

Chapter VI

MEDICAL ATTENDANCE AND TREATMENT

Section A - Definitions

601. In these paragraphs , unless there is anything repugnant in the subject or context and subject always to the provisions contained in the Indian Railway Establishment Code, Volume I-

(1) '*Authorised Medical Officer*' means the Railway Medical Officer within whose jurisdiction the Railway employee is headquartered or one who is specifically nominated for the purpose.

Note: (i) The Authorised Medical Officer may, as per the requirements of a particular case, refer the case to any other Medical Officer of the required speciality.

(ii) Ordinarily the jurisdiction of a Railway Medical Officer will be taken to cover Railway employees residing within a radius of 2.5 km. of the Railway hospital/health unit and within 1 km. radius from the station of the Medical Officer's jurisdiction.

(iii) A Railway doctor on regular leave cannot perform the duties of "Authorised Medical Officer".

(2) "*Medical attendance*" means-

(a) Attendance on Railway employee, members of the family or dependent relatives as defined in pass rules (hereafter called " Beneficiary ") at the consultation room maintained by the Authorised Medical Officer or in any Railway hospital/health unit.

(b) If there is no such consultation room/health unit/hospital, then attendance in any non-Railway hospital/health centre/dispensary to which the Railway "beneficiary" is referred to by the authorised medical officer.

(c) Attendance on a Railway employee at his residence in terms of para 634 of this chapter .

(d) Such special investigations as are considered necessary by the authorised medical officer.

Note: (i) Special investigations may include Pathological, Bacteriological and similar tests, USG, Endoscopic examinations, FNAC etc.,

(ii) For such special investigations upto Rs 1000/- in each case done in Govt./recognised Hospital or in any hospital, powers for referral/reimbursement are redelegated to MD/CMS/MS up to Rs 1000/- in each case, in case the requisite facilities are not available in nearby Govt./recognised Hospital

(iii) This power will be exercised by the MD/CMS/MS in consultation with two senior doctors (one pathologist and the other from surgical or medical speciality or by the last two when a pathologist is not available) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended

(iv) It should be ensured that only the special investigation facilities which are not available in Railway Hospital are referred and not the routine ones.

(v) Investigations costing more than Rs 1000/- each will continue to be decided by the Chief Medical director of the Railways, wherever necessary, in consultation with the FA&CAO, provided these were done at the instance of the Authorised Medical Officer and the amount involved does not exceed Rs. 10000/- per case.

(Ministry of Railway's letter No. 87/H/6-1/20 dt. 10/03/88, No. 91/H/6-4/26 dt. 05/01/1994 , 05/12/97, No. 89/H/6-4/policy dated 20/09/2000 and No. 99/H/6-4/Policy dated 8-11-2001)

(e) Such consultation with a specialist or other medical officer in the service of Government, stationed at places served by the Railway administration which the Authorised Medical Officer, with the approval of the Chief Medical Director, certifies to be necessary to such extent and in such manner as the specialist or the medical officer may determine.

Note: (i) A patient should not be referred to:-

(a) a specialist or medical officer not in the service of Government.

(b) a specialist or medical officer in the service of Government but posted outside the place served by the Railway administration.

(ii) Consultation with a specialist or other medical officer means obtaining an opinion on the case and advice as to the line of treatment, and management of the case, but not treatment by him.

(iii) If the Authorised Medical Officer is of the opinion that the case of a patient is of such a serious or special nature as to require medical attendance by some person other than himself, he may, with the approval of the Chief Medical Director of the Railway (which shall be obtained beforehand unless the delay involved entails serious danger to the health of the patient)-

(a) send the patient to the nearest specialist or other medical officer by whom, in his opinion, medical attendance is considered necessary for the patient, or

(b) if the patient is too ill to travel, request such specialist or other medical officer to attend upon the patient.

(iv) A specialist or medical officer summoned as above, on production of a certificate by the Authorised Medical Officer, will be entitled to travelling allowance as admissible to him under the rules applicable to him.

(v) Honorary specialists attached to Government Hospital or other recognised hospitals may be considered as Government specialist for the purpose of this Sub-para subject to the condition that such consultation will be permissible only in places where Government specialists are not available and only on the advice of the authorised medical officer who should obtain prior approval of the Chief Medical Director. The fees paid to the honorary specialists for consultation at their private consulting rooms will be reimbursed to the Railway employees in accordance with the rates prescribed for Government specialists. The consultation with the honorary specialists at their private consulting rooms will be permissible only in emergent cases.

(vi) The State Government, where agreeable, should debit the Railway administration concerned by preferring bills or by raising debits in respect of consultation fees of Government specialists. Otherwise reimbursement to the Railway employees concerned would be permissible as per rules.

(3) (A) "Treatment" means -

the use of all medical and surgical facilities available at the Railway hospital/health unit or the consulting room of the Authorised Medical Officer and includes:

(a) the employment of such pathological, bacteriological, radiological and other methods as are considered necessary by the Authorised Medical Officer ;

(b) the supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily stocked in the hospital;

(c) the supply of such medicines, vaccines, sera or other therapeutic substances etc., not ordinarily stocked, which the Authorised Medical Officer may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient.

(d) such accommodation as is ordinarily provided in the hospital suited to the status of the Railway employee concerned. If accommodation suited to his status is not available, accommodation of a higher class may be allotted provided it can be certified by the medical officer in charge of the Government/recognised hospital:-

(i) that accommodation of the appropriate class was not available at the time of admission of the patient, or, if subsequently available, the condition of the patient did not permit shifting, and

(ii) that the admission of the patient into the hospital could not be delayed due to the nature of the illness until accommodation of the appropriate class became available.

Note:- In the case of admission of a Railway "beneficiary" in a Government or a recognised hospital, the Hospital authorities, where agreeable, should debit to Railway administration

concerned by preferring bills or by raising debits in respect of the charges for accommodation provided in the hospital. Otherwise, reimbursement to the Railway employee concerned would be permissible as per rules.

(e) such nursing as is ordinarily provided to in-patients by the hospital.
(Engagement of special nurses will be allowed to the extent indicated in sub section (3) of Section C of this Chapter).

(f) the specialist consultation as described in para (2)(e) above.

(g) shifting of the patient for treatment or examination from residence to a hospital or from one hospital to another hospital in an ambulance belonging to the Railway or Government or a local authority, etc.

Note:-(i) If, in any situation, an ambulance cannot be pressed into service to attend to an exceptionally emergent case, alternative arrangements of taxi or other suitable and available transport vehicle should be made to ensure prompt transport. The nominal payment that may be involved in such cases may be met out of the contingencies. Assistant Divisional Medical Officers may be delegated with powers for incurring of such contingent expenditure. However, all such cases, where public transport facilities are hired, should be reviewed by the competent higher authority such as MS/CMS in charge of the division to ensure that engagement of taxi etc, is not made on frivolous grounds.

(ii) In exceptional cases, when the patients are not actually fit to resume duty but are discharged from the hospital e.g., fracture cases discharged with plaster of Paris cast, amputation cases, convalescent cases recommended sick leave, etc., with the specific approval in writing of the Medical Officer in charge of the hospital, the facility of transporting patients to their residence in an ambulance may also be allowed free of cost.

(h) Blood transfusion charges paid to a Government Institution or any other local organisation registered/ approved for the supply of blood to patients in hospitals.

(i) free diet to the extent indicated in sub-section(2) of Section C of this Chapter.

(j) [The dental treatment to the extent indicated in para 637 of this Chapter.](#)”

(B) It does not include:-

(a) Massage treatment, except that in the case of poliomyelitis, may be allowed as part of the general treatment.

(b) Testing of eye sight for glasses except at Railway hospitals where facilities exist for the same.

Note:- (i) If local conditions warrant, the Railways may have their own arrangements for manufacturing and supplying of glasses to Railway “beneficiaries” on no-profit- no-loss ' basis. This scheme should be financed from the Staff Benefit Fund. In the case of group D staff, only 50 percent of the cost of spectacles may be borne by the Staff Benefit Fund.

(ii) Reimbursement of charges incurred in connection with treatment by a private oculist is not admissible under any circumstances whatsoever even if it is taken on the advice of the Authorised Medical Officer.

(c) Taxi, tonga or other conveyance charges incurred to convey a patient from his residence to the hospital or vice versa, except as provided in clause A(g) above.

(d) Cottage booking fee, admission fee, dhobi charges and charges for attendants/ ayahs at the hospital.

(e) Special articles of diet not ordinarily provided by the hospital to its in-patients.

(f) Charges incurred on account of treatment for immunizing or prophylactic purposes except at Railway hospitals at the discretion of the Authorised Medical Officer.

Note:- Cost of vaccination, inoculations and injections for prophylactic and immunizing purposes taken before commencement of international travel by Railway employees and members of their families and dependent relatives in order to procure health certificates required under International Travel

Regulations, may be reimbursed to them from the Railway revenue provided they are travelling on duty or on authorised leave in circumstances in which they are entitled to fares at Railway expense.

(4) **"Railway employees"**, for the rules contained in this Manual, means persons who are members of a service or who hold posts under the administrative control of the Ministry of Railways excepting such of the employees of the Ministry of Railways as are covered by the Medical Attendance and Treatment Rules issued from time to time by the Ministry of Health and Family Welfare.

(5) **"Family members", and "dependent relatives"** for purposes of these rules, will include all such persons as are eligible under Pass Rules.

(para 601 sub para (5) of R.I 1995 Edition)

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

(6) **"Beneficiary"** is defined as a Railway employee or his/her family member or a dependent relative as defined in the Pass Rules.

(7) **"Patient"** means a person to whom the rules in this Chapter apply and who has fallen ill.

(Rules 103(17),103(43),109(7),601,602,604,605. Ministry of Railways decision below Rule 609, Note and Ministry of Railways decision below Rule 610(i), Note 2 under Rule 615,621 of the Indian Railway Establishment Code, Volume I(1985) edition and the notes thereunder, and Ministry of Railways' letters No.E52ME3/198/3 dated 29th December 1952 No.MH59ME1/30/Medical dated 14th May 1960, No.61/M.& H/7/69, dated 23rd June 1961, No.62/H/7/52, dated 22nd October 1962, No.63/H/1/4,dated 7th August 1963, No.65/H/1/51 dated 23rd May 1966, No.66/H/1/49 dated 7th March 1967, No.67/H/1/50 dated 31st January 1968, No.66/H/I/33 dated 9th December 1968, No.69/H/1/17 dated 19th August 1969, No.70/H/13/29, dated 23rd July 1971 and 13th December 1971, No.72/H/6-1/27 dated 11th January 1973, No.F(X)I-64/PW4/8 dated 16th July 1975, No.E(W)/74/PS5-I/11 dated 8th September 1976, No.F(X)I-64-PW4/8 dated 16th July 1975, No.79/H/6-1/31 dated 5th April 1980 and No.85/H/6-1/3 dt. 15/05/1989).

Section B - Extent of Application

Sub-Section (1)-Railway employees

602. Medical attendance and treatment facilities shall be available, free of charge, to all "Railway employees", their "family members" and "dependent relatives", (as defined under Pass Rules) irrespective of whether the employees are in Group A, B, C or D, whether they are permanent or temporary, in accordance with the detailed rules as given in Section C & D of this Chapter.

Note:-For this purpose the Railway staff employed in the offices mentioned below shall be regarded as attached to the Railway administration noted against each office:

(i) Advanced Permanent Way Training School, Pune	.....	Central Railway
(ii) Railway Recruitment Board, Bhopal	.....	...Do...
(iii) Director, Rail Movements, Kolkata	.....	Eastern Railway
(iv) Railway Recruitment Board, Patna	.....	...Do...
(v) Chairman, Railway Recruitment Board, Kolkata	.....	...Do
(vi) Chief Mining Engineer(Dy. Coal Commissioner, Production.)	.....	...Do
(vii) Deputy Director Railway Stores(Steel),Kolkata	.....	...Do
(viii) Research Designs and Standards Organization, Lucknow	.....	Northern Railway
(ix) Chairman, Railway Recruitment Board, Allahabad	.....	...Do
(x) Railway Recruitment Board, Srinagar	.....	...Do...
(xi) Railway Recruitment Board, Chandigarh	.....	...Do...
(xii) Diesel Locomotive Works, Varanasi	.....	North Eastern Railway
(xiii) Railway Rates Tribunal, Chennai	.....	Southern Railway
(xiv) Integral Coach Factory, Perambur	.....	...Do
(xv) Chairman, Railway Recruitment Board, Chennai	.....	...Do
(xvi) Railway Recruitment Board, Bangalore	.....	...Do...
(xvii) Railway Recruitment Board, Thiruvananthapuram	.....	...Do...

(xviii) Indian Railway School of Signal and Telecom Secunderabad	..... South Central Railway,
(xix) Railway Recruitment Board, Secunderabad	..... ..Do...
(xx) Railway Recruitment Board, Ranchi	..... South Eastern Railway
(xxi) Railway Recruitment Board, Bhubaneswar	..... ..Do...
(xxii) Railway Electrification	..... The Railways in their respective areas.
(xxiii) Tank Wagon Controller, Mumbai	..... Western Railway
(xxiv) Railway Recruitment Board, Ajmer	..... ..Do...
(xxv) Railway Staff College, Baroda	..... ..Do
(xxvi) Railway Recruitment Board, Ahmedabad	..... ..Do...
(xxvii) Chairman, Railway Recruitment Board, Mumbai	..... ..Do
(xxviii) Railway Recruitment Board, Guwahati	..... N.F. Railway
(xxix) Metropolitan Transport Project, Kolkata	..... The Railways in their respective areas i.e. the E.R and S E Railway.
(xxx) Metropolitan Transport Project, Mumbai	..... The Railways in their respective areas i.e. the Central and Western Railways.
(xxxi) Metropolitan Transport Project, Chennai	..... Southern Railway.

(Rule 602 Sub-section 2 Note of R.I 1995 reprint. and Ministry of Railways letters no.69/H/1/38 dated 6th October 1969, No.71/H/1-1/35 dated 5th November 1971 and No.80/H/6-1/3 dated 22nd February 1980).

Sub-Section(2)-Railway employees on leave/leave preparatory to retirement.

603. A Railway employee on leave, including leave preparatory to retirement, is eligible for the same medical attendance as would be admissible to him/her while on duty.

(Rule 602 sub section 3 -R.I 1995 reprint)

Sub-Section(3) -Re-employed Railway employees

604. Retired Railway employees, on their re-employment in Railways, are entitled to medical attendance and treatment facilities, free of charge, as per details given in Sections C&D of this Chapter.

(Ministry of Railways' letter No.E.51ME1/3/3 dated 26th February 1951)

Sub-Section(4)- Officers and staff of the Commissioner of Railway Safety

605. The staff and officers attached to this establishment are entitled to free medical attendance and treatment for self and family members in accordance with the detailed rules as given in Section C &D of this Chapter, irrespective of whether they were transferred from the Railways or recruited directly by the Ministry of Tourism and Civil Aviation.

(Ministry of Railways' letter No.66/H/16/3,dated 16th November 1966)

Sub-Section(5) - Audit Staff

606. (1) Railway Audit Staff are governed by the following rules:

(i) The normal entitlement of the Railway Audit employee is the G.C.S (MA) rules or the C.G.H.S rules as are in operation but the employee can exercise an option to avail of the Railway Medical facilities for himself and dependant members of the family in terms of the provisions of para 19 of the Railway Audit Manual.

(ii) An employee will be governed either by Railway medical facilities or the Civil medical facilities but not both simultaneously.

(iii) The option to avail of either the Railway medical facilities or the Civil medical facilities will be available to each individual employee and need not be exercised by all the employees of an office as a whole.

(iv) The option once exercised will not be changed except in the event of the change of residence at the same station or transfer to another station.

(v) When a Railway audit staff opts for Railway facilities, medical attendance and treatment to the extent available to Railway employees of corresponding status will be available, free of charge, to the Railway Audit staff/and their family members, in accordance with the detailed rules as given in Section C &D of this Chapter.

(CAG's letter No. 3309-NGE I/112-78 dated 24-09-80)

(2) Audit staff posted in North east Frontier Railway, and their families, who have been permitted Railway Medical facilities, when referred for medical treatment by the Chief Medical Director/N.F.Railway to the hospitals on other Railways for any specialist treatment, will get appropriate treatment in those Railway hospitals. However, if the N.F.Railway Audit staff are required to be referred to civil hospitals, recognised under the Railway Medical Attendance Rules for medical treatment, the cost of such medical treatment will be borne by the Audit Department themselves.

(M.O. R's letters No.E46ME38/3,dt.24/06/1964, No.64/H/7/158 dt. 9/11/64 and No. 81/H/6-1/47 dt. 2/02/82)

Sub-Section(6) - Railway employees on deputation to Rail India Technical and Economic Services Ltd.(RITES) Indian Railway Construction Company Ltd.(IRCON)

607. Railway employees on deputation to RITES/IRCON may be permitted to continue to avail of the medical facilities in accordance with the detailed rules as given in Section C&D of this Chapter. However, RITES/IRCON would pay annual contribution on the basis of per capita expenditure on a Railway employee on an All-Indian Railways basis multiplied by the number of Railway employees on deputation with them who have opted for these rules.

(Ministry of Railways' letter No.79/H/6-3/8,dated 18th July 1980)

Sub-Section(7) - Railway employees on deputation with Trade Unions, etc.

608. Railway employees on deputation with Trade Unions or other similar organisations as full-time paid union workers may be permitted to continue to avail of the medical facilities, free of charge, in accordance with the detailed rules as given in Section C&D of this Chapter.

(Ministry of Railway's letters No.MH59/ME1/21/Medical,Dt.01/08/1960 and No. E(L) 60UTI -111,dt.. 21/12/1960).

Sub-Section(8)-Trade Union officials who are Ex-Railway employees

609. (1) Medical attendance and treatment facilities will be available, free of charge, to the trade union officials who are ex-railway employees, in accordance with the detailed rules as given in Section C &D of this Chapter, on the following terms and conditions:-

(i) The ex-Railway employees should have resigned from the Railway service and the resignation accepted by the Railway administration.

(ii) The ex-employee should be president, vice-president or general secretary at the All-India level or the Zonal level of a recognised trade union. The office bearers at the divisional or branch level etc. would not be eligible for the facility.

(iii) The benefits would be admissible till they attain the normal age of retirement of a railway employee.

(2) The above officials after attaining the age of superannuation may elect to join the "Retired Employees' Liberalised Health Scheme '97". The rate of contribution in their cases will be on the basis of last pay drawn on the Railways.

(Ministry of Railways' letters No.E (LU)71UT3-2,dt. 02/07/1971 and No.E (LR)III-78 UTF-3,dated 1st March 1978)

Sub-Section (9)-Quasi-Railway Organisations

610. (1) Free medical attendance and treatment facilities in Railway Hospitals are available to the staff themselves of the:-

(i) Consumer Co-operative Societies,

(ii) Staff Benefit Fund Committees,
(iii) Railway Institutes,
(iv) Railway Officers' Clubs,
(v) Station Committees,
(vi) Statutory canteens on Indian Railways and
(vii) Whole time (not part time) employees of the AIRF/NFIR & Zonal recognised unions/Federations. The number of beneficiaries on this account is restricted to the current level of whole time workers/officers employed by the Federations/recognised unions.

