GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2008/H/28/1/RELHS/Policy

New Delhi,dated:07/01/08

Chief Medical Directors
All Indian Railways

Sub: Work load analysis and costing of services to the RELHS beneficiaries

The realistic data on the magnitude of the work load and costing for services provided to RELHS members and their dependents not available with Railways. The data are essential for planning and investment decisions. Therefore, it has been decided to have data collection on pilot basis, though, initially for 3 months from 15th January to 15th March, 2008 but to be continued till further orders, to be undertaken at zonal and divisional hospitals. The data will also be collected from two selected Health Units selected by CMD's of the respective zone where concentration of RELHS members is more. The guideline for looking out the work load costing of services is attached herewith.

DA: As above

Pankaj Kapoor
2/1/08

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

Guidelines for Work Load & costing of services to RELHS Members

OUT PATIENT DEPARTMENT

INPATIENT DEPARTMENT
OPERATION THEATRE
LABORATORY
RADIOLOGY INCLUDING SONOGRAPHY
ICU
CASUALTY
REFERRALS
AMBULANCE
ECG ROOM
OPD DISPENSARY
MAIN PHARMACY
LOCAL PURCHASE SECTION
DENTAL CLINIC
PHYSIOTHERAPY

OUT PATIENT DEPARTMENT

Separate register for RELHS could be maintained/ or any other method considered appropriate by the respective CMD. Every visit is to be recorded as new visit

INPATIENT DEPARTMENT

Separate register to be maintained/or any other method considered appropriate by the respective CMD In each case cost of inpatient treatment will be calculated on the rates as applicable for non railway patients.

INPATIENT DEPARTMENT

Sister in-charge of the ward will be responsible for such data collection and compilation

OPERATION THEATER

Separate register or any other method considered appropriate. Costing of each operation/procedure to be calculated Doctor in-charge of the OT will be the nodal officer

RADIOLOGY

Separate register for various procedures including sonography and echo or any other appropriate method

RADIOLOGY
Senior most radiographer will be the nodal person

OUT PATIENT DISPENSARY

Medicine accountal for RELHS beneficiaries will be maintained separately. Nodal person will be the pharmacist in charge of the dispensary. Costing of the supply will be done in consultation with pharmacist in charge of the hospital main stores or as decided by CMD.

OUTSIDE REFERRALS

Each referrals and expenditure incurred on such referrals will be maintained in a separate register or by any other appropriate method. Chief OS will be the nodal person.

CASUALTY

A separate register or by any other appropriate method. Sister in charge of the casualty will be the nodal person for collection of data. She will also maintain data on ambulance utilization and expenditure incurred on such transportation

MAIN PHARMACY

Separate accountal register to be maintained or any other appropriate method. Nodal person will be pharmacist in charge of the store. Costing of the drugs supplied will be done.

LOCAL PURCHASE SECTION

Pharmacist in charge will be the nodal person. Costing of supplies to be done with the help of pharmacist in charge of the stores.

In other work areas such as **dental clinic** , **physio therapy** and **laboratory**, information using appropriate method will be collected and maintained. Nodal person in case of dental clinic will be dental surgeon and in case of physiotherapy and laboratory the nodal persons respectively will be physiotherapist and lab. Superintendent

GENERAL GUIDELINE

All nodal persons to submit required data to the chief medical director along with MCDO. However, reporting period will be the calendar month. At the end of the quarter CMD will forward the zonal report to the DG/RHS along with MCDO in the month of April, 2008. Data collection will continue even beyond the period of three months till suitable instructions are received from the Board. Data will be submitted in MS excel format Cost calculation for work out put in lab and radiology is not necessary only figures may be given and costing will be done at appropriate level.

Sl.No.7 of Health/2007

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

No.2005/H/5/11 **New Delhi, dated:-7/11/08.**

The General Manager,
All Indian Railways including PUs.

CORRIGENDUM

Sub:- Amendment to Note of Para 511 of IRMM, 2000-Medical Standards for examination of candidates (Gazetted and Non-Gazetted) appointed in Railway Protection Force (RPF).

Ref:- Board's letter of even No. dated 17.11.2005.

****

With reference to Board's above cited letter related to Medical Standards for RPF candidates for Gazetted and Non-Gazetted posts, the following modification may be notified.

Group-1

1.1 **Height:-**
Candidate from Hills Minimum 163cms.

1.3 **Weight:-**
Be treated as deleted.

1.4 **Sainiks between 18 years & 20 years of age**
Be treated as deleted.

Group-2

2.2 Height for Females appointed in RPF:

Unreserved candidates	Minimum 157cms.
Candidates from Hills	Minimum 155 cms.
SC candidates	Minimum 152 cms.
ST candidates	Minimum 152 cms.

All other Terms and Conditions will remain unchanged. Advance correction slip with reference to Board's letter of even no. dated 17.11.2005. is enclosed.

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

Advance Correction Slip to Para 511 of IRMM'2000

Medical Standards for examination of candidates (Gazetted and Non-Gazetted). appointed in Railway Protection Force (RPF).

The Note below Para 511(3) may be replaced as under:

Group 1: (RPF Non-Gazetted)

	Male	Female
1.1 Height: -		
Unreserved Candidates	minimum 165 cms	157 cms
Candidate from Hills	minimum 163 cms	155 cms
SC Candidates	minimum 160 cms	152 cms
ST Candidates	minimum 160 cms	152 cms
1.2 Chest Measurement: -		
Unreserved Candidates	minimum 80 cms unexpanded minimum 85 cms expanded	Not Applicable
Candidate from Hills	minimum - DO -	
SC Candidates	minimum 76.2 cms unexpanded minimum 81.2 cms expanded	
ST Candidates	minimum - DO -	

Group 2 (RPF Gazetted)

2.1 Medical Standards for Gazetted posts- RPF Male, Female and Ex-serviceman will be as prescribed by UPSC/DOPT and Advertised in the Civil Services Examinations conducted by UPSC.

2.2 For Ex-Serviceman appointed in RPF category - Glasses are permitted.

(Authority Board's letter No. 2005/H/5/11, dated 7.1 .2008)

No.2007/H/5/11 New Delhi, dated : 7.1.2008

Copy to :

1. CPOs, Chief Medical Director and MSs' All Indian Railways (Including PUs)
2. OSDs/PPSs to MR, MSR(V) and MSR(N).
3. Chief Commissioner of Railway Safety, Ministry of Civil Aviation, 16-Ashok Marg, Lucknow-226001.
4. Chairman, EC,MS, ME, MM, ML, MT Secy, DG/RHS DG/RPF, EDCC, AM(CE), AM(WORKS), AM (L&A), ECO ADV., AM (L), Adv.(STAFF), Adv.(IR), AM(BUDGET), AM(FIN.) ADVISER (FINANCE),, AM(IT), LEGAL ADVISER AM(M), AM(PU), AM(PLG.) AM(S&C), ADVISER(SIGNAL), AM(TELECOM), AM(STORES), AM(TRAFFIC), AM(COMML.), AM(T&C), ADVISER(VIG.), EDCE(B&S), EDCE(G), ED(DM), ED(PROJECTS), ED(TRACK (M), EDTRACK(MC), ED TRACK(P), ED(WORKS), EDEE(DEV.), EDEE(G), EDEE(RS), ED(RE), ED(ACCOUNTS), EDF(S)EDF(X)I, EDF(X)II, EDF (C), EDF(E), ED(PC), ED(STATISTIC & ECONOMICS), EDME(CHG.), EDME(TR.), EDME(TR.) EDME(DEV.), EDME(W), EDE(RRB), EDE(N), EDE(RES.)EDE(GC), ED(T&MPP), ED(C&IS), ED(MIS) EDTT(M), EDTT(S), EDTT(P), ED(PM), ED(PG), EDTC (R) ED(T&C), ED(SAFETY), ED(COACHING), ADVISER (CONFD.), ED(SIGNAL), ED(TD), EDRS (C), EDRS(G), EDRS(P), EDRS(S), ECO. ADV., ED(E&R), ED(PLG.), DIR.(I&P),EDV(E), EDV(T), EDV(S), DIG(VIG.).
5. All Officers of Health Dte.for information.
6. Computer Facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
7. Directors of CTIs , RSC Baroda, IRICEN/Pune,IRIEEN/Nasik, IRISET/ Secunderabad, IRIMEE/Jamalpur and IRITM/Lucknow.
8. G.M. & FA &CAO, Metro Rail Kolkata.
9. G.M. & FA & CAO, CORE, Allahabad.
10. The Director General, Railway Staff College, Vadodara.
11. The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd. , Konkan Rly. Corpn.Ltd., Belapur Bhawan, Sector-11,C.B.D.Belapur, Navi Mumbai-400 614, RVNL, Plot No.25, 1st flr.August Kranti Bhawan, Bhikaji Cama Place, N.Delhi-110066.
12. The Pay and Account Officer, Ministry of Railways (Railway Board).
13. The General Secretary, IRCA/New Delhi.

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

No.2007/H/5/11 New Delhi, dated : 7.1.2008

Copy to :-

1. The Secretary, RBSS Group 'A', Officers Association.
2. The Secretary, RBSS Group 'B', Officers Association.
3. The Secretary, Railway Board, Miniterial Staff Association.
4. The Secretary, Railway Board, Group 'D' Employees Association
5. General Secretary, AIRF, New Delhi. (35spares)
6. General Secretary, NFIR, New Delhi. (35 spares)
7. General Secretary, KRLW A, 490A 16 Gurdwara Road, Gurgaon.
8. The Secretary General,IRPOF,RoomNo.268,Rail Bhawan.with10 spares.
9. Secretary General , FROA with 10 spares.
10. President,,All India Retired Railwaymen's Federation, Building no. 13/9, Vivekanand Housing Society, Guru Mandir Marg, Dombivili (E)-421201.
11. The President, All India Retired Railway Officers' Association, 12-13-268, St.No 15, Tarnaka Secunderabad.
12. The president, AIRRF, Block No. 303, Railway Colony High School, Chilkalguda, Secunderabad 500025(A.P)
13. The President, National Federation of Railway Pensioners, Palghat.
14. The President, National Federation of Railway Pensioners, Chennai.
15. The Members of the National Council, Departmental Council and Secretary, Staff Side National Council, 13-C, Ferozeshah Road, New Delhi-9 (with 30 spares).

For Secretary
Railway Board

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2005/एच/5/11 नई दिल्ली, दि. 7.1 .2008

महाप्रबंधक,
उत्पादन इकाइयों सहित सभी भारतीय रेलें.

शुद्धि-पत्र

विषय : भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 511 की टिप्पणी में संशोधन-रेलवे सुरक्षा बल में नियुक्त उम्मीदवारों (राजपत्रित तथा अराजपत्रित) के परीक्षण के लिए चिकित्सा मानक.

संदर्भ : बोर्ड का दिनांक 17.11.205 की समसंख्यक पत्र.

रेलवे सुरक्षा बल में राजपत्रित और अराजपत्रित पदों के उम्मीदवारों के लिए चिकित्सा मानकों से संबंधित बोर्ड के उपर्युक्त पत्र के संदर्भ में निम्नलिखित आशोधन अधिसूचित किए जाएं.

समूह-1

1.1 **ऊंचाई :-**
पहाड़ी उम्मीदवार न्यूनतम 163 सें.मी.

1.3 **वजन :-**
इसे हटा दिया माना जाए.

1.4 **18 से 20 वर्ष की आयु के बीच के सैनिक :-**
इसे हटा दिया माना जाए.

समूह-2

2.2 रेलवे सुरक्षा बल में नियुक्त महिलाओं के लिए ऊंचाई :-

अनारक्षित उम्मीदवार	न्यूनतम 157 सें.मी.
पहाड़ी उम्मीदवार	न्यूनतम 155 सें.मी.
अनुसूचित जाति के उम्मीदवार	न्यूनतम 152 सें.मी.
अनुसूचित जनजाति के उम्मीदवार	न्यूनतम 152 सें.मी.

अन्य सभी निबंधन और शर्तें अपरिवर्तित रहेंगी. बोर्ड के दिनांक 17.11.2005 के समसंख्यक पत्र के संदर्भ में अग्रिम शुद्धि पर्ची संलग्न है.

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

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 511 के लिए अग्रिम शुद्धि पर्ची

रेलवे सुरक्षा बल में नियुक्त उम्मीदवारों (राजपत्रित और अराजपत्रित) के परीक्षण के लिए चिकित्सा मानक.

पैरा 511 (3) नीचे टिप्पणी को निम्नानुसार प्रतिस्थापित किया जाए:

समूह 1 : (रेलवे सुरक्षा बल अराजपत्रित)

1.1	ऊंचाई	पुरूष	महिला
	अनारक्षित उम्मीदवार	न्यूनतम 165 सें.मी.	157 से.मी.
	पहाड़ी उम्मीदवार	न्यूनतम 163 सें.मी.	155 सें.मी.
	अनुसूचित जाति उम्मीदवार	न्यूनतम 160 से.मी.	152 सें.मी.
	अनुसूचित जनजाति उम्मीदवार	न्यूनतम 160 सें.मी.	152 सें.मी.
1.2	**सीने का नाप:-**		
	अनारक्षित उम्मीदवार	बिना फुलाए न्यूनतम 80 सें.मी. फुलाने पर न्यूनतम 85 सें.मी.	लागू नहीं होता
	पहाड़ी उम्मीदवार	न्यूनतम-वही-	
	अनुसूचित जाति उम्मीदवार	बिना फुलाए न्यूनतम 76.2 सें.मी. फुलाने पर न्यूनतम 81.2 से.मी.	
	अनुसूचित जनजाति	न्यूनतम -वही-	

समूह 2 (रेलवे सुरक्षा बल राजपत्रित)

2.1 रेलवे सुरक्षा बल पुरूष, स्त्री और भूतपूर्व सैनिकों के लिए राजपत्रित पदों के चिकित्सा मानक, संघ लोक सेवा आयोग/कार्मिक एवं प्रशिक्षण विभाग द्वारा निर्धारित मानक होंगे तथा संघ लोक सेवा आयोग द्वारा आयोजित सिविल सेवा परीक्षाओं में इन्हें विज्ञापित किया जाएगा.

2.2 रेलवे सुरक्षा बल कोटि में नियुक्त भूतपूर्व सैनिकों के लिए -चश्मे की अनुमति है.

(प्राधिकार : बोर्ड का दिनांक 7.1[illegible].2005 का पत्र सं. 2005/एच/5/11).

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

No.-2007/H/21/1/III New Delhi, dated 01.08

The General Managers,
All Indian Railways

Sub: Pre-employment medical examination facilities at health unit level.

In continuation to Board's letter No. 2005/H/21/1/III dated 1.2006 on the above cited subject, Board have decided to extend the existing investigation facility scheme to the health units which are located more than 25 Kms away from the concerned Railway hospital.

In addition to the investigations mentioned at para 2 of Board's letter no. 2005/H/21/1/III dated 16.1.2006, following additional investigations are also permitted.

(a) Blood for [illegible] Borrelia fever, chikungunya fever, lipid profile.
(b) [illegible]
(c) [illegible]

All other terms and conditions stipulated in the earlier scheme circulated vide Board's Letter No. 2005/H/21/1/III dated 16.1.2006 will remain unaltered.

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

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

No.-2007/H/21/1/III New Delhi, dated 01.08

Copy forwarded to:-

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

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

No.-2007/H/21/1/III New Delhi, dated [illegible]

Copy forwarded to:-

1. Principal Director of Audit, All Indian Railways
2. Dy.Comptroller & Auditor General of India (R [illegible] No. 224, Rail Bhawan, New Delhi

For Finance Commissioner Railways

Copy to [illegible] Deptt of [illegible] Branch P

(1)

S.No.1 of Health 2008

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2007/H/5/5

New Delhi, dated 15-01-08.

