्य प्रभार                                           |

| अल्फा कोड       | विवरण       | एसईआर कोड | एससीसीडी | राशि<br>(रुपए प्लान में)             |
|-----------------|-------------|-----------|----------|--------------------------------------|
| 221100200020250 | अन्य प्रभार | 22110587  | 194      | 48,00000/-<br>(अड़तालीस लाख<br>रुपए) |

4. 2009-2010 के दौरान परिवार कल्याण कार्यक्रम पर किए गए व्यय की सूचना बोर्ड के दिनांक 20.10.94 के पत्र सं. 92-ए.सी.11/2/2/पार्ट के अंतर्गत भेजी जाए।
5. इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है।
6. कृपया पावती दें।



(डॉ. राजीव कुमार जैन)

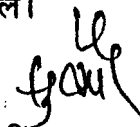
निदेशक/स्वास्थ्य एवं परिवार कल्याण  
रेलवे बोर्ड

सं. 2005/एच-1/1/1

नई दिल्ली, दिनांक: 15.09.2009

विवरण की प्रतिलिपि सहित प्रतिलिपि अग्रेषित:

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।



संलग्नक: एक

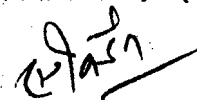
कृते वित्त आयुक्त/रेलें

सं. 2005/एच-1/1/1

नई दिल्ली, दिनांक: 15.09.2009

विवरण की प्रतिलिपि सहित प्रतिलिपि अग्रेषित:

4. स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निर्माण भवन, नई दिल्ली- 110 011 को उनके 19 अगस्त, 2009 के पत्र सं. जी-20011/2/2009-पीएलवाई के संदर्भ में।  
(ध्यानार्थ: श्री पी.के. बाली, अवर सचिव, भारत सरकार)
5. स्वास्थ्य एवं परिवार कल्याण मंत्रालय (परिवार कल्याण विभाग), निर्माण भवन, नई दिल्ली को सूचनार्थ।
6. वेतन एवं लेखा कार्यालय (सचिवालय), स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निर्माण भवन, नई दिल्ली-110 011.



(डॉ. राजीव कुमार जैन)

निदेशक/स्वास्थ्य एवं परिवार कल्याण  
रेलवे बोर्ड

वित्त वर्ष 2009-10 के दौरान परिवार कल्याण कार्यक्रम में स्टरलाइजेशन करवाने वालों के लिए मुआवजे के भुगतान के संबंध में निधि का आबंटन दर्शाने वाला विवरण

| क्षेत्रीय रेलवे          | कुल आबंटन (रुपए हजार में) |
|--------------------------|---------------------------|
| मध्य रेलवे               | 300                       |
| पूर्व रेलवे              | 550                       |
| पूर्व मध्य रेलवे         | 300                       |
| पूर्व तटीय रेलवे         | 250                       |
| उत्तर रेलवे              | 375                       |
| उत्तर मध्य रेलवे         | 150                       |
| पूर्वोत्तर रेलवे         | 200                       |
| पूर्वोत्तर सीमान्त रेलवे | 325                       |
| उत्त पश्चिम रेलवे        | 250                       |
| दक्षिण रेलवे             | 425                       |
| दक्षिण मध्य रेलवे        | 300                       |
| दक्षिण पूर्व रेलवे       | 325                       |
| दक्षिण पूर्व मध्य रेलवे  | 250                       |
| दक्षिण पश्चिम रेलवे      | 150                       |
| पश्चिम रेलवे             | 475                       |
| पश्चिम मध्य रेलवे        | 175                       |
| योग                      | 4800                      |

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

No. 2008/H-I/9/1/Misc II

New Delhi, dated <sup>22</sup>21.9.2009

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

**Sub: Guidelines on Protection from Exposure to Tobacco Smoke.**

Tobacco is the foremost cause of preventable death and disease in the world today. India is the second largest consumer of tobacco products in the world. National Health Survey – 3, 2006, indicates an increasing prevalence of tobacco consumption in India, with 57% male and 10.9% females reportedly consuming tobacco in some form. Global Youth Tobacco Survey (GYTS), 2006 also indicates that approximately 14% children in the age group of 13-15 years are consuming tobacco in some form and the age of initiation into tobacco has come down. Moreover, tobacco is responsible for almost 40% of overall health problems and 50% of all cancer related deaths in the country. Every year more than 8 lakhs people die due to tobacco related diseases.

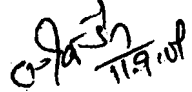
Tobacco has, therefore become a major public health problem with very high socio economic & health costs. To deal with the problem of tobacco in comprehensive manner Government of India enacted the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act (COTPA) in 2003. The Government of India has banned smoking in all Public Places from 2<sup>nd</sup> October 2008 by enforcing "Prohibition of Smoking in Public Places Rules 2008". Further from 31 May 2009 pictorial warning on tobacco products has been made mandatory by enforcing "Cigarette and Other Tobacco Products (Packaging and Labelling) Amendment Rules 2009".

The first public health treaty, namely, WHO Framework Convention on Tobacco Control (FCTC) was adopted by World Health Assembly in 2003. India ratified the treaty in 2004, which came into force in February 2005. FCTC identifies key strategies for reduction of demand and reduction of supply of tobacco e.g. complete ban on advertising and sponsorship ban of sale of tobacco products to and by minors, complete ban on smoking in public places, health warnings including pictorial warnings on tobacco products, mass media campaigns, controlling illicit trade/smuggling progressively raising taxes and land looking at alternative livelihood for tobacco farmers and workers.

Conference of the Parties (COP) which is the highest decision making body for the matters related to the Frame-work Convention has adopted the guidelines for implementation of the Article 8 of the WHO Framework Convention on Tobacco Control (FCTC) related to protection from exposure to tobacco smoke.

This guideline has been drawn by the Parties, on the basis of available evidence, best practice and global experience and provides an effective guide to governments in meeting their obligations under the WHO-FCTC. The guideline is in conformity with the extant domestic laws of India including "Cigarettes and other tobacco products (Prohibition of advertisement and regulation of trade and commerce, production, supply and distribution Act (COTPA), 2003".

A copy of the document "Guidelines on Protection from Exposure to Tobacco Smoke" as received from Ministry of Health & Family Welfare, Government of India is enclosed for information and vide dissemination amongst all concerned.

  
(डा. राजीव कुमार जैन) / (Dr. Rajiv Kumar Jain),  
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Phone: Rly: 030-43395, MTNL: 23303395.  
Tele Fax: Rly: 011- 23388373, 011-23303985,

- 1 Shri V.Venkatachalam, Additional Secretary, Government of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi-110108 (in reference to his D.O. letter No. P016011/01/2009/PH dated 5<sup>th</sup> Aug.2009)
- 2 Chief Medical Directors All Indian Railways including Medical Supdts. PUs)
- 3 Directors of CTIs, IRICEN/Pune, IRIEN/Nasik, IRISSET, Secunderabd, IRIMEE/Jamalpur and IRITEM/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 (a) The Managing Director, RITES Ltd, RITES Bhawan, 1, Sector 29, Gurgaon, 12201. (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, Pragati Vihar, Lodhi Colony, New Delhi. (e), CONCOR of India, Ltd., Concor Bhawan, C-3, Mathura Road, New Delhi 110076. (f) 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 (g) Indian Railway Catering Tourism Corp. Ltd., (IRCTC) 9th Floor, Bank of Baroda Building, 16 Parliament Street New Delhi..
- 8 The General Secretary, IRCA/New Delhi.
- 9 Director General RDSO, Lucknow.
- 10 The Chairman, Passenger Amenities Committee.
- 11 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
- 12 The Director, CAMTECH/Gwalior.
- 13 The CAO (A) MTP(G)/Mumbai (b) MTP (G)/Chennai.
- 14 Office of the Chief Project Administrator (Telecom), Indian Railways Central

# **GUIDELINES ON PROTECTION FROM EXPOSURE TO TOBACCO SMOKE**

## **PURPOSE, OBJECTIVES AND KEY CONSIDERATIONS**

### **Purpose of the guidelines**

1. Consistent with other provisions of the WHO Framework Convention on Tobacco Control and the intentions of the Conference of the Parties, these guidelines are intended to assist Parties in meeting their obligations under Article 8 of the Convention. They draw on the best available evidence and the experience of Parties that have successfully implemented effective measures to reduce exposure to tobacco smoke.
2. The guidelines contain agreed upon statements of principles and definitions of relevant terms, as well as agreed upon recommendations for the steps required to satisfy the obligations of the Convention. In addition, the guidelines identify the measures necessary to achieve effective protection from the hazards of second-hand tobacco smoke. Parties are encouraged to use these guidelines not only to fulfil their legal duties under the Convention, but also to follow best practices in protecting public health.

### **Objectives of the guidelines**

3. These guidelines have two related objectives. The first is to assist Parties in meeting their obligations under Article 8 of the WHO Framework Convention, in a manner consistent with the scientific evidence regarding exposure to second-hand tobacco smoke and the best practice worldwide in the implementation of smoke free measures, in order to establish a high standard of accountability for treaty compliance and to assist the Parties in promoting the highest attainable standard of health. The second objective is to identify the key elements of legislation necessary to effectively protect people from exposure to tobacco smoke, as required by Article 8.

### **Underlying considerations**

4. The development of these guidelines has been influenced by the following fundamental considerations.
  - (a) The duty to protect from tobacco smoke, embodied in the text of Article 8, is grounded in fundamental human rights and freedoms. Given the dangers of breathing second-hand tobacco smoke, the duty to protect from tobacco smoke is implicit in, inter alia, the right to life and the right to the highest attainable standard of health, as recognized in many international legal instruments (including the Constitution of the World Health Organization, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and the Covenant on Economic, Social and Cultural Rights), as formally incorporated into the preamble of the WHO Framework Convention and as recognized in the constitutions of many nations.
  - (b) The duty to protect individuals from tobacco smoke corresponds to an obligation by governments to enact legislation to protect individuals against threats to their fundamental rights and freedoms. This obligation extends to all persons, and not merely to certain populations.

(c) Several authoritative scientific bodies have determined that second-hand tobacco smoke is a carcinogen. Some Parties to the WHO Framework Convention (for example, Finland and Germany) have classified second-hand tobacco smoke as a carcinogen and included the prevention of exposure to it at work in their health and safety legislation. In addition to the requirements of Article 8, therefore, Parties may be obligated to address the hazard of exposure to tobacco smoke in accordance with their existing workplace laws or other laws governing exposure to harmful substances, including carcinogens.

## **STATEMENT OF PRINCIPLES AND RELEVANT DEFINITIONS UNDERLYING PROTECTION FROM EXPOSURE TO TOBACCO SMOKE**

### **Principles**

5. As noted in Article 4 of the WHO Framework Convention, strong political commitment is necessary to take measures to protect all persons from exposure to tobacco smoke. The following agreed upon principles should guide the implementation of Article 8 of the Convention.

#### **Principle 1**

6. Effective measures to provide protection from exposure to tobacco smoke, as envisioned by Article 8 of the WHO Framework Convention, require the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smoke free environment. There is no safe level of exposure to tobacco smoke, and notions such as a threshold value for toxicity from second-hand smoke should be rejected, as they are contradicted by scientific evidence. Approaches other than 100% smoke free environments, including ventilation, air filtration and the use of designated smoking areas (whether with separate ventilation systems or not), have repeatedly been shown to be ineffective and there is conclusive evidence, scientific and otherwise, that engineering approaches do not protect against exposure to tobacco smoke.

#### **Principle 2**

7. All people should be protected from exposure to tobacco smoke. All indoor workplaces and indoor public places should be smoke free.

#### **Principle 3**

8. Legislation is necessary to protect people from exposure to tobacco smoke. Voluntary smoke free policies have repeatedly been shown to be ineffective and do not provide adequate protection. In order to be effective, legislation should be simple, clear and enforceable.

#### **Principle 4**

9. Good planning and adequate resources are essential for successful implementation and enforcement of smoke free legislation.

### **Principle 5**

10. Civil society has a central role in building support for and ensuring compliance with smoke free measures, and should be included as an active partner in the process of developing, implementing and enforcing legislation.

### **Principle 6**

11. The implementation of smoke free legislation, its enforcement and its impact should all be monitored and evaluated. This should include monitoring and responding to tobacco industry activities that undermine the implementation and enforcement of the legislation, as specified in Article 20.4 of the WHO Framework Convention.

### **Principle 7**

12. The protection of people from exposure to tobacco smoke should be strengthened and expanded, if necessary; such action may include new or amended legislation, improved enforcement and other measures to reflect new scientific evidence and case-study experiences.

### **Definitions**

13. In developing legislation, it is important to use care in defining key terms. Several recommendations as to appropriate definitions, based on experiences in many countries, are set out here. The definitions in this section supplement those already included in the WHO Framework Convention.

#### **"Second-hand tobacco smoke" or "environmental tobacco smoke"**

14. Several alternative terms are commonly used to describe the type of smoke addressed by Article 8 of the WHO Framework Convention. These include "second-hand smoke", "environmental tobacco smoke", and "other people's smoke". Terms such as "passive smoking" and "involuntary exposure to tobacco smoke" should be avoided, as experience in France and elsewhere suggests that the tobacco industry may use these terms to support a position that "voluntary" exposure is acceptable. "Second-hand tobacco smoke", sometimes abbreviated as "SHS", and "environmental tobacco smoke", sometimes abbreviated "ETS", are the preferable terms; these guidelines use "second-hand tobacco smoke".

15. Second-hand tobacco smoke can be defined as "the smoke emitted from the burning end of a cigarette or from other tobacco products usually in combination with the smoke exhaled by the smoker".

16. "Smoke free air" is air that is 100% smoke free. This definition includes, but is not limited to, air in which tobacco smoke cannot be seen, smelled, sensed or measured.<sup>1</sup>

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<sup>1</sup> It is possible that constituent elements of tobacco smoke may exist in air in amounts too small to be measured. Attention should be given to the possibility that the tobacco industry or the hospitality sector may attempt to exploit the limitations of this definition.

### **"Smoking"**

17. This term should be defined to include being in possession or control of a lit tobacco product regardless of whether the smoke is being actively inhaled or exhaled.

### **"Public places"**

18. While the precise definition of "public places" will vary between jurisdictions, it is important that legislation define this term as broadly as possible. The definition used should cover all places accessible to the general public or places for collective use, regardless of ownership or right to access.

### **"Indoor" or "enclosed"**

19. Article 8 requires protection from tobacco smoke in "indoor" workplaces and public places. Because there are potential pitfalls in defining "indoor" areas, the experiences of various countries in defining this term should be specifically examined. The definition should be as inclusive and as clear as possible, and care should be taken in the definition to avoid creating lists that may be interpreted as excluding potentially relevant "indoor" areas. It is recommended that "indoor" (or "enclosed") areas be defined to include any space covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides, and regardless of whether the structure is permanent or temporary.

### **"Workplace"**

20. A "workplace" should be defined broadly as "any place used by people during their employment or work". This should include not only work done for compensation, but also voluntary work, if it is of the type for which compensation is normally paid. In addition, "workplaces" include not only those places at which work is performed, but also all attached or associated places commonly used by the workers in the course of their employment, including, for example, corridors, lifts, stairwells, lobbies, joint facilities, cafeterias, toilets, lounges, lunchrooms and also outbuildings such as sheds and huts. Vehicles used in the course of work are workplaces and should be specifically identified as such.

21. Careful consideration should be given to workplaces that are also individuals' homes or dwelling places, for example, prisons, mental health institutions or nursing homes. These places also constitute workplaces for others, who should be protected from exposure to tobacco smoke.

### **"Public transport"**

22. Public transport should be defined to include any vehicle used for the carriage of members of the public, usually for reward or commercial gain. This would include taxis.

## **THE SCOPE OF EFFECTIVE LEGISLATION**

23. Article 8 requires the adoption of effective measures to protect people from exposure to tobacco smoke in (1) indoor workplaces, (2) indoor public places, (3) public transport, and (4) "as appropriate" in "other public places".

24. This creates an *obligation to provide universal protection* by ensuring that all indoor public places, all indoor workplaces, all public transport and possibly other (outdoor or quasi-outdoor) public places are free from exposure to second-hand tobacco smoke. No exemptions are justified on the basis of health or law arguments. If exemptions must be considered on the basis of other arguments, these should be minimal. In addition, if a Party is unable to achieve universal coverage immediately, Article 8 creates a continuing obligation to move as quickly as possible to remove any exemptions and make the protection universal. Each Party should strive to provide universal protection within five years of the WHO Framework Convention's entry into force for that Party.

25. No safe levels of exposure to second-hand smoke exist, and, as previously acknowledged by the Conference of the Parties in decision FCTC/COP1(15), engineering approaches, such as ventilation, air exchange and the use of designated smoking areas, do not protect against exposure to tobacco smoke.

26. Protection should be provided in all indoor or enclosed workplaces, including motor vehicles used as places of work (for example, taxis, ambulances or delivery vehicles).

27. The language of the treaty requires protective measures not only in all "indoor" public places, but also in those "other" (that is, outdoor or quasi-outdoor) public places where "appropriate". In identifying those outdoor and quasi-outdoor public places where legislation is appropriate, Parties should consider the evidence as to the possible health hazards in various settings and should act to adopt the most effective protection against exposure wherever the evidence shows that a hazard exists.

#### **INFORM, CONSULT AND INVOLVE THE PUBLIC TO ENSURE SUPPORT AND SMOOTH IMPLEMENTATION**

28. Raising awareness among the public and opinion leaders about the risks of second-hand tobacco smoke exposure through ongoing information campaigns is an important role for government agencies, in partnership with civil society, to ensure that the public understands and supports legislative action. Key stakeholders include businesses, restaurant and hospitality associations, employer groups, trade unions, the media, health professionals, organizations representing children and young people, institutions of learning or faith, the research community and the general public. Awareness-raising efforts should include consultation with affected businesses and other organizations and institutions in the course of developing the legislation.

29. Key messages should focus on the harm caused by second-hand tobacco smoke exposure, the fact that elimination of smoke indoors is the only science-based solution to ensure complete protection from exposure, the right of all workers to be equally protected by law and the fact that there is no trade-off between health and economics, because experience in an increasing number of jurisdictions shows that smoke free environments benefit both. Public education campaigns should also target settings for which legislation may not be feasible or appropriate, such as private homes.

30. Broad consultation with stakeholders is also essential to educate and mobilize the community and to facilitate support for legislation after its enactment. Once legislation is adopted, there should be an education campaign leading up to implementation of the law, the provision of information for business owners and building managers outlining the law and their responsibilities and the production of resources, such as signage. These measures will increase

the likelihood of smooth implementation and high levels of voluntary compliance. Messages to empower non-smokers and to thank smokers for complying with the law will promote public involvement in enforcement and smooth implementation.