Note: The above mentioned staff should obtain medical fitness certificates from the Railway Medical Officers who, while issuing such certificates, will make sure that the applicant is not suffering from any old and chronic disease requiring medication on a permanent basis. Zonal Railways may issue medical identity cards to such staff only after scrutinizing the medical certificate. Such cards should have expiry date as the end of the financial year and be renewed at the start of the next year on receiving authority letter from the concerned organisation.

(2) Free out door treatment facilities only will be available to the family members of the quasi-Railway Organisations as mentioned in Para 610 (1). All such beneficiaries should be issued identity cards with photographs of beneficiaries mentioning "VALID FOR OUT-DOOR TREATMENT ONLY"

(3) Medical attendance and treatment facilities are available to the staff and to the members of their families of the Co-Operative credit Societies and Banks on payment on per capita basis, the per capita charge being calculated on the basis of total expenditure on medical services (excluding health services) incurred on Railway employees in India during the previous financial year.

(4) The staff (but not their family members) of the Canteens on the Railways run by Co-operative Societies specially formed for the purpose and in the Ministry of Railway's office may be extended free medical treatment in the outpatient departments only. However, charges are levied for all investigations.

(5) Indoor medical facilities to the family members of the quasi-Railway organisations as mentioned in Para 610(1) above will be made available on payment at per capita basis. The per capita charge is calculated on the basis of total expenditure on medical services (excluding health services) incurred on Railway employees in Indian Railways during the previous financial year.

Note: All those who are permitted /entitled for medical treatment on per capita basis under paras 610 and 623, can only avail of medical facilities available locally in **respective** Railway hospital/Health Units without any referral to other Intra-Railway or Inter Railway Hospitals/Health Units or any other intra-Railway or inter -Railway Hospitals/Health units or any other non Railway Hospitals. For availing of treatment in any super specialty centers, such beneficiaries will be treated as outsiders. For this purpose the term ' super specialty ' denotes those specialised services for which separate centres have been developed at various Railway Zones i.e. Cardiovascular Surgery at Perambur, Plastic surgery at Byculla, Gastroenterology at J.R.H, Orthopedic Surgery at Howrah, Orthopedic centre and Cancer treatment facilities at C.R.I/Varanasi.

(MOR's decision No.2 below Rule 602-R.I, MOR's letters No.64/H/7/116,dated 31st August 1965, No.71/H/1-1/18,dated 14th September 1971 and No.73/H/6-1/24, dated 1st October 1973 and Rly Bd.'s No. E(W) 97 CNT-4 dt. 15/11/1979 , M.O.R's letter No.88/TGII/1010/51/ Medical/ Policy dt. 09/12/1988, M.O.R's letter No.90/H/6-1/13 dt. 28/05/1993, 24/08/93, 25/11/94, and Bd.'s No90/H/6-1/13 dt. 23/11/94 , No 90/H/6-1/13 dt 24/05/1995, dt 22/06/1995and 08/09/97and letter No.98/H-1/2/1 dt 7-2-02))

Sub-Section(10)-Apprentices

611. Medical attendance and treatment facilities, free of charge, will be admissible to all Apprentices other than those governed by the Apprentice Act, 1961, but not to their family members, on the same scale as available to Railway employees, but confined only to the extant facilities as available in Railway hospitals and health units. For the purpose of medical attendance and treatment they may be classified according to the categories for which they are Apprentices. For the purpose of recovery of diet charges, the stipend drawn by them should be treated as pay. No reimbursement facilities are available in non-Railway institutions or T.B institutions where beds have been reserved for Railway employees.

Note: (i) Trade Apprentices as are governed by the Apprentice Act 1961, but otherwise come within the definition of the phrase "family members" or "dependent relatives" of a Railway employee, will be eligible for medical attendance and treatment facilities according to the status of the Railway employee, under the normal rules.

(ii) Free medical treatment may be accorded to all Apprentices, including those governed by the Apprentice Act, 1961, when personal injuries are caused to them by accidents arising out of and in the course of the training as Apprentices.

(Sub-section 10 of 602-R-1 1995 reprint and MOR's letters No. MH 58 ME1/24/Medical dt..12/01/1960, No 64/H/1/51 dt. 23/05/1966. No.E(Trg)/64/TRI/89 dt. 27/05/1966 and No.E(Trg)1/67/TRI/15 dt. 08/02/1968)

Sub-Section(11) Retired Employees

612 A “Retires Employees Liberalised Health Scheme-1997 ('RELHS-1997”).

(1) Retired Railway employees covered under RELHS-97 will be provided with full medical facilities as admissible to serving employees in respect of medical treatment, investigations, diet, and reimbursement of claims for treatment in Govt. or recognised non railway hospitals. They will also be 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) of subpara (1)above special identification cards will be 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"

(2) **Eligibility:** Minimum 20 years of qualifying service in the Railways will be necessary for joining the scheme and the following categories of persons will be eligible to join the same:

- (i) All serving Railway employees desirous of joining the scheme will be eligible to join it in accordance with the procedure laid down herein under “Mode of Joining”,
- (ii) All retired Railway employees who were members of the old RELHS will automatically be included in the RELHS '97.
- (iii) Spouse of the Railway employee who dies in harness.

These orders are not applicable to those Railway servants who quit service by resignation.

(3) 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 “dependant” will be the same as in the Pass Rules.

(4) Rate of contribution

a) For joining RELHS '97, one time contribution equal to the last month’s basic pay will have to be made at the time of retirement by those opting to join the scheme. The persons who are already members of the existing RELHS are not required to make any fresh payment. However, those who have joined the existing RELHS after 1.1.96 will have to pay the difference of one time contribution on account of introduction of fifth pay commission’s revised pay scales w.e.f. 1.1.96. It will be the responsibility of the Railway Administration to realise the amount due from the concerned RELHS members.

b) In respect of pre 96 retirees the basis for the one time contribution will be the revised pension drawn by the retired railway employee for joining the RELHS-97. The rate of contribution shall be calculated as under.

- i) a) For employees who retired before 1-1-96 : Revised basic pension as on 1-1-96 including commuted value(Gross pension) multiplied by the figure of two. (b) all those who retired prior to 1.1.96 and joined RELHS between 1.1.96 and 30.9.96 are required to pay a one time contribution equal to their last pay drawn.
- ii) For family pensioners: A sum equivalent to double the amount of their revised normal family pension as on 1-1-96

- iii) For SRPF Optees : For those SRPF Optees **or their widows** for whom ex-gratia payment has been approved on the basis of the recommendations of the V CPC, a one time contribution at twice the ex-gratia monthly payment may be deposited.

(Rly Bd's Letter NO2000/H/28/1(RELHS) dt 23-06-2000)

(5) Mode of Joining

a) All employees will have to give their option to join the RELHS '97 at least 3 months prior to their date of retirement. The option given once will be treated as final. No further chance will be given subsequent to retirement.

b) Such of the post 1-1-96 retirees who have not yet joined the scheme will be given another chance to join by 31-12-99.

c) For pre 1-1-96 retirees there is no cut-off date for joining RELHS-97. However they have to pay the contribution at rates mentioned in the preceding paragraphs.

d) Members of RRECHS will also have the option to switch over to RELHS '97 by making payments as mentioned in sub-para(4) above before 31-12-99.

(Authority: Ministry of Railways letter No.91/H/28/1 dated 23.10.97, dt. 26/03/1999 and 97/H/28/1 dt. 17-05-1999)

B. Retired Railway Employees Contributory Health Scheme(RRECHS)

- (1) RRECHS will continue for the existing memmbers of the scheme. No new members will be allowed to join the scheme
- (2) The benefits under the scheme will be limited to out door treatment of retired railway employee and his/her spouse in Railway hospitals/health units
- (3) The beneficiary may avail of the facilities from the hospital where he/she is registered irrespective of the railways he/she has retired from.
- (4) The retired railway employee and his/her spouse will be entitled to the seervices of the railway doctor of the same rank as retired employee was entitled to at the time his/her retirement. Free supply of medicines and drugs ordinarily stocked in Railway hospitals for the treatment of outpatients may be permitted by the railway doctor treating the case, who may also refer the case to the Hony. Consulatnt attached to the railway hospitals for which no separate charges will be levied. Routine examination of blood, urine and stool includng blood sugar, blood cholesterol, blood urea examiantion and routine Chest x-ray P.A view and routine E.C.G may be done free. Separate charges based on 40 % of the schedule of charges laid down for outsiders will however be recovered for indoor treatment, specialised treatment, other pathological examinations, radilological examinations and operations. Cost of medicines not ordinarily stocked in railway hospitals for treatment in the outpatient department , charges for blood when supplied form railway hospitals and charges for diet will be recovered in full. The facility for out door treatment for chronic diseases like T.B., Leprosy, Cancer and Diabetes etc. are as available to serving railway employees may be extended.
- (5) The existing members of the scheme who wish to continue in the scheme have to pay revised rates of contribuition at the following rates w.e.f 01/02/2000 in advance for either six months or whole year in acash or by cheque.

Categories of the staff	Rate of monthly contribution
Group 'D'	Rs.9/-
Group 'C'	Rs.18/-
Group 'B'	Rs 27/-
Gropu 'A'	Rs.36/-

- (6) The benefits of the scheme may be extended to the dependenat children of the retired railway employees on payment of additional charges at half the rates as mentioned in suub para 5 above for each dependenat child, the other terms and condirtions remaining unaltered.
- (7) Endorsement for the contribution made from time to time should be made on the identity card.

- (8) In the event of death of the beneficiary /beneficiaries before the expiry of the term for which contributions have been paid, the contribution already paid is not refundable to their heirs.
- (9) No reimbursement is allowed in cases where the beneficiaries have to take medical treatment in places other than the railway hospitals. If referred to other railway hospitals for indoor treatment charges may be recovered by the treating hospitals.
- (10) No medical pass can be issued.

Note: (i) Advance payment covering bed charges for 10 days as also other expected dues in full, subject to a minimum of Rs. 50/- is a precondition for admission of a beneficiary as an indoor patient. Further payment should be ensured for amounts that may become or expected to be due. The doctor in-charge of the case has to take it as his personal responsibility. Settlement of dues may be finalised at the time of discharge of the patient.

- (iii) A person who is in this scheme should keep his/her identity card valid by paying the subscriptions regularly in time and getting his card renewed. The card can not be renewed for short intermittent periods without payment for the intervening spells irrespective of whether the beneficiary has availed of any treatment or not during those spells.

(Rly Bd's No 83/H/6-2/6 dt 15/09/1984, No.84/H/6-2/9 dt 15/06/1985, No.88/H/6-2/19 dt 10/05/1988, No.81/H/6-2/8 dt.24/08/1982, No.82/H/6-2/6 dt. Nil/12/1982 and Bd's Letter No..97/H/28/1(pt) dat 30/08/1999)

Sub-Section(12)-Railway employee enrolled/commissioned in the Territorial Army

613. A Railway employee enrolled/commissioned in the Territorial Army will be entitled to treatment by military medical services during the periods of training and embodiment. The family members and dependent relatives of the employees will be governed by the Railway Medical Attendance and Treatment Rules during the period the Railway employee is in training in military service.

Sub-Section(13)-Government Railway Police Personnel

614. Medical attendance and treatment facilities, both outdoor and indoor, may be made available at the specific request of the State Government concerned, to the personnel themselves of both the "Order" Police and the "Crime" Police wings of the Government Railway Police. Debits on per capita basis, the charge being calculated on the basis of total expenditure on medical services (excluding health service) incurred on Railway employees on all Indian Railways during the previous financial year, may be raised against the State Governments concerned leaving it to the State Governments to pass on the debits to the Railways in respect of the "Order" Police.

Note:(1) No separate charges will be levied for the medicines ordinarily stocked in Railway hospitals and health units, nor will the doctors charge any fees for consultations in Railway hospitals and health units.

(2) The expenses incurred for the treatment of Government Railway Police personnel in civil hospitals and dispensaries, at places where Railway medical facilities are not available, will not be reimbursed.

(3) For the calculation of the charges to be recovered from a State Government, the total strength of the Government Railway Police personnel of the State should be taken into account irrespective of actual number of persons availing of the facilities.

(Rule 1274-G.I and MOR's letters no. MH59ME5/102/Medical, dated 14th 15th March 1961, No.62/H/I/1, dated 6th April 1962, 26th April 1962 and 17th November 1962).

Sub-Section(14)-Private servants

615. The private servant of a Railway employee (i.e. a person employed on a salary in personal service of the Railway employee concerned on a whole-time basis) as is eligible for passes, is also eligible for medical attendance and treatment as outdoor patient and also, to the extent accommodation is available, as indoor patient, at all Railway hospitals and health units. In case of indoor treatment, charges at 40 percent of the schedule of charges laid down for outsiders may be levied for the specialised and indoor treatment and for all investigations.

Note: The outpatient treatment should be confined to short routine illness and not diseases requiring prolonged management of cases.

(Rule 631-R.I. and Ministry of Railway's letters No.65/H/7/189, dated 3rd January, 1967 and 10th November 1967 and No.71/H/I/1/16, dated 29th March 1972).

Sub-Section(15)- Casual Labour

616. All casual labour, project as well as non-project, may be given medical facilities (for self only) in out-patient department. The service cards of the employees may be utilised as the identification card for this purpose.

Note: (i) When they develop post-sterilization complication and require indoor treatment, free diet also is admissible.

(ii) Casual labour (both project as well as open line) with more than three months service will be entitled to same rights and privileges as admissible to regular Railway employees i.e., for self and family members.

(Ministry of Railway's letters No.66/H/(FP)6/74, dated 11th June 1973., No.E(NG)II 77CL/2 dated 3rd May 1978., and No.E(NG)II/92/CL/27 dt. 27/09/1993).

Sub-Section(16) - Contractors, their staff and labourers

617. (1) Contractors engaged by Railway administration and their staff are not entitled to free medical attendance and treatment facilities. They and their family members may be treated in Railway hospitals and health units as private patients and charged accordingly.

(2) Contractor's labor (but not their family members) may be given free medical treatment facilities in Railway hospitals and health units in places where no other hospitals etc., are available, provided the contractor pays the cost of the diet, medicines and dressings.

Sub-Section(17)-Licensed Porters

618. (1) Licensed porters are eligible for free outdoor medical treatment for self, wife and dependent children only at Railway hospitals and health units. However, charges are levied for all laboratory, X-ray examination and other investigations.

(2) Free medical attendance and treatment facilities as indoor patient (excluding diet) will be available in Railway hospitals only when the licensed porters sustain grievous injuries while carrying passengers' luggage. This will be certified by the Station Master/Station Superintendent concerned that the party was hurt while working as a licensed porter in the Railway premises and as also about his identity. A free Railway Pass may be issued to cover his journey to the line doctor/hospital/health unit where necessary.

Note: (a) Every bonafide licensed porter should be issued a Medical Identity card bearing the photographs of all entitled members, duly attested by the competent authority engaging him. This card should mention the name of his wife and dependent children who are the bonafide beneficiaries. The same should have clear indication of 'VALID FOR OUT DOOR TREATMENT ONLY'

(b) Every licensed porter on the termination of his service or transfer of his license must surrender his medical card to the competent authority before he is relieved. Utmost care is required to be taken to avoid fraudulent use of the card by unauthorized persons.

(c) Any licensed porter, if found to be indulging in fraudulent use of this medical card, must be given deterrent punishment/cancellation of his license.

(Ministry of Railways' letters No.69-TGII/1010/29/SG/R-42 and 43, dated 26th August 1969, No.69-TCII/1010/24, dated 21st October 1971, No.66/H/(FP)6/74 Pt.II, dated 28th May 1973, No.73/H/6-1/24 dated 1st October 1973, No.69-TGII/1010/29/SG/R-42 and 43, dated 3rd March 1976 and [No. 95/H/6-1/17 dt. 21/06/1995](#)).

Sub-Section (18).-Licensed Shoe Shine Boys

619. Licensed Shoe shine Boys working at the Railway Stations are eligible for free outdoor medical treatment for self only at Railway hospitals and health units subject to the following conditions. However, charges are levied for laboratory, X-rays and other investigations.

(a) Every bonafide licensed shoe-shine boy should be issued a Medical Identity card bearing his name and photograph, duly attested by the authority competent to issue licenses to them. It should be clearly mentioned on the Medical Identity Card that it is 'VALID FOR OPD TREATMENT ONLY'

(b) Every licensed shoe shine boy on transfer of his license must surrender his medical card to the competent authority before he is relieved. Utmost care is required to be taken to avoid fraudulent use of the card by any unauthorised person.

(c) Any licensed shoe-shine boy, if found to be indulging in the fraudulent use of this medical card, must be given deterrent punishment/cancellation of his license.

(Rly Bd.'s No.95/H/6-1/17 dt. nil/06/1998)

Sub-Section (19)-Commission Vendors

620. Free medical treatment facilities are available to the commissioned vendors/bearers engaged on commission basis in the departmental catering on the Railways as outdoor patients for self only. Free medical attendance and treatment facilities as indoor patients will be available only when they sustain injuries in the course of their duties.

Note: The outpatient treatment should be confined to short routine illnesses and not diseases requiring prolonged management of cases.

(Ministry of Railways' letters No.62/H/1/70, dated 16th February 1963 and No.61)H/1/70 Pt.A, dated 17th March 1964 and No.71/H/1-1/16 dated 16th June 1971).

Sub-Section (20)-Pool Officer

621. The Pool Officers of the Council of Scientific and Industrial Research, New Delhi, attached to the Railways, are not entitled to free medical attendance and treatment facilities.

(Ministry of Railways' letter No.E(GR/1/64RCI/52, dated 23rd August 1965).

Sub-Section(21) - Outsiders

622. (1) Free medical attendance and treatment facilities are not admissible to outsiders.

(2) However, when spare accommodation is available after meeting the needs of Railway beneficiaries, the Railway administration may allot up to a maximum of 10 per cent of the beds in a Railway hospital for outsiders.

(3) Different charges as shown in Annexure I have been laid down for different types of accommodation in health units/polyclinics and wards of various hospitals. For the calculation of charges to be recovered from outsiders, the day should be counted from midnight and the charges for hospital stay should be for a full day even if the stay in the hospital is for a fraction of a day. These charges are inclusive of accommodation, ordinary medicines and professional services but do not include charges for X-ray examination, pathological, bacteriological and analytical tests etc. The charges for different types of accommodation, investigations, blood transfusion and treatment procedures have been given in Annexure I to this Chapter and should be separately paid for. The charges for items not specified in Annexure I may be decided by the Railway administration locally in consultation with their F.A & C.A.O s.

(4) Outsiders seeking admission in the Railway hospitals for medical or surgical treatment require thorough medical examination by the concerned doctors at the time of admission. For this examination/consultation, a fee of Rs.40/- (valid for 15 days) should be charged, in addition to the usual charges for all clinical and pathological investigations. Where the visits by outsiders are for investigations only and no examination by or consultation with the doctor is involved, only the prescribed charges for the investigations should be realised.