The General Managers,
All Indian Railways,
(Including Production Units)

Addendum.

Sub: **Medical exam criteria for various categories for Promotions from Group 'C' to Group 'B'.**

Ref: **Board's letter No. 2005/H/5/13 of even No. dated 9.4.07.**

In reference to the instructions contained in the Board's letter under reference regarding the above mentioned subject, it is advised that the orders shall be effective from the date of issue of the Board's letter dated 09.04.07. Past cases where the medical examination has already been done before 09.04.07 will not be re-opened.

The rest of the contents of the letter will remain unchanged.

Advance correction to Para 532 of IRMM, 2000 may now be read as enclosed.

Pankaj Kapoor 4/2/08

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

Advance Correction Slip to Para 532 of IRMM,2000.

The following may be added to para 532 of IRMM. 2000.

532(4):-

The relaxation of medical standards on promotion from Group 'C' to Group 'B' in all categories may however be considered for specific posts in the concerned Department on case to case basis under the following clause:- **"any one of the conditions may be relaxed in favour of any candidate for special reasons. The relaxation in medical standards in each case should have specific approval of the concerned Board Member of Railway Board."**

The orders shall be effective from the date of issue of the Board's letter dated 09.04.07.

(Authority : Board's letter No.2005/H/5/13 dated 09.04.07)

Note:

1. CMD/Zonal Railway if satisfied with adverse Medical exam report, can refer the case to PHOD for examining the concerned employee for a suitable posting if available in his department where posted the underlying medical condition shall not compromise the safety and productivity of work.

2. After obtaining the above clarification from PHOD a fresh medical exam may be processed for the specified post.

3. The report of re-medical exam if in favour of the employee, will be forwarded through CMD/Zonal Railway to DG/RHS for obtaining the approval of concerned Railway Board Member.

4. The Board decision shall be communicated to Zonal Railway for further action.

****

No.2007/H/5/5 New Delhi, dated : 15.2.2008

Copy to :

1. CPOs, Chief Medical Director and MSs' All Indian Railways (Including PUs)
2. OSDs/PPSs to MR, MSR(V) and MSR(N).
3. Chief Commissioner of Railway Safety, Ministry of Civil Aviation, 16-Ashok Marg, Lucknow-226001.
4. Chairman, FC,MS, ME, MM, ML, MT Secy, DG/RHS,DG/RPF, EDCC, AM(CE), AM(WORKS), AM (L&A), ECO ADV., AM (L), Adv.(STAFF), Adv.(IR), AM(BUDGET), AM(FIN.) ADVISER (FINANCE),, AM(IT), LEGAL ADVISER AM(M), AM(PU), AM(PLG.) AM(S&C), ADVISER(SIGNAL), AM(TELECOM), AM(STORES), AM(TRAFFIC), AM(COMML.), AM(T&C), ADVISER(VIG.), EDCE(B&S), EDCE(G), ED(DM), ED(PROJECTS), ED(TRACK (M), EDTRACK(MC), ED TRACK(P), ED(WORKS), EDEE(DEV.), EDEE(G), EDEE(RS), ED(RE), ED(ACCOUNTS), EDF(S)EDF(X)I, EDF(X)II, EDF (C), EDF(E), ED(PC), ED(STATISTIC & ECONOMICS), EDME(CHG.), EDME(FR.), EDME(TR.) EDME(DEV.), EDME(W), EDE(RRB), EDE(N), EDE(RES.)EDE(GC), ED(T&MPP), ED(C&IS), ED(MIS) EDTT(M), EDTT(S), EDTT(F), ED(PM), ED(PG), EDTC (R) ED(T&C), ED(SAFETY), ED(COACHING), ADVISER (CONFD.), ED(SIGNAL), ED(TD), EDRS (C), EDRS(G), EDRS(P), EDRS(S), ECO. ADV., ED(F&R), ED(PLG.), DIR.(I&P),EDV(E), EDV(T), EDV(S), DIG(VIG.),EDH(G)
5. All Officers of Health Dte.for information. DIH, DH&FW
6. Computer Facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
7. Directors of CTIs , RSC/Baroda, IRICEN/Pune,IRIEEN/Nasik, IRISET/ Secunderabad, IRIMEE/Jamalpur and IRITM/Lucknow.
8. G.M. & FA &CAO, Metro Rail Kolkata.
9. G.M. & FA & CAO, CORE, Allahabad.
10. The Director General, Railway Staff College, Vadodara.
11. The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd. , Konkan Rly. Corpn.Ltd., Belapur Bhawan, Sector-11,C.B.D.Belapur, Navi Mumbai-400 614, RVNL, Plot No.25, 1st flr.August Kranti Bhawan, Bhikaji Cama Place, N.Delhi-110066.
12. The Pay and Account Officer, Ministry of Railways (Railway Board).
13. The General Secretary, IRCA/New Delhi.

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

No.2007/H/5/5 New Delhi, dated :15.2.2008

Copy to :-

1. The Secretary, RBSS Group 'A', Officers Association.
2. The Secretary, RBSS Group 'B', Officers Association.
3. The Secretary, Railway Board, Ministerial Staff Association.
4. The Secretary, Railway Board, Group 'D' Employees Association.
5. General Secretary, AIRF, New Delhi. (35spares)
6. General Secretary, NFIR, New Delhi. (35 spares)
7. General Secretary, RREWA, 490A/16 Gurdwara Road, Gurgaon.
8. The Secretary General,IRPOF,RoomNo.268,Rail Bhawan,with10 spares.
9. Secretary General , FROA with 10 spares.
10. President,,All India Retired Railwaymen's Federation, Building no. 13/9, Vivekanand Housing Society, Guru Mandir Marg, Dombivili (E)-421201.
11. The President, All India Retired Railway Officers' Association, 12-13-268, St.No.15, Tarnaka Secunderabad.
12. The president, AIRRF, Block No. 303, Railway Colony High School, Chilkalguda, Secunderabad 500025(A.P)
13. The President, National Federation of Railway Pensioners, Palghat.
14. The President, National Federation of Railway Pensioners, Chennai.
15. The Members of the National Council, Departmental Council and Secretary, Staff Side National Council, 13-C, Ferozeshah Road, New Delhi 9 (with 30 spares).

For Secretary
Railway Board

स्वास्थ्य 2008 का क्र.सं. I

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2007/एच/5/5 नई दिल्ली, दि. 15.01.08

महाप्रबंधक,
सभी भारतीय रेलें
(उत्पादन इकाइयों सहित)

अनुशेष

विषय : समूह 'ग' से समूह 'ख' में पदोन्नति होने पर विभिन्न कोटियों के लिए चिकित्सा परीक्षा मानदंड.
संदर्भ : बोर्ड का दिनांक 9.4.07 का समसंख्यक पत्र सं. 2005/एच/5/13.

उपर्युक्त विषय से संबंधित बोर्ड के संदर्भाधीन पत्र में अंतर्विष्ट अनुदेशों के संदर्भ में, यह सूचित किया जाता है कि ये आदेश बोर्ड के दिनांक 09.4.07 के पत्र के जारी होने की तारीख से प्रभावी होंगे. 09.04.07 से पूर्व की गई चिकित्सा जांच के पिछले मामले को पुन: नहीं खोला जाएगा.

पत्र की शेष विषय-वस्तु अपरिवर्तित रहेंगी.

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 532 के लिए अग्रिम शुद्धि पर्ची को अब संलग्न पर्ची के अनुसार पढ़ा जाए.

पंकज कपूर

(डॉ. पंकज कपूर)
कार्यपालक निदे./स्वास्थ्य (योजना)
रेलवे बोर्ड

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 532 की अग्रिम शुद्धि-पर्ची

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 532 में निम्नलिखित को जोड़ा जाए.

532 (4) :-

बहरहाल, सभी कोटियों में समूह 'ग' से समूह 'ख' में पदोन्नति होने पर चिकित्सा मानकों में छूट निम्नलिखित खंड के अंतर्गत मामला दर मामला आधार पर संबंधित विभाग में विनिर्दिष्ट पदों के लिए मान्य होगी :-

"किसी भी उम्मीदवार के पक्ष में विशेष कारणों से किसी एक शर्त में छूट दी जा सकती है. प्रत्येक मामले में चिकित्सा मानकों में छूट को रेलवे बोर्ड के संबंधित बोर्ड सदस्य का विशिष्ट अनुमोदन प्राप्त होना चाहिए."

ये आदेश, बोर्ड के दिनांक 09.04.07 के पत्र के जारी होने की तारीख से प्रभावी होंगे.

(प्राधिकार : बोर्ड का पत्र सं. 2005/एच 5/13, दिनांक 09.04.07)

टिप्पणी :- 1. यदि प्रतिकूल चिकित्सा परीक्षा रिपोर्ट के बावजूद मुख्य चिकित्सा निदेशक/क्षेत्रीय रेलवे उचित समझते हैं तो संबंधित कर्मचारी का मामला प्रमुख विभागाध्यक्ष को यह जांच करने के लिए भेज सकते हैं कि क्या उनके विभाग में कोई ऐसा पद उपलब्ध है जिस पर उसे उसकी चिकित्सा स्थिति को देखते हुए तैनात किया जा सकता है और ऐसा करने से संरक्षा तथा कार्य की उत्पादकता पर प्रतिकूल प्रभाव भी नहीं पड़ेगा.

2. प्रमुख विभागाध्यक्ष से उक्त प्रमाणीकरण प्राप्त होने पर, विनिर्दिष्ट पद के लिए नए सिरे से चिकित्सा परीक्षा आयोजित की जा सकती है.

3. यदि पुनर्चिकित्सा परीक्षा की रिपोर्ट कर्मचारी के पक्ष में जाती है तो उसे रेलवे बोर्ड के संबंधित सदस्य का अनुमोदन प्राप्त करने के लिए मुख्य चिकित्सा निदेशक/क्षेत्रीय रेलवे के माध्यम से महानिदेशक/रेलवे स्वास्थ्य सेवाएं को अग्रेषित किया जाएगा.

4. आगे की कार्रवाई के लिए क्षेत्रीय रेलवे को बोर्ड के निर्णय से अवगत कराया जाएगा.

AC 5210.4/2001

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

[illegible] H 23/2 New Delhi, Dated 21.02.08

[illegible]eral Managers,
[illegible]an Railways,
[illegible]g all production units.

Sub: Classification of Cath-Labs. Procedures

Classification of interventional procedures being performed in the Cath-Labs. has been [illegible] examination for sometimes. After careful examination of the matter it has been decided to [illegible] the Cath-Lab. procedures as under:-

[illegible]assification	Procedures
[illegible]	All Diagnostic procedures
[illegible]	All Diagnostic pain interventional procedures & intramuscular nerve stimulation
[illegible]	Angioplasties (except coronary angioplasty)
[illegible]	Embolization
[illegible]	Stent grafting
[illegible]	TIPS/TIPSS/TIPSD with stenting
[illegible]	Liver biopsy and all endovenous therapeutic procedures
[illegible]	Radiofrequency ablation of dorsal ganglion nerve root
[illegible]	Racz procedure(Percutaneous adhesinolysis)
[illegible]	Coeliac plexus nerve block
[illegible]	Lumbar sympathectomy
[illegible]	Stellate ganglion block
[illegible]	Trigeminal ganglion block
[illegible]	Transforaminal nerve block
[illegible]pecial	Spinal cord stimulators implantation
[illegible]pecial	Intrathecal drug delivery
[illegible]pecial	Aortic stenting abdominal and thoracic

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

[illegible]A: ACS to Annx I of Chapter VI of IRMM, 2000.

[illegible]

ACS No.4 of 2008

Advance correction slip to Annexure -II (classification of operations) of Chapter VI of IRMM, 2000.

Addendum

Classification of the following interventional procedures be added to Annexure-II of Chapter -VI of IRMM, 2000.

Classification	Procedures
Minor	All Diagnostic procedures
Minor	All Diagnostic pain interventional procedures & intramuscular nerve stimulation
Major	Angioplasties (except coronary angioplasty)
Major	Embolization
Major	Stent grafting
Major	PTBD with stenting
Major	Liver biopsy and all endovenous therapeutic procedures
Major	Radiofrequency ablation of dorsal ganglion nerve root
Major	Racz procedure(Percutaneous adhesinolysis)
Major	Coeliac plexus nerve block
Major	Lumbar sympathectomy
Major	Stellate ganglion block
Major	Trigeminal ganglion block
Major	Transforaminal nerve block
Special	Spinal cord stimulators implantation
Special	Intrathecal drug delivery
Special	Aortic stentin abdominal and thoracic.

(Authority Board's letter No.2008/H/23/2 dated 27.02.08)

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

= 2008/एच/23/2

नई दिल्ली, दि 27-2-2008

महाप्रबंधक,
सभी भारतीय रेलें,
सभी उत्पादन इकाइयों सहित.

विषय : कैथ लैब प्रक्रियाओं का वर्गीकरण.

कैथ लैब में की जा रही आंतरिक प्रक्रियाओं के वर्गीकरण की कुछ समय से जांच की जा रही है. मामले की सावधानीपूर्वक जांच करने के बाद यह विनिश्चय किया गया है कि कैथ लैब प्रक्रियाओं का वर्गीकरण निम्नानुसार किया जाए:-

वर्गीकरण	प्रक्रियाएं
छोटा	सभी नैदानिक (डायाग्नोस्टिक) प्रक्रियाएं
छोटा	सभी डायाग्नोस्टिक पीड़ा आंतरिक (इंटरवेंशनल) प्रक्रियाएं एवं इंट्रामस्कुलर नर्व स्टिमुलेशन.
बड़ा	एंजियोप्लास्टीज़ (कोरोनरी एंजियोप्लास्टी को छोड़कर)
बड़ा	अन्त: शल्य श्रवण (एम्बोलाइजेशन)
बड़ा	स्टेंट ग्राफ्टिंग
बड़ा	स्टेंटिंग सहित पी टी बी डी
बड़ा	लीवर बायोप्सी और सभी एंडोवीनस थैरेपटिक प्रक्रियाएं
बड़ा	डॉर्सल गैंगलियन नर्व रूट की रेडियोफ्रिक्वेंसी एबलेशन
बड़ा	रैकज़ प्रक्रिया (परक्यूटेनियस अड्हीश्ज़नोलिसिस)
बड़ा	तंत्रिका जालिका नर्व ब्लॉक
बड़ा	कटि अनुकम्पीतंत्रिकाच्छेदन (लम्बरसिम्पैथक्टॉमी)
बड़ा	स्टेलेट (ताराकार) गैंगलियन ब्लॉक
बड़ा	ट्राइजेमिनल गैंगलियन ब्लॉक
बड़ा	ट्रांसफोरेमिनल नर्व ब्लॉक
विशेष	स्पाइनल कोर्ड स्टिमुलेटर्स इम्पालंटेशन
विशेष	इंट्राथेकल ड्रग डिलीवरी
विशेष	एयोटिक स्टेंटिंग एबडोमिनल एवं थोरेसिक

(डॉ. पंकज कपूर)
कार्यपालक निदेशक स्वा. (योजना)
रेलवे बोर्ड

मत्सम्क : भारतीय रेल चिकित्सा नियमावली, 2000 के
अध्याय VI के अनुबंध II के लिए अग्रिम शुद्धि पर्ची.