## **ENFORCEMENT**

### **Duty of compliance**

31. Effective legislation should impose legal responsibilities for compliance on both affected business establishments and individual smokers, and should provide penalties for violations, which should apply to businesses and, possibly, smokers. Enforcement should ordinarily focus on business establishments. The legislation should place the responsibility for compliance on the owner, manager or other person in charge of the premises, and should clearly identify the actions he or she is required to take. These duties should include:

- (a) a duty to post clear signs at entrances and other appropriate locations indicating that smoking is not permitted. The format and content of these signs should be determined by health authorities or other agencies of the government and may identify a telephone number or other mechanisms for the public to report violations and the name of the person within the premises to whom complaints should be directed;
- (b) a duty to remove any ashtrays from the premises;
- (c) a duty to supervise the observance of rules;
- (d) a duty to take reasonable specified steps to discourage individuals from smoking on the premises. These steps could include asking the person not to smoke, discontinuing service, asking the person to leave the premises and contacting a law enforcement agency or other authority.

### **Penalties**

32. The legislation should specify fines or other monetary penalties for violations. While the size of these penalties will necessarily reflect the specific practices and customs of each country, several principles should guide the decision. Most importantly, penalties should be sufficiently large to deter violations or else they may be ignored by violators or treated as mere costs of doing business. Larger penalties are required to deter business violators than to deter violations by individual smokers, who usually have fewer resources. Penalties should increase for repeated violations and should be consistent with a country's treatment of other, equally serious offences.

33. In addition to monetary penalties, the legislation may also allow for administrative sanctions, such as the suspension of business licences, consistent with the country's practice and legal system. These "sanctions of last resort" are rarely used, but are very important for enforcing the law against any businesses that choose to defy the law repeatedly.

34. Criminal penalties for violations may be considered for inclusion, if appropriate within a country's legal and cultural context.

### **Enforcement infrastructure**

35. Legislation should identify the authority or authorities responsible for enforcement, and should include a system both for monitoring compliance and for prosecuting violators.
36. Monitoring should include a process for inspection of businesses for compliance. It is seldom necessary to create a new inspection system for enforcement of smoke free legislation. Instead, compliance can ordinarily be monitored using one or more of the mechanisms already in place for inspecting business premises and workplaces. A variety of options usually exists for this purpose. In many countries, compliance inspections may be integrated into business licensing inspections, health and sanitation inspections, inspections for workplace health and safety, fire safety inspections or similar programmes. It may be valuable to use several such sources of information gathering simultaneously.
37. Where possible, the use of inspectors or enforcement agents at the local level is recommended; this is likely to increase the enforcement resources available and the level of compliance. This approach requires the establishment of a national coordinating mechanism to ensure a consistent approach nationwide.
38. Regardless of the mechanism used, monitoring should be based on an overall enforcement plan, and should include a process for effective training of inspectors. Effective monitoring may combine regular inspections with unscheduled, surprise inspections, as well as visits made in response to complaints. Such visits may well be educative in the early period after the law takes effect, as most breaches are likely to be inadvertent. The legislation should authorize inspectors to enter premises subject to the law and to collect samples and gather evidence, if these powers are not already established by existing law. Similarly, the legislation should prohibit businesses from obstructing the inspectors in their work.
39. The cost of effective monitoring is not excessive. It is not necessary to hire large numbers of inspectors, because inspections can be accomplished using existing programmes and personnel, and because experience shows that smoke free legislation quickly becomes self-enforcing (that is, predominantly enforced by the public). Only a few prosecutions may be necessary if the legislation is implemented carefully and active efforts are made to educate businesses and the public.
40. Although these programmes are not expensive, resources are needed to educate businesses, train inspectors, coordinate the inspection process and compensate personnel for inspections of businesses outside of normal working hours. A funding mechanism should be identified for this purpose. Effective monitoring programmes have used a variety of funding sources, including dedicated tax revenues, business licensing fees and dedicated revenues from fines paid by violators.

### **Enforcement strategies**

41. Strategic approaches to enforcement can maximize compliance, simplify the implementation of legislation and reduce the level of enforcement resources needed.
42. In particular, enforcement activities in the period immediately following the law's entrance into force are critical to the law's success and to the success of future monitoring and enforcement. Many jurisdictions recommend an initial period of soft enforcement, during which

violators are cautioned but not penalized. This approach should be combined with an active campaign to educate business owners about their responsibilities under the law, and businesses should understand that the initial grace period or phase-in period will be followed by more rigorous enforcement.

43. When active enforcement begins, many jurisdictions recommend the use of high-profile prosecutions to enhance deterrence. By identifying prominent violators who have actively defied the law or who are well known in the community, by taking firm and swift action and by seeking maximum public awareness of these activities, authorities are able to demonstrate their resolve and the seriousness of the law. This increases voluntary compliance and reduces the resources needed for future monitoring and enforcement.

44. While smoke free laws quickly become self-enforcing, it is nevertheless essential that authorities be prepared to respond swiftly and decisively to any isolated instances of outright defiance. Particularly when a law first comes into force, there may be an occasional violator who makes a public display of contempt for the law. Strong responses in these cases set an expectation of compliance that will ease future efforts, while indecisiveness can rapidly lead to widespread violations.

### **Mobilize and involve the community**

45. The effectiveness of a monitoring-and-enforcement programme is enhanced by involving the community in the programme. Engaging the support of the community and encouraging members of the community to monitor compliance and report violations greatly extends the reach of enforcement agencies and reduces the resources needed to achieve compliance. In fact, in many jurisdictions, community complaints are the primary means of ensuring compliance. For this reason, smoke free legislation should specify that members of the public may initiate complaints and should authorize any person or nongovernmental organization to initiate action to compel compliance with measures regulating exposure to second-hand smoke. The enforcement programme should include a toll-free telephone complaint hotline or a similar system to encourage the public to report violations.

### **MONITORING AND EVALUATION OF MEASURES**

46. Monitoring and evaluation of measures to reduce exposure to tobacco smoke are important for several reasons, for example:

- (a) to increase political and public support for strengthening and extending legislative provisions;
- (b) to document successes that will inform and assist the efforts of other countries;
- (c) to identify and publicize the efforts made by the tobacco industry to undermine the implementation measures.

47. The extent and complexity of monitoring and evaluation will vary among jurisdictions, depending on available expertise and resources. However, it is important to evaluate the outcome of the measures implemented, in particular, on the key indicator of exposure to second-hand smoke in workplaces and public places. There may be cost-effective ways to achieve this, for

example through the use of data or information collected through routine activities such as workplace inspections.

48. There are eight key process and outcome indicators that should be considered:<sup>2</sup>

#### Processes

- (a) knowledge, attitudes and support for smoke free policies among the general population and possibly specific groups, for example, bar workers;
- (b) enforcement of and compliance with smoke free policies;

#### Outcomes

- (c) reduction in exposure of employees to second-hand tobacco smoke in workplaces and public places;
- (d) reduction in content of second-hand tobacco smoke in the air in workplaces (particularly in restaurants) and public places;
- (e) reduction in mortality and morbidity from exposure to second-hand tobacco smoke;
- (f) reduction in exposure to second-hand tobacco smoke in private homes;
- (g) changes in smoking prevalence and smoking-related behaviours;
- (h) economic impacts.

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<sup>2</sup> The publication WHO policy recommendations: *protection from exposure to second-hand tobacco smoke* (Geneva, World Health Organization, 2007) provides references and links to monitoring studies conducted elsewhere on all of these indicators.

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

No.2009/H-1/3/5

New Delhi, dated : 8 10.2009

**The Chief Medical Directors  
All Indian Railways and Production Units.**

**Sub : Training in Family of International Classifications (ICD – 10 & ICF)**

\*\*\*\*

Further to this office letter of even number dated Oct. 2009 it is intimated that Central Bureau of Health Intelligence (CBHI) conducts in-service orientation training courses regularly for the officers/staff working in the health related fields through its various training centers. During the Financial Year 2009-10, the following training courses will be conducted:

1. Master Trainers on Family of International Classifications (ICD-10 & ICF) (one week)
2. Family of International Classifications (ICD-10 & ICF) for Non-medical Personnel (one week).

The schedule of these in-service training courses during the remaining part of the current financial year 2009-10 at various training centers of CBHI is enclosed at Annex. –I, which also highlights the eligibility criteria for selection of the candidates to these courses, dates of training courses, batch size, the last date of receipt of duly recommended application(s) in the prescribed format at various training centers covering specific technical area. The complete address, Telephone/fax, e-mail & GRAM of all the training centers of CBHI are attached as Annex. – II.

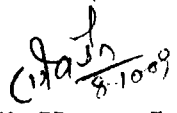
The selected candidates for these courses, will be paid entitled TA as per provisions of Railway Guidelines and honorarium @Rs.200/- for Group 'A' (and equivalent) selected candidates and @Rs. 125/- for Group 'B' & 'C' (and equivalent) selected participants, per working day on which training is attended by the selected candidate. The period of training will be treated as "on duty" for the selected candidates.

It is requested to kindly circulate this training schedule to all Hospitals under your jurisdiction and kindly sponsor only the eligible candidates for the above said training course.

A copy of the prescribed application form is enclosed at Annex. III which may be photocopied in requisite number(s). This application form can also be downloaded from the CBHI website [www.cbhidghs.nic.in](http://www.cbhidghs.nic.in). A duly recommended application(s) of eligible candidate(s) complete in all respects, may please be sent to the relevant/ concerned training centre covering your Zonal Railway/ Production Unit, as per training schedule, positively to reach the training institution before/by the last date of receipt as indicated against each course in the enclosed schedule. The selected candidates and their sponsoring organizations for the said course will be informed accordingly well before the commencement of the course(s). The selected candidate(s) will be requested to report for the concerned training course on time. Any candidate, if does not report in the forenoon of the first day of concerned training course, he or she will not be permitted to join the course.

These training course are very important in the direction of improving and strengthening the much needed health information system in the Railway at every level. Your valuable cooperation is extremely essential for ensuring full utilization of this in service training facility in order to improve and strengthen the health information as well as medical record departments in the hospitals under your jurisdiction.

Action taken in this regard may please be intimated to the undersigned at an early date.

  
(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](mailto:dhfw@rb.railnet.gov.in)

Rly No. 43395, MTNL : 23388373

Tele Fax : 011-23388373, 011-23303985

DA : As above.

**ANNEX. I B**

| <b>S. No.</b> | <b>Name of the Training Course, Duration and Batch Size</b>                                                                                                       | <b>Eligibility Criteria for Admission of Candidate(s) in the Training Course</b>                                                                                         | <b>Training Centers</b>                                | <b>Dates of Training Course(s)</b> | <b>Last date of Receipt of Duty Sponsored Application in Prescribed Forms at Training Centers</b> | <b>Zonal Railway/ Production Unit.</b>          |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>1.</b>     | <b>Orientation Training Course on Family of International Classification (ICD – 10 &amp; ICF) for Non-Medical Personnel (One week) (20 Candidates per course)</b> | <b>Non Medical Official of Group – C and above levels employed on regular basis in Railways and engaged in preparation, handling &amp; records at Railway Hospitals.</b> | <b>FSU (CBHI) at ROHFW/GOI, Patna, Bihar</b>           | <b>14-18 Dec. 2009</b>             | <b>19<sup>th</sup> Oct. 09</b>                                                                    | <b>ER, CLW/ Chittaranjan, ECR, NFR,</b>         |
|               |                                                                                                                                                                   |                                                                                                                                                                          | <b>FSU (CBHI) at ROHFW/GOI, Bangalore, Karnataka</b>   | <b>18-22 Jan. 2010</b>             | <b>23<sup>rd</sup> Nov. 2009</b>                                                                  | <b>SR, ICF/Chennai, SCR, SWR, RWF/Yelahanka</b> |
|               |                                                                                                                                                                   |                                                                                                                                                                          | <b>FSU (CBHI) at ROHFW/GOI, Bhopal, Madhya Pradesh</b> | <b>22-26 Feb. 2010</b>             | <b>28<sup>th</sup> Dec. 2009</b>                                                                  | <b>CR, SWR, RWF/Yelahanka, WR, WCR,</b>         |
|               |                                                                                                                                                                   |                                                                                                                                                                          | <b>FSU (CBHI) at ROHFW/GOI, Bhubaneswar, Orissa</b>    | <b>15-19 Mar. 2010</b>             | <b>18<sup>th</sup> Jan. 2010</b>                                                                  | <b>ER, CLW/Chittaranjan, ECoR, NFR, SER</b>     |

**ANNEX. I B**

| <b>S. No.</b> | <b>Name of the Training Course, Duration and Batch Size</b>                                                                                                       | <b>Eligibility Criteria for Admission of Candidate(s) in the Training Course</b>                                                                                         | <b>Training Centers</b>                                | <b>Dates of Training Course(s)</b> | <b>Last date of Receipt of Duty Sponsored Application in Prescribed Forms at Training Centers</b> | <b>Zonal Railway/ Production Unit.</b>          |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>1.</b>     | <b>Orientation Training Course on Family of International Classification (ICD – 10 &amp; ICF) for Non-Medical Personnel (One week) (20 Candidates per course)</b> | <b>Non Medical Official of Group – C and above levels employed on regular basis in Railways and engaged in preparation, handling &amp; records at Railway Hospitals.</b> | <b>FSU (CBHI) at ROHFW/GOI, Patna, Bihar</b>           | <b>14-18 Dec. 2009</b>             | <b>19<sup>th</sup> Oct. 09</b>                                                                    | <b>ER, CLW/ Chittaranjan, ECR, NFR,</b>         |
|               |                                                                                                                                                                   |                                                                                                                                                                          | <b>FSU (CBHI) at ROHFW/GOI, Bangalore, Karnataka</b>   | <b>18-22 Jan. 2010</b>             | <b>23<sup>rd</sup> Nov. 2009</b>                                                                  | <b>SR, ICF/Chennai, SCR, SWR, RWF/Yelahanka</b> |
|               |                                                                                                                                                                   |                                                                                                                                                                          | <b>FSU (CBHI) at ROHFW/GOI, Bhopal, Madhya Pradesh</b> | <b>22-26 Feb. 2010</b>             | <b>28<sup>th</sup> Dec. 2009</b>                                                                  | <b>CR, SWR, RWF/Yelahanka, WR, WCR,</b>         |
|               |                                                                                                                                                                   |                                                                                                                                                                          | <b>FSU (CBHI) at ROHFW/GOI, Bhubaneswar, Orissa</b>    | <b>15-19 Mar. 2010</b>             | <b>18<sup>th</sup> Jan. 2010</b>                                                                  | <b>ER, CLW/Chittaranjan, ECoR, NFR, SER</b>     |

**Annexure-II**

**LIST OF TRAINING CENTRES FOR THE CBHI INSERVICE TRAINING COURSES**

| Sl. No. | Name of Training Centre with Address                                                                                                                                                   | Telephone/Fax/E-mail/Website                                                                                          |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 1.      | Officer Incharge,<br>Regional Health Statistics Training Centre (RHSTC),<br>Primary Health Centre Annexe, Phase 3-B-1,<br>SAS Nagar, Mohali,<br>Punjab-160059 (16 km. From Chandigarh) | Tel/fax : 0172-2261070<br>E-mail: rhstcmohali@yahoo.com                                                               |
| 2.      | Senior Regional Director (Health & Family Welfare)/GOI,<br>2 <sup>nd</sup> floor, F-Wing<br>Kendriya Sadan, Karamangola<br>Bangalore-560034, Karnataka                                 | Tel : 080-25537310, 25537688<br>Fax : 080-25537310<br>Gram : PARISWASTH<br>BANGALORE<br>E-mail : rohfw.bng@kar.nic.in |
| 3.      | Regional Director (Health & Family Welfare)/GOI,<br>32 Purjor House – 2 <sup>nd</sup> floor,<br>Indira Press Complex<br>Zone-I, Maharana Pratap Nagar<br>Bhopal-462011, Madhya Pradesh | Tel : 0755-2553374<br>Fax : 0755-2553374<br>Gram : PARISWASTH BHOPAL<br>E-mail : rohfwbho@mp.nic.in                   |
| 4.      | Regional Director (Health & Family Welfare)/GOI<br>BJ-25, BJB Nagar,<br>Bhubaneswar-751014, Orissa                                                                                     | Tel : 0674-2431708<br>Fax : 0674-2431904<br>Gram : PARISWASTH<br>BHUBANESWAR<br>E-mail : rohfwbbs@rediffmail.com      |
| 5.      | Sr. Regional Director (Health & Family Welfare)/GOI,<br>Kendriya Sadan, Block B<br>2 <sup>nd</sup> Floor, Sector-10<br>Vidhyadhar Nagar<br>Jaipur-302001, Rajasthan                    | Tel : 0141-2236845, 2500839<br>Fax : 0141-2236818<br>Gram : PARISWASTH JAIPUR<br>E-mail : rdrhojp@raj.nic.in          |
| 6.      | Regional Director (Health & Family Welfare)/GOI<br>Hall No.III, 9 <sup>th</sup> Floor<br>Kendriya Bhavan, Aliganj,<br>Lucknow-226024, Uttar Pradesh                                    | Tel : 0522-2325268, 2332399<br>Fax : 0522-2325268<br>Email : rdrohllko@yahoo.co.in<br>Gram: PARISWASTH LUCKNOW        |
| 7.      | Regional Director (Health & Family Welfare)/GOI<br>5 <sup>th</sup> Floor, Indira Bhawan,<br>R.C. Singh Path (Bailey Road),<br>Patna – 800 001, Bihar.                                  | Tele. Fax : 0612-2203711 & 2202677<br>Gram : PARISWASTH PATNA<br>E-mail : rhopatna@gmail.com                          |

\*\*\*\*\*

**APPLICATION FORMAT**  
**GOVERNMENT OF INDIA**  
**CENTRAL BUREAU OF HEALTH INTELLIGENCE**  
**DIRECTORATE GENERAL OF HEALTH SERVICES**  
**ROOM NO. 401 'A' WING, NIRMAL BHAVAN, NEW DELHI-110011**

Ensure completeness of application in all respects. Incomplete application will not be considered at all

Application for Orientation Training Course on\* \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 (Please specify the name of course)

at \_\_\_\_\_  
 (Specify Training Centre)

1. Name of the Candidate

2. Designation

3. (a) Scale of Pay

(b) Grade of post (pl. specify group A/B/C)

4. Nature of employment (Pl. specify)  
 (Regular/Ad-hoc/Contractual)

(Voluntary applicants not eligible)

5. Complete Postal Address (with Pin code & Telephone, Fax & E-mail)

| (a) Office (work place) of candidate | (b) Residence of candidate |
|--------------------------------------|----------------------------|
|                                      |                            |

6. Age: \_\_\_\_\_ years, 7. DOB (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
 (Date MM Year)

8. Sex :

9. Nationality

10. Status of the Organization\*\* : Govt./Non-Govt. : (Pl. clearly specify)  
 where candidate is employed

11. Competent Sponsoring Authority \*\* (Name, Designation, complete Address with Pin code, Tel/Fax & E-mail)

Name :

Designation :

Address (with Pin code) :

Tel/Fax/Email :

12. Academic Qualifications (attach attested copies of certificates /degrees) of the candidate :

| Certificates/Diploma/Degree | University/Institution | Year of Passing | Class/Division | Subjects |
|-----------------------------|------------------------|-----------------|----------------|----------|
|                             |                        |                 |                |          |
|                             |                        |                 |                |          |
|                             |                        |                 |                |          |
|                             |                        |                 |                |          |
|                             |                        |                 |                |          |

\*(i) Health Information Management for Officers (one week).