(5) Separate charges are also levied for diet and special medicines. The rate of recovery in respect of diet may be full cost of the diet plus 50 per cent of the overhead rounded off to the nearest rupee. Half diet charges are levied only if discharged at or before 12 noon.

(6) Charges for blood transfusion are laid down in annexure I.

(7) The bed charges also do not include fees for confinement cases and fees for operations. Fees for different types of operations, to be levied from outsiders, are as follows:-

	O.T.Charges	+	Fees for operation
(a) Trivial operations under L.A ...	Rs.70/-	+	Rs 250/-
under G.A ...	Rs 150/-	+	Rs 250/-
(b) Minor operations	Rs.300/-	+	Rs 600/-
(c) Major operations	Rs.500/-	+	Rs 2500/-
(d) Special Operations	Rs 1000/-	+	Rs 5000/-
(e) C.A.B.G	Rs 1000/-	+	Rs 8000/-
(f) Open heart surgery	Rs 1000/-	+	Rs 10000/-
(g) Closed heart surgery	Rs 1000/-	+	Rs 10000/-

(Bd's No.89/H/6-1/2 dated 24/12/1991 & 2000/H/6-1/45 dt.15.5.2001.)

Note: Outsiders undergoing tubectomy or vasectomy in Railway hospitals/health units are exempt from any charges, including for consultation, routine investigations, operation, admission, if necessary, and medicines required for these operations.

(Ministry of Railway's letter No.95/H(FW)/9/13 dt. 31/05/1996)

(8) A list broadly classifying the operations into major, minor, trivial, and special is contained in Annexure II to this Chapter. In doubtful cases, however, the decision of the Chief Medical Director in regard to classification shall be final.

(9) Fees levied from outsiders for confinement cases to Railway hospitals are as follows:-

(a) Normal labour without episiotomy ...	Rs.1375+	labor room charges
(b) Normal labour with episiotomy	Rs.1625+	labor room charges
(c) Abnormal labour	Rs.2000+	labor room charges

Note: (1) There will be no sharing of any charges recovered for bed/cabin(Srl. No.2(i) of Annexure I) theatre/labour room charges(Srl No XVIII of Annexure I).These are to be credited in full to the Railway revenue. However, other charges given in Annexure I to this chapter are to be shared between the Railway medical personnel (including Medical officers) and the Railway administration in the ratio of 1:4. The total amount realised from outsiders should be credited to the Railway revenue first and the claim has to be preferred later. 80% of the amount so realised should be retained by the Railway. Balance 20% will be available for sharing amongst doctors and hospital staff as follows:.

(a) Doctors	40%
(b) Para medical Group'B' or 'C' Staff	35%
(c) Ministerial and other Group 'C' staff in separate functions like laundry, diet ambulance etc.,	5%
(d) Group 'D' Staff	20%

The proportion allotted to various categories should be divided equally among members of the category.

(Bd.'s No 88/H/2-1/14 dt. nil/11/90)

(2) Advance payment, covering bed charges for ten days as also other expected dues in full, subject to a minimum amount which may vary from Rs 500/- to 1000/- depending upon the type of the case, is a precondition for admission of an outsider as an indoor patient. Further payments should be ensured for amounts that may become or be expected to be due. The doctor in charge of the case has to take this as his personal responsibility. Settlement of dues may be finalized at the time of the discharge of the patient.

(3) Married daughters of the Railway employees, should be charged at 40% of the scheduled charges fixed for outsiders for bed, operation, laboratory tests, X-ray etc. including Ante-natal and post natal check-up period for the first two confinements. O.T. charges will not be levied for the first two confinements. Full charges are to be levied for diet and medicines. **The consultation fee in OPD valid for a fortnight as applicable to outsiders should be levied in full.**

(4) Freedom fighters travelling on a valid first class pass: Medical facilities, as are available in Railway hospitals, may be provided to freedom fighters, free of cost, as and when they undertake 'Bharat Darshan' on a valid first class Pass.

(Bd.'s Letter No 84/H/17/3 dt. 09/04/84 and No. 86/H/6-3/15 dt 21/05/1987)

(5) The Chairman and members of the Passengers' Amenities Committee will be governed by the Railway Medical Attendance Rules during their tenure as the Chairman/members of the committee.

(Rly Bd.'s letter No ERB-I/96/23/27 dt. 17/02/97)

(.Ministry of Railway's letters No.E55ME5/ 70/Medical dated 7th/ 15 November, 1956. No.MH59MEI/5/Medical, dated 26th September 1959.No.63/H/7/92, dated 4th/5th September, 1963, No.PC-62/PS-5/MH-2, dated 1st October,1964. No.66/H/1/27, dated 7th October,1967 and 4th April,1968, No.65/H/1/21, dated 26th February 1969 and No.66/H/1/27, dated 5th July,1969, No.71/H/16/8 dated 13th October 1971, No.69/H/7/40, dated 18th January 1972, No. 72/H/6-3/8, dated 22nd June 1972, No.72/H/6-3/12, dated 16th August 1972, No.68/H/10/19, dated 9th March 1971, No.74/H/6-3/3, dated 25th March,1974, No.75/H/6-3/11, dated 8th March 1976, No.76/H/6-3/2, dated 3rd June,1976, No.75/H/6-3/11, dated 16th July,1976, No.76/H/6-3/3, dated 3rd December,1976, No.76/H/6-3, dated 7th December 1978, No.76/H/6-3/4, dated 10th January 1979,No.77/H/6-3/6, dated 17th February 1979, No.79/H/6-3/9, dated 7th September 1979, and No.77/H/6-3/4, dated 22nd September 1979. M.O.R's letter No. 89/H/6-1/2 dt. 25/09/1989 , No.88/H/(FW)/7/2 dt. 05/05/1988 , No 84/H/6-3/13 dt. 30/09/85, dt. 21/05/87 and dt. 17/08/95)

Sub Section-22 - Employees of other Government Departments

623. (1) For the employees of other Government departments residing at places where there are no government hospitals/dispensaries other than the Railways, the concerned government department may enter into an agreement with the Ministry of Railway on "no-profit- no -loss" terms for the grant of Railway medical attendance and treatment facilities to their employees in such places.

(2) Medical attendance and treatment facilities of both the outdoor and indoor type will be made available to such employees and their family members. The indoor accommodation will be given to them only if the same is not required for the use of Railway beneficiaries.

(3) For these services, the Government department concerned will be required to pay annually to the Railway administration, the charges calculated on per capita basis for the total number of their employees in the area to whom the Scheme has been extended, irrespective of the number of employees who actually availed of the Railway medical facilities. The rates for purposes of such calculations will be as per Railway's per capita expenditure on medical and health facilities to their own employees in the preceding financial year. The charges are inclusive of accommodation, ordinary medicines and professional services

(4) Accommodation, ordinary medicines, and professional services shall be free. Separate charges will, however, be levied for X-ray examination, pathological, bacteriological and analytical tests, diet, special medicines, confinement cases and operations at the scale laid down for outsiders in Sub-Section(21).

(5) Separate charges will also be levied for visits by the Railway Medical Officers to the residence of the employees and their family members at the same scales as laid down for Railway employees in Para 634.

Note: (i) The per capita rates referred to in Paras 623(3), and 610 of this chapter will be based on the All-India Railway average and not on the per capita expenditure of the concerned Railway administration.

(ii) The charges mentioned in Para 623(4) above are to be paid by the employees themselves in the first instance, which may subsequently be claimed by them from their own department as per the rules of that department.

(iii) The fees mentioned in Para 623(5) above, may be retained by the Railway doctor in full. Higher fees will not be charged for night visits.

Sub-Section (23)

Central Government employees governed by the C.S.(M.A.) Rules 1944.

624. Central Government employees governed by the C.S.(M.A) Rules 1944 and orders issued thereunder can, subject to the availability of accommodation, avail of such medical attendance and treatment as admissible to outsiders in Railway hospitals on payment of charges as prescribed for outsiders. Preference would, however, be given to these employees amongst outsiders.

(Ministry of Railways' letter No.74/H/6-3/14 dated 4th August 1975).

Note: 1) The Chairman, Vice Chairman and Members of Railway Claims Tribunal shall be entitled to medical treatment and hospital facilities as provided in the Central Govt. Health Scheme and in places where the CGHS is not in operation, as provided in the CS(MA) rules 1944.

2) Notwithstanding any thing contained in 1) above, the Chairman, Vice Chairman and Members of Railway Claims Tribunal shall be entitled, at their option, to avail of the health service facilities applicable to officers of equivalent pay scales under the Railway administration or where there are no equivalent pay scales, to facilities applicable to officers drawing the highest pay scale under the Railway administration.

(Ministry Of Railway's No.89/H/10/2 dt. 30/11/1989)

Sub-section(24).Railway employees on deputation in India/abroad/posted abroad:-

625. Railway employees sent on deputation to other Govt. Departments/Corporations/Undertakings may be governed by the Medical Attendance Rules of the borrowing Department/Corporation/Undertaking. The borrowing Department/Corporation/ Undertaking may, however, allow the Railway employee, at his option, to enjoy Railway medical facilities, provided a contribution to Railway revenue is made by the borrowing Department/Corporation/Undertaking or by the Railway employee concerned, as may be mutually agreed upon between them, at the rates of recovery prescribed from time to time for Government employees of his status under the Central Govt. Health Scheme.

(sub-section 19 under Rule 602-R.I 1995 reprint.)

(1) Railway employees on deputation abroad and India-based Railway employees posted abroad:- Railway employees working in posts outside India and/or sent abroad on deputation may be divided into the following three categories for the purpose of grant of medical facilities, viz..-

(a) those who are sent on "short-term" deputation abroad i.e. when the period of continued stay abroad does not exceed six months;

(b) those who are sent on "long-term" deputation abroad i.e. for a period in excess of six month; and

(c) India-based Railway employees posted abroad.

(2) Railways employees falling under category 1(a) above will governed by the orders issued by the Ministry of External Affairs from time to time, whereas those falling under 1 (b) and 1(c) above will be entitled to medical facilities as are admissible under the Assisted Medical Attendance Scheme as published by Ministry of External Affairs and as corrected from time to time.

(3) Subject to the provisions of the Assisted Medical Attendance Scheme, the concessions admissible thereunder are also applicable to wives, children and step-children residing with and wholly dependent on the employees falling under 1(b) and 1(c) above.

(Ministry of External Affairs' Memorandum No. 1 (i) 19/MP-55 dated 13th September 1955).

Families in India of employees posted abroad.

(1) Free medical attendance and treatment will also be admissible to families in India of employees posted abroad, provided medical attendance and/or treatment is in accordance with the rules and orders in force in India.

(2) The employee concerned should arrange to collect from his family in India all the necessary certificates, bills, receipts, vouchers, etc. that are required to accompany any claim for refund under the relevant rules and orders. He should then submit his claim to his Accounts Officer through the Head of the Mission/post in which he is serving. The claim should be made out in the salary bill form and supported by the prescribed application form, necessary bills, vouchers and certificates as required under the rules. When

the payment is authorised by the Accounts Officer, it should be made payable in India to person duly nominated by the employee to receive payment on his behalf. Refunds for expenditure incurred in India shall not be made in a foreign currency. The nomination shall generally accompany the claim so that after the claim has been passed by the Accounts Officer, that officer can issue a letter of authority to the nominee to receive the payment. The expenditure on such refunds should be debited to the Railways.

(Ministry of External Affairs' Memorandum No. 1(i) 19/MP-55 dated 13th September 1955).

(3) **Medical Examination:** For the purposes of the Assisted Medical Attendance Scheme, the examining medical authority for both the gazetted and non-gazetted Railway employees will be the MS/CMS of the division.

(4) **The Controlling Officer:** The 'Controlling Officer' in the case of medical claim of the Railway employees serving in/deputed to Missions/post abroad will be the Head of the Mission/post concerned.

(602 sub-section 4 of R.I 1995 reprint.).

Families of Railway Employees on secondment to foreign service.

(5) Families, left behind in India, of Railway employees on secondment abroad on foreign service terms may be treated at par with the families of retired railway employees governed by the Retired Railway Employees Contributory Health Scheme.

(M.O.R's letter No.78/H/6-1/27 dated 21/09/1978)

626. Identity card necessary for availing of facilities in Railway hospitals- (1) No medical treatment facilities should be provided to a Railway beneficiary if the medical identity card is not produced for the purpose.

(2) In the case of licensed porters, commission vendors etc., who are not regular employees of the Railway but who are entitled to Railway medical facilities on a restricted scale, they may be issued identity cards with an additional endorsement indicating the category to which they belong, like "licensed porter" " commission vendor", etc.

(3) In so far as casual labour is concerned , their service book which indicates whether they are in service or not at the particular point of time ,may serve as the medical identity card.

(4) In emergencies, however, a patient, even in the absence of identification papers, has to be attended first, including administration of such medicines, and use of such appliances as may be necessary. With the help of Welfare Inspectors, efforts should be made to establish the patient's identity. In case the patient is found to be a non-Railway beneficiary, he should be treated as an outsider and charged accordingly or transferred to a non-Railway hospital as soon as the patient's condition stabilizes and the expenditure incurred written off with concurrence of the competent authority.

(Ministry of Railway's letters No.79/H/6-1)24, dated 30th July 1979, No.76/H/6-1/10, dated 25th May 1978 and No.79/H/6-1/22, dated 26th July 1979).

Sub-Section (25) - General

627. Non-entitled persons temporarily staying with Railway employees residing in places where outside medical help is not readily available: Relations of Railway employees not covered by the Railway Medical Attendance and Treatment Rules and friends temporarily staying with Railway employees residing at places where outside medical help is not readily available, will be entitled to medical attention by Railway doctors, who may charge fees as indicated in Paragraph 634(2).

(MOR's letters No.62/H/7/89 dated 27th July 1962 and No.E58ME5/74/Med. dated 4th June 1963).

628. Passengers who take ill while travelling: (1) While it is not incumbent on the Railways to provide medical relief to passengers who take ill, such assistance is invariably rendered in practice as a matter of courtesy to a customer.

(2) Charges for medical aid to passengers afflicted with sudden illness or injury (other than as a result of a railway accident in which case it is the duty of the Railway administration to provide free medical attendance and treatment facilities) are levied on the principle that the relationship between a bona fide passenger and a Railway doctor must be that of a private patient and his medical attendant. A Railway doctor attending such a passenger may be allowed to recover consultation fee at the following rates:-

Consultation fee of Rs.20/- irrespective of the grade of the attending Medical Officer; This fee is retained in full by the attending doctor:

(Rly Bd.'s No 82/H/6-1/22 dt. 30/03/89)

(3) As regards the charges for medicines, injections, etc., the same may be recovered at the following rates and the amount so recovered will be credited, in full, to the Railway revenue:-

- (i) Re.1 per tablet or dose of mixture.
- (ii) Maximum retail price as mentioned on the strip per dose of higher antibiotic.
- (iii) Rs.5 per sterile dressing of wounds.
- (iv) Rs.10 per injection (which includes the cost of the common items eg. the injecting materials).

(Bd's No.99/H/6-5/1 dated 27/08/1999)

(4) In the case of indigent passengers, where it is not possible to recover the cost of medicines etc., these may be issued free on the certificate of indigence from the doctor. The expenditure, if any, incurred in connection with the hospitalisation of such cases, may be treated as a part of ordinary expenses of working the Railway hospitals.

Note: If and when a Railway doctor is not available for attending on a passenger or trespasser taking ill while travelling or on railway premises, the services of a non-Railway doctor may be obtained with the full knowledge and consent of the parties concerned that the patient or somebody on his behalf will pay to the doctor direct. For this purpose, a list of non-Railway doctors of the neighborhood should be maintained by Station Superintendents as detailed in Para 707 of chapter VII of this manual.

(Note (1) below item 51 of Appendix VII-GII and Ministry of Railway's letters No.65/H/7/44, dated 17th October, 1966, No.68/H/I/17, dated 14th January 1969 and No.70/H/13/32, dated 7th May 1971).

629. Persons transferred to Railways from other services: A Government employee transferred either temporarily or permanently to a post under the Ministry of Railways, shall be entitled to medical attendance and treatment facilities in accordance with the rules as detailed in Section C&D of this Chapter.

(Rule 611-R.I.)

630. Immunisation facilities to non-entitled persons: Prophylactic immunisations, to guard against the spread of communicable diseases in an epidemic form, particularly in the case of large projects, may be extended, free of charge, to casual labour, contractors' labour and even to those persons who are otherwise not eligible normally, like the local shopkeepers, etc. who, in their unprotected state, may be a source of danger to the Railway community in general.

(Ministry of Railways' letter No.65/H/7/120, dated 13th July 1965).

631. Persons arrested under the Railway (Unlawful Possession) Act, 1966: Persons arrested under the Railway Property (Unlawful Possession) Act, 1966, and requiring medical attendance and treatment during the period of detention under the Railway Protection Force may be offered the same in the following cases -

(i) where civil medical facilities are not available within easy reach.

(ii) where the denial of these facilities could be dangerous or injurious to the life of such persons, or

(iii) when such cases are specially referred to Railway doctor by the officials of the Railway Protection Force(for example, Assistant Sub-Inspectors, Sub-Inspectors and Inspectors).

(Ministry of Railways' letter No.68/Security/Spl./70/4, dated 15th March 1969.)

632. Persons governed by all India Services (Medical Attendance) Rules 1954:- Persons governed by the All India Services (Medical Attendance) Rules 1954 have been made eligible for obtaining medical attendance and treatment in Railway hospitals. The terms and conditions will be as shown in sub section (22) of Section B of this chapter.

Section C - Scope of Medical Attendance and Treatment

Sub-Section(1) - General

633. Medical attendance and treatment :-The Railway “beneficiaries” are entitled, free of charge, to medical attendance and treatment-

(a) in such Railway hospital, health unit or consulting room maintained by the Authorised Medical Officer, at or near the place where the patient falls ill, as can, in the opinion of the Authorised Medical Officer, provide the necessary and suitable facilities; or

(b) if there is no such hospital, health unit or consulting room as referred to in clause (a) above, in such Government hospital, health centre or dispensary at or near that place, as can, in the opinion of the Authorised Medical Officer, provide the necessary and suitable facilities; or

(c) if there is no such hospital, health centre or dispensary as referred to in clause (a) and (b) above, any other hospital with which arrangements have been made for the treatment of the Railway employees at as near that place as can, in the opinion of the Authorised Medical Officer provide the necessary and suitable medical facilities.

Note:-(i) Allotment of hospital accommodation in the Railway hospitals depends on the condition and seriousness of the disease, and not on the status of the patient. However, in some Government/recognised hospitals, accommodation in special wards is provided according to the status of the patient. In so far as the Railway employees are concerned, those drawing a basic pay of Rs.4875/- and above p.m. would be considered to be eligible for 'special' wards.

(ii) Family members may avail of medical facilities from a medical institution referred to in sub-para(b) and (c) above without the intermediary of the Authorised Medical Officer.

(Rule 609 R.I and MOR's letters No.67/H/1/58 dt. 23/05/1968, No.71/H/1-1/6 dt. 09/10/1971, and No. 79/H/6-1/5 dt. 03/02/1980)

634. Attendance at residence:-(1) Attendance at residence is restricted to:-

(a) a gazetted Railway employee when he falls sick. No charges are to be levied in such cases.