2008 की अग्रिम शुद्धि पर्ची क्र. सं. 4

भारतीय रेल चिकित्सा नियमावली के अध्याय VI के अनुबंध - II (ऑपरेशनों का वर्गीकरण) के लिए अग्रिम शुद्धि पर्ची.

अनुशेष

भारतीय रेल चिकित्सा नियमावली, 2000 के अध्याय IV के अनुबंध II में निम्नलिखित आंतरिक (इंटरवेंशनल) प्रक्रियाओं के वर्गीकरण को जोड़ा जाए :-

वर्गीकरण	प्रक्रियाएं
छोटा	सभी नैदानिक (डायाग्नोस्टिक) प्रक्रियाएं
छोटा	सभी डायाग्नोस्टिक पीड़ा आंतरिक (इंटरवेंशनल) प्रक्रियाएं एवं इंट्रामस्कुलर नर्व स्टिमुलेशन.
बड़ा	एंजियोप्लास्टीज़ (कोरोनरी एंजियोप्लास्टी को छोड़कर)
बड़ा	अन्त: शल्य श्रवण (एम्बोलाइज़ेशन)
बड़ा	स्टेंट ग्राफ्टिंग
बड़ा	स्टेंटिंग सहित पी टी बी डी
बड़ा	लीवर बायोप्सी और सभी एंडोवीनस थैरेपटिक प्रक्रियाएं
बड़ा	डॉर्सल गैंगलियन नर्व रूट की रेडियोफ्रिक्वेंसी एबलशन
बड़ा	रैक्ज़ प्रक्रिया (परक्यूटेनियस अड्हीश्नोलिसिस)
बड़ा	तंत्रिका जालिका नर्व ब्लॉक
बड़ा	कटि अनुकंपीतंत्रिकाच्छेदन (लम्बरसिम्पैथक्टॉमी)
बड़ा	स्टेलेट (तारकार) गैंगलियन ब्लॉक
बड़ा	ट्राइजेमिनल गैंगलियन ब्लॉक
बड़ा	ट्रांसफोरेमिनल नर्व ब्लॉक
विशेष	स्पाइनल कोर्ड स्टिमुलेटर्स इम्पालंटेशन
विशेष	इंट्राथेकल ड्रग डिलीवरी
विशेष	एयोटिक स्टेंटिंग एबडोमिनल एवं थोरेसिक

(प्राधिकार: बोर्ड का दि. 27/2/08 का पत्र सं. 2008/एच/23 2).

No.2008/H/23/2 New Delhi, dated : 27.02.2008.

Copy to :

1. Chief Medical Director, All Indian Railways and CMS /MSs' , CLW,DLW,ICF,DMW,RCF, & RWF.
2. OSDs/PPSs to MR, MSR(V) and MSR(N)
3. Chief Commissioner of Railway Safety, Lucknow
4. Chairman, FC,MS, ME, MM, ML, MT Secy, DG/RHS,DG/RPF, EDCC, AM(CE), AM(WORKS), AM (L&A), ECO ADV., AM (L), Adv.(STAFF), Adv.(IR), AM(BUDGET), AM(FIN.) ADVISER (FINANCE), AM(IT), LEGAL ADVISER AM(M), AM(PU), AM(PLG.) AM(S&C), ADVISER(SIGNAL), AM(TELECOM) AM(STORES), AM(TRAFFIC), AM(COMML.), AM(T&C), ADVISER(VIG.), EDCE(B&S), EDCE(G), ED(DM), ED(PROJECTS), ED(TRACK (M), EDTRACK(MC), ED TRACK(P), ED(WORKS), EDEE(DEV.), EDEE(G), EDEE(RS), ED(RE), ED(ACCOUNTS), EDF(S)EDF(X)I, EDF(X)II, EDF (C), EDF(E), ED(PC), ED(STATISTIC & ECONOMICS), EDME(CHG.), EDME(FR.), EDME(TR.) EDME(DEV..), EDME(W), EDE(RRB), EDE(N), EDE(RES.)EDE(GC), ED(T&MPP) ED(C&IS), ED(MIS) EDTT(M), EDTT(S), EDTT(F), ED(PM), ED(PG), EDTC (R) ED(T&C), ED(SAFETY), ED(COACHING), ADVISER (CONFD.), ED(SIGNAL), ED(TD), EDRS (C), EDRS(G), EDRS(P), EDRS(S), ECO. ADV., ED(E&R), ED(PLG.), DIR.(I&P),EDV(E), EDV(T), EDV(S), DIG(VIG.),
5. All Officers of Health Dte.for information, F(E) Spl.(with 5 spares),ERB-III(with 5 spares).
6. Computer Facilitation Centre, Room No.5, Near Gate No 1, Rail Bhawan.
7. Directors of CTIs , RSC/Baroda, IRICEN/Pune,IRIEEN/Nasik, IRISET/Secunderabad, IRIMEE/ Jamalpur and IRITM/Lucknow.
8. G.M. & FA &CAO, Metro Rail Kolkata.
9. G.M. & FA & CAO, CORE, Allahabad.
10. The Director General, Railway Staff College, Vadodara.
11. The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd. , Konkan Rly. Corpn Ltd., Belapur Bhawan, Sector-11,C.B.D.Belapur, Navi Mumbai-400 614, RVNL, Plot No.25, 1st flr August Kranti Bhawan, Bhikaji Cama Place, N.Delhi-110066.
12. The Pay and Account Officer, Ministry of Railways (Railway Board).
13. The General Secretary, IRCA/New Delhi.

Pankaj Kapoor

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

No.2008/H/23/2 **New Delhi, dated : 27.02.2008.**

Copy to :-

14. The Secretary, RBSS Group 'A', Officers Association.
15. The Secretary, RBSS Group 'B', Officers Association.
16. The Secretary, Railway Board, Miniterial Staff Association.
17. The Secretary, Railway Board, Group 'D' Employees Association.
18. General Secretary, AIRF, New Delhi. (35spares)
19. General Secretary, NFIR, New Delhi. (35 spares)
20. General Secretary, RREWA, 490A/16 Gurdwara Road, Gurgaon
21. The Secretary General,IRPOF,RoomNo.268,Rail Bhawan,with10 spares.
22. Secretary General , FROA with 10 spares.
23. President,,All India Retired Railwaymen's Federation, Building no. 13/9, Vivekanand Housing Society, Guru Mandir Marg, Dombivili (E)-421201.
24. The President, All India Retired Railway Officers' Association, 12-13-268, St.No.15, Tarnaka, Secunderabad.
25. The president, AIRRF, Block No. 303, Railway Colony High School, Chilkalguda, Secunderabad 500025(A.P)
26. The President, National Federation of Railway Pensioners, Palghat
27. The President, National Federation of Railway Pensioners, Chennai.
28. The Members of the National Council, Departmental Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi 9 (with 30 spares).

For Secretary
Railway Board

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

No. 2008/H/6-1/Policy/16 New Delhi, dated 27 Feb. 2008

Chief Medical Directors,
All Indian Railways.

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

****

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

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

(i) Report of the Medical Board consisting of MD/CMS/MS(I/C) as a Chairman, a senior physician/surgeon, a specialist super specialist/honorary consultant/visiting specialist of the concerned specialty as a co-apted member to opine the efficacy of the treatment, specially mentioning :

(a) Chances of recovery,
(b) Whether it will be a complete cure or only a palliation and if palliation, the expected period of remission and future course of action after it, and possible side-effects.

(ii) Report may be supplemented by relevant statistics and reference of current literature.

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

All concerned may please be advised accordingly.

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

Copy to : General Managers, All Indian Railways.

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GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. 2000/H/6-1/Policy New Delhi 110 001, Dated: 16-10-2000.

To

Chief Medical Directors,
All Indian Railways,

Sub: Advance payment for expensive mode of therapy

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

(i) to hold a medical board consisting of MD/DMS/MS(I/C) as a Chairman, a senior physician/surgeon, a specialist/super specialist/honorary consultant of the concerned speciality as a coapt member to opine the efficacy of the treatment, specially mentioning:

a) chances of recovery;
b) whether it will be a complete cure or only a palliation and if palliation, what is the expected period of remission and future course of action after it, and possible side-effects

(ii) Reply may be supplemented by relevant statistics and reference of current literature.

Please acknowledge receipt of this letter.

(Dr. S. [illegible] Bhopadhyay)
Executive Director(Health)

-23-

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

No. 2007/H/28/1/RELHS/Smart Card New Delhi, Dated 29-02.08

General Manager,
Northern Railway,
New Delhi.

Sub: Cashless Services for RELHS Card holders to take treatment in recognised Private Hospitals in emergency.

In an endeavour to alleviate the problems faced by the senior citizens in getting treatment in emergency, the issue of introduction of system of "Cashless Services for RELHS Card holders to take treatment in recognised Private Hospitals of NCR area in emergency", has been under consideration of the Board's office for sometime. After careful examination of the matter it has been decided to start a pilot project, on experimental basis for introduction of this scheme for RELHS beneficiaries in New Delhi/Delhi (NCR area).

A copy of guidelines/ modalities, duly approved by the Board, to be followed for introduction of the scheme is enclosed herewith.

Initially it is envisaged to introduce the scheme for a period of one year, further extension of the scheme and its replication in other cities will be reviewed based on its success in Delhi area.

MD, NRCH will be the nodal officer for development of Memorandum of Understanding with the recognised Private hospitals of NCR area and all other matters relating to introduction of this scheme.

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

Encl: As above

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

No. 2007/H/28/1/RELHS/Smart Card New Delhi, Dated 29-02.08

Copy to:-

1. FA&CAO, Northern Railway, New Delhi.
2. Chief Medical Director, Northern Railway, Baroda House, New Delhi.

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

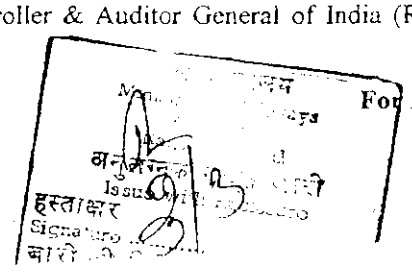
No. 2007/H/28/1/RELHS/Smart Card New Delhi, Dated 29-02.08

Copy to:-

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

o/c
For Financial Commissioner/Railways.

Copy to F(E) Spl. Branch.



No.2007/H/28/1/RELHS/Smart Card

Guidelines for "CASHLESS SERVICES for RELHS Card Holders to take treatment in recognised Private Hospitals in emergency"

1. Introduction: The cost of Medical treatment has gone up considerably. Representations have been received from RELHS Card Holders that during emergency when they have to go to recognised private hospitals, they find it difficult to make payment to the private hospital which they require to pay immediately. Even though the money is sanctioned by Railway on reimbursement basis but it takes some time.

   The problem faced by retired people is how to make payment to private hospital on emergency basis.

   The issue was discussed at various levels and it was decided to introduce system of "Cashless Services for RELHS Card Holders to avail medical treatment in recognized private hospitals during emergency".

2. Out line of the System:

   2.1 Name of the system: "Cashless Service for RELHS Card Holders to avail Medical treatment in recognized private hospitals during emergency."

   2.2 The system will be introduced in a phased manner. In the first phase it will be introduced in New Delhi/Delhi (NCR area) for the RELHS card holder only.

2.3 Those retired employees having RELHS Cards may apply to MD/NRCH for obtaining a "Smart Card" which will give all the details about the individual.

2.4 A " MOU" (Memorandum of Understating) will be signed between MD/NRCH/New Delhi and the recognized private Hospital authority. With this, MOU in position, the recognized private Hospital will start providing Medical treatment to the bonafide Retired Railway employee who is also provided with a Smart Card without the money being deposited.

2.5 Relatives of the Railway patient are to obtain proper referral letter issued from MD/NRCH/New Delhi within next 48 hrs.

The recognized private hospital authority will assist the RELHS patients and their relatives by providing all the necessary details and also by allowing access to various modes of communication. Onus will be on the hospital to ensure to have proper referral letter from MD/NRCH.

2.6 MD/NRCH/New Delhi will work out proper MOU with recognized private Hospitals and develop proper infrastructure to examine each case promptly and if found in order to issue proper referral letter to the recognized private hospitals

2.7 In case MD/NRCH/New Delhi after examination of the case is not convinced about the genuineness of the case the referral letter will not be issued.

In such case, the private recognized hospital will be free to recover the cost of medical treatment directly from the patient.

3. Details of the proposal:

Modalities and the expenditure to be worked at Zonal level with consultation of the associate finance.

3.1 Development of "MOU" with the recognized private Hospitals:

MD/N.Rly Central Hospital, New Delhi will explain the proposal to all recognized private hospitals and those recognized hospitals who will agree, a proper "MOU" will be signed between MD/NRCH/New Delhi and the authority of the recognized private hospital.

3.2 Those RELHS Card Holders who wish to join this scheme will have to apply to MD/NRCH on a prescribed form along with the stipulated fee on actual cost basis. Each member of the RELHS Card holder will have to put up separate application.

MD/NRCH will issue one Smart Card with photo to each of the applicant which will be valid for one year. After one year the card will be extended without charging any fee provided the card holder has not misused it.

In case the card has been misused then it will be discretion of MD/NRCH to consider this aspect for further renewal.

e Feb 2008

3.3 Infrastructure needs to be developed by MD/NRCH:

i) One booklet to be printed by MD/NRCH giving all the information which should also include one application form.

ii) One Cell In the name of "Cashless Service Cell" to be developed in the N. Railway Central Hospital under control of MD/NRCH, from within their existing resources to operate the system. Additional requirement if any needs to be sorted out with consultation of associate finance.

4. Procedure that will be followed:

4.1 "MOU" will be signed between MD/NRCH and authority of the recognized private hospitals.

4.2 Smart Card to be issued to those RELHS card holders who apply for the same.

4.3 RELHS Card holder having Smart Card will be now authorized to get admitted in the recognized private hospital as per the list provided, for medical treatment in emergency.

4.4 Information about emergency admission of the RELHS person having Smart Card to be given immediately but in any case within 24 hours to the "Cashless Service Cell" of the MD/NRCH by persons/ by fax/by email, by telephone, etc.

Basic responsibility will be of the private recognized hospital to ensure proper communicatior

4.5 On receiving information the Doctor of NRCH will visit immediately the private recognized hospital where the patient is admitted and will get details of the condition of the patient. He/she will generate one full report and will place it to the MD/NRCH for examination.

4.6 Emergency will be assessed according to the Railway Board letter No.2005/H/6-4/Policy-ii dated 31.01.07.

4.7 After examination if MD/NRCH finds the report as satisfactory he will approve for Referral letter to be issued.

4.8 Once referral letter is issued the recognized private hospital will not charge any money from the patient but will submit bills to the MD/NRCH for payment.

4.9 In case after going through the report the MD/NRCH does not approve, then regret letter will be issued and the recognized private hospital will have the authority to recover the money directly from patient and the patient's relative.

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S.No. 2 Health, 2008

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

(2)

No:2008/H/23/1 New Delhi, dated 07-3-2008.

The General Manager,
All Indian Railways & Production Units
& DG(RDSO)/Lucknow.

Sub: Categorisation of physically handicapped persons for the purpose of reservation in employment.

In continuation of Board's letter No.2003/H/23/4 dated 12.3.2003, it has been decided that Para 511(7) ii (a), (b) and (c) of IRMM, 2000 may be replaced and read as per the Advance Correction Slip attached. This is in consonance with DOP&T's letter No.36035/3/2004 Estt (Res.) dated 29.12.2005.