(ii) Health Information Management for Non-medical personnel (one week).

(iii) Family of International Classification (ICD-10 & ICF) for Non-medical Personnel (one week).

(iv) Master Trainers on Family of International Classification (ICD-10 & ICF) (one week).

\*\* It is compulsory and obligatory to fill up these items otherwise the application will be rejected.

Contd...2/-

13. Technical In-service Training(s) undergone (if any) by the candidate - specify

| Sl.No. | Training Course | Duration(s) (specify date from to) | Institution | Remarks |
|--------|-----------------|------------------------------------|-------------|---------|
|        |                 |                                    |             |         |
|        |                 |                                    |             |         |
|        |                 |                                    |             |         |

14. Technical work Experience from current to the earlier positions held by the candidate: -

| Organization./Institution | Designation of post held | Duration (from - to) | Scale of pay | Nature of duties performed |
|---------------------------|--------------------------|----------------------|--------------|----------------------------|
|                           |                          |                      |              |                            |
|                           |                          |                      |              |                            |
|                           |                          |                      |              |                            |

15. Undertaking by the candidate:

- I certify that particulars furnished above are correct to the best of my knowledge and belief. I also understand that in case of my unsatisfactory performance during the training course, Government of India can terminate me at any time from the training course and in that instance I will refund to CBHI the entire amount received during the course of training towards my TA, DA and honorarium.
- For 5 days orientation training courses - After this training I will apply Health Information Management skills and adopt ICD-10/ICF coding for morbidity/mortality/ functions/disability in my organization
- For 5 days Master Trainers course - After this orientation I will facilitate and coordinate training of medical/non-medical & nursing functionaries on Family of International Classification in my State/District/Organization.

Date: \_\_\_\_\_

(Signature of the Candidate)

Name \_\_\_\_\_

16. Recommendation of Supervisory Officer on the eligibility & need for undergoing the training course applied by the candidate

Date: \_\_\_\_\_

Signature \_\_\_\_\_

(Supervising Officer)

Name/Designation/Tel. No. \_\_\_\_\_

17. Recommendation of the Competent Sponsoring Authority \*\*\*

Certified that the candidate's training will equip him/her for the better discharge of duties in his/her post and will thus promote better use of Health Information Management Methods/FIC in this organization and thus the above candidature is recommended for the above mentioned training course.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(Competent Sponsoring Authority)

Tel/Fax/ : \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Address with pin code \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Note:**

\*\*\* Competent Sponsoring Authority - Authority competent to officially depute an employee/candidate for training as per prescribed rules & procedures

The CBHI In-service Training Schedule 2009-10 alongwith the specimen application form is also available on CBHI website [www.cbhidghs.nic.in](http://www.cbhidghs.nic.in) from where it can be downloaded.

**Please use Extra Sheets for Complete Application.**

13

**S. No. 5 Health 2009**

**भारत सरकार/Government of India  
रेल मंत्रालय/Ministry of Railways  
(रेलवे बोर्ड/Railway Board)**

संख्या 2008/H-1/2/15

नई दिल्ली, दिनांक 26.10.2009

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

**Sub: Inclusion of the name of legally divorced sister of serving Railway employees and pensioners.**

**Ref: (1) Railway Board's letter no. 2000/H/PNM/AIRF dated 05.09.2000  
(S.No. 8 of Health 2000).**

**(2) Railway Board's letter no. 2008/H-1/2/15 dated 16.02.2009  
(S.No. 1 of Health 2009)**

**(3) Railway Board's letter no. 2008/H-1/2/15 dated 16.04.2009  
(S.No. 2 of Health 2009)**

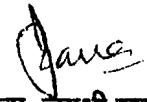
It has been decided by the Board that the legally divorced sisters, if father is not alive may be included in the list of dependent relatives.

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

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

Advance Correction Slip (S.No. 3 Health 2009) amending Para 601 (6) (b) of IRMM, 2000 is enclosed.

DA/One



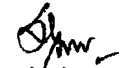
(डा. जयश्री राना)  
कार्यकारी निदेशक/स्वास्थ्य(स)  
रेलवे बोर्ड

संख्या 2008/H-1/2/15

नई दिल्ली, दिनांक 26.10.2009

Copy to:

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



for Financial Commissioner/Railways

Copy for DDF(E)1 & F(E) Spl., Railway Board

**Advance Correction Slip to Para 601 (6) (b) of IRMM 2000**

In para 601 (6), item (b) may be substituted as under:-

Para 601 (6) (b) : unmarried or widowed sisters or step sisters or legally divorced sisters, if father is not alive.

**(Authority : Board's letter No.:2008/H-1/2/15 dated 26.10.2009)**

भारत सरकार  
रेल मंत्रालय  
(रेलवे बोर्ड)

सं. 2008/एच-1/2/15

नई दिल्ली, दि. 26.10.09

संलग्नक,  
सभी भारतीय रेलें और  
उत्पादन इकाइयां.

विषय: क्षेत्रीय रेल कर्मचारियों और पेंशन भोगियों की कानूनी तौर से तलाकशुदा बहनों के नाम को शामिल करना.

- संदर्भ: (1) रेलवे बोर्ड का दिनांक 05.09.2000 का पत्र सं. 2000/एच/पी एन एच/ए आई आर एफ (हेल्थ 2000 का क्र.सं. 8);
- (2) रेलवे बोर्ड का दिनांक 16.02.09 का पत्र सं. 2008/एच-1/2/15. (हेल्थ 2009 का क्र.सं. 1)
- (3) रेलवे बोर्ड का दिनांक 16.04.09 का पत्र सं. 2008/एच-1/2/15. (हेल्थ 2009 का क्र.सं. 2)

बोर्ड द्वारा यह निश्चित किया गया है कि यदि पिता जीवित नहीं है तो कानूनी तौर से तलाकशुदा बहनों को आश्रित संबंधियों की सूची में शामिल किया जाए.

उपर्युक्त उल्लिखित 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 (6) (ख) में संशोधन के लिए अग्रिम शुद्धि पत्रों (हेल्थ 2009 का क्र.सं. 3) संलग्न है.

संलग्नक: एक (1)

सं. 2008/एच-1/2/15

प्रतिलिपि:-

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

प्रतिलिपि :

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

(डॉ. जयश्री शर्मा)

कार्यपालक निदेशक, स्वास्थ्य (सा.)

रेलवे बोर्ड

नई दिल्ली, दि. 26.10.09

कृते वित्तायुक्त/रेलें

**भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 601 (6) (ख) के लिए अग्रिम शुद्धि पर्वी .**

पैरा 601 (6), मद (ख) को निम्नानुसार प्रतिस्थापित किया जाए:-

पैरा 601 (6) (ख): यदि पिता जीवित नहीं है तो अविवाहित या विधवा या सौतली या कानूनी तौर से तलाक़शुदा बहनें.

**(प्राधिकार: बोर्ड का दिनांक 26.10.09 का पत्र सं. 2008/एच-1/2/15).**

No. 2008/H-1/215

New Delhi, dated 26.10.2009

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.
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- 4 General Manager & FA&CAO, Metro Rail/Kolkata.
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- 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, Chankyaduri, 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, 1<sup>st</sup> 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 Member Secretary, Expert Committee, Room No. 507, Rail Bhawan, New Delhi..
- 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.
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- 18 The CAO (G) COFMOW, Tilak Bridge, New Delhi.
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- 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.
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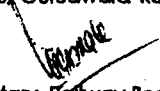
  
(Dr. (Mrs.) Jayashree Rana)  
Executive Director, Health(Gent.)  
Railway Board.

No. 2008/H-1/215

New Delhi, dated 26.10.2009

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, Railway Board.
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- 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.

(15)

S.No. 06 of Health/2009

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

No:2005/H/5/11

New Delhi, dated 26.10-2009.

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

**CORRIGENDUM**

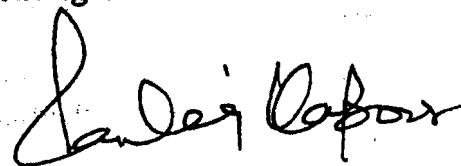
Sub: Amendment to Note of Para 511 of IRMM, 2000- Medical standards for examination of candidates (Gazetted and Non- Gazetted) appointed in RPF.

Ref: Board's letter of even number dt.17.11.05 and 07.01.08.

In continuation to the Board's above cited letters related to medical standards for examination of candidates for Gazetted and Non-Gazetted posts in RPF, it is clarified that the provision of glasses for the Ex-serviceman recruits is permitted only in Non-Gazetted category of RPF candidates provided they conform to B-1 category.

Therefore, the Advance Correction Slip to IRMM-2000 vide Board's letter No:2005/H/5/11 dated 07.01.08 may be read as enclosed.

All other terms and conditions will remain unchanged.



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

**DA: As above.**

**Advance Correction Slip to Para 511 of IRMM-2000.**

Medical standards for examination of candidates (Gazetted and Non-gazetted) appointed in Railway Protection Force (RPF).

The Note below Para 511 (3) may be replaced as under:

**Group 1 : (RPF Non-Gazetted)**

|                       |                 |               |
|-----------------------|-----------------|---------------|
| <b>1.1 Height:-</b>   | <b>Male</b>     | <b>Female</b> |
| Unreserved candidates | Minimum 165 cms | 157 cms       |
| Candidate from Hills  | Minimum 163 cms | 155 cms       |
| SC candidates         | Minimum 160 cms | 152 cms       |
| ST candidates         | Minimum 160 cms | 152 cms       |

**1.2 Chest Measurement:**

|                       |                                                          |                |
|-----------------------|----------------------------------------------------------|----------------|
| Unreserved candidates | Minimum 80 cms unexpanded<br>Minimum 85 cms expanded     |                |
| Candidate from Hills  | Minimum - DO -                                           | Not applicable |
| SC candidates         | Minimum 76.2 cms unexpanded<br>Minimum 81.2 cms expanded |                |
| ST candidates         | Minimum - DO -                                           |                |

**1.3 For Ex-serviceman appointed in RPF category- Glasses are permitted.**

**Group 2 ( RPF Gazetted )**

**2.1 Medical standards for Gazetted posts - RPF Male, Female and Ex-serviceman will be as prescribed by UPSC/DOPT and Advertised in the Civil Services Examinations conducted by UPSC.**

(Authority: Board's letter No:2005/H/5/11 dated 26.09.2009)

\*\*\*\*\*

भारत सरकार  
रेल मंत्रालय  
(रेलवे बोर्ड)

हैलथ/2009 का क्रमांक 06

सं. 2005/एच/5/11

नई दिल्ली, दि. 26.10.2009

सहायक प्रबंधक,  
सभी भारतीय रेलें,  
उत्पादन इकाइयों सहित

शुद्धि-पत्र

विषय : भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 511 की टिप्पणी में संशोधन-रेलवे सुरक्षा बल में नियुक्त उम्मीदवारों (राजपत्रित तथा अराजपत्रित) के परीक्षण के लिए चिकित्सा मानक.

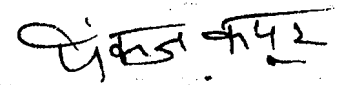
संदर्भ : बोर्ड का दिनांक 17.11.05 और 07.01.08 का समसंख्यक पत्र.

रेलवे सुरक्षा बल में राजपत्रित और अराजपत्रित वर्गों के लिए उम्मीदवारों के परीक्षण के लिए चिकित्सा मानकों से संबंधित बोर्ड के उपरसंश्लिष्ट पत्रों के क्रम में, यह स्पष्ट किया जाता है कि रेलवे सुरक्षा बल के उम्मीदवारों की अराजपत्रित कोटि में चयन की अनुमति केवल भूतपूर्व सैनिकों की भर्ती के लिए दी जाती है बशर्ते कि वे बी-1 कोटि के अनुरूप हों.

अतः बोर्ड के दिनांक 07.01.08 के पत्र सं. 2005/एच/5/11 के तहत जारी भारतीय रेल चिकित्सा नियमावली 2000 की अग्रिम शुद्धि पृथ्वी को संलग्न के अनुसार प्रकाशित किया जाय.

अन्य सभी निबंधन और शर्तें अपरिवर्तित रहेंगी.

संलग्नक : यथोक्त



(डॉ. वंकाज कपूर)

कार्यपालक निदेशक, स्वा. (धोजना)

रेलवे बोर्ड

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 511 के लिए अग्रिम शुद्धि पच्ची

रेलवे सुरक्षा बल (आरपी बल) में नियुक्त उम्मीदवारों (राजपत्रित और अराजपत्रित) के परीक्षण के लिए चिकित्सा मानक.

पैरा 511 (3) नीचे टिप्पणी को निम्नानुसार प्रतिस्थापित किया जाए:

समूह 1 : (रेलवे सुरक्षा बल अराजपत्रित)

| 1.1 | अंशार्ह                       | पुरुष                                                             | महिला          |
|-----|-------------------------------|-------------------------------------------------------------------|----------------|
|     | अनारक्षित उम्मीदवार           | न्यूनतम 165 सें.मी.                                               | 157 सें.मी.    |
|     | पहाड़ी क्षेत्रों के उम्मीदवार | न्यूनतम 163 सें.मी.                                               | 155 सें.मी.    |
|     | अनुसूचित जाति के उम्मीदवार    | न्यूनतम 160 सें.मी.                                               | 152 सें.मी.    |
|     | अनुसूचित जनजाति के उम्मीदवार  | न्यूनतम 160 सें.मी.                                               | 152 सें.मी.    |
| 1.2 | सीने का नाप:-                 |                                                                   |                |
|     | अनारक्षित उम्मीदवार           | बिना फुलाए न्यूनतम 80 सें.मी.<br>फुलाने पर न्यूनतम 85 सें.मी.     | लागू नहीं होता |
|     | पहाड़ी क्षेत्रों के उम्मीदवार | न्यूनतम -वही-                                                     |                |
|     | अनुसूचित जाति के उम्मीदवार    | बिना फुलाए न्यूनतम 76.2 सें.मी.<br>फुलाने पर न्यूनतम 81.2 सें.मी. |                |
|     | अनुसूचित जनजाति के उम्मीदवार  | न्यूनतम -वही-                                                     |                |

1.3 रेलवे सुरक्षा बल कोटि में नियुक्त भूतपूर्व सैनिकों के लिए चश्मे की अनुमति है.

समूह 2 (रेलवे सुरक्षा बल राजपत्रित)

2.1 रेलवे सुरक्षा बल, पुरुष, स्त्री और भूतपूर्व सैनिकों के लिए राजपत्रित पदों के चिकित्सा मानक, संघ लीक सेवा आयोग/कार्मिक एवं प्रशिक्षण विभाग द्वारा निर्धारित मानक होंगे तथा संघ लीक सेवा आयोग द्वारा आयोजित सिविल सेवा परीक्षाओं में इन्हें विज्ञापित किया जाएगा.

(प्राधिकार : बोर्ड का दिनांक ४/९/२००९ का पत्र सं. 2005/एच/5/11).

New Delhi, dated 26.10.2009

No. 2005/H-1871

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/Boroda, IRICEN/Pune, IRIEEN/Nasik, IRISSET, Secunderabd, IRIMEE/Jamailpur and IREITEM/Lucknow.
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- 22 Chief Mining Advisor, Ministry of Railway, Dhanbad.
- 23 The CAO(Const.), Central Railway, Mumbai.
- 24 The Director (Movement) Railways/Kolkata.

*(Dr. Rakesh Kapoor)*  
Executive Director, Health (P.L.)  
Railway Board.

New Delhi, dated 26.10.2009

No. 2005/H-1871

Copy to:

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- 14 General Secretary, Retired Railway Employees Welfare Association (Regd.), 490A/16, Gurudwara Road, Gurgaon.

*(Signature)*  
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.

S.No.07Health/2009

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

No.2009/H/6-4/Policy/4

New Delhi, dated : 26.10.2009

**The General Managers,  
All Indian Railways, Production Units.  
Director General, RDSO, Lucknow.**

**Sub: Delegation of powers to General Managers for Advance payment  
& Referral for medical treatment of Railway Persons.**

\*\*\*\*

The matter regarding delegation of powers to General Managers for advance payment & referral of the patients in emergency to non recognized private hospitals for treatment of railway employees has been examined in Board's office and it has been decided to empower General Managers to refer the emergent cases for special medical treatment to private non-recognized hospitals from existing Rs.2 lakhs to Rs.4 lakhs in each case, if the treatment is neither available in Railway Hospital nor at recognized private hospitals and also to release advance payment thereof, provided the patient has specifically been referred to that private hospital on the recommendation of Medical Board opining the efficacy of the treatment, specially mentioning (a) the chances of recovery and (b) whether it will be complete cure or palliation and if palliation, the expected period of remission and further course of action after it and possible side effects. This Medical Board report may be supplemented by relevant statistics and reference of current literature.

2. The above delegation to Zonal Railway and Production Units is subject to the norms prescribed in Railway Board's letter No. 2000/H/6-1/Policy dated 16.10.2000, reiterated vide Board's letter No. 2008/H/6-1/Policy/16 dated 27.02.08 and No.2005/H/6-4/Policy-II dated 31.1.2007, 16.4.2007 & 16.5.2007 are followed. However the existing powers upto Rs. 2 Lakh shall be exercised by Additional General Managers/General Managers and above Rs. 2 Lakh to Rs. 4 Lakh by General Managers only.

3. These powers, however, may not be re-delegated further.

Contd.....

...2..

4. Claims over and above the ceiling limits, stipulated in para (1) above and the provisions laid down there under, would continue to be referred to Railway Board for consideration.
5. These instructions shall be effective from the date of issue of this letter.
6. This has the sanction of the President and issues with the concurrence of Finance Directorate of Ministry of Railways.
7. Accordingly ACS to Para 648 of IRMM, 2000 is enclosed.