(b) a non-gazetted Railway employee, when he falls sick and is as a result, compelled to be confined to his residence. No charges are to be levied in such cases.

(c) a member of a gazetted/non-gazetted Railway employee's family or dependent relative, when visited by the Authorised Medical Officer. In all such cases, however, the employee concerned should pay the visiting fee, as per schedule.

Note:- Railway employees, it is expected, will not call doctors to their residence for trivial ailments and thus waste the doctor's time.

(2) For visits at residence of Railway employees drawing Rs. 3725/- and above per month for attendance on their family members and dependent relatives, emergent or otherwise, the Railway doctors are entitled to receive fees. The payment of fees in such cases may be regulated by the visit.

Gazetted Railway employee and non gazetted Railway employee drawing a pay of Rs 4875/- or more per month		Non gazetted employee drawing a pay of less than Rs.4875/- but not less than Rs.3725/ per month
Sr.Divl.Medical Officer	Rs 20/-	Rs 12/-
Divl.Medical Officer	Rs 16/-	Rs 10/-
Asst.Divl.Medical Officer	Rs 12/-	Rs 6/-

Note: (i) No fee should be charged from any employee drawing less than Rs 3725/- per month.

(Bd.'s No 82/H/6-1/22 dt. 23/05/87)

(ii) When there is more than one member of a Railway employee's family or dependent relative to be examined at the residence, visiting fees may be charged for each member separately.

(iii) When a Railway Medical Officer is called upon to render medical assistance to a Railway “beneficiary” at an out station, he may be granted travelling allowance as on tour while the medical service rendered is free. When, however, the doctor is entitled to charge fees as provided above, he may claim travelling allowance only if he deposits the fees received into the Railway revenue. While preferring

claims for the travelling allowance in such cases, the doctor should indicate the amount of fees received by him and give a certificate on the bill that the fees received by him has already been credited to the Railway revenue.

(iv) No extra fee for conveyance is to be charged.

(Rule 605 R.I 1995 reprint MOR's letters No. 62/H/1/20 dt. 06/05/1964 and No.65/H/&/44 dt. 17/10/1966)

635. Special Provision regarding female and child beneficiaries:

At places where there are no Railway hospitals or Government hospitals, female beneficiaries and children of Railway employees up to 12 years of age, may directly obtain medical attention and treatment, without the intermediary of the Authorised Medical Officer.

(Rule 606-R.I and MOR's decision No.1 thereunder ,and M.O.R's letters No.64/h/154 dt. 11/12/1964,. No. 66/H/11/9 dt. 20/03/1967, No.76/H/11/ dt. 17/04/1970 and No.80/H/6-4/15 dt. 21/08/1980)

636. Supply of artificial limbs and appliances:-

(1) A Railway 'beneficiary' (injured on duty or not), requiring artificial limbs and appliances, would be entitled to reimbursement of both hospitalization charges and the full cost of artificial limbs and appliances, as recommended by the Orthopedician, as also the cost of repairs, renewals and adjustments thereof from time to time, subject to the following conditions:

(i) Production of certificate from a specialist in the concerned speciality in the Railway hospital that the purchase, repairs and renewals or adjustments are essential.

(ii) Purchase, repairs, renewals or adjustments being done at the rehabilitation department of a Medical College, artificial limb centre, Pune or such other organisations and centres recognised for the purpose by the Central/State Governments concerned.

(iii) The cost of the repairs or adjustments of the limb/appliance should not exceed the cost of the replacement of the limb/appliance.

Note:- The above para does not apply to the supply or replacement of heart pacemakers and heart valves for which para 666 may be referred to.

(MOR's letter No.80/H/6-4/33 dt. 05/12/1980 and 05/02/81)

(2) Supply of Breast Implant/Prosthesis in cases where patients undergo Mastectomy would be as under:-

(i) Patients willing to undertake permanent Breast implantation may undergo such implantation at Zonal level Railway Hospital. Implants may be arranged by the Zonal Hospital, itself.

(ii) Patients opting for external prosthesis may submit the reimbursement claim upto an upper limit of Rs. 5,000/-. Replacement will be allowed once in 5 (five) years only. Each such case should be thoroughly scrutinized and examined by a suitable lady doctor of the Railway Hospital.

(Authority Board's letter No. No.2005/H/2313 dated:5-8-2005)

637. Provision of dental treatment: (1) Free treatment may be given to all Railway "beneficiaries" in regard to the following ailments in all Railway dental clinics and at all places where Railway dental attention facilities have been provided:-

- (i) Extraction,
- (ii) Scaling and gum treatment,
- (iii) Root canal treatment, and
- (iv) Filling of teeth.

(2) In addition, free dental treatment of a major kind is also admissible in cases where it is considered as a part of any general or constitutional ailment, that the teeth are the source of disturbance. Treatment of such conditions may include treatment of any condition involving the jaw bones, operation

of gums for the extraction of growths, surgical operation needed for the removal of odontomes and impacted wisdom teeth.

Note: The supply of artificial dentures is excluded from the scope of dental treatment.

(Para 608 R.I 1995 reprint and MOR's letters No.E57me5/85/Medicaldt. 9/10/03/1961, and No.62/H/7/31 dt. 30/04/1962)

638. Donation of blood: (1) For donating blood to blood banks attached to Railway hospitals or other Govt. hospitals, or for donating blood on being called upon in emergencies etc., the Railway employee will not be required to obtain any prior permission of the Government.

(2) When a Railway employee or a member of his family or an outsider donates blood to the blood bank attached to the Railway hospital, every effort should be made to encourage them. The Railway may consider issue of cards to voluntary blood donors with the offer of free replacement if the donor needs blood transfusion for self or his family within a period of 12 months.

(Rly Bd.'s letters No. 84/H/6-1 dt. 04/06/85 and No.90/H/8/3 dt. 15/03/91)

(3) Railway employee who donates blood to a Railway hospital on a working day, may be granted special casual leave for that day. This special casual leave will be granted even if the donor is returned back without donating blood on medical grounds.

(4) A Railway employee who comes from an out station to donate blood to a Railway hospital, may be granted complimentary pass of the same class, as admissible to him under the normal rules, to cover the journey. He may also be allowed a minimum of journey time apart from the one day special casual leave for rest.

(5) As blood is considered to be a therapeutic substance used in treatment of patients, any expenditure incurred by the Railway hospitals for obtaining blood for their blood banks shall be debited to the Railway revenue and allocated under the head "Medicines."

Note: As far as possible, Railway employees should be encouraged to donate blood voluntarily and not with any mercenary motive.

(MOR's letter No.65/H/7/248 dt. 05/02/1966)

Sub-Section(2)- Instructions regarding Diet

639. Diet to be provided in Railway hospitals: Railway administration should, as a rule, provide cooked food to all the in-patients in Railway hospitals.

640. Scale- (1) The scale of diet to be served in Railway hospitals should be drawn up by the Railway administration with a view to suit the local conditions and basic caloric requirements of the patients.

(2) The scale of diet provided in Railway hospitals should be published in the Weekly Gazette once a year for general information.

641. Charges: Diet supplied to patients in Railway hospitals will be charged as per the following schedule:-

Charges are to be fixed by the various Zonal Railways for the hospitals under their control.

Categories:

(A) Railway employees:-

Charges per day

1. Railway Employee

(a) Whose basic pay does not exceed Rs.4000/- p. m.
in case of group'D' categories

.... Free

(b) All Railway employees in group 'C' whose basic pay is
Rs 4200/- or below per month

.... 75 % of the charges as
fixed by the Railways

2. Railway employees whose pay is above Rs 4201/- & above
per month

.... Full Charges as fixed
by the Railways.

- | | |
|---|---|
| 3. Railway employees injured in the course of duty
(not exceeding beyond one year after they are declared permanently unfit and discharged from service). | Free |
| 4. Retired railway employees governed by the RELHS-97 | Same as for serving employees
(see note x below) |
| a. Private servants and outsiders etc. | Full charges as fixed by
the Railways.(see note(ix) below) |
| 5. (i) Railway employees whose pay is below
Rs.6200/- per month when receiving treatment for T.B., Leprosy
or mental diseases in a Railway or approved institution. | Free |
| (ii) Railway employees whose pay is Rs. 4200/-or below
per month when receiving treatment for cancer in Railway hospital. | Free |
| (iii) Railway employees whose basic pay is Rs 6200/- p.m. and above
when receiving treatment for TB/Leprosy or mental diseases
in a Railway or approved institution and whose pay is above
Rs 4200/- p.m. when receiving treatment for cancer. | Actual cost to be recovered |
- (B) Family members and dependent relatives :-
- | | |
|--|---|
| (a) Family members receiving treatment for T.B.,
leprosy or mental diseases and dependent
relatives of railway employees receiving treatment
for TB or leprosy in a Railway or approved
institution, when the pay of the Railway employee
concerned is below 6200/- per month | Free |
| (b) Family members and dependent relatives of
employee whose pay is Rs.4200/- or below per month
while receiving treatment for cancer in Railway hospital | Free |
| (c) Family members/dependents of Retired employees governed
by RELHS-97 |same as for family members/
dependants of serving employees |
| (d) Family members and dependent relatives not
covered by (a) , (b) or (c) above | Full charges as fixed by
the Railways |

(Bd.'s No 86/H/6-1/39 dt. 22/03/90, No.86/H/6-1/39 dt. 16/07/92and 98/H/6-1/29 dt. 25/06/99)

Note:- (i) The charges for the supply of special articles of food not ordinarily provided by the Railway hospitals to its in-patients shall be billed for separately.

(ii) General Managers have powers to sanction free diet to Railway employees injured in the course of duty for such period as they remain indoor patients not extending beyond one year after they are declared permanently unfit and discharged from service. This provision applies to all Railway employees gazetted or non-gazetted, irrespective of pay limits.

(iii) Free diet is admissible to casual labour while undergoing treatment in a Railway hospital in connection with accident cases falling under the Workmen's Compensation Act and other cases referred to in sub section (15) of section B of this chapter.

(iv) Indigent passengers and trespassers injured or taken ill and removed to a Railway hospital may be given diet at the expense of the Railway, the expenditure being treated as part of the ordinary working expenses of the Railway hospital.

(v) The charges for diet, when supplied by non-Railway Government/recognised hospitals to Railway employees, when not indicated separately in the tariff should, for reimbursement purposes, be reckoned to be 20 per cent of the flat rate charged.

(vi) Pay limits given at (A) and (B) above refer to "basic pay" and are exclusive of "dearness pay".

(vii) Diet provided by the hospitals is intended for patients only. In exceptional cases, when diet may have to be provided to patients' attendants (companions) who, of necessity, had to stay in hospital having come from outside and long distances or in serious cases, should be charged for to cover full costs and all overheads and the charges should be high enough to be a disincentive.

(viii) Any patient from whom charges are to be levied for diet and who takes diet from the hospital, may be charged for the full day, if he/she has been admitted before 12.00 hours in any particular day and only half diet charges if he/she has been admitted after 12.00 hours.

(ix) Diet charges for outsiders undergoing treatment in railway hospitals will be actual diet charges fixed by railways and 50% as handling and service charges as additional charge.

(86/H/6-1/39 dt. 14/05/1990)

(x) For the purposes of calculation of diet charges the amount deposited by the Retiree at the time of joining RELHS is taken as his/her pay.

In case of railway employees who have retired prior to 1-1-96 and have already joined RELHS by paying the last basic pay at the time of retirement, their eligibility for free and chargeable diet will be governed by the earlier instructions in regard to different pay slabs contained in Bd's Letters No.86/H/6-1/39 dated 26/03/90 and 14/05/90 i.e Rs.1150/- Rs 1350/- and Rs 2000/- in place of Rs 4000/, Rs 4200/ and Rs 6200/- respectively.

642. Review of diet charges: It is essential that the Railways should periodically revise the rates of recovery against diet charges in consultation with their F.A. & C.A.O s, in respect of such of the patients as are not supplied free diet. The rates are to be fixed on the principle of 'no-profit-no-loss'. **The charges should be calculated on the basis of the local market price of various food items supplied by the Railways in their hospitals such as milk, vegetables, rice, pulses, egg etc.,. In addition, all the Railways may also include 20% of the total cost so calculated for basic inputs, to meet the cost of overheads and fix diet charges accordingly.** The rates thus fixed must be reviewed every three years. **For this purpose Railways may nominate Diet Review Committee of 5-6 members belonging to Medical department such as CMS, Sr.DMO, etc., and one member from finance, one from personnel department, and one or two from local recognised unions.Revision of diet charges should be made on the basis of recommendation of such a review committee.**Action for review should be initiated one year in advance on the basis of actual for the last two years so that the revised charges are made effective immediately after three years. The revised rates will apply prospectively..A copy of the memorandum of revised diet charges should be sent to Board by the Railways.

(Bd's Letter No 98/H/6-1/29 dt 11-3-03)

643. Option for hospital diet: To avoid any chances of complaint, a patient who is not entitled to free diet under the rules should be asked to give in writing whether he prefers to have his own diet or wants to get hospital diet on payment as prescribed. Patients who have exercised their option for hospital diet, to start with, will not ordinarily be allowed to change over to own diet during their stay in the hospital and vice versa.

(Item (51) of Appendix VII-G-III, Sec III of Chapter XIV of IREM and MOR 's letter No.MH 59 ME 5/ 418/Medical, dt. 04/11/1960. No.60/MH/5/12 dt. 16/02/1961, No.61 M&H/1/32 dt..04/09/1961, No.69/H/1/45 dt..02/01/1970,No.PC.68/ DA-1/4 dt..06/06/1970, No.72/H/6-3/12 dt..16/08/1972, No.72/H/6-3/14 dt..15/01/1973, No.72/H/6-3/12 dt..10/05/1973,No. 75/H/6-1/9 dt..23/10/1975 No.75/H/6-1/9 dt..16/07/1977, No.79/H/6-3/3 dt..07/07/1979 and No.79/H/6-3/14 dt. 25/11/1979).

Sub-Section(3)- Instructions regarding Nursing

644. Nursing in Railway hospitals:(1) In Railway hospitals, all in-patients should be provided with ordinary and routine nursing to the extent possible.

(2) Engagement of special nurses should be considered on merits. The attending medical Officer should recommend the employment of special Nurses only where their services are absolutely essential and that too for the minimum period necessary.

(Rules 603(5)(v) and 632-R.I. and Ministry of Railways letter No.MH60ME1/4/Medical dated 10th March 1961).

645. Nursing in Non-Railway hospitals:-(1) For ordinary nursing provided in a Government recognised hospital, the charges are normally included in the hospital bills and are not separately recovered from the patient. If, however, these charges are recovered separately, they are reimbursable.

(2) Where special nursing is required, the certificate of the Medical Officer in charge of the hospital should be obtained before hand. The necessary recommendation should be made in the form of certificate as given in part B of Certificate B of Annexure III to this Chapter. As for the reimbursement of charges in such cases, the Railway employees should bear the cost up to 25 % of his/her pay for the period for which special nursing was engaged, the rest being borne by the Railway administration. This does not, however, apply in the case of a Railway employee who is injured on duty.

646. Railway employees injured on duty: (1) A Railway employee injured on duty would, in addition to the treatment ordinarily admissible to others, be entitled free of cost, to such special nursing as the Authorised Medical Officer may certify in writing to be essential for the recovery of or for the prevention of serious deterioration in the condition of the Railway employee.

Note:-The above concession will also be admissible to a Railway employee on duty who receives injuries in connection with civil disturbances.

(2) For this purpose, a Railway employee in a disturbed area shall be considered as being continuously on duty and any injuries received by him as a result of those disturbances shall be held to have been received in the course of such duty unless the facts of the case give a clear indication to the contrary. This also applies to a Railway employee on leave in a disturbed area, in whose case it should be assumed, unless the facts of the case give a clear indication to the contrary, that he was attacked and injured because of his being a Railway employee.

Sub-Section (4) - Reimbursement

647. Reimbursement allowed if medical attendance was availed at the instance of the Authorised Medical Officer:-(1) A Railway employee obtaining medical attendance and/or treatment for himself or a member of his family or dependent relatives should, under the provisions of para 633 consult his authorised medical officer first and proceed in accordance with his advice. In case of his failure to do so, his claim for reimbursement will not be entertained except as provided hereinafter. All claims for reimbursement should be scrutinised with a view to see that the Authorised Medical Officer, or another Medical Officer who is either of equivalent rank or immediately junior in rank to his Authorised Medical Officer and attached to the same hospital/health unit as the Authorised Medical Officer, was consulted in the first instance.

Note: When a patient is referred to any Govt./recognised hospital by Authorised Medical Officer the referral covers treatment /investigations in that specific hospital only. If in the course of treatment in that hospital some investigations are required to be done at a place other than that hospital such referral should also be routed through the Authorised Medical Officer except those cases who are taking indoor treatment in that hospital. Only those cases, (particularly those taking treatment as OPD patients in the referral hospitals), where it has been specifically certified by the Authorised Medical Officer that reference was done with his approval, will be considered for reimbursement.

([Bd.'s Letter No92/H/6-4/121 dt. 10/03/93](#))

(2) Consent of the Authorised Medical Officer is not necessary in the case of family members and dependent relatives when they go to one of the recognised hospitals. In such cases, the counter-signature on the bills or of the receipts (where the bill system is not in vogue and receipts are issued for payments), by the Superintendent or other head of the hospital will be regarded as sufficient.

(Rules 604 and 618-R.I. and MOR's letters No.67/H/1/11 dated 4th March 1968 and No.71/H/1-1/6 dated 9th November 1971).

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 recognised

hospital or a dispensary run by a philanthropic organisation, without prior consultation with the Authorised Medical Officer, reimbursement of the expenses incurred, to the extent otherwise admissible, will be permitted as detailed below. 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 are delegated with -

- a) full powers for reimbursement of medical expenses for treatment taken in Govt. Hospitals and
- b) upto a limit of Rs.1,00,000/- (Rupees one lakh) in each case where treatment is taken in Recognised Hospitals (strictly for the diseases for which such Hospitals has been recognised) and dispensaries run by philanthropic organisations without proper referral by Authorised Medical Officer (AMO) in emergent circumstances. All cases above Rupees one lakh would be referred to Railway Board along with the Proforma as given in Annexure VI to this chapter duly filled in all the columns.

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 Managers are empowered to settle reimbursement claims up to Rs.50,000/- per case. 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 50,000/- should be referred to the Railway Board. along with the duly filled in proforma given in Annexure VI to this chapter.

Note: (ii) However if treatment is neither available at Railway Hospital nor at recognised hospitals, Zonal Railways may refer the emergent cases to Private non recognised hospitals involving the cost of treatment up to RS 50,000/- (Rupees fifty thousand only) in each case and also to release advance payment thereof, if any, directly to such hospitals

[\(Bd's No 2000/H/6-4/Policy dt 15-1-04\)](#)

3) Divisional Railway Managers are also empowered to settle the claims with the concurrence of their associate finance for reimbursement of medical expenses in respect of treatment taken in emergency in Government or Recognised Hospitals (except in the case of Private Hospitals where the existing procedure of taking personal approval of GM/AGM should continue) upto Rs.10,000/- (Rupees ten thousand only) per case and with a ceiling limit of Rs.50,000/- (Rupees fifty thousand only) per year only.