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

DA: Advance Correction Slip to Para 511 (7) of IRMM, 2000

- 30 -

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Advance Correction Slip to Para 511 (7) of IRMM, 2000:-

Para 511 (7) (ii) (a), (b) & (c) may be replaced and read as under:-

"**Definitions of Disabilities**:- Definition of categories of disabilities for the purpose of this Office Memorandum are given below:-

(i)(a) **Blindness:** "Blindness" refer to a condition where a person suffers from any of the following conditions namely:-

(i) total absence of sight; or
(ii) visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or
(iii) limitation of the field of vision subtending an angle of 20 degree or worse;

(b) **Low vision**:- "Person with low vision" means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device.

(ii) **Hearing Impairment**:- "Hearing Impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies.

(iii)(a)**Locomotor disability**:- "Locomotor disabililty" means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy.

(b) **Cerebral Palsy**:- "Cerebral Palsy" means a group of non-progressive conditions of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal, peri-natal or infant period of development.

(c)All the cases of orthopaedically handicapped persons would be covered under the category of "locomotor disability or cerebral palsy."

Only such persons would be eligible for reservation in services/posts who suffer from not less than 40 per cent of relevant disability.

(Board's Authority No.2008/H/23/1 dated 07-03-2008)

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भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

= 2008/एच/23/1 नई दिल्ली, दि. 7.02.2008

प्रबंधक
भारतीय रेलें एवं उत्पादन इकाइयां
महानिदेशक (अअमासं)/लखनऊ.

विषय : सेवा में नियुक्ति के आरक्षण को दृष्टि से शारीरिक रूप से विकलांग व्यक्तियों का वर्गीकरण.

बोर्ड के दिनांक 12.3.2003 के पत्र सं. 2003/एच/23/4, के क्रम में, यह विनिश्चय किया गया है कि भारतीय रेल चिकित्सा नियमावली 2000 के पैरा 511 (7) ii (क), (ख) एवं (ग) को प्रतिस्थापित किया जाए और संलग्न अग्रिम शुद्धि पर्ची के अनुसार पढ़ा जाए. यह कार्मिक एवं प्रशिक्षण विभाग के दिनांक 29.12.2005 के पत्र सं. 36035/3/2004 स्था. (आर.) के अनुरूप है.

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

संलग्नक : भारतीय रेल चिकित्सा नियमावली के पैरा 511 (7) के लिए अग्रिम शुद्धि पर्ची.

क्र. सं. 2/स्वा.2008

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 511 (7) के लिए अग्रिम शुद्धिध पर्ची

पैरा 511 (7) (ii) (क), (ख) एवं (ग) को प्रतिस्थापित करके निम्नानुसार पढ़ा जाए:-

"अशक्तता को परिभाषा :- इस कार्यालय ज्ञापन के प्रयोजन के लिए अशक्तता को कोटियों को परिभाषा नीचे दी गई है:-

(i) (क) **दृष्टिहीनता :** "निम्नलिखित अवस्थाओं में से किसी एक द्वारा पीड़ित व्यक्ति को दशा को दृष्टिहीनता कहा जाता है अर्थात् :

(i) दृष्टि का पूर्ण अभाव ; अथवा

(ii) बेहतर आंख में ठीक नंबर के चश्मे के साथ दृष्टि तीक्ष्णता 6/60 या 20/200 (स्नेलैन) से अधिक न हो ; अथवा

(iii) दृष्टि क्षेत्र के परिसीमन में 20 डिगी के कोण का या उससे भी अधिक अवनमन ;

(ख) **कमजोर दृष्टि :-** "कमजोर दृष्टि वाले व्यक्ति" का अर्थ है उपचार या मानक रिफ्रैक्टिव करेक्शन के बाद भी दृष्टि क्षीण होना लेकिन उपयुक्त सहायक उपकरण को सहायता से कार्य को योजना बनाने या निष्पादन करने के लिए सक्षम है.

(ii) **श्रवण-शक्ति को दुर्बलता:-** "श्रवण दुर्बलता" का अर्थ है बेहतर कान में वार्तालाप क्षेत्र को फ्रीक्वेंसियों में साठ डेसीबिल या अधिक को हानि.

(iii) (क) **लोकोमोटर अशक्तता :-** "लोकोमोटर अशक्तता" का अर्थ है कि हड्डियों, जोड़ों या पेशियों को अशक्तता के कारण अंगों के चालन में अत्यधिक रूकावट या किसी अन्य प्रकार को सेरीब्रल पाल्सी होना.

(ख) **सेरीब्रल पाल्सी :-**"सेरीब्रल पाल्सी" का अर्थ है जन्म से पूर्व, जन्म के दौरान या शैशवकाल में विकास के दौरान मस्तिष्क इन्सल्ट या चोट के परिणामस्वरूप व्यक्ति को गैर-प्रगतिशील स्थितियों के समूह के कारण असमान्य मोटर नियंत्रण मुद्रा.

ग) शारीरिक रूप से विकलांग व्यक्तियों के सभी मामलों को "लोकोमोटर अशक्तता या सेरीब्रल पाल्सी" के अंतर्गत माना जाएगा.

केवल ऐसे व्यक्तियों को सेवाओं/पदों में आरक्षण के लिए पात्र माना जाएगा जो संबद्ध विकलांगता से कम से कम 40% पीड़ित हैं.

(बोर्ड का दिनांक 7.02.2008 का प्राधिकार सं. 2008/एच/23/1).

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S-No.3 Health 2008

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No:2008/H/23/1 New Delhi, dated 04-3-2008.

The General Manager,
All Indian Railways & Production Units
DG(RDSO)/Lucknow.

Sub: Guidelines for evaluation of various Disabilities and Procedure for Certification.

Arising out of difficulties faced by Railway Doctors for want of proper guidelines for evaluation of various Disabilities and procedure for certification of physically handicapped persons, the matter had been under consideration of Board for some time

It has been decided to follow the guidelines issued by the nodal Ministry i.e. Ministry of Social Justice and Empowerment vide Notification No.16-18/97-NI dated 01.06.2001 for the above purpose as per copy attached.

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

DA: Copy of Notification.

क्र.सं. 3/स्वा. 200

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2008/एच/23/1 नई दिल्ली, दिनांक 7.02.2008

महाप्रबंधक
सभी भारतीय रेलें एवं उत्पादन इकाइयां
महानिदेशक (अ.म.मा.सं.)/लखनऊ

विषय: विभिन्न अशक्तताओं के मूल्यांकन हेतु मार्गनिर्देश और प्रमाणन के लिए कार्यविधि.

विभिन्न अशक्तताओं के मूल्यांकन संबंधी उपयुक्त मार्गनिर्देशों और शारीरिक रूप से विकलांग व्यक्तियों के प्रमाणन के लिए कार्यविधि के अभाव में, रेलवे डॉक्टरों द्वारा सामना की जा रही कठिनाइयों के कारण, यह मामला कुछ समय से बोर्ड के विचाराधीन था.

यह विनिश्चय किया गया है कि उपर्युक्त प्रयोजन के लिए नोडल निदेशालय अर्थात् सामाजिक न्याय और सशक्तीकरण मंत्रालय की 01.06.2001 की अधिसूचना सं.16-18/97-एन आई जिसकी प्रतिलिपि संलग्न है, के तहत जारी मार्गनिर्देशों का पालन किया जाए.

पंकज कपूर

(डा. पंकज कपूर)
कार्य.निदे.स्वास्थ्य (योजना)
रेलवे बोर्ड.

संलग्नक: अधिसूचना की प्रति.

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

NOTIFICATION

New Delhi, the 1st June, 2001

Subject :—Guidelines for evaluation of various disabilities and procedure for certification.

No. 16-18/97-NI. I.—In order to review the guidelines for evaluation of various disabilities and procedure for certification as given in the Ministry of Welfare's O.M. No. 4-2/83-HW.-III, dated the 6th August, 1986 and to recommend appropriate modifications/alterations keeping in view the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, Government of India in Ministry of Social Justice and Empowerment, vide Order No. 16-18/97-NI. I, dated 28-8-1998, set up four committees under the Chairmanships of Director General of Health Services—one each in the area of mental retardation, Locomotor/ Orthopaedic disability, Visual disability and Speech & Hearing disability. Subsequently, another Committee was also constituted on 21-7-1999 for evaluation, assessment of multiple disabilities and categorization and extent of disability and procedures for certification.

2. After having considered the reports of these committees the undersigned is directed to convey the approval of the President to notify the guidelines for evaluation of following disabilities and procedure for certification:-

1. Visual impairment
2. Locomotor / Orthopaedic disability
3. Speech & hearing disability
4. Mental retardation
5. Multiple Disabilities.

Copy of the Report is enclosed herewith as **Annexure**.

3. The minimum degree of disability should be 40% in order to be eligible for any concessions/benefits.

4. According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-section (1) and (2) of section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central and the State Government . The State government may constitute a Medical Board consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor/Visual including low vision/hearing and speech disability, mental retardation and leprosy cured, as the case may be.

5 Specified test as indicated in **Annexure** should be conducted by the medical board and recorded before a certificate is given.

6 The certificate would be valid for a period of five years for those whose disability is temporary. For those who acquire permanent disability, the validity can be shown as 'Permanent'.

7. The State Governments/UT Administrations may constitute the medical boards indicated in para 4 above immediately, if not done so far.

8. The Director General of Health Services, Ministry of Health and Family Welfare will be the final authority, should there arise any controversy/doubt regarding the interpretation of the definitions/classifications/evaluations tests etc.

GAURI CHATTERJI, Jt. Secy

ANNEXURE

Reports of the Committee set up to review the guidelines for evaluation of various disabilities and procedure for certification and to recommend appropriate modifications/alterations keeping in view the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

In order to review the definitions of various types of disability, the guidelines for evaluation of various disabilities and procedure for certification as given in the Ministry of Welfare's O.M.No.4-2/83-HW.III, dated the 6th August, 1986 and to recommend appropriate modifications/alterations keeping in view the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, five Sub-Committees were constituted in the areas of Mental Retardation, Orthopedic/Locomotor Disability, Visual Disability, Speech & Hearing and Multiple Disabilities, under the Chairmanship of Dr.S.P.Agarwal, Director General of Health Services, vide the Ministry of Social Justice & Empowerment's Order No.16-18/97-NI.I, dated 28.8.1998 and 21.7.1999. A copy each of the Order is at **Appendix.I.**

2. These Sub-Committees, after detailed deliberations, have submitted their reports. List of participants of the meetings taken by the Committee is at **Appendix.II.** The reports of the Committees set up to review the guidelines for evaluation of various disabilities and procedure for certification on each of the area of the disabilities are given in **Appendix.III.**

APPENDIX.III

A. MENTAL RETARDATION

1. Definition:- Mental retardation is a condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the development period which contribute to the ovreall level of intelligence, i.e., cognitive, language, motor and social abilities.

2. Categories of Mental Retardation:-

2.1 Mild Mental Retardation:- The range of 50 to 69 (standardised IQ test) is indicative of mild retardation. Understanding and use of language tend to be delayed to a varying degree and executive speech problems that interfere with the development of independence may persist into adult life.

2.2 Moderate Mental Retardation :- The IQ is in the range of 35 to 49. Discrepant profiles of abilities are common in this group with some individuals achieving higher levels in visuo-spatial skills than in tasks dependent on language while others are markedly clumsy by enjoy social interaction and simple conversation. The level of development of language in variable: some of those affected can take part in simple conversations while others have only enough language to communicate their basic needs.

2.3 Severe Mental Retardation:- The IQ is usually in the range of 20 to 34. In this category, most of the people suffer from a marked degree of motor impairment or other associated deficits indicating the presence of clinically significant damage to or mal-development of the central nervous system.

2.4 Profound Mental Retardation :- The IQ in this category estimated to be under 20. The ability to understand or comply with requests or instructions are severally limited. Most of such individuals are immobile or severally restricted in mobility, incontinent and capable at most of only very rudimentary forms of non-verbal communication. They posses little or no ability to care for their own basic needs and require constant help and supervision.

3. Process of Certifications:-

3.1 A disability certificate shall be issued by a Medical Board consisting of three members duly constituted by the Central/State Government. At least one shall be a Specialist in the area of mental retardation, namely, Psychiatrist, Paediatrician and clinical Psychologist.

3.2 The examination process will consist of three components, namely , clinical assessment, assessment of adaptive behaviour and intellectual functioning.

B VISUAL DISABILITY

1. Definition:- Blindness refers to a condition where a persons suffers from any of the condition, namely,

i) total absence of sight; or
ii) visual acuity not exceeding 6/60 or 20/200(snellen) in the better eye with best correcting lenses; or
iii) limitation of field of vision subtending an angle of 20 degree or worse;

2. Low Vision :- Persons with low vision means a person a with impairment of vision of less than 6/18 to 6/60 with best correction in the better eye or impairment of field in any one of the following categories:-

a) reduction of fields less than 50 degrees
b) Heminaopia with macular involvement
c) Altitudinal defect involving lower fields.

3. Categories of Visual Disability

All with correction

Category	Better eye	Worse eye	% age impairment
Category 0	6/9-6/18	6/24 to 6/36	20%
Category I	6/18-6/36	6/60 to Nil	40%
Category II	6/40-4/60 or field of vision 10°-20°	3/60 to Nil	75%
Category III	3/60 to 1/60 or field of vision 10°	F.C. at 1 ft. to Nil	100%
Category IV	F.C. at 1 ft. to Nil or field of vision 10°	F.C. at 1 ft. to Nil	100%
One eyed persons	6/6	F.C. at 1 ft. to Nil or field of vision 10°	30%

Note F.C means Finger Count

4 Process of Certification

A disability certificate shall be issued by a Medical Board duly constituted by the Central/State Government having, at least three members. Out of which, at least one member shall be a specialist in ophthalmology.

B. SPEECH & HEARING DISABILITY

1 Definition of Hearing :- A persons with hearing impairment having difficulty of various degrees in hearing sounds is an impaired person.

2. Categories of Hearing Impairment.

Category	Type of Impairment	DB Level	Speech discrimination	% age of Impairment
I	Mild hearing impairment	DB 26 to 40 dB in better ear	80 to 100% in better ear	Less than 40%
II (a)	Moderate hearing	41 to 60 dB in better ear	50 to 80% in better ear	40% to 50%
II (b)	Severe hearing impairment	61 to 70 dB hearing impairment in better ear	40 to 50% in better ear	51% to 70%
III	a) Profound hearing impairment	71 to 90 dB	Less than 40% in better ear	71% to 100%
	c) Total deafness	91 dB and above/in better ear/to hearing	Very poor discrimination	100%

i) Pure tone average of learning in 500, and 2000 HZ, 4000 HZ by conduction (AC and BC) should be taken as basis for consideration as per the test recommendations.

ii) When there is only as island of hearing present in one or two frequencies in better ear, it should be considered as total loss of hearing.

iii) Wherever there is no response (NR) at any of the 4 frequencies (500, 1000,2000 and 4000 HZ), it should be considered as equivalent to 100 dB loss for the purpose of classification of disability and in arriving at the average.

3. Process of Certification

A disability certificate shall be issued by a Medical Board duly constituted by the Central and the State Government. Out of which, at least, one member shall be a specialist in the field of ENT.

C. LOCOMOTOR DISABILITY

1 Definition .-

i) Impairment: An impairment in any loss or abnormality of psychological, physiological or anatomical structure or function in a human being.

ii) Functional Limitations: Impairment may cause functional limitations which are partial or total inability to perform those activities, necessary for motor, sensory or mental function within the range or manner of which a human being is normally capable.

iii) Disability: A disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

iv) Locomotor Disability: Locomotor disability is defined as a persons inability to execute distinctive activities associated with moving both himself and objects, from place to place and such inability resulting from affliction of musculoskeletal and/or nervous system.