**DA: As above.**



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

**No. 2009/H/6-4/Policy/4**

**New Delhi, dated : 26.10.09**

**Copy to :**

1. The FA&CAOs, All Indian Railways including CLW/DLW/RCF/RWF.
2. Deputy Comptroller and Auditor General of India (Rlys.) Room No. 224, Rail Bhawan, New Delhi.



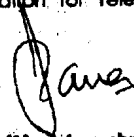
**For Financial Commissioner/Railways,  
Railway Board.**

No. 2009/H/6-4/Policy/4

New Delhi, dated 26.10.2009

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- 14 The Chairman, RCT, 13/15 Mal Road, Delhi- 54.
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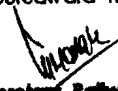
  
(Dr. (Mrs.) Jayashree Rana)  
Executive Director, Health(Genl.)  
Railway Board.

No. 2009/H/6-4/Policy/4

New Delhi, dated 26.10.2009

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For Secretary, Railway Board.

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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.

**ADVANCE CORRECTION SLIP FOR AMENDMENT OF PARA 648 OF IRMM, 2000**

**In item (ii) under Note below para 648 (2) may be read as under :**

If the treatment is neither available at Railway Hospital nor at recognized hospitals, General Managers of Zonal Railways may refer the emergent cases to Private Non-recognized hospitals, involving the cost upto Rs. 4,00,000/- (Rupees Four Lakh only) in each case and also to release advance payment thereof if any, directly to such hospitals provided the patient had specifically been referred to that private hospital on the recommendation of Medical Board opining the efficacy of the treatment, specially mentioning (a) the chances of recovery and (b) whether it will be complete cure or palliation and if palliation, the expected period of remission and further course of action after it and possible side effects. This Medical Board report may be supplemented by relevant statistics and reference of current literature.

The above delegation to Zonal Railway and Production Units is subject to the norms prescribed in Railway Board's letter No. 2000/H/6-1/Policy dated 16.10.2000, reiterated vide Board's letter No. 2008/H/6-1/Policy/16 dated 27.02.08 and No.2005/H/6-4/Policy-II dated 31.1.2007, 16.4.2007 & 16.5.2007 are followed. However the existing powers upto Rs. 2 Lakh shall be exercised by Additional General Managers/General Managers and above Rs. 2 Lakh to Rs. 4 Lakh by General Managers only.

(Authority : Board's letter No. 2009/H/6-4/Policy/4 dated 26 .10.2009)

भारत सरकार  
रेल मंत्रालय  
(रेलवे बोर्ड)

क्र.सं. ०7 स्वास्थ्य/2009

सं. 2009/एच/6-4/पॉलिसी-4

नई दिल्ली, दि. 28.10.2009

महाप्रबंधक,  
संघी भारतीय रेलें, उत्पादन इकाइयां,  
महानिदेशक, अजमांस, लखनऊ.

**विषय : रेलकर्मियों को विशेष चिकित्सा उपचार के लिए अग्रिम भुगतान एवं रेफरल मामलों के संबंध में महोपबंधकों को शक्तियों का प्रत्यायोजन.**

आपातकालीन परिस्थितियों में रेल कर्मचारियों के उपचार के लिए गैर-मान्यता प्राप्त प्राइवेट अस्पतालों में रोगियों के रेफरल एवं अग्रिम भुगतान के लिए महाप्रबंधकों को शक्तियों के प्रत्यायोजन संबंधी मामले पर बोर्ड कार्यालय में विचार किया गया और यह विनिश्चय किया गया है कि यदि रेलवे अस्पताल अथवा मान्यता-प्राप्त प्राइवेट अस्पताल में उपचार की सुविधा उपलब्ध न हो तो गैर-मान्यता-प्राप्त प्राइवेट अस्पतालों में आपातकालीन मामलों में विशेष चिकित्सा उपचार के लिए रेफर करने की महाप्रबंधक की शक्तियों को 2 लाख रु. से बढ़ाकर प्रत्येक मामले में 4 लाख रु. कर दिया जाए और साथ ही उसका अग्रिम भुगतान रिलीज करने की भी शक्ति प्रदान की जाए। शर्तें उपचार की प्रभावोत्पादकता के संबंध में राय देते हुए मेडिकल बोर्ड ने उस प्राइवेट अस्पताल के लिए विशिष्ट रूप से रेफरल किया गया हो और विशेष रूप से यह उल्लेख किया गया हो (क) कि रोगी के ठीक होने की किलनी संभावनाएं हैं और (ख) क्या रोग पूर्णतः ठीक हो जाएगा या आंशिक रूप से और यदि आंशिक रूप से ठीक होगा तो उसके बाद रोग के आंशिक रूप से ठीक होने की संभावित अवधि और उसके बाद के उपचार और संभावित साइड एफेक्ट का विशेष रूप से उल्लेख किया जाए। मेडिकल बोर्ड की इस चिकित्सा रिपोर्ट के साथ संगत आंकड़े और मौजूदा संहितें भी प्रस्तुत किया जाए.

2. क्षेत्रीय रेलों तथा उत्पादन इकाइयों को उपर्युक्त प्रत्यायोजन रेलवे बोर्ड के दि. 16.10.2000 के पत्र सं. 2000/एच/6/1/पॉलिसी एवं बोर्ड के 27.2.08 के पत्र सं. 2008/एच/6/1/पॉलिसी 16 तथा 31.1.2007, 16.4.2007 तथा 16.5.07 के पत्र सं. 2005/एच/6/4/पॉलिसी-II में उल्लिखित मामलों के अनुपालन के अध्यधीन होगा। बहरहाल, 2 लाख रु. तक की मौजूदा शक्तियां अपर महाप्रबंधक/महाप्रबंधक तथा 2 लाख से 4 लाख रु. तक की शक्तियां केवल महाप्रबंधक द्वारा की प्रयोग की जाएंगी.

3. बहरहाल, इन शक्तियों को पुनः प्रत्यायोजित न किया जाए.

4. उपर्युक्त पैरा (1) तथा उनमें निर्धारित उपबंधों में अनुबद्ध उच्चतम सीमा से अधिक रकम के दावे रेलवे बोर्ड के विचारार्थ भेजे जाते रहेंगे.

5. ये अनुदेश इस पत्र के जारी होने की तारीख से प्रभावी होंगे.

6. इसे राष्ट्रपति की स्वीकृति प्राप्त है और इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है.

7. भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 के लिए अग्रिम शुद्धि पच्ची संलग्न है.

संलग्नक : यथोक्त

(डॉ. श्रीमती जयश्री राणा)  
कार्यपालक निदेशक, स्वास्थ्य (सा.)  
रेलवे बोर्ड

सं. 2009/एच/6-4/पॉलिसी-4

नई दिल्ली, दि. 26 .10.2009

प्रतिलिपि:-

1. विसमूलेधि, सभी भारतीय रेलें, चिरेका/डीरेका/सडिका/रेल कोच फैक्टरी/डीपुका/रेल पहिया कारखाना सहित
2. भारत के उप नियंत्रक एवं महा लेखा परीक्षक (रेलें), कमरा सं. 224, रेल भवन, नई दिल्ली.

(हस्ताक्षर)  
कृते वित्त आयुक्त(रेलें)  
रेलवे बोर्ड:

## भारतीय रेल चिकित्सा चियमावली, 2000 के पैरा 648 के लिए अग्रिम सुविध पची

पैरा 648 (2) के नीचे टिप्पणी के अंतर्गत मर् (II) को निम्नानुसार षढ़ा जाए.

यदि रेलवे अस्पताल अथवा मान्यता-प्राप्त अस्पताल में उपचार की सुविधा उपलब्ध न हो तो क्षेत्रीय रेलों के महाप्रबंधक आघातकालीन मामलों को, जिनकी लागत प्रत्येक मामले में 4,00,000 (केवल चार लाख रु.) तक होगी, नैस्मान्यताप्राप्त प्राइवेट अस्पतालों को रेफर कर सकते हैं और इसके लिए अग्रिम भुगतान यदि कोई हो, सीधे ऐसे प्राइवेट अस्पतालों को कर सकते हैं बशर्ते उपचार की प्रभावोत्पादकता के संबंध में राय देते हुए मेडिकल बोर्ड में उस प्राइवेट अस्पताल के लिए विशिष्ट रूप से रेफर किया गया हो, और विशेष रूप से यह उल्लेख किया गया हो कि रोगी के ठीक होने की कितनी संभावनाएं हैं और क्या रोग पूर्णतः ठीक हो जाएगा या आंशिक रूप से और यदि आंशिक रूप से ठीक होगा तो उसके बाद रोग के आंशिक रूप से ठीक होने की संभावित अवधि और उसके बाद के उपचार और संभावित साइड एफेक्ट का विशेष रूप से उल्लेख किया जाए. मेडिकल बोर्ड की इस चिकित्सा रिपोर्ट के साथ संगत आकंड़े और मौजूदा साहित्य भी प्रस्तुत किया जाए.

क्षेत्रीय रेलों तथा उत्पादन इकाइयों को उपर्युक्त प्रत्यायोजन रेलवे बोर्ड के दि. 16.10.2000 के पत्र सं. 2000/एच/6/1/पॉलिसी एवं बोर्ड के 27.2.08 के पत्र सं. 2008/एच/6/1/पॉलिसी 16 तथा 31.1.2007, 16.4.2007 तथा 16.5.07 के पत्र सं. 2005/एच/6/4/पॉलिसी-II में उल्लिखित मानदंडों के अनुपालन के अधीन होगा. बहरहाल, 2 लाख रु. तक की मौजूदा शक्तियां अपर महाप्रबंधक/महाप्रबंधक तथा 2 लाख से 4 लाख रु. तक की शक्तियां केवल महाप्रबंधक द्वारा की प्रयोग की जाएंगी.

(प्राधिकार: बोर्ड का दिनांक 26.10.2009 का पत्र सं. 2009/एच/6-4/पॉलिसी -4)

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

No. 2009/H-I/9/1 (Pt.)

New Delhi, dated 24.11.2009

**General Managers,,  
Northern Railway, North Central Railway,  
North Eastern Railway and East Central Railway.**

**Sub: - New Influenza A H1N1 Cooperation from Railway Hospitals in Uttar Pradesh for Prevention and Control of Influenza A H1N1.**

Further to this office letters of even number dated 12.5.2009, 29.5.2009 and 5.6.2009, 26.6.2009, 10.8.2009, 11.8.2009, 17.8.2009, 18.8.2009 and 20.8.2009 a copy of letter (alongwith its enclosures) No. 21/F/IDSP/Swine Flu/6483 dated 6.10.2009 received from Director General , Medical & Health Services, Uttar Pradesh, Lucknow addressed Director General/RHS on the above subject is enclosed herewith.

It is advised to take necessary action accordingly under intimation to this office.

DA/As above (three pages)

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

Fax: Rly: 030-43985, MTNL: 011-23303985

Telefax No. 011- 23388373

Copy for information and necessary action to: -

1. Chief Medical Directors, Northern Railway, North Central Railway, North Eastern Railway and East Central Railway .

2. Director General Medical and Health Services, Uttar Pradesh, Lucknow, with reference to his above quoted letter.

24/11

प्रेषक,

महानिदेशक,  
चिकित्सा एवं स्वास्थ्य सेवाएं,  
उ०प्र०, लखनऊ।

सेवा में,

महानिदेशक,  
रेलवे स्वास्थ्य सेवाएं,  
भारत सरकार, नई दिल्ली।

पत्रांक: 21फ/आई०डी०एस०पी०/स्वाइन फ्लू/८४६३

दिनांक: 06/10/09

विषय:—उत्तर प्रदेश में स्वाइन फ्लू की रोकथाम एवं परीक्षण हेतु रेलवे अस्पतालों का आवश्यकतानुसार सहयोग प्राप्त करने के सम्बंध में।

महोदय,

कृपया उपरोक्त विषयक संयुक्त सचिव, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार, नई दिल्ली के पत्र संख्या—टी० 18017/03/2009/पी०एच० II, दि०—11/09/09 (छायाप्रति संलग्न) का संदर्भ ग्रहण करें। आपसे यह अपेक्षा की जाती है कि स्वाइन फ्लू पैन्डेमिक के दृष्टिगत सतर्कता बरतते हुए अन्य प्रदेशों की तरह (महाराष्ट्र, तमिलनाडु, आन्ध्र प्रदेश इत्यादि) उत्तर प्रदेश में भी स्वाइन फ्लू के नियंत्रण में आपके अधीनस्थ ज़ोनल रेलवे चिकित्सालयों/जनपदीय रेलवे चिकित्सालयों में उपलब्ध स्क्रीनिंग एवं आइसोलेशन की सुविधाओं का उपयोग आवश्यकता पड़ने पर जनहित में किया जा सकेगा। स्वाइन फ्लू के उपचार हेतु आवश्यक औषधि ओसेल्टामिविर एवं सैम्पुल कलैक्शन किट प्रदेश के समस्त मण्डलीय अपर निदेशकों के माध्यम से जनपदों के मुख्य चिकित्साधिकारियों द्वारा उपलब्ध करायी जाएगी।

अतः आपसे अनुरोध है कि आप अपने अधीन सक्षम अधिकारियों को आवश्यक दिशा—निर्देश देने का कष्ट करें।

महानिदेशक,  
चिकित्सा एवं स्वास्थ्य सेवाएं,  
उ०प्र०, लखनऊ।

प्रतिलिपि:— निम्न को सूचनार्थ—

1. संयुक्त सचिव, स्वास्थ्य एवं परिवार कल्याण, मंत्रालय, भारत सरकार।
2. सचिव, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश शासन।
3. संयुक्त सचिव, उत्तर प्रदेश शासन (खाद्य एवं औषधि नियंत्रण अनुभाग)।
4. मण्डलीय अपर निदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, उत्तर प्रदेश।

|                                               |
|-----------------------------------------------|
| रेल मंत्रालय (रेलवे बोर्ड)<br>(Railway Board) |
| 16 NOV 2009                                   |
| RECEIVED / D. R. No. ....                     |
| उत्तर प्रदेश शासन                             |
| Section Diary No. ....                        |

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महानिदेशक,  
चिकित्सा एवं स्वास्थ्य सेवाएं,  
उ०प्र०, लखनऊ।

C.I. 1207-1  
13-02-1  
8268

No T-18017/03/2009-PH.II  
Government of India  
Ministry of Health and Family Welfare

Nirman Bhawan  
New Delhi-110108.

11<sup>th</sup> September, 2009

To

Chief Secretaries of all States/UTs  
Principal Secretaries/Secretaries(Health) of all States/UTs

**Sub: Influenza A H1N1 Pandemic –  
Assistance from hospitals of the Indian Railways.**

Sir/Madam,

Ministry of Health and Family Welfare had taken up with the Ministry of Railways the matter of extending assistance to State/UT authorities in the management of any outbreak of Influenza A H1N1 by providing facilities from the Railway hospitals.

The Director General Railway Health Services has intimated that the Zonal Railways administrations are maintaining close coordination with the State Health administrations and whenever any request is made, the Zonal Railways administrations would provide necessary assistance subject to their overall primary responsibility of providing health services to the Railways employees, their family members and their dependents. Therefore, it would be necessary for State/UT health authorities to include Railway hospitals(wherever available) in their overall programmes for creation/expansion of screening-cum-isolation facilities for Influenza A H1N1. The State/UT Government would also have to ensure supply of oseltamivir and sample collection kits to the Railways hospitals from their own stockpile. A copy of the communication received from the DG Railway Health services is enclosed for information and further necessary action.

Yours faithfully,



(VINEET CHAUDHRY)

JOINT SECRETARY TO GOVT. OF INDIA

Encl:a/a

Copy to:  
Dr. V.K. Ramteke,  
Director General Railway Health Services,  
Ministry of Railways,  
Railway Board,  
New Delhi-110001.

177

RCI 24/09/09  
24/09/09



Dr. V.K. Ramteke,  
Director General Railway Health Services

भारत सरकार  
रेल मंत्रालय, (रिस्वे बोर्ड)  
नई दिल्ली-११० ००१  
GOVERNMENT OF INDIA  
MINISTRY OF RAILWAYS  
(RAILWAY BOARD)  
NEW DELHI-110001

D.O. No. 2008/H-1/9/1

Dated : 9.2009

Dear Shri Chawdhry,

I am writing this letter in response to your letter dated 8<sup>th</sup> Sept., 2009 in the context of management of Influenza 'A' H1N1 pandemic.

Zonal Railways administrations are already maintaining close co-ordination with respective State Health administrations with respect to management of Influenza A-H1N1 pandemic. It is due to this that already four screening-cum-isolation centres are functioning in Railway Hospitals on the request of concerned State administrations after inspection by them to ensure proper isolation facilities in the wards and proper laboratory facilities for collection of samples. These are in the States of Maharashtra (two in Mumbai), Tamilnadu (Chennai) and Andhra Pradesh (Hyderabad).

The respective State Health Authorities are also looking after the supply of oseltamivir and sample collection kits to these Railway hospitals. We would like to continue the same methodology, if Zonal Railway Hospitals need to be included in the expansion of screening-cum-isolation facilities for Influenza -A H1N1 persons. It would be helpful if Ministry of Health & Family Welfare, Govt. of India advises the concerned State Health Administrations to do needful if any Railway hospitals are to be included in the Health System in the management of Influenza -A- H1N1 Pandemic

Needless to reiterate that Railway Hospitals and Health Facilities have primary responsibility of providing health services to the Railway employees, their family members and dependents. However, in times of crisis Railway Hospitals and Health Facilities have been made accessible to the extent feasible and provided for.

I would appreciate if action in this regard is initiated on priority.

With regards.

Yours sincerely,  
  
(Dr. V.K. Ramteke)

Shri Vineet Chawdhry, IAS  
Joint Secretary,  
Ministry of Health and Family Welfare,  
Room No. 147 'A', Nirman Bhawan,  
New Delhi - 110108, Telephone No. 23062579.

For circulation

10.9

S.No. 8 Health/2009

भारत सरकार Government of India  
रेल मंत्रालय Ministry of Railways  
(रेलवे बोर्ड Railway Board)

No. 2007/H/28/1/RELHS/Misc

New Delhi, dated 30.11.2009

The General Managers,  
All Indian Railways (Including Production Units)  
Director General, RDSO/Lucknow.

Sub.: Joining of RELHS, 97 – Technical resignation.  
Ref.: Board's letter No. F(E)III/86/PN1/5 dated 16.4.86.