Note: i) These powers, as mentioned in sub paras 1) and 2) above, will not be delegated further to any lower authorities and will be exercised by the GM/AGM personally, duly scrutinised by CMD (CMS in the case of production units) and concurred by FA&CAO.

ii) The powers of (1) (b) above do apply for the specified diseases only for which recognition to a Private Hospital has been granted and not for treatment of other diseases. Referral of a patient to such recognised hospital for treatment other than the specified diseases in special circumstances and reimbursement thereof would continue to be referred to Railway Board.

(Note 1&2 under Rule 617-R.I 1995 reprint and MOR's letters Nos.67/H/1/26, dated 25th January 1968 and 1st June 1968, No 91/H/6-4/4 dt. 21/02/1992, No.80/H/6-4/49 dated 24th April. No.91/H/6-4/26(pt) dt. 20/11/1995, dt. 28/05/96, No91/H/6-4/4, dt. 21/02/92 , 05/12/97 , No.91/H/6-4/26 (Pt) dt 10/09/1999 and No 2000/H/6-4/Policy dt 6-3-2003).

649. Families accompanying Railway employees proceeding on tour:(1) The medical expenses incurred on the treatment of a member of a Railway employee's family accompanying him on tour can be reimbursed, on the same scale and conditions on which they can be reimbursed to the Railway employee himself, if illness occurs during that period and treatment is taken in a Railway or Government hospital.

(2) The above concession is not admissible in a case where a Railway employee, while proceeding on tour, takes a member of his family along with him with the intention of obtaining treatment in a place other than at his headquarters.

(MOR's decision below Rule 618-R.I 1995 reprint)

650. Treatment at the residence: (1) Where, owing to the absence or remoteness of a suitable hospital (Railway or otherwise) or owing to the severity of the illness or other causes considered adequate by the Authorised Medical Officer, a Railway employee receives treatment at his residence, the expenses

incurred by the Railway employee for such items and services as would have been admissible to the patient otherwise would be reimbursable.

(2) The above claims should be accompanied by a certificate in writing by the Authorised Medical Officer stating reasons for his opinion as referred to above and indicating the cost of treatment admissible to the patient otherwise. Such cost should take into account the charges for medicines and dressings, as also amount of fees, if any, paid to the Authorised Medical Officer.

(Rule 619 R.I 1995 reprint and Note below)

651. Payment of charges: Payment to Government/recognised hospitals on account of hospital charges should, in the first instance, be made by the Railway employee concerned to the hospital authorities and the refund thereof claimed from Railway administration later.

Note :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/recognised 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 or up to Rs.1 Lakh, whichever is less on recommendations of the C.M.D and the concurrence of the F.A.&C.A.O towards the treatment of Railway 'beneficiary' in Govt. Hospital/recognised 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 subject to limitations stipulated above with the concurrence of the Divisional finance and on recommendations of the CMS/ MS of the divisional hospital. However, post facto approval of the G.M in such exceptional cases must be obtained to regularise the same.

(Ministry of Railway's letters No. 92/H/4/8 dt. 18/09/1992 , 92/H/4/8 dt. 28/08/1996 and Note (1) Below Rule 608(2) and 616-R.I./and MOR's letter No.E56ME1/34/Medical, dated 6th September 1961).

652. Claims to be preferred within six months: All claims for reimbursement of medical charges should invariably be preferred within six months from the date of completion of treatment as shown in the essentiality certificate of the Authorised Medical Officer/Medical Officer concerned.. A claim for reimbursement of medical charges not countersigned and not preferred within six months of the date of completion of treatment, should be subjected to investigation by the Accounts Officer and, where a special sanction is accorded on an application from the Railway employee for reimbursement of any charges in relaxation of the rules, that sanction will be deemed to be operative from the date of its issue and the period of six months for preferment of claim will count from that date.

(Note 2 below Rule 621- R.I. 1995 reprint)

653. Forms for preferring claims: A Railway employee claiming refund for the expenses incurred by him on account of medical attendance and treatment in a Government/recognised hospital should prefer his claim in the prescribed forms as given in Annexure III & IV to this Chapter, accompanied by the necessary documents as indicated in those forms.

654. " Rounding off" of claims: Like other payments, such as pay and allowance, the payment on account of medical expenses should also be rounded off to the nearest rupee.

655. Scrutiny of claims: All claims for reimbursement should first be carefully scrutinised by the competent authorities, who, in consultation with the Authorised Medical Officer, where necessary, will disallow any claims or items, which do not satisfy the rules and orders on the subject. Thereafter, as and when the bills are received by the department concerned, they should be disposed of without delay.

656. Rate and schedule of charges: (1) The rates and schedule of charges of the Government/ recognised hospitals concerned may be obtained from the respective State Government/Recognised hospital.

(2)In the case of Government/recognised hospitals, the tariff of which does not indicate the accommodation and diet charges separately, 20 per cent of the flat rate should be reckoned as diet charges.

657. Expenses incurred as outdoor patient: Reimbursement of medical expenses incurred as an 'outdoor' patient in a Railway hospital/health unit or at a Government and other recognised institution is permitted .

658. Items and services not covered by the definition of the term "treatment:. – Expenditure incurred by a Railway "beneficiary" on items and services not covered by the definition "treatment" will not be reimbursable.

659. Reimbursement of cost of medicines which are neither ordinarily stocked nor available in Railway medical institutions, but are purchased from the market:(1) With a view to minimising the claims for refund of the cost of items which are inadmissible, the Medical Officers who are concerned with the medical attendance and treatment of patients, should bear in mind that essentiality certificates should not be issued in respect of items which are not medicines but which are primarily foods, tonics, toilet preparations, disinfectants or appliances etc. A decision should depend on whether the drug element is small in comparison with the food content of the preparation prescribed. Further a proprietary preparation should not be prescribed if a non proprietary medicine of similar therapeutic effect is available. Necessary guidance in this regard should be taken from the Indian Railway Pharmacopoeia with respect to admissibility of drugs/medicines for the reimbursement and which has been certified to be of therapeutic value and essential for the recovery /prevention of serious deterioration in the condition of the patient. The cost of disposable sundries shall be treated as reimbursable. The disposable sundries include gauges, bandages, adhesive plasters, I.V sets, syringes, catheters, Ryle's tubes and other disposable used in surgical and other operations.

[\(Bd.'s No 91/H/6-4/39 dt. 26/12/91/30/01/92, and 30/10/96\)](#)

(2) The charges for the cost of medicines which are refundable will be allowed only if the claim for refund thereof is accompanied by the cash memo and an essentiality certificate duly countersigned by the Authorised Medical Officer in the prescribed proforma as given in Annexure V to this Chapter. Every cash memo must be countersigned by the doctor prescribing the medicines and the essentiality certificate must contain the names of all the medicines prescribed and the amount incurred on the purchase of each medicine, whether or not the original prescriptions have been submitted.

Note: The underlying idea in asking for the essentiality certificate and the cash memos etc., is to make sure that the medicines were actually considered essential by the Authorised Medical Officer and that they were purchased and consumed by the patient as directed.

(3) Any sales tax paid on these medicines will also be reimbursable.

(4) The charges for packing and postage, if any, incurred will not be refundable.

(5) Ordinarily, expenses on account of the cost of medicines intended for injections prescribed at the consulting room of the Authorised Medical Officer but administered at the residence of the patient, who is a member of the family or dependent relative of a Railway employee, will not be refundable. In serious cases, however, the reimbursement is regulated vide Sub-paragraph (2) above.

(6) The State Government, where agreeable, should debit the Railway administration concerned by preferring bills or by raising debits in respect of the cost of medicines, vaccines, sera etc. not ordinarily available in hospitals, which are certified in writing to be essential for the recovery or prevention of serious deterioration in the condition of a Railway "beneficiary", who is admitted in a non-Railway Government hospital for treatment at the instance of the Authorised Medical Officer. If the State Government concerned are not agreeable to such an arrangement, reimbursement to the Railway employee concerned would be permissible as per rules.

(MOR's decisions No.1,2 and 3 below Rule 603-R.I. and No.92/H/6-1/41 dt. 15/01/1993).

660. Items and services rendered in connection with medical attendance and treatment:

Charges for items and services rendered in connection with (but not included in) medical attendance and treatment of a patient entitled to Railway medical attendance and treatment facilities shall be determined by the Authorised Medical Officer and paid by the patient.

(Rule 626-R.I 1995 reprint.)

661. Reimbursement of medical expense incurred abroad: The following guide-lines should be adopted in dealing with cases relating to requests for medical treatment abroad and matters relating thereto.

(i) As a rule, reimbursement of cost of medical treatment incurred abroad should not be allowed.

(ii) In exceptional cases, necessitating treatment of a kind yet to be widely established in the country, where railway employees, on medical advice, choose to go on their own, reimbursement could be authorised by the Ministry of Railways, but should be limited to the expenditure that would have been incurred had such treatment been received in India in a Govt. Hospital or a recognised hospital. However, the question of reimbursement of air passage in such cases shall not arise at all.

(iii) Foreign exchange may be released to Railway employee for the purpose of treatment abroad to the same extent as is permissible to private citizen.

(iv) The facilities for specialist treatment, as available in Railway hospital or other Govt./recognised hospitals, should be availed of by the Railway employees.

(v) To consider cases treatment of which is not available in India a medical Board should be constituted at the Zonal Railway by the C.M.D. The Board should make specific recommendations and also give reasons for recommending treatment abroad. It should also certify that the treatment is not available in India. The certificate should be endorsed by the C.M.D & General Manager and sent to the Ministry of Railways for approval..

[\(Rly Bd.'s No 83/H/6-4/19 dt. 22/09/83\)](#)

662. Reimbursement for in-vitro fertilisation for treatment of sterility: The method of conception by In-vitro fertilisation (IVF) and Intra-Uterine Insemination (IUI) techniques shall be subsidised by allowing reimbursement to a ceiling limit of 25% of the expenses incurred per cycle and limited up to a maximum number of three cycles. This subsidy will be available only to those employees whose cases have been referred to any hospital (including private hospitals and nursing homes) where such facilities are available, on the specific recommendations of the Medical Board, with the expert doctors as members, nominated by the Chief Medical Director of Zonal Railways. The acceptance of the recommendations of such Medical Board by the Chief Medical Director will be mandatory before such reference to Railway Board.

[\(Bd.'s No 96/H/6-1/9 dt. 08/08/96](#) and [No. 2000/H/6-3/1 dt 21/11/2000\)](#)

663. Reimbursement of expenses on CAT Scan : (i) Powers have been delegated to G.M/C.M.D to settle claim of the railway employees up to Rs 10000/- for C.T Scan carried out without prior permission of C.M.D in a Govt. Hospital and even in a private institution without the prior permission of the Authorised Medical Officer in case the same had to be got done by the patient in emergency by according their post facto sanction

(ii) MD/CMS/MS of Central hospital/Divl. Hospital/work shop hospital/Production unit is empowered to sanction/reimburse up to a maximum of Rs 10000/- for CAT scan done in Govt./recognised hospital or in any Hospital in case the requisite facilities are not available in nearby Govt./Recognised hospitals. This power will be exercised by the MD/CMS/MS in consultation with two senior doctors(one from surgical and one from medical specialty) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended.

(Railway Bd.'s [No. 97/H/6-4 dated 09/05/97](#) ,[No96/H/6-1/32 dt.5/3/1998](#) and [No 91/H/6-4/26 Pt dt. Nil-03-98](#) ,[No 91/H/6-4/26 Pt III dt.. 16/12/98](#) and [No. 99/H/6-4/Policy Dt. 20/09/2000](#))

664. Reimbursement of expenses on M.R.I: Sanction up to Rs 10000/ to Railway employees for M.R.I investigation from Govt./recognised institution and from non-recognised institutions, in absence of such facilities in Govt./recognised institutions, will be given by the MD/CMS/MS of the Central Hospitals/Divl. Hospitals/Work shop hospitals/Production units. This power will be exercised by the MD/CMS/MS in consultation with two more senior doctors(one from surgical and one from medical specialty) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended.

(Bd.'s [No 96/H/6-1/32 dt. 08/08/1996](#), No [.91/H/6-4/26 Pt dt. nil-3-98](#), No.98/H/6-4/26 Pt III dt. 16/12/98 and No. [99/H/6-4/Policy Dt. 20/09/2000](#))

Note: G.M/C.M.Ds are competent to settle all claims of Railway employees for CT Scan/M.R.I up to the ceiling limit as laid down above by according their post facto approval..

[\(Bd.'s No. 96/H/6-1/21 dt. 05/03/98\)](#)

665. Reimbursement of expenses on purchase/replacement/repair/adjustment of artificial Electronic larynx: Reimbursement of the cost of the artificial electronic larynx should be made to

the Railway employees and their family members governed by the Railway Medical Attendance Rules on the recommendations of the DG(RHS). The payment would, however, be made by the administrative authority direct to the supplying agencies, and not to the Railway employee concerned .

(Bd.'s No 82/H /6-1/21 dated 11/10/1984)

666. Reimbursement of the cost of Heart Valves, Heart Pace Makers and Pulse Generators etc.:

(i) Supply of Heart valves, Heart Pace Makers and Pulse Generators as well as the replacement of Pulse Generators in the case of a Railway “beneficiary” will be made only on the recommendation of the Chief Medical Director, the administrative authority directly making the payment to the supplying agencies and not to the Railway employees concerned. The ceiling limit of the cost of VVI pace maker is Rs 60,000/-This payment may however be made to the beneficiary on production of valid documents and on the recommendations of the authorised Medical Officers(AMOs) in case the implantation has been done at Govt/Private hospitals, in emergent circumstances. The reimbursement would be limited to such amount which would have been otherwise paid by the Railways Hospital for same device if procured by them

(ii) In cases where the cost of VVI pace maker exceeds the limit of 60, 000/- the same would continue to be referred to the Ministry of Railways duly certifying the reasonability of its cost by CMD/GMs of the concerned Railways /Production units and concurred in by their FA&CAO for consideration and approval

(iii) Delegation of powers referred to above in para (i) above does not authorise the zonal Railways to allow reimbursement of part payment from the overall claim, and send the proposal to Bd’s office for reimbursement of balance amount.

(Bd’s No 2000//6-4 /Policy (pace maker) dt 21-2-3)

667. Hearing aids : Rs 2500/- or the cost of hearing aid, whichever is lower, can be reimbursed by the Chief Medical Directors. The administrative authority would make the payment involved direct to the supplying agency and not to the Railway employee concerned. Cases of hearing aids costing above Rs 2500/- should be referred to Board, duly concurred by FA&CAO, for consideration and approval.

(Bd.'s No 85/H/6-4/28 dt. 28/08/96)

668. Intra-ocular lens : The cost of intra-ocular lens implant surgery done in Government hospitals, when the facility is not available in Railway hospitals, will be reimbursed in full. When the I.O.L surgery is done in non-Railway recognised hospitals, the actual cost or Rs. 12000/- whichever is less, for each eye will be reimbursed. However stringent scrutiny shall be made by ophthalmologists and only complicated, high risk cases be referred with adequate justification be referred to non railway hospitals. Zonal Railways may deal with and settle the reimbursement claims for IOL lens implantation surgery done in non railway/non recognised hospitals , as per the new rates, on merit.

(A)Dental Treatment : Subject to conditions laid down in para 647 the cost of dental treatment will be re-imbursed at the following rates.

(i)	Extraction under L.A. (any tooth)	Rs. 75.00
(ii)	Extraction under L.A. of Molar tooth	Rs. 100.00
(iii)	Cement/Glass Inomer filling (per tooth)	Rs. 75.00
(iv)	Silver Amalgam/composite filling per tooth	Rs. 125.00
(v)	Root canal of Molar tooth	Rs. 600.00
(vi)	Root canal of a tooth (other than a molar)	Rs. 250.00
(vii)	Oral prophylaxis	Rs. 250.00
(viii)	Periodontal surgery(each quadrant)	Rs. 250.00
(ix)	Periodontal surgery (full mouth)	Rs.1000.00
(x)	Apicoectomy	Rs. 600.00
(xi)	Extraction of impacted tooth	Rs. 600.00
(xii)	Alveolectomy	Rs. 250.00
(xiii)	Fracture Mandible/Maxilla intermaxillary fixation	Rs.2500.00
(xiv)	Intra Oral periapical Dental X-ray	Rs. 50.00
(xv)	Occlusal X-ray	Rs. 100.00
(xvi)	Upper/lower full dentured (once in life time)	Rs.2000.00

(Bd’s No.2000/H-1/12/27 Part I dt 2-9-02)

(Ministry of Railway's letters No.76/H/6-4/10, dated 16th November 1976 and 22nd January 1977, No.77/H/6-1/31, dated 22nd March 1978, No.78/H/6-4/16, dated 12th December 1978 and No.76/H/6-4/10, dated 20th June 1979, No.85/H/6-4 dt. 28/08/1996 and No 92/H/6-1/41 dt. 15/01/1993, No.85/H/6-4/28 dt. 28/08/1996, No.2000/H-1/12/27 Part I dt 2-9-02 and No. 2003/H/28/7 dt 9-5-03)

Section (D) - Other General Instructions regarding medical attendance and treatment

669. Duties of Railway doctors in urgent cases: Whenever a Railway employee calls upon a Railway Medical Officer for medical assistance either for himself or for any member of his family or dependent relatives, the doctor so called upon shall, if the case is represented as urgent, render such assistance as may be necessary without hesitation, leaving the question of his being the Authorised Medical Officer and fees etc. to be inquired into and settled afterwards.

(Rule 632- R.I. 1995 reprint)

670. Issue of Passes under medical advice:(1) Special Passes on medical grounds will be issued for journey from station nearest to the residence of a Railway servant where Railway medical facilities for treatment of the railway servant or his family members are not available to a station where railway dispensary or hospital or sanatorium with the required facilities for treatment is located. Passes will ordinarily be issued for the class of entitlement of the railway servant on privilege account. The grant of higher class passes and attendants on medical grounds shall be regulated as under:-

(2) If the Medical Officer considers that the patient should be accompanied by an attendant during travel for his journey to an outstation for treatment the inclusion of the attendant in the Railway pass shall be regulated as under:-

(a) One attendant may be allowed, on the recommendation of the Medical Officer in-charge of the hospital, health unit /polyclinic, if the patient is bed ridden and is unable to sit up.

b)If the patient is in big plaster, or physically handicapped or unconscious or paralysed or mentally retarded, where one attendant cannot lift the patient, two attendants in the same class may be provided on the express recommendation of the Medical Officer. In cases where the patient is in coma/shock/stupor due to any cause(irrespective of T.B/ Cancer) such as head injury etc., a higher class pass along with an attendant in the same class may be given, on the recommendation of the Medical Officer.

(i) Provided that, the facility of an attendant shall be available only when no other family member is accompanying the patient. Such passes where an attendant has been allowed should, therefore, be restricted to the patient and the attendant only.