2. Categories of Locomotor Disability

The categories of locomotor disabilities are enclosed at **Annexure-A.**

3. Process of Certification

A disability certificate shall be issued by a Medical Board of three members duly constituted by the Central and the State Government, out of which, at least, one member shall be a specialist from either the field of Physical Medicine and Rehabilitation or Orthopaedics.

Two specimen copies of the disability certificate for mental retardation and others (visual disability, speech and hearing disability and locomotor disability) are enclosed at **Annexure –B.**

It was also decided that whenever required the Chairman of the Board may co-opt other experts including that of the members constituted for the purpose by the Central and the State Government.

On representation by the applicant, the Medical Board may review its decision having regard to all the facts and circumstances of the case and pass such order in the matter as it thinks fit.

ANNEXURE-A

LOCOMOTOR DISABILITY
REVISED GUIDELINES FOR EVALUATION OF THE PERMANENT PHYSICAL IMPAIRMENT

1.1 Guidelines for Evaluation of Permanent Physical Impairment of Upper Limb

1. The estimation of permanent impairment depends upon the measurement of functional impairment and is not expression of a personal opinion.

2. The estimation and measurement should be made when the clinical condition has reached the stage of maximum improvement from the medical treatment. Normally the time period is to be decided by the medical doctor who is evaluating the case for issuing the PPI Certificate as per standard format of the certificate.

3. The upper limb is divided into two component parts; the arm component and the hand component.

4. Measurement of the loss of function of arm component consists of measuring the loss of motion, muscle strength and co-ordinated activities

5. Measurement of loss of function of hand component consists of determining the prehension, sensation and strength. For estimation of prehension opposition, lateral pinch cylindrical grasp, spherical grasp and hook grasp have to be assessed as shown in Hand Component of Form A Assessment Proforma for upper extremity.

6. The impairment of the entire extremity depends on the combination of the functional impairments of both components

1.2 **ARM COMPONENT**

Total value of arm component is 90%

1.2.1 **Principles of evaluation of range of motion (ROM) of joints**

1 The value of maximum ROM in the arm component is 90%
2. Each of the three joints of the arm is weighed equally (30%)

Example:

The intra articular fractures of the bones of right shoulder joint may affect range of motion even after healing. The loss of ROM should be calculated in each arc of motion as envisaged in the Assessment Form A (Assesment Proforma for Upper Extremity).

Arc of ROM	Normal value	Active ROM	Loss of ROM
Shoulder Flexion-	0-220	110	50%
Rotation	0-180	90	50%
Abduction-Adduction	0-180	90	50%

Hence the mean loss of ROM of shoulder will be
50+50+50/3 =150/3 = 50%

Shoulder movements constitute 30% of the motion of the arm componet, therefore the loss of motion for arm component will be 50 x 0.30 = 15% If more than one joint of the arm is involved the loss of percentage in each joint is calculated separately as above and then added together.

1.2.2. **Principles of evaluation of strength of muscles:**

1. Strength of muscles can be tested by manual method and graded from 0-5 as advocated by Medical Research Council of Great Britain depending upon the strength of the muscles.

2. Loss of muscle power can be given percentages as follows:

Manual muscle Strength grading	Loss of strength in percentage
0	100%
1	80%
2	60%
3	40%
4	20%
5	0%

3. The mean percentage of loss of muscle strength around a joint is multiplied by 0.30.

4. If loss of muscle strength involves more than one joint the mean loss of percentage in each joint is calculated separately and then added together as has been described for loss of motion.

1.2.3 **Principles of evaluation of coordinated activities:**

1. The total value for coordinated activities is 90%

2. Ten different coordinated activities should be tested as given in **Form A. (Appendix.I of Annexure-A)**
3. Each activity has a value of 9%

1.2.4 **Combining values for the Arm Component:**

The total value of loss of function of arm componet is obtained by combining the value of loss of ROM, muscle strength and coordinated activities, using the combing formula.

$$a+\frac{b(90-a)}{90}$$

where a = higher value
b = lower value

Example

Let us assume that an individual with an intra articular fracture of bones of shoulder joint in addition to 16.5% loss of motion in arm has 8.3% loss of strength of muscles and 5% loss of coordination. These values should be combined as follows:

Loss of ROM – 16.5% $16.5+\frac{8.3(90-16.5)}{90}$

Loss of strength of muscles – 8.3% =23.33%
To add
Loss of coordination – 5% $23.3+\frac{5(90-23.3)}{90}$=27.0%

So the total value of loss of function in Arm component will be 27.0%

1.3 **HAND COMPONENT:**

1 Total value of hand component is 90%
2. The functional impairment of hand is expressed as loss of prehension, loss of sensation and loss of strength.

1.3.1. **Principles of evaluation of prehension:**

1. Total value of prehension is 30%

It includes.

a) opposition – 8%
Tested against – Index finger - 2%
- Middle finger –2 %
- Ring - 2 %
- Little finger - 2%

b) lateral pinch –5% - Tested by asking the patient to hold a key between the thumb and lateral side of index finger.

c) Cylindrical grasp – 6% Tested for
   i) Large object of 4 inches size –3%
   ii) Small object of 1 inch size - 3%

d) Spherical grasp –6% Tested for
   i) Large object of 4 inches size – 3%
   j) Small object of 1 inch size - 3%

e) Hook grasp - 5% -Tested by asking the patient to lift a bag

1.3.2. **Principles of Evaluation of sensation:**

1. Total value of sensation in hand is 30%
2. It should be assessed according to the distribution given below:
   i) Complete loss of sensation
      Thumb ray 9%
      Index finger 6%
      Middle finger 5%
      Ring finger 5%
      Little finger 5%
   ii) Partial loss of sensation: Assessment should be made according to percentage of loss of sensation in thumb/finger(s)

1.3.3. **Principles of Evaluation of strength**

1. Total value of strength is 30%

2. It includes:

   i) Grip strength 20%
   ii) Pinch strength 10%

Strength of hand should be tested with hand dynamo-meter or by clinical method (grip method).

Additional weightage -- A total of 10% additional weightage can be given to following accompanying factors if they are continuous and persistent despite treatment.

1. Pain
2. Infection
3. Deformity
4. Mal-alignment
5. Contractures
6. Cosmetic disfiguration

7. Dominant extremity –4%
8. Shortening of upper limb

First 1" – No weightage
For each 1" beyond first 1" –2%

The extra points should not exceed 10% of the total Arm Component and total PPI should not exceed 100% in any case.

1.3.4. **Combining values of hand component:**

The final value of loss of function of hand component is obtained by summing up values of loss of prehension, sensation and strength.

1.3.5. **Combining values for the Extremity:**

Values of impairment of arm component and impairment of hand component should be added by using combining formula:

$$a+b\frac{(90-a)}{90}$$

a= higher value
b= lower value

Example:

Impairment of Arm – 27%

Impairment of hand – 64%

$$64+\frac{27(90-64)}{90}$$

=71.8%

The total value can also be obtained by using the Ready Recknoer table for combining formula given at **Appendix.II of Annexure.A.**

2. Guidelines for Evaluation of permanent physical Impairment in Lower Limb

The measurement of loss of function in lower extremity is divided into two components: Mobility and standing components

2.1 Mobility Component:

1. Total value of mobility component is 90%
2. It includes range of movement (ROM) and muscle strength

2.1.1. **Principles of Evaluation of Range of Movement:**

1. The value of maximum range of movement in mobility component is 90%

2. Each of three joints i.e. hip, knee and foot-ankle component is weighed equally – 30%.

Example:

A fracture of right hip joint bones may affect range of motion of the hip joint. Loss of ROM of the affected hip in different are should be assessed as given in **Form B** (Assessment Proforma for lower extremity). **(Appendix.I of Annexure.A)**

Affected Joint – Rt. Hip:

Arc of Movement	Normal ROM	Active ROM	Loss in percentage
Flexion-Extension	0-140	70	50%
Abduction-Adduction	0-90	60	33%
Rotations	0-90	30	66%

Mean loss of ROM of Rt Hip $= \frac{50+33+66}{3} =$ 50%

Since the hip constitute 30% of the total mobility component of the lower limb, the loss of motion in relation to the lower limb will be 50 x 0.30=15%

If more than one joint of the limb is involved the mean loss of ROM in percentage should be calculated in relatioin to individual joint separately and then added together as follows to calculate the loss of mobility component in relation to that particular limb.

For example:

Mean loss of ROM of Rt. Hip 50%
Mean loss of ROM Rt. Knee 40%
Loss of mobility component of Rt. Lower Limb will be
(50 x 0.30)+(40 x 0.30) = 27%

2.1.2. Principle of Evaluation of Muscle Strength:

1. The value for maximum muscle strength in the limb is 90%
2. Strength of muscles can be tested by Manual Method and graded 0-5 as advocated by MRC of Great Britain depending upon the residual strength in the muscle group.
3. Manual muscle grading can be given percentage like below:

Power Grade of Ms	Loss of strength in percentage
0	100%
1	80%
2	60%
3	40%
4	20%

iii)	Loss of sensation	Complete Loss Partial Loss	9% 6%
iv)	Shortening	First ½" Every ½" beyond first ½"	Nil 4%
v)	Complications	Superficial complications Deep complications	3%

3. **Guidelines for Evaluation of Permanent Physical Impairment of Trunk (Spine)**

Basic guidelines:

1. As permenanent physical impairment caused by spinal deformity tends to change over the years, the certificate issued in relation to spine should be reviewed as per the standard format of the certificate given at **Annexure –B of Appendix.III.**
2. Permanent physical impairment should be awarded in relation to spine and not in relation to whole body.
3. Permanent physical impairment due to neurological deficit in addition to spinal impairment should be added by combining formula.

The local effects of the lesions of the spine can be conventionally divided into traumatic and non-traumatic. The percentage of PPI in relation to each situation should be valued as follows:

3.1 TRAUMATIC LESIONS:

3.1.1. **Cervical spine injuries**	**Percentage of PPI in relation to Spine**
i) 25% or more compression of one or two adjacent vertebral bodies with No involvement of posterior elements, No nerve root involvement, moderate Neck rigidity and persistent Soreness.	20%
ii) Posterior element damage with radiological Evidence of moderate partial dislocation/subluxation including whiplash injury	
a) With fusion healed, No permanent motor or sensory changes.	10%
b) Persistent pain with radiologically demonstrable instability.	25%

5 0%

4. Mean percentage of muscle strength loss around a joint is multiplied by 0.30 to calculate loss in relation to limb

5. If there has been a loss muscle strength involving more than one joint the values are added as has been described for loss of ROM

2.1.3. **Combining values for mobility component:**

1. The values of loss of ROM and loss of muscle strength should be combined with the help of combining formula: $a+\frac{b(90-a)}{90}$

(a = higher value, b = lower value)

Example: Let us assume that the individual with a fracture of right hip bones has in addition to 16% loss of motion, 8% loss of muscle strength also.

Combined values

Motion – 16% $16+\frac{8(90-16)}{90}$

Strength – 8% = 22.6%

2.2 **Stability component:**

1. Total value of the stability component is 90%
2. It should be tested by clinical method as given in From B (Assessment Proforma for lower extremity). There are nine activities which need to be tested and each activity has a value of ten per cent (10%). The percentage valued in relation to each activity depends upon the percentage of loss stability in relation to each activity.

2.3 **Extra points:**

Extra points have been given for pain, deformities, contractures, loss of sensations and shortening Maximum points to be added are 10% (excluding shortening). Details are as following:

i)	Deformity	In functional position	3%
		In non-functional position	6%
ii)	Pain	Sever (grossly interfering with function)	9%
		Moderate (moderately interfering with function)	6%
		Mild (mildly interfering with function)	3%

iii) Severe Dislocation:

a) Fair to good reduction with or without fusion with no residual motor or sensory involvement; 10%

b) Inadequate reduction with fusion and persistent radicular pain 15%

3.1.2. **Cervical Intervertebral Disc Lesions**	**Percentage of PPI in relation to spine**
i) Treated case of disc lesion with persistent pain and no neurological deficit	10%
ii) Treated case with pain and instability	15%

3.1.3. **Thoracic and Thoracolumbar Spine Injuries:**

i) Compression of less than 50% involving one vertebral body with no neurological manifestation 10%

ii) Compression of more than 50% involving single vertebra or more with involvement of posterior elements, healed, no neurological manifestations persistent pain, fusion indicated 20%

iii) Same as (b) with fusion, pain only on heavy use of back 15%

iv) Radiologically demonstrable instability with fracture or fracture dislocation with persistent pain. 30%

3.1.4 **Lumbar and Lumbosacral Spine:**

Fracture

a)	Compression of 25% or less of one or two adjacent vertebral bodies, No definite pattern or neurological deficit	15%
b)	Compression of more than 25% with disruption of posterior elements, persistent pain and stiffness, healed with or without fusion, inability to lift more than 10 kgs.	30%
c)	Radiologically demonstrable instability in low lumbar or lumbosacral spine with pain.	35%

3.1.5 **Disc lesion**:

a)	Treated case with persistent pain	15%
b)	Treated case with pain and instability	20%
c)	Treated case of disc disease with pain activities of lifting moderately modified	25%
d)	Treated case of disc disease with persistent pain and stiffness, aggravated by heavy lifting necessitating modifications of all activities requiring heavy weight lifting.	30%

3.2 NON TRAUMATIC LESIONS:

3.2.1 Scoliosis:

Basic guidelines – following modification is suggested.

- The largest structural curve should be accounted for while calculating the PPI and not the compensatory curve or both structural curves.

3.2.2 Measurement of Spine Deformity:

Cobb's method for measurement of angle of curve in the radiograph taken in standing position should be used. The curves have been divided into following groups depending upon the angle of major structural scoliotic deformity.

Group	Cobb's Angle	PPI in relation to Spine
I	0-20	Nil
II	21-50	10%
iii	51-100	20%
IV	101 & above	30%

3.2.3. Torso Imbalance:

In addition to the above PPI should also be evaluated in relation the torso imbalance. The torso imbalance should be measured by dropping a plumb line from C7 spine and measuring the distance of plumb line from gluteal crease

Deviation of Plumb line	PPI
Upto 1.5 Cm	4%
1.6 - 3.0 Cm	8%
3.1 - 5.0 Cm	16%
5.1 Cm & above	32%

3.2.4 **Head Tilt over C7 spine** **PPI**

Upto 15	4%
More than 15	10%

3.2.5 Cardiopulmonary Test

In cases with scoliosis of severe type cardiopulmonary function tests and percentage deviation from normal should be assessed by one of the following method whichever seems more reliable clinically at the time of assessment. The value thus obtained may be added by combining formula.

a. **Chest Expansion** **PPI**

4 – 5 Cm.	Normal
Less than 4 cm reduction in Chest expansion	5% for each cm
No expansion	25%

b.**counting in one breathe:**

Breathe Count	**PPI**
More than 40	Normal
0 – 40	5%
0 – 30	10%
0 – 20	15%
0 – 10	20%
Less than 5	25%

3.2.6 **Associated Problems**: To be added directly but the total value of PPI in relation to spine should not exceed 100%.

a) Pain

- mildly interfering with ADL	4%
- moderately restricting ADL	6%
- severely restricting ADL	10%

b) Cosmetic Appearance

- No obvious disfiguration with clothes on	Nil
- mild disfigurement	2%
- severe disfigurement	4%

c) Leg Length Discrepancy

- First ½" shortening	Nil
- Every ½" beyond first ½"	4%

d) Neurological deficit – Neurological deficit should be calculated as per established method of evaluation of PPI in such cases. Value thus obtained should be added telescopically using combining formula.