\*\*\*\*\*

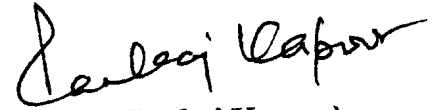
The matter regarding joining of Retired Railway Employees Liberalized Health Scheme, 97 (RELHS, 97) by Railway employees who submit resignation from Railway service on permanent absorption in PSUs had been under examination in Board's office.

2. It has been decided that the resignation submitted by the Railway employees on permanent absorption in PSUs is to be taken as "Technical Resignation" and that they should be permitted to join RELHS-97 subject to fulfillment of the conditions prescribed in this regard.

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

4. Accordingly, an Advance Correction Slip, as an amendment to Para 612 A(2) of IRMM-2000, is enclosed.

DA: As above.



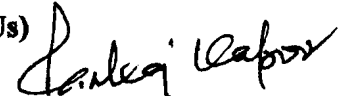
(Dr. Pankaj Kapoor)  
Executive Director, Health (Plg.)  
Railway Board.

No. 2007/H/28/1/RELHS/Misc

New Delhi, dated 30.11.09

Copy forwarded to:

1. CPOs/CMDs/All Indian Railways (Including PUs)
2. FA&CAO/All Indian Railways (Including PUs)



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

No. 2007/H/28/1/RELHS/Misc

New Delhi, dated 30.11.09

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.

**Advance Correction Slip to Para 612 A(2) of Indian Railway Medical Manual Volume Third Edition, 2000.**

**(2) Eligibility**

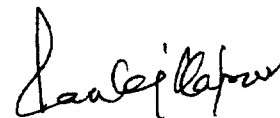
The following may be inserted as item (iv) under the existing sentence "These orders are not applicable to those Railway servants who quit service by resignation"

(iv) ..... However, the resignation tendered by Railway employees on permanent absorption in PSUs/Autonomous Bodies is treated as "technical resignation" and they will become entitled to enroll themselves as members of RELHS subject to fulfillment of the prescribed conditions.

**(Authority : Board's letter No. 2007/H/28/1/RELHS/Misc dated 30.11.09)**

## Copy to:

- 1 Chief Medical Superintendents, 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, IRSET, 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, 1<sup>st</sup> 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 Member Secretary, Expert Committee, Room No. 507, Rail Bhawan, New Delhi.
- 12 The Chairman, RCC, Lok Sabha Secretariat, New Delhi.
- 13 The Chairman, RRT, Chennai.
- 14 The Chairman, RCT.13/15 Mal Rod, Delhi- 54.
- 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. Pankaj Kapoor)  
Executive Director, Health (Pg.)  
Railway Board.

## Copy to:

- 1 The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi.
- 2 The General Secretary, NFR, 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), &amp; 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. 2007/एच/28/1/आरईएलएचएस/विविध

नई दिल्ली, दि. 30.11.09

महाप्रबंधक,  
सभी भारतीय रेलें (उत्पादन इकाइयों सहित).  
महानिदेशक, अमासं./लखनऊ.

**विषय: सेवानिवृत्त रेल कर्मचारी उदारीकृत स्वास्थ्य योजना, 97 में सम्मिलित होना- तकनीकी त्यागपत्र.**

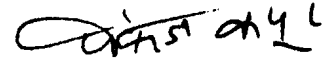
**संदर्भ: बोर्ड का दि. 16.4.86 का पत्र सं. एक (ई) III/86/पी एन 1/5.**

वे रेल कर्मचारी, जिन्होंने सार्वजनिक क्षेत्र के उपक्रमों में स्थायी आमेदन पर रेल सेवा से अपना त्यागपत्र दे दिया है, उन रेल कर्मचारियों को सेवानिवृत्त रेल कर्मचारी उदारीकृत स्वास्थ्य योजना, 97 (आर ई एल एच एस, 97) में सम्मिलित करने से संबंधित मामले की बोर्ड कार्यालय में जांच की जा रही थी.

2. यह विनिश्चय किया गया है कि सार्वजनिक क्षेत्र उपक्रमों में स्थायी आमेदन पर रेल कर्मचारी द्वारा दिए गए त्यागपत्र को "तकनीकी त्यागपत्र" के रूप में लिया जाएगा और उन्हें इस संबंध में निर्धारित शर्तों को पूरा करने के अध्यक्षीन आर ई एल एच एस-97 में सम्मिलित होने की अनुमति दी जाए.

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

4. तदनुसार, भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 612 (क) 2 को संशोधित करने के लिए अग्रिम शुद्धि पर्वी संलग्न है.



(डॉ. वंकरज कपूर)

कार्यपालक निदेशक, स्वास्थ्य (योजना)

रेलवे बोर्ड

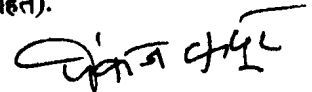
संलग्न: बंधोक्त

सं. 2007/एच/28/1/आरईएलएचएस/विविध

प्रतिलिपि अग्रेषित:

नई दिल्ली, दि. 30.11.09

1. मुख्य कार्मिक अधिकारी/मुख्य चिकित्सा निदेशक, सभी भारतीय रेलें (उत्पादन इकाइयों सहित).
2. वित्त सलाहकार एवं मुख्य लेखाधिकारी, सभी भारतीय रेलें (सभी उत्पादन इकाइयों सहित).



(डॉ. वंकरज कपूर)

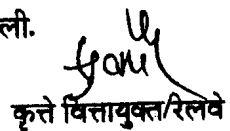
कार्यपालक निदेशक, स्वास्थ्य (योजना)

रेलवे बोर्ड

सं. 2007/एच/28/1/आरईएलएचएस/विविध

प्रतिलिपि अग्रेषित:-

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

  
कृते वित्तायुक्त/रेलवे

एफ (ई) स्पे./रेलवे बोर्ड को प्रति.

**भारतीय रेल धिकित्सा नियमावली, जिल्द -I, तृतीय संस्करण, 2000 के पैरा 612 क (2) के लिए  
अग्रिम शुद्धि पची**

**(2) पात्रता:**

वर्तमान वाक्य "वे रेल सेवक जो त्यागपत्र देकर सेवा मुक्त हुए हैं, के लिए ये आदेश लागू नहीं होंगे" के नीचे मद (iv) के रूप में निम्नलिखित को शामिल किया जाए.

(iv) -----बहरहाल, सार्वजनिक क्षेत्र उपक्रमों/स्वायत्त निकायों में स्थायी आमेलन पर रेल कर्मचारियों द्वारा दिए गए त्यागपत्र को "तकनीकी त्यागपत्र" के रूप में माना जाए और वे निर्धारित शर्तों को पूरा करने के अध्यक्षीन स्वयं को आर ई एल एच एस के सदस्य के रूप नामांकित कराने के हकदार होंगे.

(प्राधिकार: बोर्ड का दिनांक 30.11.09 का पत्र सं. 2007/एच/28/1/आरईएलएचएस/विविध).

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

S.No. 09/2009 of Health

No. 2007/H/6-4/Policy-1

New Delhi, dated 8.11.2009

The General Manager,  
All Indian Railways (Including PUs).

**Sub.: Delegation of powers to Additional General Managers for (a) Reimbursement of medical expenses and (b) Advance payment and referral for procurement of pace maker.**

**Ref.: Board's letter No.2007/H/6-4/Policy dated 26.11.07 and 2005/H/6-4/Policy dated 17.8.09.**

\*\*\*\*\*

The matter regarding further delegation of powers to Additional General Managers to settle claims of Railway employees for reimbursement of medical expenses has been examined in detail in Board's office and it has been decided to delegate powers of General Managers to Additional General Managers also up to an amount of Rs. 2 lakh with the same terms and conditions.

2. These powers, however, may not be re-delegated further.
3. These instructions shall be effective from the date of issue of this letter.
4. This has the sanction of the President and issues with the concurrence of Finance Directorate of Ministry of Railways.
5. Accordingly, amended ACS to Para 648 and 651 of IRMM, 2000 is enclosed.
6. This disposes of N.Rly's D.O. No. 154-Med/O/Pt.IV/Loose dated 27.2.09.

Encl.: As above.

(डा. (श्रीमती) जयश्री राना) (Dr. (Mrs.) Jayashree Rana)  
कार्यकारी निदेशक, स्वास्थ्य (सामा.) Executive Director, Health (Genl.)  
रेलवे बोर्ड Railway Board.

Copy to All Chief Medical Directors, All Indian Railways.

No. 2008/H/6-4 Policy 1

New Delhi, dated 8.11.2009

Copy to:

1. The FA&CAOs, All Indian Railways including CLW/DLW/ICF/RCF/RWF
2. Deputy Comptroller and Auditor General of India(Rlys.), Room No.224, Rail Bhawan, New Delhi.

For Financial Commissioner/Railways,

**Advance Correction slip for amendment of Para 648 and 651 of IRMM - 2000****Para 648(1) & (2) may be read as under:****648. Treatment in an emergency:**

(1) Where in an emergency, a Railway employee or his dependant has to go for treatment (including confinement) to a Government hospital or a recognized hospital) or a dispensary run by a philanthropic organization, without prior consultation with the Authorised Medical Officer, reimbursement of the expenses incurred, to the extent otherwise admissible, will be permitted. In such a case, before reimbursement is admitted, it will be necessary to obtain, in addition to other documents prescribed, a certificate in the prescribed form as given in part C of certificate B of Annexure III to this Chapter from the Medical Superintendent of the hospital to the effect that the facilities provided were the minimum which were essential for the patient's treatment. In such cases, the General Managers/Additional General Managers are delegated with powers to allow:

- (a) Full reimbursement of medical expenses including pace maker in case of Govt. hospital and
- (b) Upto a limit of Rs. 2,00,000/- (Rupees Two lakh) in each case including pace maker where treatment is taken in Recognized/non-recognized hospitals and dispensaries run by philanthropic organizations with proper referral by Authorized Medical Officer(AMO) in emergent circumstances. All cases above Rupees two lakh should be referred to the Railway Board along with the proforma given in Annexure VI to this chapter, duly filling all the columns. The above delegation to Zonal Railways and Production Units is subject to the norms prescribed in Railway Board's letter No. 2005/H/6-4/ Policy-II dated 31.1.2007 being followed.

(2) In case, where the treatment had to be taken in private/non-recognised hospitals in emergent circumstances, without being referred by the Authorised Medical Officer, the General Manages/Additional General Managers are empowered to settle reimbursement claims upto Rs. 2 lakh per case, including Pacemaker. It should be ensured that treatment taken in private hospitals by Railway men is reimbursed only in emergent cases and for the shortest and unavoidable spell of time. All claims above Rs. 2 lakh should be referred to the Railway Board along with the duly filled in proforma given in Annexure VI to this chapter.

Note (i) These powers, as mentioned in sub paras 1) & 2) above, will not be delegated further to any lower authorities and will be exercised by the GM/AGM personally, duly scrutinized by CMD/CMS (in case of Production Units) and concurred by FA&CAO.

(ii) If the treatment is neither available at Railway Hospital nor at recognized hospitals, GM/AGM of Zonal Railways may refer the emergent cases to Private Non-recognized hospitals, involving the cost upto Rs. 2,00,000/-(Rupees Two lakh only) in each case including Pacemaker and also to release advance payment thereof if any, directly to such hospitals provided the patient had specifically been referred to that private non-recognized hospital by AMO. The above delegation to Zonal Railway and Production Units is subject to the norms prescribed in Railway Board's letters No. 2005/H/6-4/Policy0II dated 31.1.07 and 16.4.2007.

**Para 651 may be read as under:**

1. The State Government, where agreeable, should debit the Railway administration concerned by preferring bills for those items for which reimbursement is permissible. To facilitate payment to such of the Government hospitals which press for advance deposit of money for the treatment of cases referred to them, the CMS in charge of the Division concerned may be allowed an imprest. The holder of the imprest should submit a report for the amount spent. Further, the General Managers/Additional General Managers may sanction advance payment up to the reimbursable portion of the anticipated cost of the treatment including pace maker or up to Rs. 5 lakh, whichever, is less on recommendations of the CMD and with the concurrence of the FA&CAO, towards the treatment of Railway beneficiary in Government hospitals where they are officially referred by the Authorized Medical Officer. However, efforts should be made for payments through bill system or in installments agreeable to the concerned hospital authorities through negotiation. In order to meet some urgent requirements to save the life of the patients, DRMs of the Divisions can also sanction such advance payment within their delegated powers with the concurrence of the Divisional Finance and on recommendations of the CMS of the Divisional Hospitals.
2. In case of referral by Authorized Medical Officer to non-recognized private hospitals ceiling for sanction of advance payment by General Managers/Additional General Managers shall be Rs. Two Lakh only per case, including pacemaker. All other terms and conditions for sanction shall remain the same.
3. In case of referral, in emergent case, by Authorized Medical Officer to non-recognized private hospitals ceiling for sanction of advance payment by General Managers shall be Rs. Four Lakh only per case, including pacemaker. All other terms and conditions for sanction shall remain the same.

**(Authority: Board's letter No. 2007/H/6-4/Policy-1 dated 8.12.2009)**

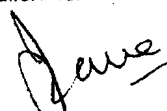
Endorsement 4

No. 2007/H/6-4/policy -1

New Delhi, dated 8.12.2009

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/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., Konkarn Railway Corpn. Ltd. Belapur Bhawan Sector-11, CBD Belapur, Navi Mumbai, RVNL, Plot No. 25, 1<sup>st</sup> 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. (Mrs.) Jayashree Rana)  
Executive Director, Health(G)  
Railway Board.

No. 2007/H/6-4/policy-I

New Delhi, dated 8.12.2009

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. 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)

S.No. 09/2009 of Health

सं. 2007/एच/6-4/पॉलिसी-1

नई दिल्ली, दि. 8.12.2009

महाप्रबंधक,  
सभी भारतीय रेलें, (उत्पादन इकाइयों सहित)।

विषय : (क) चिकित्सा व्यय की प्रतिपूर्ति और (ख) गेस मेकर की खरीद के लिए अग्रिम भुगतान और  
रेफरल के लिए अपर महाप्रबंधकों को शक्तियों का प्रत्यायोजन।

संदर्भ : बोर्ड का दिनांक 26.11.2007 का पत्र सं. 2007/एच/ 6-4/पॉलिसी और दिनांक 17.08.2009  
का पत्र सं. 2005/एच/6-4/पॉलिसी।

चिकित्सा व्यय की प्रतिपूर्ति हेतु रेलवे कर्मचारियों के दावों के निपटान के लिए अपर महाप्रबंधकों को शक्तियों के  
प्रत्यायोजन संबंधी मामले पर बोर्ड कार्यालय में विस्तारपूर्वक जांच की गई है और यह विनिश्चय किया गया है कि महाप्रबंधकों  
की 2 लाख रुपए तक की राशि की शक्तियों को उन्हीं निबंधनों और शर्तों के साथ अपर महाप्रबंधकों को भी प्रत्योजित किया  
जाए।

2. बहरहाल, इन शक्तियों को आगे पुनः प्रत्यायोजित न किया जाए।
3. ये अनुदेश इस पत्र के जारी होने की तारीख से प्रभावी होंगे।
4. इसे राष्ट्रपति की स्वीकृति प्राप्त है और इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है।
5. तदनुसार, भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 और 651 के लिए अग्रिम शुद्धि पची संलग्न है।
6. इससे उत्तर रेलवे के दिनांक 27.3.2009 के अ.शा.पत्र सं. 154-मेड./ओ/पार्ट IV/लूज का निपटारा हो जाता है।

संलग्नक : यथोक्त

(डॉ. श्रीमती जयश्री राणा)  
कार्यपालक निदेशक, स्वा. (सामान्य)  
रेलवे बोर्ड

सभी मुख्य चिकित्सा निदेशक, सभी भारतीय रेलें को प्रतिलिपि प्रेषित।

सं. 2007/एच/6-4/पॉलिसी-1

नई दिल्ली, दि. 8.12.2009

प्रतिलिपि:-

1. बिसमलेख, सभी भारतीय रेलें, बिरेका/डीरेका/सडिकारिल कोच फैक्टरी/डीपुका/रिल एहिया कारखाना सहित
2. भारत के उप नियंत्रक एवं महा लेखा परीक्षक (रेलें), कमरा सं. 224, रेल भवन, नई दिल्ली।

कृते वित्त आयुक्त/रेलें  
रेलवे बोर्ड

भारतीय रेल चिकित्सा निष्ठावली, 2000 के पैरा 648 एवं 651 के संशोधन के लिए अग्रिम श्रद्धि पथी पैरा 648 (1) एवं (2) को निम्नानुसार बढ़ा जाए :-

#### 648. आपातस्थिति में उपचार:

1. जहां आपातस्थिति में रेल कर्मचारी को या उसके आश्रित को प्राधिकृत चिकित्सा अधिकारी से पूर्व परामर्श लिए बिना उपचार (प्रसव सहित) के लिए सरकारी अस्पताल या मान्यता प्राप्त अस्पताल या किसी धर्मार्थ संगठन द्वारा संचालित औषधालय में जाना पड़े तो जितना खर्च हुआ है उसकी उस सीमा तक, जो अन्यथा स्वीकार्य है, प्रतिपूर्ति की जाएगी. ऐसे मामले में प्रतिपूर्ति स्वीकार करने से पहले यह आवश्यक होगा कि अन्य निर्धारित प्रलेखों के अलावा अस्पताल के चिकित्सा अधीक्षक से इस अध्याय के अनुबंध -III के प्रमाण-पत्र 'ख' के भाग 'ग' में निहित प्रोफार्मा में इस आशय का प्रमाण पत्र प्राप्त कर लिया जाए कि जो सुविधाएं दी गई हैं, वे न्यूनतम थीं और रोगी के उपचार के लिए अनिवार्य थीं. ऐसे मामलों में, महाप्रबंधकों/अपर महाप्रबंधकों को निम्नलिखित के लिए शक्तियां प्रत्यायोजित की जाती हैं:

(क) सरकारी अस्पताल के मामले में पेस मेकर सहित चिकित्सा व्ययों की पूरी प्रतिपूर्ति ; और

(ख) आपातस्थिति में जब प्राधिकृत चिकित्सा अधिकारी से उचित रूप से रेफर कराकर किसी मान्यता प्राप्त/गैर-मान्यता प्राप्त अस्पतालों और धर्मार्थ संगठनों द्वारा चलाए जा रहे औषधालयों में इलाज कराना पड़े हो, तब प्रत्येक मामले में पेसमेकर सहित 2,00,000/-रुपए तक की गई सीमा. दो लाख रुपए से अधिक के सभी मामलों को इस अध्याय के अनुबंध vi में दिए गए अनुसार प्रोफार्मा के सभी कॉलमों को विधिवत् भरकर संलग्न करते हुए रेलवे बोर्ड को भेजा जाना चाहिए. क्षेत्रीय रेलों और उत्पादन इकाइयों के उपर्युक्त प्रत्यायोजन पर रेलवे बोर्ड के दिनांक 31.1.07 के पत्र सं. 2005/एच/6-4/पॉलिसी II में निर्धारित मानकों के अध्याधीन कार्रवाई की जा रही है।

2. उन मामलों में जहां प्राधिकृत चिकित्सा अधिकारी द्वारा संदर्भित किए बिना ही आपातस्थिति में निजी गैर-मान्यता प्राप्त प्राइवेट अस्पताल में उपचार कराया गया हो, महाप्रबंधकों/अपर महाप्रबंधकों को ऐसे प्रत्येक मामले में पेसमेकर सहित रु. 2 लाख रु. तक के प्रतिपूर्ति दावों को निपटाने के लिए शक्तियां प्राप्त हैं. यह सुनिश्चित कर लेना चाहिए कि रेलकर्मियों द्वारा अस्पतालों में उपचार केवल आपातस्थिति में ही व न्यूनतम व अत्यावश्यक अवधि के लिए ही कराया जाए. 2 लाख रु. से अधिक के सारे दावों को इस अध्याय के अनुबंध VI में दिए गए प्रोफार्मा (भरने के उपरांत), के साथ रेलवे बोर्ड को भेजा जाना चाहिए.