(ii) Provided further that higher class passes shall be allowed only for outward journey while proceeding for treatment to an outstation. After the patient recovers, the return journey pass shall be issued for the class to which the patient is entitled. Where an attendant was allowed to accompany the patient, he shall be issued second class pass for the return journey.

(iii) In case, higher class pass to the Railway employee for his return journey has also been considered necessary specific recommendation of the C.M.D of the Railway in whose jurisdiction the hospital is located shall be necessary

(iv) Pass for the return journey of the entitled class or the higher class as the case may be shall be issued on the recommendation of the C.M.D of the Railway in whose jurisdiction the hospital is located. To facilitate the issue of passes by that Railway stamped endorsement authorising that Railway for issue of the medical passes may be made on the pass when it is issued for outside journey.

(v) In cases where a Railway servant falls seriously ill outside the Zonal Railways on which he is working and is referred to a hospital located on another station for specialised treatment by the Railway Medical officer, he may be given a special pass available from that place to the location of the hospital/dispensary to which he has been referred to and back to the same place. The concerned medical officer recommending the grant of the pass shall report the facts of the case to the controlling C.M.D of the employee indicating clearly reasons that necessitated the treatment at an out station in support of his recommendation for issue of a Special Pass.

(3) The Medical Officers recommending the issue of pass on medical grounds shall submit a monthly statement to the concerned C.M.D indicating the circumstances of each case and the reasons for recommending such passes. C.M.D should ensure that the recommendation of the Medical Officers for issue of Passes were in accordance with the guidelines of these orders.

(Ministry of Railway's letters No.1000/TG/3 dt. 07/11/1949, No.E/W/89/P.S 5-1 dt. 20/03/1990, No. E/(W)/82/PSS-1/15 dt. 05/01/1985 and [No. E\(W\)2003PS5-1/9 dated 01/09/2003](#)).

671. Use of ambulance cars by lady doctors in emergencies:(1) Lady doctor, when called to visit a patient, may be allowed the use of ambulance cars not only for going to the patient's house and also to bring her back to her residence/hospital, in the following circumstances :-

- (a) When she has to attend an emergency.
- (b) When the call for a house visit is received by her from a remote area.
- (c) When the call is received from an unknown quarter.
- (d) When the call is received at night.

(2) Validity of the points made for eligibility of use of the ambulance cars would be decided by the head of the hospital concerned.

(3) It is not necessary that on the visit, the lady doctor should bring the patient for admission if it is considered not necessary to admit the patient.

(4) No mileage allowance would be admissible to the lady doctor for such calls. If she draws any consolidated conveyance allowance, there would be automatically proportionate deduction in the same for such use of ambulance car.

(Ministry of Railway's letter No.76/H/22/16 dated 18th January 1977).

ANNEXURE I

(see Para 622)

Schedule of charges laid down for treatment of Outsiders in Railway Hospitals

Note: For the first two pregnancies of married daughters of Railway employees concessional charges at 40% of schedule of charges laid down for outsiders are levied for confinement including bed, operation, laboratory, X-ray etc., except diet and medicines. This facility is extended to the ante-natal and post natal periods also.

	Nature of treatment/Investigation	Charges (Rs)
1	OPD in Hospital/Health Unit . Cost of medicines, investigation extra per 15 days consultation.	40
2.	(i) Daily ward charges	40
	P.S.: These would be only per bed/day charges, including routine nursing and routine ward care. Charges for investigations, drugs, treatment, diet or operations would be extra.	
	(a) Admission charges	
	(b) A Class (Cabin Ward AC)	400
	(c) B Class (Cabin Ward non-AC)	350
	(d) General Ward AC, irrespective of whether AC is used or not	
	(e) General Ward Non AC	60
	(f) Beds in Health Units, Health Centres & Polyclinics	20
	(g) ICU (Life Support system not used)	450
	(h) ICU (Life support system used)	750
(ii)	a) Special Nursing	300
	b) Additional visit of Doctor	50
	(c) Cabin ward	100
(iii)	Surcharge	

There will be surcharge of 25% on all the above mentioned charges at Zonal Headquarters' Hospital.

(iv) Operational charges

(a) Trivial operation	250
(b) Minor operation	600
(c) Major operation	2500
(d) Special operation	5000
(e) Open Heart Surgery -	
(f) CABG General Ward	114000
(g)- CABG with One Valve	127500
(h) Angiogram (Pvt. Ward)	52000
(i) Angiogram (Genl. Ward)	49500
(j) Angiogram with Stent	126000
(k)	

(v) Service charges for the following, if done in isolation as an independent procedure.

(a) Catheterisation	125
(b) Transfusion of blood	150
(c) Lumbar puncture	150
Confinement	
(d) Confinement – Normal without episiotomy	1375
(e) Confinement – Normal with episiotomy	1625
(f) Confinement – Abnormal	2000

Note: These charges do not include cost of drugs transfusion of blood, disposable items, implants or Transplants used during operation. It covers only theatre charges operation fee and oxygen Inhalation anesthesia agents, incubation and lumbar puncture done in theatre labour room.

(vi) Others

(a) ECG without report	125
(b) ECG with report	150
(c) SIGNAL Average Late Potential E.C.G	750
(d) Sonography/echography	
- Heart	600
- Other parts of body	450
(e) Angiography coronary	8000
(f) Tread Mill Winkes' Tests	450
(g) Computerized Tread Mill	825
(h) Echo-Cardiogram	750
(i) Physiotherapy electrical e.g., electric traction, short-wave diathermy per sitting whether with our without exercise.	25
(j) Physical physiotherapy e.g., physical traction, wax bath hot packs per sitting with our without exercise.	15
(k) Exercises only per sitting	5

(l) All other laboratory charges, investigations, X-rays or other procedures as given below:

I. Clinical Pathology

1. Routine blood cell examination, , including blood cell counts.	30
2. Smears for Haemoparasite	30
3. Urine examination – Routine, chemical and microscopic.	50
4. Examination of stools for parasites including microscopic examinations for parasites occult blood.	50
5. Examination of sputum smears AFB and other micro organisms.	50
6. Microscopic examination of pus smears.	30
7. Other pathological examinations like throat swabs and skin scrapings for fungus, Lepra bacillus, etc.	30
8. Examination of CSF, complete (microscopic and chemical).	60

II. Microbiology

1. Cultures for bacteria	60
2. Culture and sensitivity test	120
3. Serological test for identification of infecting organisms Such as Widal test, VDRL, Kahn's STS, etc.	100
4. Serological test for identification of virus infections.	200

III. Hematology and Immunology

1. Bleeding and coagulation time	50
2. ESR	30
3. PCV	50
4. Haemogram	100
5. LE Cell	50
6. Bone marrow test	55
7. Rh. factor and other anti-globulin tests	300
8. Coomb's test	40
9. Serum electrophoresis	150
10. Immuno-globulin estimations and immuno-electrophoresis	450

IV. Bio-Chemistry

1. Blood Sugar	30
2. Blood Urea	30
3. Blood Urea Nitrogen	30
4. Serum Creatine	30
5. Serum amylase	40
6. Simple non routine tests	75
Glucose tolerance test (according to samples examined),	

	Serum proteins including albumin globulin ratio, serum Electrolyte, serum uric acid, serum phosphates, Phosphatases (acid, alkaline), liver function tests including SGPT and total protein, gastric analysis and stools fats estimations.	
	7. Bilirubin & urobilinogen	20
	8. Prothrombine time	30
V)	Tests requiring high inputs and specialised equipment.	
	(i) Lipid profile	200
	(ii) Blood gas analysis	300
	(iii) Radio immuno-assay	300
	(iv) Hormone estimations using radio isotope techniques.	300
	(v) Urinary ketosteroids, VMA	250
	(vi) Urea clearance test	75
	(vii) Urine urea estimation	75
VI)	Blood Bank	
	1. Blood grouping, including Rh.	50
	2. Blood grouping and cross matching	225
	3. M.P	25
	4. VDRL	100
	5. HBS Ag	150
	6. HIV	225
	7. HCV	225
	(Blood Donor to be provided)	
VII)	Cytology	
	1. Histopathological examination	80
	2. Exfoliative cytological examination	50
	3. Aspiration cytological examination	80
	4. Radio therapy per sitting (deep and superficial)	125
	5. Electro convulsive therapy per sitting	50
VIII)	Miscellaneous examinations and services.	
	1. Mantoux test	15
	2. Patch or intra-dermal tests for sensitivity to antigen per test.	15
	3. – do - set of tests.	150
	4. Respiratory function test (FVC, FEV & MSP)	125
	5. Detailed respiratory functions excluding blood gas.	150
	6. Anti-rabies vaccine per course (in case of human diploid vaccine & PCEV – cost of vaccine will be extra).	200
	7. Audiometry	100
	8. Refraction	75

IX. Dental Treatment

1. Extraction under L.A. (any tooth)	75
2. – do - (molar tooth)	100
3. Cement/Glass Income filling (per tooth)	75
4. Silver amalgam /Composite filling	125
5. Partial denture	500
6. Full denture	900
7. Root Canal of a tooth (other than Molar)	250
Root Canal for Molar teeth	600
8. Oral Prophylaxis	250
9. Periodontal Surgery each quadrant	250
-----do----- (full-mouth)	1000
10. Apicolectomy	600
11. Extraction of impacted tooth	600
12. Alveolectomy	250
13. Fracture Mandible/Maxilla inter maxillary fixation	2500

[\(Railway Board's letter No.2000/H/6-1/45 dated 21.12.2001 \).](#)

X) Others

1. Charges for BGPD	150
2. Charges for Holter Monitor Test	1375
3. Charges for EEG	500
4. Charges for fluoroscopy	60

XI) Charges for X-ray

1. Dental Peripical X-Ray	20
2. MMR 4" x 4"	30
3. 6.1/2 x 8.1/2"	50
4. 8" x 10"	50
5. 10" x 12"	75
6. 12" x 15"	90
7. 14" x 14"	100
8. 14" x 17"	110

(Cost of opaque material involved is extra (in special investigations at cost plus 25% handling charges).

- XII)
1. All other laboratory charges, investigations and X-rays, or other procedures not specified above 50% increase proposed over existing charges.
 2. Drugs, disposable items and implants, items of Local .Purchase. will be charged at at cost plus 35% handling charges.
 3. Handling and service charges will be 70% additional over the diet charges.

XVII.	(a) Heamodialysis (first dialysis)	2250
	Subsequent five dialysis	750
	Seventh dialysis	1500
	(b) Peritoneal dialysis	3000

XVIII. In addition, labour room/theatre charges shall be charged as follows:

1.	For trivial operation under local anesthesia	70
2.	For trivial operation under general anesthesia or regional.	150
3.	For minor operation.	300
4.	For major operation.	500
5.	For special operation.	1000
6.	CABG	1000
7.	Open heart/closed heart	1000

XIX. Separate OT charges are not applicable if dental surgery is done in OT attached to dental OPD.

For the above mentioned operations, the costs of disposable surgical appliances, valves, anesthesia and (any other costly items used) will be levied separately actual cost plus 25% handling charges.

Note: 'NIL' indicates no changes required to be done as the

(Bd's No.200/H/6-1/45 dt 15-05-2001)

Annexure-1(A)

Proposed (Revised) Rate of investigation for non-railway cases
In nuclear medicine/Ophthalmology departments of B.R.Singh Hospital, Sealdah.

S.No.	Modalities	Type	Charges (Rs.)
1.	Myocardial Perfusion Imaging	With 99mTC-Terfusion Imaging With 201 – Thallium First pass study	2970.00 5940.00 1780.00
2.	Liver Scan		800.00
3.	Renogram		1000.00
4.	Renal Scan with 99mtc-DMSA		4000.00
5.	Bone Scan		1100.00
6.	Lung Persusion, Ventilation Scan		1700.00
7.	Hepatobllary System		1000.00
8.	MUGA gated blood scan	Stress	1400.00
		Rest	1200.00
9.	Thyroid Scan with 99mtc04		600.00
10.	Parathyroid Scan		3000.00

11.	Brain SPECT Scan		5000.00
12.	Throid Uptake and Scan		1000.00
13.	Renal Scan with 99mtc-GHA		1000.00
14.	131-1 Therapy		1000.00
15.	Fundus Photography (Each Eye)		100.00
16.	Biometry (each eye)		125.00
17.	Fluorescein in Angiography		600.00
18.	Laser Photocoagulation	By Argon Laser	600.00
19.	Laser Yag Application for	Capsulectomy	600.00
		Membrancecity	600.00
		Tridectomy	600.00
		Tumuours & Cysts	600.00

Annexure-1(B)

Revised Rate of Non Rly cases in Cardiology Department of Perambur Rly Hospital, Chennai.

Sl. No	Treatment procedure	Charges payable to Hospital (without Material Rupees) (in Rupees)	Expenditure on material (in Rupees) including 25% levy	Total expenditure for the patient (in rupees) (a)+(b)
1	2	3	4	5
		Revised (a)	Revised (b)	Revised Rates
1.	Coronary Angiogram/ Cardiac Catheterisation	8,000	3,750	11,750
2.	Permanent Pacing	8,000	52,500	60,500
3.	Coronary Angioplasty (without stent)	15,000	37,500	52,500
4.	Coronary Angioplasty with Stent (one vessel/one lesion)	15,000	**87,500	1,02,500
5.	Valvuloplasty	15,000	56,250	71,250
6.	Pheripheral Angioplasty Without Stent	15,000	37,500	52,500
7.	Pheripheral Angioplasty with stent	15,000	75,000	90,000
8.	Open Heart Surgery/CABG	40,000	62,500	1,02,500
9.	CABG with one valve	40,000	1,12,500	1,52,500
10.	Closed Heart Surgery	15,000	12,500	27,500

- Material to be supplied by the patient to the hospital.
- ** The above rates for angioplasty and stenting are given for single vessel/single lesion. For any additional balloon or stent, patient has to incur appropriate expenditure.

Ref: [Rly.Board's letter No.2000/H/6-1/45 dated 30.7.2001. \(Forwarded vide CMD/GRC's letter No.CMD/SER/GR/37/HME/42/2642 dated 10/13.8.2001.](#)

ANNEXURE II

LIST SHOWING CLASSIFICATION OF OPERATIONS INTO MAJOR, MINOR AND TRIVIAL

SR. NO.	SYSTEM	TYPE	OPERATION
1	OP. ON NERVOUS SYSTEM (N.S)	SPECIAL	REMOVAL OF BRAIN TUMOR
2	OP. ON NERVOUS SYSTEM	MAJOR	CRANIOTOMY
3	OP. ON NERVOUS SYSTEM	MAJOR	DRAINAGE OF INTRACRANIAL ABCESS
4	OP. ON NERVOUS SYSTEM	MAJOR	CEREBRAL ARTERIOGRAPHY
5	OP. ON NERVOUS SYSTEM	MAJOR	EMBOLIZATION, EMBOLECTOMY
6	OP. ON NERVOUS SYSTEM	MINOR	ENCEPHALOGRAPHY
7	OP. ON NERVOUS SYSTEM	MINOR	VENTRICULOGRAPHY
8	OP. ON NERVOUS SYSTEM	MAJOR	LAMINECTOMY
9	OP. ON NERVOUS SYSTEM	MAJOR	RHIZOTOMY
10	OP. ON NERVOUS SYSTEM	MAJOR	RADICULECTOMY
11	OP. ON NERVOUS SYSTEM	MAJOR	CHORDOTOMY
12	OP. ON NERVOUS SYSTEM	MAJOR	EXCISION OF INTRASPINAL LESION
13	OP. ON NERVOUS SYSTEM	MAJOR	SHUNT FOR HYDROCEPHALUS

14	OP. ON PERIPHERAL N.S	MAJOR	SECTION OF SYMPATHETIC NERVE
15	OP. ON PERIPHERAL N.S	MAJOR	GAGLIONECTOMY & SYMPATHECTOMY
16	OP. ON PERIPHERAL N.S	MAJOR	NEUROLYSIS
17	OP. ON PERIPHERAL N.S	MAJOR	NEUROPLASTY
18	OP. ON PERIPHERAL N.S	MINOR	MYELOGRAPHY
19	OP. ON PERIPHERAL N.S	MINOR	NEUROTOMY
20	OP. ON PERIPHERAL N.S	MINOR	NEURECTOMY
21	OP. ON PERIPHERAL N.S	MINOR	AVULSION OF NERVE
22	OP. ON PERIPHERAL N.S	MINOR	NEUROTIPSYP
23	OP. ON PERIPHERAL N.S	MINOR	NEURORRHAPHY
24	OP. ON PERIPHERAL N.S	TRIVIAL	SPINAL PUNCTURE/ INJ.INTO PERIPHERAL NERVE
25	OP. ON PERIPHERAL N.S	MINOR	INJ. INTO SYMPATHETIC NERVE OR GANGLION
26	OP. ON THYROID & PARATHYROID	MAJOR	THYROIDECTOMY SUBTOTAL/ PARTIAL
27	OP. ON THYROID & PARATHYROID	MAJOR	THYROIDECTOMY TOTAL
28	OP. ON THYROID & PARATHYROID	MAJOR	EXCISION OF THYROGLOSSAL TRACT
29	OP. ON THYROID & PARATHYROID	MAJOR	OP.ON PARATHYROID INCLUDING REMOVAL
30	OP. ON THYROID & PARATHYROID	MAJOR	REMOVAL OF THYROID,ADENOMA
31	OP. ON THYROID & PARATHYROID	MINOR	INCISION OF THYROID ABCESS
32	OP. ON ADRENALS	SPECIAL	ADRENALECTOMY
33	OP. ON PITUITARY	SPECIAL	HYPOPHYSECTOMY-TRANSFRONTAL
34	OP. ON PITUITARY	SPECIAL	HYPOPHYSECTOMY-TRANSPHENOID
35	OP. ON THYMUS	SPECIAL	THYMECTOMY
36	OP.ON OTHER ENDOCRINE ORGANS	MAJOR	OP. ON CAROTID BODIES
37	OP. ON EYE	MAJOR	INTRAOCULAR REMOVAL OF EYE BALL
38	OP. ON EYE	MAJOR	EXENTERATION OF ORBIT
39	OP. ON EYE	MAJOR	TENOTOMY OF EYE TENDON
40	OP. ON EYE	MAJOR	ENUCLEATION OF EYE BALL
41	OP. ON EYE	MAJOR	REMOVAL OF INTRAOCULAR FOREIGN BODY
42	OP. ON EYE	MAJOR	EVISCERATION OF EYE
43	OP. ON EYE	MINOR	REMOVAL OF FOREIGN BODY(PARTIAL&PERIPHRAL) CONJ. SAC
44	OP. ON EYE	TRIVIAL	CANTHOTOMY
45	OP. ON EYE	MINOR	CANTHECTOMY
46	OP. ON EYE	MINOR	CANTHOPLASTY
47	OP. ON EYE	MINOR	BLEPHAROTOMY
48	OP. ON EYE	MINOR	EXCISION OF TARSAL PLATE
49	OP. ON EYE	MAJOR	BLEPHAROPLASTY & TARSOPLASTY
50	OP. ON EYE	TRIVIAL	CHALAZION OPERATION
51	OP. ON EYE	TRIVIAL	EPILATION OF EYE LID
52	OP. ON EYE	MINOR	REPAIR OF CONJUNCTIVA
53	OP. ON EYE	TRIVIAL	INCISION OF CONJUNCTIVA
54	OP. ON EYE	SPECIAL	CORNEAL TRANSPLANTATION
55	OP. ON EYE	MAJOR	KERATOPLASTY
56	OP. ON EYE	MINOR	KERATOTOMY
57	OP. ON EYE	MAJOR	IMPLATATION OF LENS, IOL
58	OP. ON EYE	MINOR	IRIDOTOMY
59	OP. ON EYE	MINOR	IRIDECTOMY
60	OP. ON EYE	MINOR	IRIDODIALYSIS
61	OP. ON EYE	MINOR	IRIDOPLASTY
62	OP. ON EYE	MINOR	IRIDOTASIA
63	OP. ON EYE	MINOR	CYCLODIALYSIS
64	OP. ON EYE	MINOR	CYCLODIATHERMY
65	OP. ON EYE	SPECIAL	DETACHMENT OF RETINA
66	OP. ON EYE	MAJOR	OP.OF CHOROID
67	OP. ON EYE	MINOR	SCLEROTOMY
68	OP. ON EYE	MINOR	SCLERECTOMY
69	OP. ON EYE	SPECIAL	CATARACT WITH IMPLANTATION OF LENS(PC)
70	OP. ON EYE	MAJOR	CATARACT EXTRACTION
71	OP. ON EYE	MINOR	CAPSULOTOMY
72	OP. ON EYE	MAJOR	DACRYOCYSTORHINOSTOMY
73	OP. ON EYE	MAJOR	DACRYOCYSTECTOMY
74	OP. ON EYE	TRIVIAL	INCISION OF LACRIMAL SAC
75	OP. ON EYE	TRIVIAL	OPHTHALMOSCOPY, FUNDUSCOPY
76	OP. ON EAR	SPECIAL	COCHLEAR IMPLANTATION