3.3 KYPHOSIS

Evaluation should be done on the similar guidelines as use for scoliosis with the following modifications:

3.3.1 **Spinal Deformity**	**PPI**
Less than 20	Nil
21 – 40	10%
41 – 60	20%
Above 60	30%

3.3.2 **Torso Imbalance** – Plumb line dropped from external ear normally falls at ankle level. The deviation from normal should be measured from ankle anterior joint line to the plumb line.

Less than 5 cm in front of ankle	4%
5 to 10 cm in front of ankle	8%
10 to 15 cm in front of ankle	16%
More than 15 cm in front of ankle	32%
(Add directly)	

3.4.1 Miscellaneous conditions:

Those conditions of the spine which cause stiffness and pain etc. are rated as follows:

	Conditions	**Percentage PPI**
A	Subjective symptoms of pain, no involuntary muscle spasm,, not substantiated by demonstrable structural pathology.	-0%
B	Pain, persistent muscles spasm and stiffness of spine, substantiated by mild radiological change.	-20%
C	Same as B with moderate radiological changes	-25%
D	Same as B with severe radiological changes involving any one of the regions of spine	-30%
E	Same as D involving whole spine	-40%

4. Guidelines for Evaluation of PPI in cases of Short Stature/Dwarftsm:

1. Recumbent length or longitudinal height below 3rd percentile or less than 2 Standard Deviation from the mean is considered to have short stature.

2. The evaluation of a Short Statured person should be considered only when it is of disproportionate variety and is accompanied by an underlying pathological conditions, e.g., Achondroplasia, Chandrodysplasia Punctata, spondyloepiphysical dysplasia, mucopoly and acchrydosis, etc.

3. The ICMR norms as enclosed at **Appendix III of Annexure. A** should be used as a guidelines for the height.

4. Every 1" vertical height reduction should be valued as 4% permanent physical impairment.

5. Associated skeletal deformities should be evaluated separately and total percentage of both should be added by combining formula.

5. Guidelines for Evaluation of Permanent Physical Impairment in Amputees:

Basic Guidelines:

1. In cases of multiple amputees if the total sum of permanent physical impairment is above 100%, it should be taken as 100% only.

2. If the stump is unfit for fitting the prosthesis additional weightage of 5% should be added to the value.

3. In case of amputation in more than one limb percentage of each limb is added by combining formula and another 10% will be added but when only toes or fingers are involved only 5% will be added.

4. Any complication in form of stiffness of proximal joint, neuroma infection, etc., should be given upto a total of 10% additional weightage.

5. Dominant upper extremity should be given 4% additional weightage.

	Upper Limb Amputations	**PPI & loss of physical function of each limb**
1	Fore-quarter amputation	100%
2.	Shoulder Disarticulation	90%
3.	Above Elbow upto upper 1/3 of arm	85%

4.	Above Elbow upto lower 1/3 of forearm	80%
5.	Elbow disarticulation	75%
6.	Below Elbow upto upper 1/3 of forearm	70%
7.	Below Elbow upto lower 1/3 of forearm	65%
8.	Wrist disarticulation	60%
9.	Hand through carpal bones	55%
10	Thumb through C.M. or though 1st MC joint	30%
11.	Thumb disarticulation through metacarpophalangeal Joint or through proximal phalanx.	25%
12	Thumb disarticulation through inter phalangeal joint or through distal phalanx	15%

		Index Finger (15%)	Middle Finger (5%)	Ring Finger (3%)	Little finger (2%)
13	Amputation through Proximal phalanx or Disarticulation through M.P. joint.	15%	5%	3%	2%
14	Amputation through Middle phalanx or Disarticulation through PIP joint	10%	4%	2%	1%
15	Amputation through Distal phalanx or disarticulation through DIP joint	5%	2%	1%	1%

1.3 Lower Limb Amputations:

1.	Hind quarter	100%
2.	Hip disarticulation	90%
3.	Above knee upto upper 1/3 of thigh	85%
4.	Above knee upto lower 1/3 of thigh	80%
5.	Through keen	75%
6.	B.K. upto 8 cm	70%
7.	B.K. upto lower 1/3 of leg	60%
8.	Through ankle	55%
9.	Syme's	50%
10.	Upto mid-foot	40%
11.	Upto fore-foot	30%
12	All toes	20%
13	Loss of first toe	10%
14	Loss of second toe	5%
15	Loss of third toe	4%
16	Loss of fourth toe	3%
17	Loss of fifth toe	2%

6. Guidelines for Evaluation of Permanent Physical Impairment of Congenital deficiencies of the limbs:

6.1 **Transverse Deficiencies**:-

1. Functionally congenital transverse limb deficiencies are comparable to acquired amputations and can be called synonymously as congenital amputation, however, in some cases revision of amputation is required to fit in a prosthesis.

2 The transverse limb deficiencies therefore should be assessed on basis of the guidelines applicable to the evaluation of PPI in cases of amputees as given in the preceding chapter.

For example:	**PPI**
- Transverse deficiency Rt. Arm complete (shoulder disarticulation)	90%
- Transverse deficiency at thigh complete (hip disarticulation)	90%
- Transverse deficiency Proximal Upper arm (Above elbow Amp.)	85%
- Transverse deficiency at lower thigh (Above knee Amp. Lower 1/3)	80%
- Transverse deficiency forearm complete (elbow disarticulation)	75%
- Transverse deficiency lower forearm (Below Elbow Amp.)	65%
- Transverse deficiency carpal complete (wrist disarticulation)	60%
- Transverse deficiency Metacarpal complete (Disarticulation through carpal bones)	55%

6.2 Longitudinal Deficiencies:

6.2.1 **Basic Guidelines**

1. In cases of longitudinal deficiencies of limbs due consideration should be given to functional impairment.

2. In upper limb, loss of ROM, loss muscular strength and hand functions like prehension, etc., should be tested while assessing the case for PPI

3. In lower limb clinical method of assessing the stability component and shortening of lower limb should be given due weightage.

4 Apart from functional assessment the lost joint/part of body should also be valued as per distribution given in chapter Guidelines for Evaluation of PPI in upper extremity and lower extremity. The values so obtained should be added with the help of combining formula

Example:

Congenital Absence of humorous where forearm bones directly articulate with scapula.

There will be miled reduction in ROM and strength of muscles in the existing joints apart from loss of body part.

Loss of shoulder joint can be given – 30%
Loss of ROM of Elbow/Shoulder & Wrist

All the components should be added together by the combining formula of

$$\frac{a + b\,(90-a)}{90}$$

6.2.2 In cases of loss of single bone in forearm the evaluation should be based on the principles of evaluation of Arm component which include Evaluation of ROM, Muscle strength and coordinated activities. The values so obtained should be added together with the help of combining formula.

6.2.3 In cases of loss of single bone in leg the evaluation should be based on the principles of evaluation of mobility component and stability components of the lower extremity. The values obtained should be added together with the help of combining formula.

7. **Guidelines for Evaluation of Physical Impairments in Neurological conditions.**

1.1 Basic Guidelines:

1. Assessment in neurological conditions is not the assessment of disease but the assessment of its effects, i.e, clinical manifestations.

2. These guidelines should only be used for central and upper motor neurone lesions.

3. Proformas (form A & B) will be utilized for assessment of lower motor neurone lesions, muscular disorders and other locomotor conditions.

4. Normally any neurological assessment for the purpose of certification has to be done six months after the onset of disease however exact time period is to be decided by the Medical Doctor who is evaluating the case and has to recommend the review of certificate as given in the standard format of certificate.

5. Total percentage of physical impairment in any neurological condition should not exceed 100%

6. In mixed cases the highest score will be taken into consideration. The lower score will be added telescopically to it by the help of combining formula $a+b\frac{(90-a)}{90}$

7. Additional rating of 4% will be given for dominant upper extremity.

8. Additional weightage up to 10% can be given for loss of sensation in each extremity but the total physical impairment should not exceed 100%.

7.2 Table-I

Neurological Status	Physical Impairment
Altered sensorium	100%

7.3 Table – II

Intellectual Impairment (to be assessed by Clinical Psychologist)

Degree of Mental Retardation	IQ Range	Intellectual Impairment
Border line	70-79	25%
Mild	50–69	50%
Moderate	35-49	75%
Severe	20-34	90%
Profound	Less than 20	100%

7.4 Table – III

Speech defect	Physical Impairment
Mild dysarthria	Nil
Moderate dysarthria	25%
Severe dysarthria	50%

7.5 Table-IV

Cranial Nerve Disability

Type of Cranial Nerve Involvement	Physical Impairment
Motor cranial nerve	20% for each nerve
Sensory cranial nerve	10% for each nerve

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7.6 Table-V

Motor system Disability

Neurological Involvement	Physical Impairment
Hemiparesis:-	
- Mild	25%
- Moderate	50%
- Severe	75%

7.7 Table-VI

Sensory System Disability

Extent of Sensory Deficit	Physical Impairment
Anaesthesia	Upto 10% for each limb
Hypoaesthesia	Depending upon % of
Paraesthesis	Loss of sensation up to 30% depending
Hands/feet sensory loss	Upon % of loss sensation

7.8 Table-VII

Bladder disability due to neurogenic Involvement

Bladder Involvement	Physical Impairment
Mild (Hesitancy/Frequency)	25%
Moderate (precipitancy)	50%
Severe (occasional but recurrent incontinence)	75%
Very Severe (Retention/Total incontinence)	100%

7.9 Table – VIII

Post Head Injury Fits and Epileptic Convulsions

Frequency/Severity of Convulsions	Physical Impairment
Mild – occurrence of one convulsion only	Nil
Moderate 1-5 Convulsions/month on adequate – Medication	25%
Severe 6-10 Convulsions/month on adequate medication	50%
Very Severe more than 10 fits/months on adequate – Medication	75%

7.10 Table – IX

Ataxia (Sensory or Cerebellar)

Severity of Ataxia	Physical Impairment
Mild (Detected on examination)	25%
Moderate	50%
Severe	75%
Very Severe	100%

8 Guidelines for Evaluation of Physical Impairment due to Cardiopulmonary Diseases.

8.1 Basic Guidelines:-

1. Modified New York Heart Association subjective classification should be utilised to assess the functional disability.

2. The assessing physician should be alert to the fact that patients who come for disability claims are likely to exaggerate their symptoms. In case of any doubt patients should be referred for detailed physiological evaluation.

3. Disability evaluation of cardiopulmonary patients should be done after full medical, surgical and rehabilitative treatment available, because most of these diseases are potentially treatable.

4. Assessment of cardiopulmonary impairment should also be done in diseases which might have associated cardiopulmonary problems, e.g., amputees, myopathies, etc.

5. For respiratory assessment, routine respiratory functions test should be done, however, in cases of interstitial lung diseases, diffusion studies may be done.

6. In cases of Angina pectoris (chest pain) base line studies in resting ECG should be done. When there is persistence of symptoms, exercise or stress test should be done.

8.2 The proposed classification with loss of function is as follows:-

Group 0: A patient with cardiopulmonary disease who is asymptomatic (i.e. has no symptoms of breathlessness, palpitation, fatigue or chest pain).

Group 1: A patient with cardiopulmonary disease who becomes symptomatic during his ordinary physical activity but has mild restriction (25%) of his physical activities.

Group 2: A patient with cardiopulmonary disease who becomes symptomatic during his ordinary physical activity and has 25-50% restriction of his ordinary physical activities.

Group 3: A patient with cardiopulmonary disease who becomes symptomatic during less than ordinary physical activity so that his ordinary physical activities are 50-75% restricted.

Group 4: A patient with cardiopulmonary disease who is symptomatic even at rest or on mildest exertion so that his ordinary physical activities are severely or completely restricted (75-100%).

Group 5: A patient with cardiopulmonary disease who gets intermittent symptoms at rest (i.e. patients with bronchial asthma, paroxysmal nocturnal dyspnoea, etc.)

1. Definition of Multiple Disabilities:

Multiple disabilities means a combination of two or more disabilities as defined in clause (i) of Section (2) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, namely –

I. Locomotor disability including leprosy cured
II. Blindness/ low vision
III. Speech and hearing impairment
IV. Mental retardation
V. Mental illness.

2. Guidelines for Evaluation:-

In order to evaluate the multiple disability, the same guidelines shall be used as have been developed by the respective sub-committees of various single disability, viz. Mental retardation, locomotor disability, visual disability, and speech and hearing disability and recommended in the meeting held on 29.2.2000 under the Chairmanship of Dr. S.P. Agarwal, Director General of Health Services, Government of India, with reference to Order No.16-18/96-NI.I, dated 28th August, 1998 and communicated to Ministry of Social Justice & Empowerment, Government of India, vide letter No.S-13020/4/98-MH, dated 16th March, 2000.

However, in order to arrive at the total percentage of multiple disability, the combining formula $\frac{a + b (90-a)}{90}$, as given in the "Manual for Doctors to Evaluate

Permanent Physical Impairment, Developed by Expert Group meeting on Disability Evaluation", shall be used, where **"a"** will be the higher score and **"b"** will be the lower score. However, the maximum total percentage of multiple disabilities shall not exceed 100%.

For example, if the percentage of hearing disability is 30% and visual disability is 20%, then by applying the combining formula given above, the total percentage of multiple disability will be calculated as follows:-

$$30 + \frac{20 (90-30)}{90} \qquad 43\%$$

3. Procedure for Certification of Multiple Disability:-

The procedure will remain the same as has been developed by the respective sub-committees on various single disabilities and finalized in a meeting under the Chairpersonship of Dr. S.P. Agarwal held on 29.2.2000. The final disability certificate for multiple disability will be issued by Disability Board which has given higher score of disability by combining the score of different disabilities using the combining formula, i.e., $\frac{a + b (90-a)}{90}$. In case, where two scores of disability are

equal, the final certificate of multiple disability will be issued by any one of them as decided by Local authority.

No.2008/H/23/1 New Delhi, dated : 7.3.2008

Copy to :

1. CPOs, Chief Medical Director and MSs' All Indian Railways (Including PUs)
2. OSDs/PPSs to MR, MSR(V) and MSR(N).
3. Chief Commissioner of Railway Safety, Ministry of Civil Aviation, 16-Ashok Marg, Lucknow-226001.
4. Chairman, FC,MS, ME, MM, ML, MT Secy, DG/RHS,DG/RPF, EDCC, AM(CE), AM(WORKS), AM (L&A), ECO ADV., AM (L), Adv.(STAFF), Adv.(IR), AM(BUDGET), AM(FIN.) ADVISER (FINANCE),, AM(IT), LEGAL ADVISER AM(M), AM(PU), AM(PLG.) AM(S&C), ADVISER(SIGNAL), AM(TELECOM), AM(STORES), AM(TRAFFIC), AM(COMML.), AM(T&C), ADVISER(VIG.), EDCE(B&S), EDCE(G), ED(DM), ED(PROJECTS), ED(TRACK (M), EDTRACK(MC), ED TRACK(P), ED(WORKS), EDEE(DEV.), EDEE(G), EDEE(RS), ED(RE), ED(ACCOUNTS), EDF(S)EDF(X)I, EDF(X)II, EDF (C), EDF(E), ED(PC), ED(STATISTIC & ECONOMICS), EDME(CHG.), EDME(FR.), EDME(TR.) EDME(DEV.,), EDME(W), EDE(RRB), EDE(N), EDE(RES.)EDE(GC), ED(T&MPP), ED(C&IS), ED(MIS) EDTT(M), EDTT(S), EDTT(F), ED(PM), ED(PG), EDTC (R) ED(T&C), ED(SAFETY), ED(COACHING), ADVISER (CONFD.), ED(SIGNAL), ED(TD), EDRS (C), EDRS(G), EDRS(P), EDRS(S), ECO. ADV., ED(E&R), ED(PLG.), DIR.(I&P),EDV(E), EDV(T), EDV(S), DIG(VIG.), EDH (Q)
5. All Officers of Health Dte.for information. DIH, DH&FW
6. Computer Facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
7. Directors of CTIs , RSC/Baroda, IRICEN/Pune,IRIEEN/Nasik, IRISET/ Secunderabad, IRIMEE/Jamalpur and IRITM/Lucknow.
8. G.M. & FA &CAO, Metro Rail Kolkata.
9. G.M. & FA & CAO, CORE, Allahabad.
10. The Director General, Railway Staff College, Vadodara.
11. The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd. , Konkan Rly. Corpn.Ltd., Belapur Bhawan, Sector-11,C.B.D.Belapur, Navi Mumbai-400 614, RVNL, Plot No.25, 1st flr.August Kranti Bhawan, Bhikaji Cama Place, N.Delhi-110066.
12. The Pay and Account Officer, Ministry of Railways (Railway Board).
13. The General Secretary, IRCA/New Delhi.