टिप्पणी : (i) उप पैरा 1) व 2) में उल्लिखित ये शक्तियां किन्हीं निम्न श्रेणी के अधिकारियों को आगे प्रत्यायोजित नहीं होंगी व इनका उपयोग मुख्य चिकित्सा निदेशक/मुख्य चिकित्सा अधीक्षकों (उत्पादन इकाइयों के मामले में) द्वारा जांच कराके व विसमुलेधि की सहमति लेकर व्यक्तिगत रूप से महाप्रबंधक/अपर महाप्रबंधक द्वारा ही किया जाएगा.

(ii) आपातस्थिति में यदि इलाज न तो रेलवे अस्पताल और न ही किसी मान्यता प्राप्त अस्पताल में उपलब्ध हो तो क्षेत्रीय रेलवे के महाप्रबंधक/अपर महाप्रबंधक किसी भी गैर-मान्यता प्राप्त प्राइवेट अस्पताल के लिए रेफर कर सकते हैं जिसमें प्रत्येक मामले में पेसमेकर सहित 2,00,000/- रु. (दो लाख रुपए) तक की लागत शामिल है और यदि कोई अग्रिम भुगतान है तो सीधे अस्पताल को भी रिलीज कर सकते हैं बशर्ते कि रोगी को विशेष रूप से प्राधिकृत चिकित्सा अधिकारी द्वारा उस गैर-मान्यता प्राप्त प्राइवेट अस्पताल को रेफर किया गया हो। क्षेत्रीय रेलों और उत्पादन इकाइयों को उपर्युक्त प्रत्यायोजन रेलवे बोर्ड के दिनांक 31.1.07 और 16.4.2007 के पत्र सं. 2005/6-4/पॉलिसी-II में निर्धारित मानकों के अधीन है।

#### **पैरा 651 को निम्नानुसार पढ़ा जाए :**

1. यदि राज्य सरकार सहमत हो, तो उसके द्वारा उन मदों के बिल, जिनकी प्रतिपूर्ति अनुमेय है, भेजकर रेल प्रशासन के नाम रकम डाली जाए। जो सरकारी/मान्यता प्राप्त अस्पताल इस बात पर जोर देते हैं कि उनको भेजे गए रोगियों के उपचार के लिए रकम अग्रिम जमा की जाए, उन्हें भुगतान किए जाने के लिए संबंधित मंडल के प्रभारी मुख्य चिकित्सा अधीक्षक के पास अग्रदाय रखने की व्यवस्था की जाए। अग्रदायधारी द्वारा खर्च की गई राशि की रिपोर्ट प्रस्तुत की जानी चाहिए। सरकारी अस्पतालों में रेल लाभार्थियों के उपचार हेतु मुख्य चिकित्सा निदेशक के परामर्श एवं वित्त सलाहकार एवं मुख्य लेखा अधिकारी की सहमति से पेसमेकर सहित उपचार की प्रत्याशित लागत के प्रतिपूर्ति होने वाले भाग अथवा 5 लाख रुपए तक की राशि, जो न्यूनतम हो, के भुगतान की मंजूरी महाप्रबंधकों/अपर महाप्रबंधकों द्वारा दी जा सकती है यदि रोगियों को इन अस्पतालों में प्राधिकृत चिकित्सा अधिकारी द्वारा भेजा जाए। फिर भी इस बात के प्रयास किए जाने चाहिए कि भुगतान बिल प्रणाली द्वारा किए जाए अथवा संबंधित चिकित्साधिकारियों से वार्ता करके उनकी सहमति लेकर किशतों में किया जाए। रोगियों का जीवन बचाने के लिए कुछ तत्काल आवश्यकताओं को पूरा करने के उद्देश्य से मंडलों के मंडल रेल प्रबंधक भी मंडल की वित्तीय सहमति से तथा मंडल अस्पताल के मुख्य चिकित्सा अधीक्षक की सिफारिश से उन्हें प्रत्यायोजित शक्तियों के भीतर ऐसे अग्रिम भुगतान की भी स्वीकृति दे सकते हैं।
2. प्राधिकृत चिकित्सा अधिकारी द्वारा गैर-मान्यता प्राप्त प्राइवेट अस्पताल के लिए रेफर किए गए मामले में, महाप्रबंधकों/अपर महाप्रबंधकों द्वारा अग्रिम भुगतान की स्वीकृति के लिए उच्चतम सीमा प्रत्येक मामले में पेसमेकर सहित दो लाख रुपए होगी। स्वीकृति के लिए अन्य सभी निबंधन और शर्तें अपरिवर्तित रहेंगी।
3. **आपातस्थिति में,** प्राधिकृत चिकित्सा अधिकारी द्वारा गैर-मान्यता प्राप्त प्राइवेट अस्पताल के लिए रेफर किए गए मामले में, महाप्रबंधकों द्वारा अग्रिम भुगतान की स्वीकृति के लिए प्रत्येक

मामले में उच्चतम सीमा पेसमेकर सहित 4 लाख रुपए होगी. स्वीकृति की अन्य सभी  
निबंधन और शर्तें अपरिवर्तित रहेगी.

**(प्राधिकारी : बोर्ड का दिनांक 8.12.09 का पत्र सं. 2007/एच/6-4/पॉलिसी-1).**

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

**No. 2009/H-1/3/5**

**New Delhi, dated 11.12.2009**

**The Chief Medical Directors,  
All Indian Railways and Production Units  
(Except Eastern, Northeast Frontier, Southern,  
Western, East Coast and Rail Coach Factory.**

**Sub: Training in Family of International Classifications (ICD – 10 & ICF).**

Further to this office letter of even number dated 8.10.2009 it is intimated that Central Bureau of Health Intelligence (CBHI) conducts in-service orientation training courses regularly for the officers/staff working in the health related fields through its various training centers. During the Financial Year 2010-11, the following training courses will be conducted:

1. Master Trainer on Family of International Classification (ICD-10 & ICF) (one week).
2. Family of International Classifications (ICD-10 & ICF) for Non-medical Personnel (one week).

The schedule of these in-service training courses during the financial year 2010-11 at various training centers of CBHI is enclosed at Annex. - I, which also highlights the eligibility criteria for selection of the candidates to these courses, dates of training courses, batch size, the last date of receipt of duly recommended application(s) in the prescribed format at various training centers covering specific technical area. The complete address, Telephone/fax, e-mail & GRAM of all the training centers of CBHI are attached as Annex. – II.

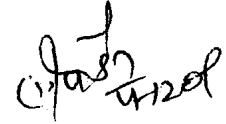
The selected candidates for these courses, will be paid entitled TA as per provisions of Railway Guidelines and honorarium @Rs.200/- for Group 'A' (and equivalent) selected candidates and @ Rs.125/- for Group 'B' & 'C' (and equivalent) selected participant, per working day on which training is attended by the selected candidate. The period of training will be treated as "on duty" for the selected candidates.

It is requested to kindly circulate this training schedule to all Hospitals under your jurisdiction and kindly sponsor only the eligible candidates for the above said training course.

A copy of the prescribed application form is enclosed at Annex. III which may be photocopied in requisite number(s). This application form can also be downloaded from the CBHI website [www.cbhidghs.nic.in](http://www.cbhidghs.nic.in). A duly recommended application(s) of eligible candidate(s) complete in all respects, may please be sent to the relevant/concerned training centre covering your Zonal Railway/Production Units, as per training schedule, positively to reach the training institution before/by the last date of receipt as indicated against each course in the enclosed schedule. The selected candidates and their sponsoring organizations for said course will be informed accordingly well before the commencement of the course(s). The selected candidate(s) will be requested to report for the concerned training course on time. Any candidate, if does not report in the forenoon of the first day of concerned training course, he or she will not be permitted to join the course.

These training courses are very important in the direction of improving and strengthening the much needed health information system in the Railway at every level. Your valuable cooperation is extremely essential for ensuring full utilization of this in service training facility in order to improve and strengthen the health information as well as medical record departments in the hospitals under your jurisdiction.

Action taken in this regard may please intimated to the undersigned at an early date.



(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](mailto:dhfw@rb.railnet.gov.in)

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

Fax: Rly: 030-43985, MTNL: 011-23303985

Telefax No. 011- 23388373

DA/As above.

Copy for information to:

Central Bureau of Health Intelligence, Dte General of Health Services,  
Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi -110011.

**ANNEX. I A**

| <b>S. No.</b> | <b>Name of the Training Course, Duration and Batch Size</b>                                                        | <b>Eligibility Criteria for Admission of Candidate(s) in the Training Course</b>                                                                                                                                                                                                                | <b>Training Centers</b>                                                              | <b>Dates of Training Course(s)</b>                                     | <b>Last date of Receipt of Duty Sponsored Application in Prescribed Forms at Training Centers</b> | <b>Zonal Railway/ Production Unit.</b>                                                                   |
|---------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1.            | <b>Training course of Master Trainers on Family of International Classification (ICD- 10 &amp; ICF) (one week)</b> | A team of following three officers from one Zonal Railway<br><br>1) Zonal Railway Nodal Officers for ICD-10 & ICF<br><br>2) Medical Record Officer (MRO) OR Medical Record Department Incharge from Railway Hospital.<br><br>3) CHD/Dy. CMD (H&FW)/ Dy. CMD (IH), if any may also be nominated. | Regional Health Statistics Training Centre (RHSTC), Mohali, Punjab (near Chandigarh) | 04-08 Oct. 2010<br><br><br><br><br><br><br><br><br><br>03-07 Jan. 2011 | 13 Aug. 2010<br><br><br><br><br><br><br><br><br><br>05 Nov. 2010                                  | CR, RDSO/LKO, DMW/PTA, RCF/KXH, NR, ER, SER, WR,<br><br><br><br><br><br><br><br><br><br>SCR, SWR, SR, NR |

**ANNEX. I B**

| S. No. | Name of the Training Course, Duration and Batch Size                                                                                                              | Eligibility Criteria for Admission of Candidate(s) in the Training Course                                                                                     | Training Centers                               | Dates of Training Course(s) | Last date of Receipt of Duty Sponsored Application in Prescribed Forms at Training Centers | Zonal Railway/ Production Unit.                                     |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1.     | <b>Orientation Training Course on Family of International Classification (ICD – 10 &amp; ICF) for Non-Medical Personnel (One week) (20 Candidates per course)</b> | Non Medical Official of Group – C and above levels employed on regular basis in Railways and engaged in preparation, handling & records at Railway Hospitals. | RHSTC, Mohali                                  | 10-14 May 2010              | 12 March 2010                                                                              | ECR, ECoR, NR, RDSO/LKO, DMW/PTA, RCF/KXH, NCR, NER, NWR, SECR, WCR |
|        |                                                                                                                                                                   |                                                                                                                                                               |                                                | 15-19 Nov. 2010             | 17 Sept. 2010                                                                              |                                                                     |
|        |                                                                                                                                                                   |                                                                                                                                                               | FSU (CBHI) at ROHFW/G OI, Bangalore, Karnataka | 12-16 July. 2010            | 14 May 2010                                                                                | SR, ICF/Chennai, SCR, SWR, RWF/Yelahanka                            |
|        |                                                                                                                                                                   |                                                                                                                                                               | FSU                                            | 03-07 Jan 2011              | 5 Nov. 2010                                                                                |                                                                     |
|        |                                                                                                                                                                   |                                                                                                                                                               |                                                | 2-6 Aug.                    | 9 June 2010                                                                                | CR,                                                                 |

|  |  |  |                                               |                                     |                               |                                      |
|--|--|--|-----------------------------------------------|-------------------------------------|-------------------------------|--------------------------------------|
|  |  |  | (CBHI) at ROHFW/G OI, Bhopal, Madhya Pradesh  | 2010<br>21-25 Feb. 2011             | 24 Dec. 2010                  | SWR, RWF/Yelahanka, WR, WCR,         |
|  |  |  | FSU (CBHI) at ROHFW/G OI, Bhubaneswar, Orissa | 20-24 Sept 2010<br>14-18 March 2011 | 23 July 2010<br>14 Jan. 2011  | ER, CLW/Chittaranjan, ECoR, NFR, SER |
|  |  |  | FSU (CBHI) at ROHFW/G OI, Jaipur, Rajasthan   | 19-23 April 2010<br>18-22 Oct 2010  | 19 Feb 2010<br>27 Aug. 2010   | NWR, WCR, NR, WR                     |
|  |  |  | FSU (CBHI) at ROHFW/G OI, Uttar Pradesh       | 17-21 May 2010<br>15-19 Nov 2010    | 19 March 2010<br>24 Sept 2010 | NR, NER, NCR                         |
|  |  |  | FSU (CBHI) at ROHFW/G OI, Patna, Bihar        | 21-25 June 2010<br>20-24 Dec 2010   | 23 April 2010<br>22 Oct. 2010 | ER, CLW/Chittaranjan, ECR, NFR,      |

**LIST OF TRAINING CENTRES FOR CBHI INSERVICE TRAINING COURSES**

| Sl. No. | Name of CBHI Training Centre with Address                                                                                                                                              | Telephone/Fax/E-mail/Website                                                                                                            |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1.      | Officer Incharge,<br>Regional Health Statistics Training Centre (RHSTC),<br>Primary Health Centre Annexe, Phase 3-B-1,<br>SAS Nagar, Mohali,<br>Punjab-160059 (16 km. From Chandigarh) | Tel/fax : 0172-2261070<br>E-mail: rhstcmohali@yahoo.com                                                                                 |
| 2.      | Senior Regional Director (Health & Family Welfare)/GOI,<br>2 <sup>nd</sup> floor, F-Wing<br>Kendriya Sadan, Koramangala<br>Bangalore-560034, Karnataka                                 | Tel : 080-25537310, 25537688<br>Fax : 080-25539249<br>Gram : PARISWASTH BANGALORE<br>E-mail : rhobng@kar.nic.in                         |
| 3.      | Regional Director (Health & Family Welfare)/GOI,<br>32 Purjor House – 2 <sup>nd</sup> floor,<br>Indira Press Complex<br>Zone-I, Maharana Pratap Nagar<br>Bhopal-462011, Madhya Pradesh | Tel : 0755-2553374<br>Fax : 0755-2553374<br>Gram : PARISWASTH BHOPAL<br>E-mail : rohfwbho@mp.nic.in                                     |
| 4.      | Regional Director (Health & Family Welfare)/GOI<br>BJ-25, BJB Nagar,<br>Bhubaneswar-751014, Orissa                                                                                     | Tel : 0674-2431708<br>Fax : 0674-2431904<br>Gram : PARISWASTH BHUBANESWAR<br>E-mail : rohfwbbs@rediffmail.com                           |
| 5.      | Sr. Regional Director (Health & Family Welfare)/GOI,<br>Kendriya Sadan, Block B<br>2 <sup>nd</sup> Floor, Sector-10<br>Vidhyadhar Nagar<br>Jaipur-302001, Rajasthan                    | Tel : 0141-2236845, 2500839<br>Fax : 0141-2236818<br>Gram : PARISWASTH JAIPUR<br>E-mail : rdrhojp@raj.nic.in                            |
| 6.      | Regional Director (Health & Family Welfare)/GOI<br>Hall No.III, 9 <sup>th</sup> Floor<br>Kendriya Bhavan, Aliganj,<br>Lucknow-226024, Uttar Pradesh.                                   | Tel : 0522-2325268, 2332399<br>Fax : 0522-2325268<br>Email : rdrohklko@yahoo.co.in,<br>rdrohlko@yahoo.co.in<br>Gram: PARISWASTH LUCKNOW |
| 7.      | Regional Director (Health & Family Welfare)/GOI<br>5 <sup>th</sup> Floor, Indira Bhawan,<br>R.C. Singh Path (Bailey Road),<br>Patna – 800 001, Bihar.                                  | Tele. Fax : 0612-2203711 & 2202677<br>Gram : PARISWASTH PATNA<br>E-mail : rhopatna@gmail.com                                            |

\*\*\*\*\*

**APPLICATION FORMAT**  
**GOVERNMENT OF INDIA**  
**CENTRAL BUREAU OF HEALTH INTELLIGENCE (CBHI)**  
**DIRECTORATE GENERAL OF HEALTH SERVICES**  
**ROOM NO. 401 'A' WING, NIDHAN BHAVAN, NEW DELHI-110108**

Ensure completeness of application in all respects. Incomplete application will not be considered at all

Application for Orientation Training Course on\*

from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_  
 (dates)

(Please specify the name of Training Course)

1. Name of the Candidate :

(Specify Training Centre)

2. Designation :

3. (a) Scale of Pay :

(b) Grade of post (pl. specify group A/B/C)

4. Nature of employment (Pl. specify)  
 (Regular/Ad-hoc/Contractual)

(Voluntary applicants not eligible)

5. Complete Postal Address (with Pin code & Telephone, Fax & E-mail)

| (a) Office (work place) of candidate | (b) Residence of candidate |
|--------------------------------------|----------------------------|
|                                      |                            |

6. Age: \_\_\_\_\_ years, 7. DOB (\_\_\_\_ - \_\_\_\_ - \_\_\_\_)  
 (Date MM Year)

8. Sex :

9. Nationality

10. Status of the Organization\*\*  
 where candidate is employed

Govt./Non-Govt. : (Pl. clearly specify)

11. Competent Sponsoring Authority \*\* (Name, Designation, complete Address with Pin code, Tel/Fax & E-mail)

Name :

Designation :

Address (with Pin code) :

Tel/Fax/Email :

12. Academic Qualifications (attach attested copies of certificates /degrees) of the candidate :

| Certificates/Diploma/Degree | University/Institution | Year of Passing | Class/Division | Subjects |
|-----------------------------|------------------------|-----------------|----------------|----------|
|                             |                        |                 |                |          |
|                             |                        |                 |                |          |
|                             |                        |                 |                |          |
|                             |                        |                 |                |          |
|                             |                        |                 |                |          |

\*(i) Health Information Management for Officers (one week).