77	OP. ON EAR	MAJOR	OP. ON OSSICLES OF EAR
78	OP. ON EAR	MAJOR	OP. ON LABYRINTH & VESTIBULE OF EAR
79	OP. ON EAR	MAJOR	OP. ON MASTOID ANTRUM
80	OP. ON EAR	MAJOR	OP. ON TYMPANUM
81	OP. ON EAR	MINOR	REPAIR OF EAR LOBULE
82	OP. ON EAR	TRIVIAL	INCISION OF EXTERNAL EAR
83	OP. ON EAR	TRIVIAL	REMOVAL OF FOREIGN BODY FROM EXTERNAL AUDITORY CANAL
84	OP. ON EAR	MINOR	OP. ON EUSTACHIAN TUBE
85	OP. ON AIR SINUSES	MAJOR	REPAIR OF NOSE
86	OP. ON AIR SINUSES	MAJOR	ETHMOIDECTOMY
87	OP. ON AIR SINUSES	MINOR	OP. ON NASAL SEPTUM
88	OP. ON AIR SINUSES	MINOR	TURBINECTOMY
89	OP. ON AIR SINUSES	MINOR	REDUCTION OF FRACTURE OF NOSE
90	OP. ON AIR SINUSES	MINOR	I & D OF PARANASAL SINUSES
91	OP. ON AIR SINUSES	TRIVIAL	I & D OF NOSE
92	OP. ON AIR SINUSES	TRIVIAL	REMOVAL OF FOREIGN BODY FROM NOSE
93	OP. ON LARYNX & TRACHEA	SPECIAL	EXCISION & RECONSTRUCTION OF TRACHEA
94	OP. ON LARYNX & TRACHEA	MAJOR	REPAIR OF TRACHEA
95	OP. ON LARYNX & TRACHEA	MINOR	LARYNGOTOMY
96	OP. ON LARYNX & TRACHEA	MINOR	LARYNGOSTOMY
97	OP. ON LARYNX & TRACHEA	MINOR	TRACHEOSTOMY
98	OP. ON LARYNX & TRACHEA	TRIVIAL	INTUBATION OF TRACHEA
99	OP. ON TEETH AND GUMS	TRIVIAL	ALVEOLECTOMY
100	OP. ON TEETH AND GUMS	MINOR	EXTRACTION OF IMPACTED MOLAR
101	OP. ON TEETH AND GUMS	MINOR	SURGICAL REMOVAL OF TEETH
102	OP. ON TEETH AND GUMS	TRIVIAL	I & D OF ALVEOLAR ABSCESS
103	OP. ON TEETH AND GUMS	TRIVIAL	EXTRACTION OF EACH TEETH
104	OP. ON TEETH AND GUMS	TRIVIAL	EXTRACTION OF MOLAR TOOTH
105	OP. ON TEETH AND GUMS	MINOR	APICECTOMY
106	OP. ON TEETH AND GUMS	TRIVIAL	EXCISION OF LESION OF GUMS
107	OP. ON TEETH AND GUMS	TRIVIAL	REPAIR OF TEETH
108	OP. ON OROPHARYNX	SPECIAL	LARYNGO -PHARYNGECTOMY
109	OP. ON OROPHARYNX	SPECIAL	COMMANDO OPERATION
110	OP. ON OROPHARYNX	MAJOR	PHARYNGOTOMY
111	OP. ON OROPHARYNX	MAJOR	OP. FOR CORRECTION OF CLEFT PALATE
112	OP. ON OROPHARYNX	MAJOR	GLOSSECTOMY
113	OP. ON OROPHARYNX	MINOR	ADENOIDECTOMY WITHOUT TONSILLECTOMY
114	OP. ON OROPHARYNX	MAJOR	TONSILECTOMY WITH ADENOIDECTOMY
115	OP. ON OROPHARYNX	MINOR	TONSILECTOMY WITHOUT ADENOIDECTOMY
116	OP. ON OROPHARYNX	TRIVIAL	I & D OF PERITONSILLES ABSCESS
117	OP. ON OESOPHAGUS	SPECIAL	OESOPHAGO GASTRECTOMY
118	OP. ON OESOPHAGUS	SPECIAL	DEVASCULARISATION OP./TANNERS OP. & OTHER SIMILAR OP.
119	OP. ON OESOPHAGUS	MAJOR	OESOPHAGOTOMY
120	OP. ON OESOPHAGUS	MAJOR	EXCISION OF STRICTURE
121	OP. ON OESOPHAGUS	MAJOR	HELLER'S OPERATION
122	OP. ON OESOPHAGUS	MINOR	OESOPHAGOSCOPY
123	OP. ON OESOPHAGUS	MINOR	INJ. OF OESOPHAGIAL VARICES
124	OP. ON OESOPHAGUS	MINOR	DILATATION OF OESOPHAGUS
125	OP. ON SALIVARY GLANDS	MAJOR	SIALOADENECTOMY
126	OP. ON SALIVARY GLANDS	MINOR	SIALODENOTOMY
127	OP. ON SALIVARY GLANDS	MINOR	REMOVAL OF SALIVARY CALCULUS
128	OP.ON INTRATHORACIC VESSELS	SPECIAL	OP. ON ANEURYSM OF GREAT VESSEL, INTRATHORACIC
129	OP.ON INTRATHORACIC VESSELS	SPECIAL	ARTERIOTOMY OF GREAT VESSEL, INTRATHORACIC
130	OP.ON INTRATHORACIC VESSELS	SPECIAL	REPAIR OF CONGEITAL DEFECT OF GREAT VESSELS
131	OP.ON INTRATHORACIC VESSELS	MAJOR	ARTERIORRHAPHY OF GREAT VESSELS, INTRATHORACIC
132	OP.ON INTRATHORACIC VESSELS	MAJOR	LIGATION OF GREAT VESSELS, INTRATHORACIC INCLUDING PDA
133	OP.ON INTRATHORACIC VESSELS	SPECIAL	ARTERIAL GRAFTS
134	OP.ON INTRATHORACIC VESSELS	SPECIAL	EMBOLECTOMY
135	OP. ON THORAX	MAJOR	MEDIASTINOTOMY
136	OP. ON THORAX	MAJOR	THORACOTOMY
137	OP. ON THORAX	MAJOR	EXCISION OF LESION OF MEDIASTINUM
138	OP. ON THORAX	MAJOR	BRONCHOTOMY
139	OP. ON THORAX	MAJOR	REPAIR OF BRONCHUS

140	OP. ON THORAX	MAJOR	PNEUMONECTOMY
141	OP. ON THORAX	MAJOR	LOBECTOMY
142	OP. ON THORAX	MAJOR	PLEURECTOMY
143	OP. ON THORAX	MAJOR	REPAIR OF LUNG & PLEURA
144	OP. ON THORAX	MINOR	THOR ACENTESIS
145	OP. ON THORAX	MINOR	OTHER OP. ON CHEST WALL
146	OP. ON THORAX	MINOR	BRONCHOSCOPY
147	OP. ON THORAX	MINOR	PLEUROTOMY
148	OP. ON THORAX	TRIVIAL	PLEURAL ASPIRATION & PLEURAL BIOPSY
149	OP. ON THORAX	MINOR	RIB RESECTION AND DRAINAGE
150	OP. ON THORAX	TRIVIAL	PNEUMOTHORAX ARTIFICIAL
151	OP. ON THORAX	MAJOR	MASTECTOMY, RADICAL
152	OP. ON BREAST	MAJOR	PATEY'S OPERATION
153	OP. ON BREAST	MAJOR	MASTECTOMY WITH AXILLARY CLEARANCE
154	OP. ON BREAST	MINOR	LUMPECTOMY OR SIMPLE MASTECTOMY
155	OP. ON BREAST	MINOR	FORMAL BIOPSY OF BREAST
156	OP. ON BREAST	TRIVIAL	NEEDLE/TROCAR BIOPSY OF BREAST
157	OP. ON ABDOMINAL WALL	MAJOR	LAPAROTOMY AND DRAINAGE
158	OP. ON ABDOMINAL WALL	MINOR	REPAIR OF INGUINAL HERNIA
159	OP. ON ABDOMINAL WALL	MAJOR	REPAIR OF FEMORAL HERNIA
160	OP. ON ABDOMINAL WALL	MAJOR	REPAIR OF ABDOMINAL WALL
161	OP. ON ABDOMINAL WALL	MINOR	HERNIOTOMY
162	OP. ON ABDOMINAL WALL	MAJOR	EXPLORATORY LAPROTOMY WITH/ WITHOUT BIOPSY
163	OP. ON ABDOMINAL WALL	TRIVIAL	PNEUMOPERITONEUM
164	OP. ON ABDOMEN	MAJOR	EXCISION OF TUMOURS-INTRA ABDOMINAL
165	OP. ON STOMACH	SPECIAL	DEVASCULARISATION OPERATION
166	OP. ON STOMACH	SPECIAL	TOTAL GASTRECTOMY
167	OP. ON STOMACH	MAJOR	GASTRECTOMY, SUBTOTAL
168	OP. ON STOMACH	MAJOR	GASTRECTOMY, PARTIAL
169	OP. ON STOMACH	MAJOR	GASTROJEJUNOSTOMY
170	OP. ON STOMACH	MAJOR	VAGOTOMY & DRAINAGE PROCEDURE
171	OP. ON STOMACH	MINOR	GASTROSCOPY
172	OP. ON STOMACH	MINOR	GASTROSTOMY
173	OP. ON APPENDIX	MINOR	I & D OF APPENDICULAR ABSCESS
174	OP. ON APPENDIX	MINOR	APPENDICECTOMY
175	OP. ON INTESTINES	MAJOR	COLONOSCOPY
176	OP. ON INTESTINES	MAJOR	RESECTION OF SMALL BOWEL OR COLON e.g. HEMICOLECTOMY
177	OP. ON INTESTINES	MAJOR	RESECTION ANASTAMOSIS
178	OP. ON INTESTINES	MINOR	ENTEROTOMY
179	OP. ON INTESTINES	MINOR	ILEOSTOMY
180	OP. ON INTESTINES	MINOR	COLOSTOMY
181	OP. ON INTESTINES	TRIVIAL	SIGMOIDOSCOPY
182	OP. ON RECTUM & ANUS	MAJOR	ANTERIOR RESECTION
183	OP. ON RECTUM & ANUS	MAJOR	ABDOMEO PERINEAL RESECTION
184	OP. ON RECTUM & ANUS	MINOR	PROCTOPEXY
185	OP. ON RECTUM & ANUS	MINOR	HAEMORRIDECTOMY
186	OP. ON RECTUM & ANUS	MINOR	EXCISION OF ANAL FISTULA
187	OP. ON RECTUM & ANUS	TRIVIAL	PROCTOSCOPY
188	OP. ON RECTUM & ANUS	TRIVIAL	INCISION OF ANAL ABSCESS
189	OP. ON RECTUM & ANUS	TRIVIAL	INJ. OF HAEMORRHOIDS
190	OP. ON RECTUM & ANUS	MINOR	APPLICATION OF RUBBER BAND
191	OP. ON RECTUM & ANUS	TRIVIAL	EXCISION OF ANAL FISSURE
192	OP. ON RECTUM & ANUS	TRIVIAL	DILATION OF ANAL SPHINCTER
193	OP. ON LIVER & BILE DUCTS	SPECIAL	HEPATECTOMY, PARTIAL
194	OP. ON LIVER & BILE DUCTS	SPECIAL	HEPATICO JEJUNOSTOMY
195	OP. ON LIVER & BILE DUCTS	SPECIAL	REPAIR OF STRICTURE-BILE DUCT
196	OP. ON LIVER & BILE DUCTS	SPECIAL	ANASTOMOSIS OF BILE DUCT
197	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLECYSTECTOMY
198	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLEGYSTOGASTROSTOMY
199	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLECYSTOJEJUNOSTOMY
200	OP. ON LIVER & BILE DUCTS	MAJOR	REPAIR OF LIVER
201	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLEDOCHOLITHOTOMY
202	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLEDOCHOTOMY

203	OP. ON LIVER & BILE DUCTS	MAJOR	ERCP & SCPHINTEROTOMY
204	OP. ON LIVER & BILE DUCTS	MAJOR	BASKETING & ERCP
205	OP. ON LIVER & BILE DUCTS	MAJOR	ERCP
206	OP. ON LIVER & BILE DUCTS	MAJOR	CHOLECYSTOSTOMY
207	OP. ON LIVER & BILE DUCTS	TRIVIAL	BIOPSY OF LIVER & NEEDLE ASPIRATION
208	OP. ON PANCREAS	SPECIAL	PANCREATECTOMY
209	OP. ON PANCREAS	SPECIAL	PANCREATODUODENECTOMY
210	OP. ON PANCREAS	MAJOR	PANCREATOTOMY
211	OP. ON PANCREAS	MAJOR	PANCREOLITHOTOMY
212	OP. ON PANCREAS	MAJOR	EXCISION OF LESION OF PANCREAS
213	OP. ON PANCREAS	MAJOR	PANCREATOJEJUNOSTOMY
214	OP. ON PANCREAS	MAJOR	DRAINAGE OF PANCREATIC ABSCESS
215	OP. ON SPLEEN	MAJOR	SPLEENECTOMY
216	OP. ON KIDNEY	SPECIAL	RENAL TRANSPLANTATION, RECIPIENT ONLY
217	OP. ON KIDNEY	MAJOR	NEPHROTOMY, EXPLORATORY
218	OP. ON KIDNEY	MAJOR	NEPHROSTOMY
219	OP. ON KIDNEY	MAJOR	NEPHROLITHOTOMY
220	OP. ON KIDNEY	MAJOR	PYELOPLASTY/PYELOLI THOTOMY
221	OP. ON KIDNEY	MAJOR	NEPHRECTOMY
222	OP. ON KIDNEY	MAJOR	NEPHROPEXY
223	OP. ON KIDNEY	MAJOR	RETROGRADE PYELOGRAPHY
224	OP. ON URETER	MAJOR	URETEROLITHOTOMY, URETEROCYSTOTOMY
225	OP. ON URETER	MAJOR	URETEROSIGMOIDOSTOMY/URETEROCYSTOTOMY
226	OP. ON URETER	MAJOR	ILEAL CONDUIT
227	OP. ON URINARY BLADDER	MAJOR	CYSTECTOMY (PARTIAL/TOTAL)
228	OP. ON URINARY BLADDER	MAJOR	CYSTOPLASTY
229	OP. ON URINARY BLADDER	MAJOR	TRANSURETHRAL RESECTION OF BLADDER TUMOUR
230	OP. ON URINARY BLADDER	MAJOR	BASKETING OF URETERIC STONES
231	OP. ON URINARY BLADDER	MINOR	CYSTOTOMY
232	OP. ON URINARY BLADDER	MINOR	CYSTOLITHOTOMY
233	OP. ON URINARY BLADDER	MINOR	CYSTOSCOPY
234	OP. ON URETHRA	MINOR	URETHROTOMY, EXTERNAL
235	OP. ON URETHRA	MINOR	URETHROLITHOTOMY
236	OP. ON URETHRA	MAJOR	URETHROPLASTY
237	OP. ON URETHRA	MINOR	URETHROSCOPY
238	OP. ON URETHRA	TRIVIAL	MEATOTOMY, URETHRAL
239	OP. ON URETHRA	TRIVIAL	URETHROSCOPY
240	OP. ON URETHRA	TRIVIAL	DILATION OF URETHRA WITH SOUND
241	OP. ON PROSTATE SEMINALVESICLES	MAJOR	PROSTATOMY, SUPRAPUBIC
242	OP. ON PROSTATE SEMINALVESICLES	MAJOR	PROSTATECTOMY, RETROPUBIC
243	OP. ON PROSTATE SEMINALVESICLES	MAJOR	PROSTATECTOMY, PERINEAL
244	OP. ON PROSTATE SEMINALVESICLES	MAJOR	PROSTASECTOMY, TRANSURETHRAL
245	OP. ON PROSTATE SEMINALVESICLES	MAJOR	VESICULECTOMY, SEMINAL
246	OP. ON OTHER MALE GENITALIA	MAJOR	EXCISION OF PENIS
247	OP. ON OTHER MALE GENITALIA	MAJOR	HYPOSPADIUS
248	OP. ON OTHER MALE GENITALIA	MAJOR	EXCISION OF FILARIAL SCROTUM & IMPLANTATION OF TESTES INTO THIGHS
249	OP. ON OTHER MALE GENITALIA	MAJOR	OP. FOR STRESS INCONTINENCE OF URINE
250	OP. ON OTHER MALE GENITALIA	MINOR	CASTRATION
251	OP. ON OTHER MALE GENITALIA	MINOR	ORCHIDECTOMY
252	OP. ON OTHER MALE GENITALIA	MINOR	UNILATERAL EXCISION OR EVERSION IN HYDROCELE
253	OP. ON OTHER MALE GENITALIA	MINOR	EXCISION OF VRICOCELE
254	OP. ON OTHER MALE GENITALIA	MINOR	ORCHIDECTOMY
255	OP. ON OTHER MALE GENITALIA	TRIVIAL	CIRCUMCISION
256	OP. ON OTHER MALE GENITALIA	MINOR	RECANALISATION OF VAS
257	OP. ON OTHER MALE GENITALIA	MAJOR	ANASTOMOSIS OF TUBES
258	OP. ON OVARY	MINOR	CASTRATION-FEMALE
259	OP. ON OVARY	MINOR	SALPINGO-OOPHORECTOMY
260	OP. ON OVARY	MINOR	SALPINGECTOMY
261	OP. ON OVARY	TRIVIAL	FALLOPIAN INSUFFLATION
262	OP. ON OVARY	MAJOR	RECANALISATION AFTER TUBECTOMY/TUBAL BLOCK
263	OP.ON UTERUS&SUPP.STRUCTURE	SPECIAL	PELVIC EVISCREATION
264	OP.ON UTERUS&SUPP.STRUCTURE	MAJOR	HYSTERECTOMY,TOTAL
265	OP.ON UTERUS&SUPP.STRUCTURE	MAJOR	HYSTERECTOMY,RADICAL