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

No.2008/H/23/1 New Delhi, dated : 7.3.2008

Copy to :-

1. The Secretary, RBSS Group 'A', Officers Association.
2. The Secretary, RBSS Group 'B', Officers Association.
3. The Secretary, Railway Board, Miniterial Staff Association.
4. The Secretary, Railway Board, Group 'D' Employees Association.
5. General Secretary, AIRF, New Delhi. (35spares)
6. General Secretary, NFIR, New Delhi. (35 spares)
7. General Secretary, RREWA, 490A/16 Gurdwara Road, Gurgaon.
8. The Secretary General,IRPOF,RoomNo.268,Rail Bhawan,with10 spares.
9. Secretary General , FROA with 10 spares.
10. President,,All India Retired Railwaymen's Federation, Building no. 13/9, Vivekanand Housing Society, Guru Mandir Marg, Dombivili (E)-421201.
11. The President, All India Retired Railway Officers' Association, 12-13-268, St.No.15, Tamaka, Secunderabad.
12. The president, AIRRF, Block No. 303, Railway Colony High School, Chilkalguda, Secunderabad 500025(A.P)
13. The President, National Federation of Railway Pensioners, Palghat.
14. The President, National Federation of Railway Pensioners, Chennai.
15. The Members of the National Council, Departmental Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi 9 (with 30 spares).

For Secretary
Railway Board

(8)

Please issue
Mehta
2/4/08.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2007/H/14/5 New Delhi, dated 02.04.2008

Chief Medical Director,
East Coast Railway,
Bhubaneswar.

Sub.: Manning Central Hospital, East Coast Railway, Bhubaneswar.

Ref.: Your letter No. ECoR/BBS/MED/CH-Manning/ Tender/ 2008 dated 21.2.2008.

*****

In reference to your letter dated 21.2.2008 on the above cited subject, Board's clarifications on the points raised in FA&CAO/ EcoR's letter No.EcoR/ Accts/ BBS/Fin-1/Out Source Tender/ MED-2857 dated 21.2.2008 are as under:

1. Specialist doctors, General duty medical officers and para medical staff to be paid consolidated monthly remuneration as per Board's letter of even no. dated 01.10.2007. They will not be entitled for any facilities as applicable to contract medical practitioners and enumerated in Board's letter no. 96/E(GR)II/9/16 dated 23.02.2000. They will be paid remuneration by the agency. Railways should have manpower available 24x7 at the users end. Their service conditions are to be worked out between agency and the persons hired by them.

2&3. The qualification of the doctors to be engaged from outside agency will be the same as applicable for contract medical practitioners (C MPs) and for para medical staff the existing standards of Railways will be adopted.

4. Decision in the matter to be taken by the zonal Railway at their level. However, the issue of payment of service charges/ commission to the agency for rendering their services to be decided by the zonal Railway by a process of tendering between various reputed agencies.

5. Decision in the matter to be taken by the zonal railway at their level.

6. Board's instructions issued vide letter No.E(LL)/2005/AT/ CNR/64 dated 10.11.2005, to be strictly adhered to.

Pankaj Kapoor 2/4/08

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

4/4/08

SNo. 1 of Health 2008

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No:2002/H/5/1 New Delhi, dated 30 -4-2008.

The General Manager,
All Indian Railways (including Pus).

Sub: Medical fitness of Railway Employees with Intra-Ocular Lens (IOL)- Amendment to Para 512(10) Of IRMM – 2000.

The matter of permitting employees in Aye-one category after PC (IOL) cataract surgery had been under examination for some time in Ministry of Railways. It has now been decided by the Board that the employees in Aye one (A-1) category be permitted to continue in the same category even after they undergo cataract surgery with posterior chamber intra ocular lens PC (IOL) implantation, provided they come up to the visual acuity standards prescribed and as per the other stipulations which are as under:

1. Uncomplicated cataract surgery with unifocal lens implantation in posterior chamber preferably in the capsular bag.

2. Fitness should be decided after complete examination in a well equipped eye OPD by an IRMS Eye Surgeon, after six weeks of cataract surgery.

3. Periodical medical examination: First PME to be conducted after six months of the fitness and subsequent PME to be conducted every year thereafter.

4. The employee requiring posterior capsulotomy at a later date can be declared fit in Aye-one, provided his visual standards conforms to Aye-one category and there are no posterior capsulotomy related complications.

A note under Para 512(10) of IRMM-2000 may be added as per Advance Correction Slip enclosed.

Pankaj Kapoor

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

Encl.: ACS to Para 512 (10) of IRMM.

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Advance Correction Slip to Para 512 (10) of IRMM, 2000.

The following may be added under Para 512 (10) of IRMM, 2000.

NOTE:

The employees in Aye one (A-1) category be permitted to continue in the same category even after they undergo cataract surgery with posterior chamber intra ocular lens PC (IOL) implantation, provided they come up to the visual acuity standards prescribed and as per the other stipulations which are as under:

1. Uncomplicated cataract surgery with unifocal lens implantation in posterior chamber preferably in the capsular bag.

2. Fitness should be decided after complete examination in a well equipped eye OPD by an IRMS Eye Surgeon, after six weeks of cataract surgery.

3. Periodical medical examination: First PME to be conducted after six months of the fitness and subsequent PME to be conducted every year thereafter.

4. The employee requiring posterior capsulotomy at a later date can be declared fit in Aye-one, provided his visual standards conforms to Aye-one category and there are no posterior capsulotomy related complications.

(Board's Authority letter No. No:2002/H/5/1 dated 30-4-2008.)

****

No.2008/H/23/1 New Delhi, dated : 30-4-2008

Copy to :

1. CPOs, Chief Medical Director and MSs' All Indian Railways (Including PUs)
2. OSDs/PPSs to MR, MSR(V) and MSR(N).
3. Chief Commissioner of Railway Safety, Ministry of Civil Aviation, 16-Ashok Marg, Lucknow-226001.
4. Chairman, FC,MS, ME, MM, ML, MT Secy, DG/RHS,DG/RPF, EDCC, AM(CE), AM(WORKS), AM (L&A), ECO ADV., AM (L), Adv.(STAFF), Adv.(IR), AM(BUDGET), AM(FIN.) ADVISER (FINANCE),, AM(IT), LEGAL ADVISER AM(M), AM(PU), AM(PLG.) AM(S&C), ADVISER(SIGNAL), AM(TELECOM), AM(STORES), AM(TRAFFIC), AM(COMML.), AM(T&C), ADVISER(VIG.), EDCE(B&S), EDCE(G), ED(DM), ED(PROJECTS), ED(TRACK (M), EDTRACK(MC), ED TRACK(P), ED(WORKS), EDEE(DEV.), EDEE(G), EDEE(RS), ED(RE), ED(ACCOUNTS), EDF(S)EDF(X)I, EDF(X)II, EDF (C), EDF(E), ED(PC), ED(STATISTIC & ECONOMICS), EDME(CHG.), EDME(FR.), EDME(TR.) EDME(DEV.), EDME(W), EDE(RRB), EDE(N), EDE(RES.)EDE(GC), ED(T&MPP), ED(C&IS), ED(MIS) EDTT(M), EDTT(S), EDTT(F), ED(PM), ED(PG), EDTC (R) ED(T&C), ED(SAFETY), ED(COACHING), ADVISER (CONFD.), ED(SIGNAL), ED(TD), EDRS (C), EDRS(G), EDRS(P), EDRS(S), ECO. ADV., ED(E&R), ED(PLG.), DIR.(I&P),EDV(E), EDV(T), EDV(S), DIG(VIG.), EDH(G)
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6. Computer Facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
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8. G.M. & FA &CAO, Metro Rail Kolkata.
9. G.M. & FA & CAO, CORE, Allahabad.
10. The Director General, Railway Staff College, Vadodara.
11. The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd. , Konkan Rly. Corpn.Ltd., Belapur Bhawan, Sector-11,C.B.D.Belapur, Navi Mumbai-400 614, RVNL, Plot No.25, 1st flr.August Kranti Bhawan, Bhikaji Cama Place, N.Delhi-110066.
12. The Pay and Account Officer, Ministry of Railways (Railway Board).
13. The General Secretary, IRCA/New Delhi.

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

No.2008/H/23/1 New Delhi, dated : 30-4-2008

Copy to :-

1. The Secretary, RBSS Group 'A', Officers Association.
2. The Secretary, RBSS Group 'B', Officers Association.
3. The Secretary, Railway Board, Ministerial Staff Association.
4. The Secretary, Railway Board, Group 'D' Employees Association.
5. General Secretary, AIRF, New Delhi. (35spares)
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7. General Secretary, RREWA, 490A/16 Gurdwara Road, Gurgaon.
8. The Secretary General,IRPOF,RoomNo.268,Rail Bhawan,with10 spares.
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13. The President, National Federation of Railway Pensioners, Palghat.
14. The President, National Federation of Railway Pensioners, Chennai.
15. The Members of the National Council, Departmental Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi 9 (with 30 spares).

For Secretary
Railway Board

स्वास्थ्य 2008 का क्र.सं. 5

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं.2002/एच/5/1 नई दिल्ली, दिनांक 30.04.2008

महाप्रबंधक,
सभी क्षेत्रीय रेलें (उत्पादन इकाइयों सहित).
उत्पादन कारखाने.

विषय: इंट्रा ऑक्युलर लेंस (आईओएल) लगवाने वाले रेलवे कर्मचारियों की आरोग्यता (मेडिकल फ़िटनेस) - भारेचिनि 2000 के पेरा 512(10) में संशोधन.

* * *

पोस्टीरियर चेम्बर (आईओएल) मोतियाबिंद सर्जरी के बाद कर्मचारियों को ए-1 श्रेणी में अनुमत करने का मामला कुछ समय से रेल मंत्रालय के विचाराधीन रहा है. बोर्ड द्वारा अब यह विनिश्चय किया गया है कि पोस्टीरियर चेम्बर इंट्रा ऑक्युलर लेंस (पोस्टीरियर चेम्बर) लगवाने सहित मोतियाबिंद सर्जरी कराने के बाद भी ए-1 श्रेणी के कर्मचारियों को उसी श्रेणी में बने रहने की अनुमति दी जाए बशर्ते कि उनकी दृष्टि तीक्ष्णता विनिर्धारित मानक एवं अन्य शर्तों के अनुसार हो-

1. पोस्टीरियर चेम्बर में यूनिफोकल लैंसों सहित सरल मोतियाबिंद सर्जरी अधिमानतः कैप्सुलर बैग में हो.
2. अरोग्यता (फिटनेस) का निर्धारण मोतियाबिंद सर्जरी के 6 सप्ताह के बाद आई-आर-एम-एस- नेत्र विशेषज्ञ द्वारा सुसज्जित नेत्र ओ पी डी में पूरी तरह जांच करने के बाद किया जाना चाहिए.
3. आवधिक चिकित्सा जांच : पहली आवधिक चिकित्सा जांच फिटनेस के 6 माह के बाद की जाएगी और उसके बाद की आवधिक चिकित्सा जांच प्रत्येक वर्ष की जाएगी.
4. किसी ऐसे कर्मचारी को जिसकी बाद में किसी समय पोस्टीरियर केप्सुलोटोमी करना अपेक्षित हो, उसे ए-1 श्रेणी में फिट घोषित किया जा सकता है बशर्ते कि उसके दृश्यता मानक ए-1 श्रेणी के अनुरूप हो और पोस्टीरियर केप्सुलोटोमी से संबंधित कोई जटिलता न हो.

भारतीय रेल चिकित्सा नियमावली-2000 के पेरा 512 (10) के नीचे संलग्न अग्रिम शुद्धि पर्ची के अनुसार टिप्पणी जोड़ी जाए.

पंकज कपूर

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

संलग्नक : भारेचिनि 2000 के पेरा 512 (10)
के लिए अग्रिम शुद्धि पर्ची

भारेचिनि 2000 के पैरा 512 (10) के लिए अग्रिम शुद्धि पर्ची

भारेचिनि 2000 के पैरा 512 (10) के नीचे निम्न जोड़ा जाए:

टिप्पणी :

पोस्टीरियर चेम्बर सहित मोतियाबिंद सर्जरी के बाद आंखों में इंट्रा ऑक्युलर लेंस (पोस्टोरियर चेम्बर) लगवाने वाले-1 श्रेणी के कर्मचारियों को श्रेणी में बने रहने की अनुमति दी जाए बशर्ते कि उनकी दृष्टि तीक्ष्णता विनिर्धारित मानक एवं अन्य शर्तों के अनुसार हो-

1. पोस्टीरियर चेम्बर में यूनिफोकल लेंसों सहित सरल मोतियाबिंद सर्जरी अधिमानत: कैप्सुलर बैग में हो.
2. अरोग्यता (फिटनेस) का निर्धारण मोतियाबिंद सर्जरी के 6 सप्ताह के बाद आई-आर-एम-एस- नेत्र विशेषज्ञ द्वारा सुसज्जित नेत्र ओ पी डो में पूरी तरह जांच करने के बाद किया जाना चाहिए.
3. आवधिक चिकित्सा जांच : पहली आवधिक चिकित्सा जांच फिटनेस के 6 माह के बाद की जाएगी और उसके बाद की आवधिक चिकित्सा जांच प्रत्येक वर्ष की जाएगी.
4. किसी ऐसे कर्मचारी की जिसकी बाद में किसी समय पोस्टीरियर केप्सुलोटोमी करना अपेक्षित हो, उसे ए-1 श्रेणी में फिट घोषित किया जा सकता है बशर्ते कि उसका दृश्यता मानक ए-1 श्रेणी के अनुरूप हो और पोस्टीरियर केप्सुलोटोमी से संबंधित कोई जटिलता न हो

(पाधिकार: बोर्ड का दि30.04.2008 का पत्र सं. 2002/एच/5/1)

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

No.2007/H-I/1/1 **New Delhi, dated 26.5.2008**

The General Managers,
All Indian Railways.

Sub: - Revised compensation package to acceptors of Sterlization and IUD Insertions at Public Health facilities and private accredited health facilities.