(ii) Health Information Management for Non-medical personnel (one week).

(iii) Family of International Classification (ICD-10 & ICF) for Non-medical Personnel (one week).

(iv) Master Trainers on Family of International Classification (ICD-10 & ICF) (one week).

\*\* It is compulsory and obligatory to fill up these items otherwise the application will be rejected.

Contd...2/-

13. Technical In-service Training(s) undergone (if any) by the candidate - specify

| Sl.No. | Training Course | Duration(s) (specify date from to) | Institution | Remarks |
|--------|-----------------|------------------------------------|-------------|---------|
|        |                 |                                    |             |         |
|        |                 |                                    |             |         |
|        |                 |                                    |             |         |

14. Technical work Experience from current to the earlier positions held by the candidate: -

| Organization./Institution | Designation of post held | Duration (from - to) | Scale of pay | Nature of duties performed |
|---------------------------|--------------------------|----------------------|--------------|----------------------------|
|                           |                          |                      |              |                            |
|                           |                          |                      |              |                            |
|                           |                          |                      |              |                            |

15. Undertaking by the candidate:

- I certify that particulars furnished above are correct to the best of my knowledge and belief. I also understand that in case of my unsatisfactory performance during the training course, Government of India can terminate me at any time from the training course and in that instance I will refund to CBHI the entire amount received during the course of training towards my TA, DA and honorarium.
- For 5 days orientation training courses - After this training I will apply Health Information Management skills and adopt ICD-10/ICF coding for morbidity/mortality functions/disability in my organization
- For 5 days Master Trainers course - After this orientation I will facilitate and coordinate training of medical/non-medical & nursing functionaries on Family of International Classification in my State/District/Organization.

Date: \_\_\_\_\_

(Signature of the Candidate)

Name \_\_\_\_\_

16. Recommendation of Supervisory Officer on the eligibility & need for undergoing the training course applied by the candidate

Date: \_\_\_\_\_

Signature \_\_\_\_\_

(Supervising Officer)

Name/Designation/Tel. No./e-mail

17. Recommendation of the Competent Sponsoring Authority \*\*\*

Certified that the candidate's training will equip him/her for the better discharge of duties in his/her post and will thus promote better use of Health Information Management Methods/FIC in this organization and thus the above candidature is recommended for the above mentioned training course.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(Competent Sponsoring Authority)

Tel/Fax/ : \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Address with pin code \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Note:**

\*\*\* Competent Sponsoring Authority - Authority competent to officially depute an employee/candidate for training as per prescribed rules & procedures

The CBHI In-service Training Schedule 2010-11 alongwith the specimen application form is also available on CBHI website [www.cbhidghs.nic.in](http://www.cbhidghs.nic.in) from where it can be downloaded.

**Please use Extra Sheets for Complete Application.**

S.No-10/Health 2009

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

**No.2009/H/23/2**

**New Delhi, dated 11.12.09**

**General Managers  
All Indian Railways including Production Units  
Director General, RDSO, Lucknow**

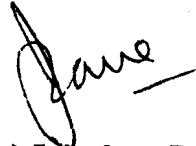
**Sub : Medical attendance and treatment to Hon'ble Ministers for Railways,  
Ministers of States for Railways & Dy. Ministers for Railways.**

In continuation of Board's letter No. E/75 ME2/6/RB-3 dated 2.2.1976 and letter No. 2003/H/28/1/RELHS/Ministers dated 28.7.04, it has been decided to insert paras 632 (A) & 612 (C) in Indian Railway Medical Manual 2000 (3<sup>rd</sup> edition) providing that Hon'ble Ministers for Railways, Ministers of State for Railways and Dy. Ministers for Railways & their dependents are eligible for obtaining medical attendance and treatment in Railway hospitals at par with Railway employees.

This has the sanction of the President and issues with the concurrence of Finance Directorate of Ministry of Railways.

ACS to Para 612 & 632 of Indian Railway Medical Manual, 2000 3<sup>rd</sup> Edition is enclosed as annexure - I & II.

DA : as above

  
**(Dr. (Smt.) Jayashree Rana)  
Executive Director, Health (General)  
Railway Board.**

**No. 2009/H/23/2**

**New Delhi, dated 11.12.09**

Copy to :

1. The FA&CAOs, All Indian Railways including (CLW/DLW/ICF/RCF/RWF
2. Deputy Comptroller and Auditor General of India (Rlys.), Room No.224, Rail Bhawan, New Delhi.

  
**For Financial Commissioner Railways**

**Advance Correction Slip to Chapter VI Section –B of Para 632 of IRMM'2000**

**Para 632 (A) be added as under:-**

**Hon'ble Ministers for Railways, Ministers of State for Railways & Dy. Ministers for Railways:** Hon'ble Ministers for Railways, Ministers of State for Railways and Dy. Ministers for Railways, and their families and dependents, are eligible for obtaining medical attendance and treatment in Railway hospitals at par with Railway Employees/Retirees.

(Authority Board's letter No. E-75 ME2/6/RB-3 dated 2.2.1976 and 2009/H/23/2 dated 11.12.09)

**Advance Correction Slip to Chapter VI Section – B of Para 612 of IRMM' 2000**

Para 612(C) be added as under:-

(C) The Scheme shall also be applicable to the previous **Hon'ble Ministers for Railways, Ministers of States for Railways & Dy. Ministers for Railways** after they demit office.

**Benefits under the RELHS-97 Scheme:-**

Members of RELHS-97, their spouse and Family Members/ dependent beneficiaries are provided with full medical facilities as admissible to serving employees in respect of medical treatment, investigations, diet, and reimbursement of claims for treatment in Government or recognized non Railway hospitals. They are also eligible, inter-alia, for (a) ambulance services (b) medical passes (c) home visits (d) medical attendance for first two pregnancies of married daughters at concessional rates; and (e) treatment of private servants as applicable to serving railway employees.

Note: (i) Those who join the RELHS-97 shall hold identity cards with photographs of all the beneficiaries.

(ii) For the purpose of (d) above special identification cards are issued duly affixing photographs of married daughters with clear instructions on the card which shall read" ONLY FOR CONFINEMENT AND TREATMENT DURING ANTE-NATAL AND POST NATAL PERIODS FOR THE FIRST TWO PREGNANCIES AT CONCESSIONAL RATES"

**Family Dependents**

Definition of 'family' for the purpose of this scheme will be the same as in respect of the serving Railway employees. The definition of 'dependent' will be as in pass rules.

**Rate of contribution**

The contribution for joining the scheme will be an amount equivalent to one month's basic salary drawn, on the date of enrolment, by an in position Minister of equal status.

**Mode of joining**

For joining the Retired Employees Liberalized Health Scheme (RELHS-97), the Chief Personnel Officer of the Railway, from where they wish to avail of the Railway medical facilities, may be contacted. It will be the responsibility of the concerned Zonal Railway to issue the medical card on realization of the contribution due from the ex Ministers/ dependents for joining the scheme.

(Authority Board's letter No.. 2003/H/28/1 RELHS Minister, dated 28.07.2004  
2009/H/23/2 dated 11.12.09)

No. 2009/H/23/2

New Delhi, dated 11.12.2009

Copy to:

- 1 Computer facilitation Centre, Room No. 5, Near Gate No.1, Rail Bhawan.
- 2 Directors of CTIs, RSC/Baroda, IRICEN/Pune, IRIEEN/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, 1<sup>st</sup> 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-Mat 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. (Mrs.) Jayashree Rana)  
Executive Director, Health(Genl.)  
Railway Board.

New Delhi, dated 11.12.2009

No. 2009/H/23/2

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.

क्रम सं. 10/हैल्थ 2009

भारत सरकार  
रेल मंत्रालय  
(रेलवे बोर्ड)

सं. 2009/एच/23/2

नई दिल्ली, दि. 11.12.2009

महाप्रबंधक,  
सभी भारतीय रेलें, उत्पादन इकाइयों सहित,  
महानिदेशक, अअमासं, लखनऊ.

**विषय : माननीय रेलमंत्री, रेल राज्य मंत्री और उप रेल मंत्रियों की चिकित्सा परिचर्या और उपचार.**

बार्ड के दिनांक 2.2.1976 के पत्र सं. ई/75 एम ई 2/6/आर बी-3 और दिनांक 28.7.04 के पत्र सं. 2003/एच/28/1 आर ई एल एच एस/मिनिस्टर्स के क्रम में, यह विनिश्चय किया गया है कि भारतीय रेल चिकित्सा नियमावली 2000 (तृतीय संस्करण) के पैरा 632 (अ) और 612 (स) को शामिल किया जाए जिसके अंतर्गत माननीय रेल मंत्री, रेल राज्य मंत्री और उप रेल मंत्री तथा उनके आश्रित रेल कर्मचारियों के समान रेलवे अस्पतालों में चिकित्सा परिचर्या और उपचार कराने के पात्र होंगे.

इसे राष्ट्रपति की स्वीकृति प्राप्त है और इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है.

भारतीय रेल चिकित्सा नियमावली, 2000, तृतीय संस्करण के पैरा 612 एवं 632 के लिए अग्रिम शुद्धि पर्ची अनुबंध-I एवं II के रूप में संलग्न है.



(डॉ. (श्रीमती) जयश्री राणा)  
कार्यपालक निदेशक, स्वास्थ्य (सामान्य)  
रेलवे बोर्ड

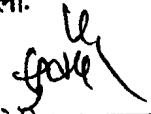
संलग्नक : यथोक्त

सं. 2009/एच/23/2

नई दिल्ली, दि. 11.12.2009

प्रतिलिपि:-

1. वित्त सलाहकार एवं मुख्य लेखाधिकारी, चिरेका/डीरेका/सडिका/रिल कोच फैक्टरी/रिल पहिया कारखाना सहित सभी भारतीय रेलें.
2. भारत के उप नियंत्रक एवं महा लेखा परीक्षक (रेलें), कमरा सं. 224, रेल भवन, नई दिल्ली.



कृते वित्त आयुक्त/रेलें

**भारतीय रेल चिकित्सा नियमावली, 2000 के अध्याय VI के खंड-ख के पैरा 632 के लिए अग्रिम सुद्धि पर्वी पैरा 632 (अ) को निम्नानुसार जोड़ा जाए:-**

**माननीय रेल मंत्री, रेल राज्य मंत्री और उप रेल मंत्री :** माननीय रेल मंत्री, रेल राज्य मंत्री और उप रेल मंत्री तथा उनके परिवार एवं आश्रित, रेल कर्मचारियों/सेवानिवृत्त रेल कर्मचारियों के समान रेल अस्पतालों में चिकित्सा परिचर्या और उपचार कराने के पात्र हैं.

(आधिकार बोर्ड का दिनांक 2.2.1976 का पत्र सं.ई-75/एम ई 2/6/आर बी-3 एवं दिनांक 11.12.09 का पत्र सं. 2009/एच/23/2).

**भारतीय रेल चिकित्सा नियमावली, 2000 के अध्याय VI के खंड-ख के पैरा 612 के लिए अग्रिम सुद्धि पार्श्व पैरा 612 (स) को निम्नानुसार जोड़ा जाए:-**

**(ग) यह योजना पद त्यागने के बाद पूर्व माननीय रेल मंत्री, रेल राज्य मंत्रियों और उप रेल मंत्रियों के लिए भी लागू होगी.**

**सेवानिवृत्त कर्मचारी उदारीकृत स्वास्थ्य योजना-97 (आर ई एल एच एस) के अंतर्गत लाभ :-**

सेवानिवृत्त कर्मचारी उदारीकृत स्वास्थ्य योजना-97 के सदस्य, उनके पति/पत्नी और परिवार के सदस्य/आश्रित लाभार्थियों को सेवारत कर्मचारियों को यथा स्वीकार्य चिकित्सा उपचार, परीक्षणों, आहार एवं सरकारी अथवा मान्यता प्राप्त गैर-रेलवे अस्पतालों में उपचार के लिए दावों की प्रतिपूर्ति संबंधी पूर्ण चिकित्सा सुविधाएं दी जाती हैं। वे साथ ही (क), एम्बुलेंस सेवाओं, (ख) चिकित्सा पासों, (ग) घर पर देखे जाने, (घ) विवाहित पुरुषों की पहली दो गर्भावस्थाओं के लिए रियायती दरों पर चिकित्सा परिचर्या तथा (ड.) निजी सेवकों के उपचार के उसी प्रकार पात्र होंगे जिस तरह कार्यरत रेल कर्मचारी होते हैं।

**टिप्पणी:- (i) वे कर्मचारी, जो आर ई एल एच एस-97 में सम्मिलित होना चाहते हैं, अपने पास सभी लाभार्थियों के फोटोग्राफ वाले पहचान-पत्र रखेंगे.**

**(ii) (घ) के प्रयोजनार्थ से कार्ड पर विवाहित पुरुषों की विधिवत् फोटोग्राफ लगाने पर स्पष्ट अनुदेशों के साथ जारी किया जाए और उसे इस प्रकार पढ़ा जाएगा, "पहली दो गर्भावस्थाओं के लिए जन्म से पूर्व एवं जन्म के बाद की अवधियों के दौरान रियायती दरों पर केवल प्रसव और उपचार के लिए".**

**परिवार/आश्रित :** इस प्रयोजन हेतु 'परिवार' उसी तरह परिभाषित होगा जिस तरह कार्यरत रेल कर्मचारियों के लिए होता है। 'आश्रित' की परिभाषा वही होगी जो पास नियमों में है।

**अंशदान की दर:** इस योजना में सम्मिलित होने के लिए किसी कार्यरत समान ओहदे वाले मंत्री/मंत्रियों द्वारा नामांकन की तारीख को आधारित एक माह के मूल वेतन की रकम के बराबर अंशदान करना होगा।

**सम्मिलित होने की विधि:**

आर ई एल एच एस-97 में सम्मिलित होने के लिए, उस रेलवे के मुख्य कार्मिक अधिकारी से जहां से वे रेलवे चिकित्सा सुविधाएं हासिल करना चाहते हों, संपर्क किया जा सकता है। योजना में सम्मिलित होने के लिए पूर्व मंत्रियों/आश्रितों से देय अंशदान की प्राप्ति पर संबंधित चिकित्सा कार्ड जारी करने की जिम्मेदारी संबंधित क्षेत्रीय रेलवे की ही होगी।

**(प्रकाशित: बोर्ड का दिनांक 28.7.2004 का पत्र सं. 2003/एच/28/1/आर ई एल एच एस मिनिस्टर, दिनांक 11.12.09 का पत्र सं. 2009/एच/23/2).**

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

No.2007/H/6-1/Policy(I)

New Delhi, dated 31.12.09

**The General Managers,  
All Indian Railways,  
(Including Production Units)**

**Sub: Guidelines regarding Cochlear Implantation in Non Railway Hospitals  
for Railway Beneficiaries.**

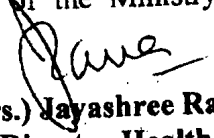
In continuation of Board's letter of even number dated 30.6.2008 where it was stipulated that the guidelines for Cochlear Implantation will be valid for one year from the date of issue i.e. 30.6.08 to 30.6.2009 or till the policy in this regard is framed by Ministry of Health and Family Welfare. In view of the decision taken by Ministry of Health & Family Welfare, it has now been decided by the Board that the cost of cochlear implantation done in non-Railway hospitals shall have a ceiling limit of Rs.5.70 lakhs. This shall include the following :-

- a. cost of implant;
- b. consumables;
- c. surgery charges;
- d. post implant speech therapy;

2. The cost of the batteries shall be borne by the beneficiary life long.

3. The guidelines to be followed while sending proposals seeking sanction of the Board for Cochlear Implantation to be done in non-Railway hospitals are enclosed as per Advance Correction Slip of Para 667 of IRMM, 2000.

4. These instructions shall be valid from the date of issue of this letter.  
This issues with the concurrence of the Finance Directorate of the Ministry of Railways.

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

No.2007/H/6-1/Policy(I)

New Delhi, dated 31.12.09

1. The FA&CAOs, All Indian Railways including CLW/ DCW/ ICF/ RCF/ CDW/ FWF.
2. Deputy Comptroller & Auditor General of India(Rlys) Room No.224, Railway Bhawan, New Delhi.

  
For Financial Commission/Rlys.  
Railway Board.

Copy to  
F(E) Spl.Br.(with 5 spare copies) /DDF(E)I

New Delhi, dated 31.12.2009

No. 2007/H/6-4/Policy/1

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 Pailka 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, 1<sup>st</sup> 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.

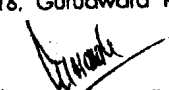
  
(Dr. (Mrs.) Jayashree Rana)  
Executive Director, Health (Genl.)  
Railway Board.

New Delhi, dated 31.12.2009

No. 2007/EU/6-4/Policy/1

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.

**Advance Correction Slip to Para 667 of IRMM, 2000**

The following may be replaced with the existing para no. 667(A) of IRMM, 2000.

**667(A) :** The cost of cochlear implantation done in non-Railway hospitals shall have a ceiling limit of Rs.5.70 lakhs. This shall include the following :-

- a. cost of implant;
- b. consumables;
- c. surgery charges;
- d. post implant speech therapy;

The cost of the batteries shall be borne by the beneficiary life long.

**The following Guidelines regarding Cochlear Implantation for Railway Beneficiaries shall be followed while sending proposals seeking sanction of the Board.**

1. The proposals may be limited to those cases where the expected benefit to the patient is maximum.

**2. Selection Criteria for the patients are as under:-**

**A) For Pre-lingually deafened children.**

- (i) Age group between 1 to 10 years. Patients using hearing aid and auditory training from age within 1 year may be considered at higher age also on **case to case basis**. The patients who are using hearing aid/sound inputs and auditory training before 1 years of age are technically considered pre-lingually and acquired post linguually deaf.
- (ii) Profound bilateral sensorineural hearing loss.
- (iii) No appreciable benefit from hearing aids after a 6 month trial with hearing aid, children who do not show response to warble tones in the sound field or whose responses suggest only vibrotactile responses rather than auditory sensation.
- (iv) Patients should not have :-
  - a. Any mental handicap, as per psychiatric evaluation.
  - b. Any contraindication to general anesthesia.
  - c. Active middle ear infection/cholesteatoma.
  - d. Any cochlear malformation.
  - e. Tympanic membrane perforation (after 3 months of successful repair of Tympanic membrane perforation (Myringoplasty) these patients may be included.
  - f. Deafness due to lesion of acoustic nerve or central auditory Pathways.
- (v) Parents of patients should be highly motivated and have realistic expectations from the Implant.
- (vi) Special care should be taken as far as less educated, unaware or less informed cases are concerned as extra motivation and follow up is required and a declaration has to be signed by the employee.