266	OP.ON UTERUS&SUPP.STRUCTURE	MAJOR	HYSTERECTOMY,VAGINAL
267	OP.ON UTERUS&SUPP.STRUCTURE	MINOR	HYSTEROTOMY
268	OP.ON UTERUS&SUPP.STRUCTURE	MINOR	HYSTEROPEXY
269	OP.ON UTERUS&SUPP.STRUCTURE	MINOR	COLPORRHAPHY
270	OP.ON UTERUS&SUPP.STRUCTURE	TRIVIAL	DILATION OF CERVIX
271	OP.ON UTERUS&SUPP.STRUCTURE	MINOR	CURETTAGE OF UTERUS
272	OP.ON UTERUS&SUPP.STRUCTURE	TRIVIAL	CAUTERIZATION OF CERVIX
273	OP.ON UTERUS&SUPP.STRUCTURE	TRIVIAL	BIOPSY OF UTERUS
274	OP.ON UTERUS&SUPP.STRUCTURE	TRIVIAL	COLPOTOMY
275	OP. ON VAGINA	MAJOR	PERINEORRHAPHY
276	OP. ON VAGINA	TRIVIAL	INCISION OF ABSCESS OF BARTHOLIN'S GLANDS
277	OP. ON VAGINA	MINOR	BIOPSY OF VULVA
278	OP. ON VAGINA	MAJOR	REPAIR OF VESICO VAGINAL FISTULA
279	OBSTETRIC OPERATIONS	MAJOR	CAESAREAN SECTION
280	OBSTETRIC OPERATIONS	MAJOR	EMBRYOTOMY
281	OBSTETRIC OPERATIONS	MAJOR	CRANIOTOMY, FOETAL
282	OBSTETRIC OPERATIONS	MINOR	VERSION, INTERNAL
283	OBSTETRIC OPERATIONS	MINOR	EPISIOTOMY & STITCHING
284	OBSTETRIC OPERATIONS	TRIVIAL	VERSION, EXTERNAL
285	OP. ON BONE	SPECIAL	HIP REPLACEMENT
286	OP. ON BONE	SPECIAL	KNEE REPLACEMENT
287	OP. ON BONE	SPECIAL	SPINAL FUSION, ANTERIOR, POSTERIOR
288	OP. ON BONE	SPECIAL	LIMB SAVING OP. WITH IMPLANTS
289	OP. ON BONE	MAJOR	OPEN REDUCTION OF FRACTURE WITHOUT FIXATION
290	OP. ON BONE	MAJOR	REDUCTION OF FRACTURE FIXATION
291	OP. ON BONE	MAJOR	LAMINECTOMY & DECOMPRESSION
292	OP. ON BONE	MAJOR	LAMINECTOMY WITH DISCECTOMY
293	OP. ON BONE	MINOR	SEQUESTRECTOMY
294	OP. ON BONE	MINOR	CLOSED REDUCTION OF FRACTURE
295	OP. ON BONE	MINOR	DEBRIDEMENT OF COMPOUND FRACTURE
296	OP. ON BONE	TRIVIAL	NEEDLE BIOPSY OF BONE OR MARROW
297	OP. ON JOINTS	MAJOR	ARTHROSCOPY-DIAGNOSTIC/OPERATIVE
298	OP. ON JOINTS	MAJOR	KNEE ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION
299	OP. ON JOINTS	MAJOR	EXTERNAL FIXATION STABILISATION
300	OP. ON JOINTS	MAJOR	ARTHROTOMY
301	OP. ON JOINTS	MAJOR	EXCISION OF SEMILUNAR CARTILAGE
302	OP. ON JOINTS	MINOR	BURSECTOMY
303	OP. ON JOINTS	MINOR	CLOSED REDUCTION OF DISLOCATION
304	OP. ON JOINTS	MAJOR	OPEN REDUCTION OF DISLOCATION
305	OP. ON JOINTS	MAJOR	ARTHRODESIS
306	OP. ON JOINTS	MINOR	ASPIRATION OF JOINT
307	OP. ON JOINTS	TRIVIAL	MANIPULATION OF JOINT
308	OP. ON JOINTS	MINOR	BIOPSY OF JOINT
309	OP. ON MUSCLES&TENDONS	MAJOR	TRANSPLANTATION OF MUSCLE ORIGIN
310	OP. ON MUSCLES&TENDONS	MAJOR	TRANSPLANTATION OF TENDON
311	OP. ON MUSCLES&TENDONS	TRIVIAL	TENOTOMY
312	OP. ON UPPER LIMB	SPECIAL	INTERSCAPULOTHORACIC AMPUTATION
313	OP. ON UPPER LIMB	MAJOR	DISARTICULATION AT SHOULDER
314	OP. ON UPPER LIMB	MAJOR	AMPUTATION, FOREARM
315	OP. ON UPPER LIMB	MAJOR	AMPUTATION, ARM
316	OP. ON UPPER LIMB	MAJOR	DISARTICULATION AT ELBOW
317	OP. ON UPPER LIMB	MAJOR	DISARTICULATION AT WRIST
318	OP. ON UPPER LIMB	MINOR	AMPUTATION, THUMB
319	OP. ON UPPER LIMB	TRIVIAL	DISARTICUALATION OF FINGER
320	OP. ON LOWER LIMB	SPECIAL	ABDOMINOPELVIC AMPUTATION
321	OP. ON LOWER LIMB	MAJOR	DISARTICULATION OF HIP JOINT
322	OP. ON LOWER LIMB	MAJOR	AMPUTATION, THIGH
323	OP. ON LOWER LIMB	MAJOR	AMPUTATION, LEG
324	OP. ON LOWER LIMB	MAJOR	AMPUTATION, FOOT
325	OP. ON LOWER LIMB	MAJOR	DISARTICULATION AT KNEE
326	OP. ON LOWER LIMB	TRIVIAL	AMPUTATION, TOE
327	OP. ON ARTERIES	SPECIAL	EXCISION OF ANEURYSM OF GREAT VESSELS
328	OP. ON PERIPHERAL ARTERIES	MAJOR	ARTERIOTOMY WITH EXPLORATION

329	OP. ON PERIPHERAL ARTERIES	MAJOR	ARTERIOTOMY WITH EMBOLECTOMY
330	OP. ON PERIPHERAL ARTERIES	MAJOR	ARTERECTOMY
331	OP. ON PERIPHERAL ARTERIES	MAJOR	ANEURSMORRHAPHY
332	OP. ON PERIPHERAL ARTERIES	MAJOR	BYPASS GRAFTS
333	OP. ON PERIPHERAL ARTERIES	MINOR	LIGATION OF ARTERY
334	OP. ON VEINS	SPECIAL	PORTO CAVAL&OTHER SHUNT OPERATIONS
335	OP. ON VEINS	MINOR	PHLEBOTOMY WITH EXPLORATION
336	OP. ON VEINS	MINOR	LIGATION OF VEIN
337	OP. ON VEINS	MINOR	STRIPPING OF VARICOSE VEIN
338	OP. ON VEINS	TRIVIAL	INJ. OF VEIN
339	OP. ON VEINS	TRIVIAL	VENOGRAPHY
340	OP. ON LYMPHATIC SYSTEMS	MAJOR	LYMPHADENECTOMY, RADICAL
341	OP. ON LYMPHATIC SYSTEMS	MAJOR	BLOCK DISSECTION, NECK
342	OP. ON LYMPHATIC SYSTEMS	MAJOR	INGUINAL BLOCK DISSECTION
343	OP. ON LYMPHATIC SYSTEMS	MINOR	LYMPHADENECTOMY, SIMPLE
344	OP. ON LYMPHATIC SYSTEMS	MINOR	LYMPHANGIOPLASTY
345	OP. ON LYMPHATIC SYSTEMS	MINOR	BIOPSY OF LYMPH NODE
346	OP. ON SKIN	MAJOR	ROTATION GRAFTS
347	OP. ON SKIN	MAJOR	SKIN GRAFTS
348	OP. ON SKIN	MAJOR	PEDICLE GRAFTS
349	OP. ON SKIN	TRIVIAL	I & D, SUPERFICIAL
350	OP. ON SKIN	TRIVIAL	ONYCHOTOMY
351	OP. ON SKIN	TRIVIAL	REMOVAL OF FOREIGN BODY FROM SUPERFICIAL TISSUE
352	OP. ON SKIN	TRIVIAL	EXCISION OF SUPERFICIAL CYST
353	OP. ON SKIN	TRIVIAL	REMOVAL OF NAIL
354	OP. ON SKIN	TRIVIAL	SUTURE OF SUPERFICIAL WOUNDS
355	OP. ON SKIN	TRIVIAL	DEBRIDEMENT OF WOUNDS
356	OP. ON SKIN	TRIVIAL	BIOPSY OF SKIN
357	OP. ON SKIN	SPECIAL	MICRO VASCULAR MYOCUTANEOUS FLAP
358	SURG. PROCEDURE NOT CLASSIFIED	MAJOR	LASER FULGURATION
359	SURG. PROCEDURE NOT CLASSIFIED	MAJOR	EXCISION OF MALIGNANT TUMOURS LIMBS/PARIETIES
360	SURG. PROCEDURE NOT CLASSIFIED	MINOR	ENDOSCOPIES WITH/WITHOUT BIOPSIES
361	SURG. PROCEDURE NOT CLASSIFIED	MAJOR	COLONOSCOPYWITH/WITHOUT BIOPSY
362	SURG. PROCEDURE NOT CLASSIFIED	TRIVIAL	CATHERIZATION-URETHRAL
363	SURG. PROCEDURE NOT CLASSIFIED	TRIVIAL	I.V. TRANSFUSION
364	SURG. PROCEDURE NOT CLASSIFIED	TRIVIAL	I.V. CHEMOTHERAPY WITH DRUG INFUSION

[\(Rly Bd's .No.2000/H/6-1/45 dt 21-12-01\)](#)

ANNEXURE III

(See Para 645,653)

CERTIFICATE TO BE OBTAINED FROM AN ATTENDING NON-RAILWAY INSTITUTION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to hospital for treatment)

1. Name and designation of the Railway employee(in BLOCK letters).....
2. Office in which employed
3. Pay of the Railway employee
4. Place of duty
5. Actual residential address
6. Name of the patient and his/her relation to the Railway employees

Note: In the case of children, state age also.

7. Place at which the patient fell ill
8. Nature of illness and its duration

(a) that the injections administered were not for immunising or prophylactic, purposes.

(b) that the patient has been under treatment at hospital/dispensary and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of hospital/dispensary) for supply to private patients and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

	Name of medicines	Price
1.
2.
3.
4.
5.

(a) that the patient is/was suffering from and is/was under my treatment from to

(b) that the patient was given pre-natal or post-natal treatment.

(e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs was incurred were necessary and were undertaken on my advice at (name of hospital or laboratory).

(f) that I referred the patient to Dr..... for specialist consultation and that the necessary approval of the (name of the principal Medical Officer) as required under the rules was obtained.

(g) that the patient did not require hospitalisation.

Signature and designation of the
Medical Officer

Date.....

Name of the hospital/dispensary
to which attached

Place

Note: Certificates not applicable should be struck off. Essentiality certificate as given in (b) as above is compulsory and must be filled in by the Medical Officer in all cases.

CERTIFICATE 'B'

(To be completed in the case of patients who are admitted to hospital for treatment)

Part A

I, Dr..... hereby certify:

- (a) that the patient was admitted to hospital on my advice/on the advice of (name of Medical Officer).
- (b) that the patient has been under treatment at and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital)..... for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of medicines	Price
1.
2.
3.
4.
5.

- (c) that the injections administered were not for immunising or prophylactic purposes.
- (d) that the patient was suffering from and was under my treatment from to
- (e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at (name of hospital or laboratory).
- (f) that I called in Dr..... for specialist consultation and that the necessary approval of the (name of the principal Medical Officer), as required under the rules was obtained.

Date

Place

.....
Signature and designation of the
Medical Officer in charge of the case at the hospital

Part B

I certify that the patients has been under treatment at the hospital and that the services of the special nurses, for which an expenditure of Rs..... was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Date.....

Place

.....
Signature and designation of the
Medical Officer in charge of theat the hospital.

Countersigned

.....
Principal Medical Officer

Part C

I certify that Shri/Shrimati/Kumari..... wife/son/daughter
.....of..... employed in the has been under
treatment for disease from to at the
..... hospital and that the facilities provided were the minimum which were essential for the patient's
treatment.

Date.....

Place

.....
Medical Department
..... Hospital

Note: Certificates not applicable should be struck off. The Essentiality Certificate as given in Part A (b) above is compulsory and must be filled in by the Medical Officer in all cases.

ANNEXURE IV

(See Para 653)

FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

(Note: Separate form should be used for each patient)

1. Name and designation of the Railway employee (in BLOCK letters)
2. Office in which employed
3. Pay of the Railway employee
4. Place of duty
5. Actual residential address
1. Name of the patient and his/her relationship to the Railway employee

Note: In the case of children, state age also.

7. Place at which the patient fell ill
8. Nature of illness and its duration
9. Details of the amount claimed

I. Medical Attendance:

(i) Fees for consultation indicating

- (a) the name and designation of the Medical Officer consulted and the hospital or dispensary to which attached.
- (b) the number and dates of consultations and the fee paid for each consultation.
- (c) the number and dates of injections and the fee paid for each injection.
- (d) whether consultations and/or injections were had at the hospital, at the consulting room of the Medical Officer or at the residence of the patient.

(ii) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis, indicating:

- (a) the name of the hospital or laboratory where the tests were undertaken.
- (b) whether the tests were undertaken on the advice of the Authorised Medical Officer. If so, a certificate to that effect should be attached.
- (c) Cost of medicines purchased from the market (List of medicines, cash memo and the essentiality certificates should be attached).

II. Hospital Treatment:

Charges or hospital treatment, indicating separately the charges for:

- (i) Accommodation
- (State whether it was according to the status or pay of the Railway employee and in cases where the accommodation is higher than the status of the Railway employee, a certificate should be attached to the effect that the accommodation to which he was entitled was not available).
- (ii) Diet
- (iii) Surgical operation or medical treatment
- (iv) Pathological, bacteriological, radiological or other similar tests indicating:
 - (a) the name of the hospital or laboratory at which undertaken
 - (b) and whether undertaken on the advice of the Medical Officer in charge of the case at the hospital. If so, a certificate to that effect should be attached.

- (v) Medicines
- (vi) Special medicines
(List of medicines, cash memo and the essentiality certificate should be attached).
- (vii) Ordinary nursing.
- (viii) Special nursing i.e., nurses special engaged for the patient
(State whether they were employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Railway employee or patient. In the former case, a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached).
- (ix) Ambulance charges
(State the journey – to and from – undertaken)
- (x) Any other charges e.g., charges for electric light, fan, heater,
air-conditioning, etc.
(State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient).

Note: (1) If the treatment was received by the Railway employee at his residence under Para 634, give particulars of such treatment and attach a certificate from the Authorised Medical Officer as required.

(2) If the treatment was received at a hospital other than a Government, recognised hospital, necessary details and the certificate of the Authorised Medical Officer that the requisite treatment was not available in any nearest Government/recognised hospital should be furnished.

III. Consultation with a specialist:

Fees paid to a specialist or a Medical Officer other than the Authorised Medical Officer, indicating:

- (a) the name and designation of the specialist Medical Officer
consulted and the hospital to which attached.
- (b) number and dates of consultations and the fee charged for
each consultation.
- (c) whether consultation was had at the hospital, at the consulting
room of the specialist or Medical Officer, or at the residence
of the patient.
- (d) whether the specialist or Medical Officer was consulted on the
advice of the Authorised Medical Officer and the prior
approval of the Chief Medical Director of the Railway was
obtained. If so, a certificate to that effect should be attached.

10. Total amount claimed

11. List of enclosures
.....
.....

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date.....

Place

.....

Signature of the Railway employee.

ANNEXURE V
(See Para 659)

..... RAILWAY

MEDICAL DEPARTMENT

ESSENTIALITY CERTIFICATE

I certify that Shri/Shrimati/Kumar
wife/son/daughter of
employed in the has been under my treatment for
..... disease from to at the
hospital/my consulting room and that the under mentioned medicines prescribed by me in this connection
were essential for the recovery/prevention of serious deterioration in the condition of the patient. The
medicines are not stocked in the hospital
..... and do not include proprietary preparations for
which hospital for supply to
private patients cheaper substances of equal therapeutic value are available, nor preparations, which are
primarily foods, toilers or disinfectants.

	Name of medicines	Price
1.
2.
3.
4.
5.

.....
Signature of the Medical Officer
In charge of the case at the hospital.

Date
Place

.....
Signature and designation of the
Authorised Medical Officer

ANNEXURE VI
(See Para 648)

Proforma for submission of claim for reimbursement of medical expenses incurred by Railway Employees for treatment in Private Hospital/Non-Recognised Institutions

1. Name of the patient
2. Age
3. (a) Relationship with Railway Employee
(b) Name of the employee
- ~~4-3.~~ Designation
- ~~5-4.~~ Pay
- ~~6-5.~~ Name of the Institution where taken for treatment
- ~~7-6.~~ Date of admission
- ~~8-7.~~ Date of discharge
- ~~9-8.~~ Date of admission of claim
- ~~10-9.~~ Reasons for delay, if delayed for more than 3 months
- ~~11-10.~~ Total period of stay as Indoor patient
- ~~12-11.~~ Reasons for long stay (if stayed for more than 48 Hrs)
- ~~13-12.~~ Type of medical emergency
- ~~14-13.~~ Was there no Railway/Govt. facility available to deal with it
- ~~15-14.~~ Distance of the nearest Govt. Hospital and whether facilities available there
- ~~16-15.~~ Distance of the nearest Railway hospital and whether facilities available there. If not how far is the Railway hospital with the facilities available.
17. Distance of the private hospital, where facilities availed, from residence/place of illness.
18. When the Railway Medical Officer was informed about such admission.
19. Did the patient take any treatment before or after the present sickness (if this existed ad if YES when.....)
20. Total amount claimed (with break-up charges)
21. Item wise break of expenditure had the treatment taken place in Govt. Hospital.
22. Verbatim views of C.M.D
23. Verbatim views of F.A & C.A.O