**B) For post-lingually deafened children/patients upto 21 years:-**

- (i) Profound bilateral sensorineural hearing loss.
- (ii) No appreciable benefit from hearing aids being used previously.
- (iii) Patient should not have:-
  - a) Any contraindication to general anesthesia.
  - b) Active middle ear infection/cholesteatoma at time of surgery.
  - c) Tympanic membrane perforation ( after 3 months of successful repair of Tympanic membrane perforation (Myringoplasty) these patients may be included.
  - d) Deafness due to lesion of acoustic nerve or central auditory pathways.
- (iv) Patients/parents should have high motivations and realistic expectations from the implant.

**3. Types of Implant:**

Only multi channel implants should be recommended.

**4. Centres:**

Cochlear implant surgery should be allowed only in Government or private hospitals/centers having proper postoperative rehabilitation. These centers should have well trained speech therapist relating to cochlear implant.

The details of the private/Government Railway Hospitals/Centers where Cochlear Implantation is undertaken with facilities for post operative rehabilitation are as under:-

| State         | City      | S.No. | Hospital Name                                                                                                    |
|---------------|-----------|-------|------------------------------------------------------------------------------------------------------------------|
| Tamil Nadu    | Chennai   | 1     | Madras ENT Research Foundation (P) Ltd. 1, 1 Cross Street, Off, II Main Road, Raja Ammalaipuram, Chennai-600028. |
|               |           | 2     | KKR ENT Hospital & Research Institute (P) Ltd., 274(827), Poonamallee High Road, Chennai-600010                  |
| Delhi         | Delhi     | 1     | All India Institute of Medical Sciences                                                                          |
|               |           | 2     | Gangaram Hospital, Rajinder Nagar, New Delhi.                                                                    |
|               |           | 3     | Batra Hospital                                                                                                   |
| West Bengal   | Calcutta  | 1     | Peerless Hospital & B.K.Roy Research Centre, 360, Panchasayar, Kolkata-700094.                                   |
|               |           | 2     | Vivekananda Institute of Medical Sciences, 99, Sarat Bose Road, Kolkata-700026.                                  |
|               |           | 3     | Calcutta Medical College & Hospital, 88, College St. Kolkata-700073.                                             |
| Andra Pradesh | Hyderabad | 1     | Apollo Hospital, Jubilee Hills, Hyderabad-500033.                                                                |
| Uttar Pradesh | Lucknow   | 1     | Sanjay Gandhi Post Graduate Institute, Lucknow.                                                                  |

5. **Clinical indication and investigations required :-**

The proposal should be accompanied by complete clinical details of the patient along with the reports of the following investigations:-

- (a) Radiological – HRCT Scan/MRI of Temporal Bones – Focussing Cochlea.
- (b) Audiological – Pre tone audiometry, Speech Audiogram (aided and unaided), Speech Reception Threshold (SRT), Lip Reading ability.
- (c) Electrophysiological: auditory brainstem evoked responses, promontory stimulation test, vestibular function test.
- (d) Psychiatric evaluation report.

6. **Other general conditions:-**

- (a) For any patient, cochlear implant can be done only once in life time.
- (b) The Center/Surgeon going to do the implant surgery should certify the possible result/outcome of the implant surgery, which should be more than 50%.
- (c) Transfer of the employee to the place where surgery/speech therapy is done, subject to administrative exigency.

7. Only Unilateral implantation will be allowed.

8. **Procedure to be followed:-**

The proposal should contain a report and recommendation of Medical Board, with at least one member being a Railway's Medical Officer having post-graduate qualification in ENT Branch. The proposal duly recommended by Chief Medical Director concerned and concurred by associate Finance should be sent to the Board for sanction.

9. **Mechanism for evaluating outcome of cochlear implantation:**

First assessment should be made after six months by Railway ENT surgeon and subsequently, every six months (upto 2 years). The report has to be sent to the concerned Chief Medical Director, Zonal Railway shall send a final report to the Board.

( Authority Board's letter No. No.2007/H/6-1/Policy(I) dated 3/ .12.2009)

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भारत सरकार  
रेल मंत्रालय  
(रेलवे बोर्ड)

सं. 2007/एच/6-1/पॉलिसी (I)

नई दिल्ली, दि. 31.12.2009

महाप्रबंधक,  
सभी भारतीय रेलें,  
(उत्पादन इकाइयों सहित).

विषय : रेलवे लाभार्थियों के लिए गैर-रेलवे अस्पतालों में कॉकलीयर इम्प्लांटेशन  
के संबंध में मार्ग-निर्देश.

बोर्ड के दिनांक 30.6.2008 के समसंख्यक पत्र के क्रम में जिसमें यह अनुबद्ध किया गया था कि कॉकलीयर इम्प्लांटेशन के लिए मार्गनिर्देश जारी होने की तारीख अर्थात् 30.6.08 से 30.06.2009 तक एक वर्ष के लिए या इस संबंध में स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा नीति तैयार करने तक वैध रहेंगे. स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा लिए गए निर्णय को देखते हुए बोर्ड द्वारा अब यह विनिश्चय किया गया है कि गैर-रेलवे अस्पतालों में किए गए कॉकलीयर इम्प्लांटेशन की अधिकतम लागत 5.70 लाख रुपए होगी. इसमें निम्नलिखित शामिल होंगे:-

- क. इम्प्लांट की लागत;
- ख. उपभोज्य;
- ग. सर्जरी प्रभार;
- घ. इम्प्लांट के बाद स्पीच थेरेपी;

2. बैटरियों की लागत लाभार्थी द्वारा आजीवन वहन की जाएगी.

3. गैर-रेलवे अस्पतालों में किए जाने वाले कॉकलीयर इम्प्लांटेशन के लिए बोर्ड की स्वीकृति लेने संबंधी प्रस्ताव भेजते समय पालन किए जाने वाले मार्गनिर्देश, भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 667 के लिए अग्रिम शुद्धि परी के रूप में संलग्न हैं.

4. ये अनुदेश इस पत्र के जारी होने की तारीख से लागू होंगे.  
इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है.

(डॉ. (श्रीमती) जयश्री राणा)

कार्यपालक निदेशक, स्वास्थ्य (योजना)  
रेलवे बोर्ड

सं. 2007/एच/6-1/पॉलिसी (I)

नई दिल्ली, दि. 31.12.2009

- 1. विसमुलेधि, सभी भारतीय रेलें, चिरेका/डीरेका/सडिका/रेल कोच फैक्टरी/डीपुका/रेल पहिया कारखाना सहित.
- 2. भारत के उपमहानियंत्रक एवं लेखा-परीक्षक (रेलें), कमरा नं.224, रेल भवन, नई दिल्ली.

कृते विरा सचिव/रेलवे  
रेलवे बोर्ड

प्रतिलिपि:

वित्त (व्यय) विशेष शाखा (5 अतिरिक्त प्रतियाँ सहित) / उपनिदेशक वित्त (व्यय)-I

**भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 667 के लिए अग्रिम शब्द पची**

भारतीय रेल चिकित्सा नियमावली, 2000 के मौजूदा पैरा सं. 667 (अ) के स्थान पर निम्नलिखित को प्रतिस्थापित किया जाए:-

**667 (अ):** गैर-रेलवे अस्पतालों में किए गए कॉकलीयर इम्प्लांटेशन की लागत की अधिकतम सीमा 5.70 लाख रुपए होगी. इसमें निम्नलिखित शामिल होंगे.

- क. इम्प्लांट की लागत;
- ख. उपभोज्य;
- ग. सर्जरी प्रभार;
- घ. इम्प्लांट के बाद स्पीच थेरेपी;

बैटरियों की लागत लाभार्थी द्वारा आजीवन वहन की जाएगी.

रेलवे लाभार्थियों के लिए कॉकलीयर इम्प्लांटेशन संबंधी निम्नलिखित मार्गनिर्देश, बोर्ड की स्वीकृति लेने संबंधी प्रस्तावों के लिए निम्नलिखित मार्गनिर्देशों का पालन किया जाएगा.

1. यह प्रस्ताव केवल उन्हीं मामलों के लिए सीमित रहेगा जिनमें मरीज को होने वाले संभावित लाभ अधिकतम हों.
2. **मरीजों के लिए चयन मानदंड नीचे दिए गए अनुसार हैं:-**
  - (क) **प्री-लिंगअली बहरे बच्चों के लिए.**
    - (i) 1 से 10 वर्ष का आयु वर्ग. 1 वर्ष की आयु से पहले से सुनने वाला उपकरण का इस्तेमाल करने वाले और ऑडिटरी प्रशिक्षण प्राप्त करने वाले मरीजों को मामला दर मामला आधार पर उच्चतर आयु का समझा जाएगा. ऐसे मरीज जो 1 वर्ष की आयु से पूर्व से सुनने वाले उपकरण/साउंड इनपुट का इस्तेमाल करते हैं और ऑडिटरी प्रशिक्षण ले रहे हैं उन्हें तकनीकी दृष्टि से प्री-लिंगअली और अर्जित पोस्ट लिंगअली बहरा समझा जाता है.
    - (ii) गहन द्विपक्षीय सेन्सोरिन्युटरल हियरिंग लॉस.
    - (iii) सुनने वाले उपकरण के साथ 6 माह के परीक्षण के बाद सुनने वाले उपकरणों से कुछ ज्यादा लाभ न हो. वे बच्चे जो साउंड के मामले में वाबल टोन के प्रत्युत्तर में कोई प्रतिक्रिया न दिखाएं अथवा जिसकी प्रतिक्रिया से ऐसा लगे प्रतिक्रिया ऑडिटरी संसेशन की बजाय केवल वाइब्रोटेक्टाइल प्रतिक्रिया ही है.
    - (iv) मरीजों को निम्नलिखित नहीं होना चाहिए:-
      - (क) मनोवैज्ञानिक मूल्यांकन की दृष्टि से कोई मानसिक कमजोरी.
      - (ख) जनरल एनेस्थीसिया से किसी प्रकार का कंट्राइंडिकेशन.
      - (ग) एक्टिव मिडल इयर इन्फेक्शन/कोलेसटीएटोमा.
      - (घ) किसी प्रकार का कोकलियर मैलफोरमेशन.
      - (ङ.) टाइम्पैनिक मेम्ब्रेन परफोरेशन (टाइम्पैनिक मेम्ब्रेन परफोरेशन की सफल रिपेयर (मैरिनगोप्लास्टी) के 3 महीने के पश्चात्) इन मरीजों को इसमें शामिल किया जाए.
      - (च) ऑकास्टिक नर्व अथवा सेन्ट्रल ऑडिटरी पाथवेज के लीजन के कारण बहरापन.
  - (v) मरीजों के माता-पिता को प्रेरित किया जाना चाहिए और वास्तविकता के आधार पर ही इम्प्लांट से आशा रखी जानी चाहिए.
  - (vi) कम पढ़े-लिखे तथा जानकारी न रखने वालों की ओर विशेष ध्यान दिया जाना चाहिए अथवा कम जानकारी रखने वालों के मामलों में प्रेरित करने तथा अनुवर्ती कार्रवाई करने की आवश्यकता है कर्मचारियों द्वारा इस संबंध में घोषणा पत्र पर हस्ताक्षर किए जाने चाहिए.

(ख) 21 वर्ष की आयु तक के पोस्ट-लिंगअली बहरे बच्चों/मरीजों के लिए

- (i) प्रोफाउंड द्विपक्षीय सेन्सोरिन्यूटरल हियरिंग लॉस.
- (ii) पहले इस्तेमाल किए गए सुनने के उपकरणों से ज्यादा लाभ प्राप्त न होना.
- (iii) मरीजों को निम्नलिखित नहीं होना चाहिए:
  - (क) जनरल एनेस्थीसिया से किसी प्रकार का कंट्राइन्डिकेशन.
  - (ख) सर्जरी के समय एक्टिव मिडल एयर इन्फेक्शन/कोलेस्टीण्यूटोमा.
  - (ग) कर्णपट्टी झिल्ली छिद्र (कर्णपट्टी, झिल्ली छिद्र के सफल उपचार (मैरिंगोप्लास्टि)) के तीन महीने बाद इन रोगियों को शामिल किया जाए.
  - (घ) ध्वनि तंत्रिका या मध्य श्रवण संबंधी मार्ग की क्षति होने के कारण बहरापन.
- (iv) रोगी/माता/पिता के इम्प्लांट से उच्च अभिप्रेक्षण और वास्तविक अपेक्षाएं होनी चाहिए.

3. आरोपन के प्रकार:

केवल बहुआयामी इम्प्लांट की संस्तुति की जाए.

4. केंद्र:

कॉकलीयर इम्प्लांट शल्यक्रिया की अनुमति केवल सरकारी या निजी अस्पतालों/केंद्रों में दी जाए, जहां ऑपरेशन के बाद स्वास्थ्य लाभ की उचित व्यवस्था हो. इन केंद्रों में कॉकलीयर इम्प्लांट के लिए दक्ष स्पीच थरेपिस्ट होना चाहिए.

ऑपरेशन के बाद स्वास्थ्य लाभ सुविधा से युक्त ऐसे निजी/सरकारी अस्पतालों/केंद्रों जहां कॉकलीयर इम्प्लांट किया जाता है, का विवरण निम्न अनुसार है:-

| राज्य        | शहर      | क्रम सं. | अस्पताल का नाम                                                                                               |
|--------------|----------|----------|--------------------------------------------------------------------------------------------------------------|
| तमिलनाडू     | चेन्नै   | 1        | मद्रास ईएनटी रिसर्च फाउंडेशन (पी) लिमिटेड, 1,1 क्रॉस स्ट्रीट ऑफ -II मेन रोड, राजा अमालाईपुरम, चेन्नै-600028. |
|              |          | 2        | केकेआर ईएनटी अस्पताल एवं रिसर्च संस्थान (पी) लिमिटेड 274/(827), पूनामल्ली हाई रोड, चेन्नै 600010.            |
| दिल्ली       | दिल्ली   | 1        | अखिल भारतीय आयुर्विज्ञान संस्थान.                                                                            |
|              |          | 2        | गंगाराम हॉस्पिटल, राजेन्द्र नगर, नई दिल्ली.                                                                  |
|              |          | 3        | बत्रा हॉस्पिटल.                                                                                              |
| पश्चिम बंगाल | कोलकाता  | 1        | पियरलेस हॉस्पिटल एंड बी.के.राय रिसर्च सेंटर, 360, पंचाशायर, कोलकाता, 700094.                                 |
|              |          | 2        | विवेकानंद इंस्टीट्यूट ऑफ मेडिकल साइंसेज, 99, शरत बोस रोड, कोलकाता-700026.                                    |
|              |          | 3        | कोलकाता मेडिकल कॉलेज एंड हॉस्पिटल, 88, कॉलेज स्ट्रीट, कोलकाता-700073.                                        |
| आंध्र प्रदेश | हैदराबाद | 1        | अपोलो हॉस्पिटल, जुबली हिल्स, हैदराबाद-500033.                                                                |
| उत्तर प्रदेश | लखनऊ     | 1        | संजय गांधी पोस्टग्रेजुएट संस्थान, लखनऊ.                                                                      |

## 5. क्लीनिकल संकेत और अपेक्षित जांच-पड़ताल

क्लीनिकल संकेत और अपेक्षित जांच-पड़तालों की रिपोर्ट के साथ-साथ रोगी के पूरे क्लीनिकल विवरणों सहित होना चाहिए:-

- (क) रेडियोलॉजिकल - टेम्पोरल हड्डियों का एचआरसीटी स्कैन - एमआरआई - कॉकलीयर को फोकस करता हुआ.
- (ख) ऑडियोलॉजिकल - प्री टोन ऑडियोमेटरी, स्पीच ऑडियोग्राम (सहायता प्राप्त और गैर सहायता प्राप्त) स्पीच रिसेशन थ्रेसहोल्ड (एसआरटी) लिप रीडिंग क्षमता.
- (ग) इलेक्ट्रोफिजियोलोजिकल श्रव्यता ब्रेनस्टेम प्रतिक्रिया, प्रोमॉटरी स्टीमुलेशन टेस्ट, वेस्टीक्यु फंक्शन टेस्ट.
- (घ) मनोविश्लेषण मूल्यांकन रिपोर्ट.

## 6. अन्य सामान्य शर्तें

- (क) किसी भी रोगी के लिए कॉकलीयर इम्प्लांट आजीवन एक ही बार किया जा सकता है.
- (ख) इम्प्लांटेशन शल्य क्रिया करने वाले सेंटर/शल्य चिकित्सक इम्प्लांट शल्य क्रिया के परिणाम/निष्कर्ष को प्रमाणित करें, जो 50% से अधिक होना चाहिए.
- (ग) शल्य क्रिया/स्पीच थेरेपी किए जाने वाले स्थान पर कर्मचारी का स्थानांतरण प्रशासनिक अनिवार्यता के अनुसार होगा.

## 7. केवल एक पार्श्वीय/(यूनीलेटरल) इम्प्लांटेशन की ही अनुमति दी जाएगी.

## 8. कार्यविधि का पालन करना

प्रस्ताव में मेडिकल बोर्ड जिसमें ईएनटी में पोस्टग्रेजुएट की अर्हता रखने वाले कम से कम एक चिकित्सा अधिकारी/सदस्य हो, की रिपोर्ट एवं संस्तुति शामिल हो. संबंधित मुख्य चिकित्सा निदेशक द्वारा विधिवत् संस्तुत और संबद्ध वित्त द्वारा सहमति प्राप्त स्वीकृति के लिए बोर्ड को भेजा जाए.

## 9. कॉकलीयर इम्प्लांटेशन के मूल्यांकित निष्कर्ष के लिए तंत्र

पहला मूल्यांकन रेलवे ईएनटी शल्य चिकित्सक द्वारा 6 महीने के बाद किया जाएगा और तत्पश्चात् प्रत्येक 6 महीने के बाद (2 वर्ष तक) यह मूल्यांकन किया जाए. रिपोर्ट संबंधित मुख्य चिकित्सा निदेशक को भेजी जानी है. क्षेत्रीय रेल अंतिम रिपोर्ट बोर्ड को भेजेगी

(प्राधिकार: बोर्ड का दिनांक 31.12.2009 का पत्र सं: 2007/एच/6-1/पॉलिसी -I)