Ref:- i) Ministry of Health & Family Welfare`s letter No. N.11019/2/2006-TO /Ply dated 7th September 2007and 29th October 2007.

ii) Ministry of Health & Family Welfare`s letter No.N.23011/8/2004-Ply dated 14.1.2008

The Ministry of Health & Family Welfare has revised the compensation package to acceptors of sterilization with particular boost to male participation in family planning by allocating an amount of Rs.1500/- per case of male sterilization i.e.Vasectomy and Rs.1000/- per case of female sterilization i.e. Tubectomy in High focus States and only BPL/SC/ST cases in Non High Focus States and Rs. 650/- per case of female sterilisation in case of APL acceptors inNon High focus States.and Rs.20/- per case of IUD insertion conducted by the Railway Medical Units. The break up of this amount, among various components is as follows:

Category	Breakag-e of the Compen-sation package	Acce-ptor	Moti vator	Drug s & Dres sing	Surg-ion Char-ges	Anes theti st	Staff Nurs-e	OT tech-nicia n/ help er	Refr esh ment	Camp Manag-ement	Total
*High focus 18 States	Vasecto-my (ALL)	1100	200	50	100	-	15	15	10	10	1500
	Tubecto-my (ALL)	600	150	100	75	25	15	15	10	10	1000
** Non High focus 17 States/UTs	Vasecto my (ALL)	1100	200	50	100	-	15	15	10	10	1500
	Tubecto my	600	150	100	75	25	15	15	10	10	1000

	(BPL+ SC/ST only)										
** Non High focus 17 States/UTs	Tubectomy (Non BPL + Non Non SC/ST Only)i.e. APL only	250	150	100	75	25	15	15	10	10	650

BPL= Below Poverty Line APL= Above Poverty line.

***HIGH FOCUS STATES-** Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chattisgarh, Uttrakhand, Orissa, Jammu & Kashmir, Himachal Pradesh, Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Tripura, Sikkim.

****NON HIGH FOCUS STATES**; Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Maharashtra, Goa, Gujarat, Punjab, Haryana, West Bengal, Delhi, Chandigarh, Pondicherry, Andaman & Nicobar Islands, Lakshadweep & Minicoy Islands, Dadra & Nagar Haveli, Daman & Diu.

3. The disbursement of the payment under revised compensation package would be based on the rates decided for the respective States/UT where the Railway Health Facility is located and not where the beneficiary is residing.

4. Additional requirement of funds in view of the revisions of the compensation package may be intimated, based on the performance of railway health facility in respect of Sterilization during the past year.

5. **The component wise break-up of the compensation package as above may be strictly adhered to by the Zonal Railways and should be spent wholly for the purpose it is earmarked for.**

6. **The Zonal Railways may also ensure that the compensation for acceptors, motivators and all categories of the providers be made on the same day at the facility where procedures have taken place.** The health facility should ensure conducive environment for the acceptors and enabling environment for the provider and follow the guidelines already issued in this regard.

7. For IUD insertions, the existing scheme would continue wherein Rs.20 would be admissible to all the Zonal Railways for each IUD insertion

8. **Implementation of the revised Compensation Scheme in your Zonal Railways may be initiated with immediate effect.**

9. Sterlization done at Government Institutions by Empanelled Private Doctors The empanelled private provider would receive an amount of Rs. 100/- per case of vasectomy and Rs.75/- per case of Tubectomy in a government facility. This would optimize utilization of government institutions where qualified and empanelled service provides are not available for providing sterilization services. In the camp situations where the Tubectomy cases are being conducted under local anesthesia administered by the operating surgeons himself in the absence of an anesthetist, the component earmarked for the anesthetist may be paid to the operating surgeon. The fund for this would be meted out from the surgeons and anesthetists component in the total compensation package for vasectomy and tubectomy available with government facility.

10. In order to ensure that these transactions are suitably reflected in account and reimbursement from Ministry of Health & Family Welfare are properly watched, the following accounting instructions should be followed: -

The expenditure on payment to the acceptor @ Rs. 1100/=/Rs. 600/=/ & Rs250/= per case of male/female sterilization (as per criteria in para 1 above) and on Drugs and Dressings, refreshments, Camp management etc. for which Rs.400 per case has been earmarked in the reimbursement made by Ministry of Health & Family Welfare, shall be booked under Suspense i.e. Advance (Rev.) Demand No. 12 (Abstract N). This head will be cleared with an amount of Rs. 1500/=/Rs.1000/=/Rs.650/= per case for male and female sterilization (as per criteria in Para 1 above) respectively from the amount reimbursed by Ministry of Health & Family Welfare. To facilitate identification of these transactions an additional Detailed head N-114 reading on Misc. Adv. (Rev.) Ministry of Health & Family Welfare under the scheme of Family Welfare will be introduced against Minor Head 100 Suspense and sub head-110-Misc.Advance (Rev.) in abstract N (D.No.12). The remaining amount of reimbursement made by Ministry of Health and Family Welfare i.e. Rs. 70/- for male sterilization and Rs.120/- for female sterilization and Rs.20/- for IUD insertion's shall be credited to miscellaneous earnings Z-650 (Other unclassified sundry earnings).

11. Overview of the revised compensation scheme is enclosed as Annexure A, General Guidelines and salient features of the new revised scheme are enclosed as Annexure B, Advance correction slip to Para 1403 (a) & (i), Indian Railway Medical Manuals of 2nd Edition - is enclosed as Annexure C .

12 The above has the sanction of the President and this issues with the concurrence of Finance Directorate of Ministry of Railways.

13. Kindly acknowledge the receipt of this letter.

Rana 29/11/06

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

No.2007/H-I/1/1 **New Delhi, dated 15.04.2008**

Copy forwarded to:

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

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

No. 2007/HI/1/1 **New Delhi, dated 15.04.2008**

Copy forwarded :-

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

For Financial Commissioner/Railways.

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

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

Annexure A

OVERVIEW OF THE REVISED COMPENSATION SCHEME.

A HIGH FOCUS STATES- Bihar, Uttar Pradesh Madhya Pradesh, Rajasthan, Jharkhand, Chattisgarh, Uttrakhand, Orissa, Jammu & Kashmir, Himachal Pradesh, Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Tripura, Sikkim.

Procedure	Acceptor	Motivator	Drugs & Dressings	Surgeons charges	Anesthetist charges	Staff Nurse	OT technician	Refreshment	Camp management	Total
Vasectomy (ALL)	1100	200	50	100	-	15	15	10	10	1500
Tubectomy (ALL)	600	150	100	75	25	15	15	10	10	1000

B. NON HIGH FOCUS STATES; Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Maharashtra, Goa, Gujarat, Punjab, Haryana, West Bengal, Delhi, Chandigarh, Pondicherry, Andaman & Nicobar Islands, Lakshadweep & Minicoy Islands, Dadra & Nagar Haveli, Daman & Diu.

Procedure	Acceptor	Motivator	Drugs & Dressings	Surgiions' charges	Anesthetist charges	Staff Nurse	OT technician	Refreshment	Camp management	Total
Vasectomy (ALL)	1100	200	50	100	-	15	15	10	10	1500
Tubectomy (BPL/ SC/ST only	600	150	100	75	25	15	15	10	10	1000
Tubectomy (APL only)	250	150	100	75	25	15	15	10	10	650

BPL= Below Poverty line

APL = Above Poverty line

ANNEXURE B

The general Guidelines and salient features of the new revised scheme are as follows:

1. Extension of the increased package for vasectomy to all categories in all states including APL of non-High Focus states for the public facilities.

2. Extension of the increased package for Tubectomy to all categories in the High Focus states and BPL/SC/ST only in Non High Focus states in the public sector.

3. Enhancement of th existing scheme for APL clients of Tubectomy of Non High Focus States from to Rs.650 in the public facilities in line with the increase to the motivators and service providers for BPL/SC/ST categories to ensure that they don't discriminate between different categories of clients and provide the best possible service to all clients.

4. Increasing the Compensation Package to Rs.1500 for vasectomy in public facilities.

5. Increasing the Compensation Package to Rs.1000 for tubectomy in public facilities.

6. Out of the compensation package of Rs.1500 for vasectomy, an amount of Rs.1100 and out of the package of Rs.1000 for tubectomy, an amount of Rs.600 is to be paid to an acceptor as compensation for loss of wages.

7. Whoever, whether from the government sector or from the community, motivates or brings a case for sterilization, would be paid the component earmarked for the motivator.

8. A self motivated client is also entitled to the compensation earmarked for the motivator.

9. In states where LHVs and ANMs are manning the services in the camps in place of the regular staff nurses, the component earmarked for Staff Nurse may be paid to the LHV/ANMs.

10. In the camp situations where the Tubectomy cases are being conducted under local anesthesia administered by the operating surgeon himself in the absence of an anesthetist, the component earmarked for the anesthetist may be paid to the operating surgeon.

Annexure C

Advance Correction Slip to Paras 1403 (a) & (i)

Para 1403(a) of Indian Railway Medical Manual Volume II Third Edition of 2000 may be replaced as follows: -

1403. (a) Compensation Money for cases for sterlisation and IUD

The Ministry of Health & Family Welfare allocates an amount of Rs.1500/- per case of male sterilization and Rs.1000/- per case of female sterilization in High focus States and only BPL/SC/ST cases in Non High Focus States and Rs. 650/- per case female sterilisation in case of APL acceptors in Non High focus States and Rs.20/- per case of IUD insertion conducted by the Railway Medical Units. The break up of this amount, among various components is as follows;

Category	Breakage of the Compen-sation package	Acceptor	Motivator	Drugs & Dressing	Surgion charges	Anesthetist	Staff Nurse	OT technician/ helper	Refreshment	Camp management	Total
*High focus 18 States	Vasectomy (ALL)	1100	200	50	100	-	15	15	10	10	1500
	Tubectomy (ALL)	600	150	100	75	25	15	15	10	10	1000
** Non High focus 17 States/UTs	Vasectomy (ALL)	1100	200	50	100	-	15	15	10	10	1500
	Tubectomy (BPL+ SC/ST only)	600	150	100	75	25	15	15	10	10	1000
** Non High focus 17 States/UTs	Tubectomy (Non BPL + Non Non SC/ST Only)i.e. APL	250	150	100	75	25	15	15	10	10	650

*HIGH FOCUS STATES- Bihar, Uttar Pradesh Madhya Pradesh, Rajasthan, Jharkhand, Chattisgarh, Uttrakhand, Orissa, Jammu & Kashmir, Himachal Pradesh, Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Tripura, Sikkim.

**NON HIGH FOCUS STATES; Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Maharashtra, Goa, Gujarat, Punjab, Haryana, West Bengal, Delhi, Chandigarh, Pondicherry, Andaman & Nicobar Islands, Lakshadweep & Minicoy Islands, Dadra & Nagar Haveli, Daman & Diu.

3. The disbursement of the payment under revised compensation package would be based on the rates decided for the respective States/UT where the Railway Health Facility is located and not where the beneficiary is residing.

4.. **The component wise break-up of the compensation package as above may be strictly adhered to by the Zonal Railways and should be spent wholly for the purpose it is earmarked for.**

5. **The Zonal Railways may also ensure that the compensation for acceptors, motivators and all categories of the providers be made on the same day at the facility where procedures have taken place.** The health facility should ensure conducive environment for the acceptors and enabling environment for the provider and follow the guidelines already issued in this regard.

6. For IUD insertions, the existing scheme would continue wherein Rs.20 would be admissible to all the Zonal Railways for each IUD insertion

7. Sterlization done at Government Institution by Empanelled Private Doctors The empanelled private provider would receive an amount of Rs. 100/- per case of vasectomy and Rs.75/- per case of Tubectomy in a government facility. This would optimize utilization of government institutions where qualified and empanelled service provides are not available for providing sterilization services. In the camp situations where the Tubectomy cases are being conducted under local anesthesia administered by the operating surgeons himself in the absence of an anesthetist, the component earmarked for the anesthetist may be paid to the operating surgeon. The fund for this would be meted out from the surgeons and anesthetists component in the total compensation package for vasectomy and tubectomy available with government facility

Para 1403 (i) In order to ensure that these transactions are suitably reflected in account and reimbursement from Ministry of Health & Family Welfare are properly watched, the following accounting instructions should be followed: -

The expenditure on payment to the acceptor @ Rs. 1100-/ 600-/ & 250-/ per case of male/female sterilization (as per criteria at para 1 above) and on Drugs and Dressings, refreshments Camp management etc. for which Rs.400 per case has been earmarked in the reimbursement, made by Ministry of Health & Family Welfare, shall be booked under Suspense i.e. Advance (Rev.) Demand No. 12 (Abstract N). This head will be cleared with an amount of Rs. 1500-/, 1000-/ 650/ per case for male and female sterilization (as per criteria at Para 1 above) respectively from the amount reimbursed by Ministry of Health & Family Welfare. To facilitate identification of these transactions an additional Detailed head N-114 reading on Misc. Adv. (Rev.) Ministry of Health & Family Welfare under the scheme of Family Welfare will be

introduced against Minor Head 100 Suspense and sub head-110-Misc.Advance (Rev.) in abstract N (D.No.12). The remaining amount of reimbursement made by Ministry of Health and Family Welfare i.e. Rs. 70/- for male sterilization and Rs.120/- for female sterilization and Rs.20/- for IUD insertion's shall be credited to miscellaneous earnings Z-650 (Other unclassified sundry earnings).

(Authority Board's letter No. 2007/H-I/1/1 dated 4.2008)

No2008/H 1/1 New Delhi, dated . .2008

Copy to:

1. CPOs, Chief MedicalDirector and MSs` All Indian Railways (Including Pus)
2. OSDs/PPs tp MR. MSR(V) and MSR(N).
3. Chief Commissioner of Railway Safety, Ministry Civil Aviation, 16-Ashok Marg, Lucknow- 226001.
4. Chairman, FC, MS, ME, MM. ML. MT, Secy., DG/RHS, DG/RPF,EDCC, AM(CE), AM (WORKS), AM (L&A), ECo ADV., AM (L), Adv. (STAFF), Adv. (IR) AM (BUDGET), AM (Fin.), Adviser (FINANCE), AM (IT), LEGAL ADVISER, AM (M), AM (PU), AM (PLG), AM(S&C), ADVISER (SIGNAL), AM (TELECOM), AM (STORES), AM (TRAFFIC), AM (COMML.), AM (T&C.), ADVISER (VIG), EDCE(B&S), EDCE(G), ED (DM),ED(PROJECTS, ED TRACK(M), ED TRACK (MC), ED TRACK (P), ED (WORKS), EDEE (DEV.) EDEE(G), EDEE(RS), ED(RE), ED(ACCOUNTS), EDF(S), EDF(X)I EDF(X)II, EDF (C) EDF(E) ED(PC), ED(STATISTIC & ECONOMICS), EDME (CHG), EDME(FR), EDME(TR), DEME(DEV.),EDME(W), EDE(RRB), EDE(N), EDE(RES), EDE(GC), ED(T&MPP), ED(C&IS), ED(MIS), EDTT(M), EDTT(S), EDTT(F), ED(PM), ED(PG), EDTC(R) ED(T&C), ED(SAFETY), ED(COACHING), ADVISER (CONFD.) ED(SIGNAL) ED (TD), EDRS© EDRS(G), EDRS(P), EDRS(S) ECO. ADV. ED(E&R), ED (PLG) DIR.(I&P) EDV(E), EDV(T) EDV(S) DIG(VIG), EDH(G)
5. All Officers of Health Dte. for information. DIH, DH&FW.
6. Computer Facilitation Centre, Room No.5, Near Gate No. 1, Rail Bhawan.
7. Directors of CTIs, RSC/Baroda, IRICEN/PUNE IRIEEN/Nasik, IRISET/Secunderabad, IRIMEE/Jamalpur and IRITM/Lucknow.
8. G.M. &FA&CAO, Metro Rail Kolkata.
9. G.M. &FA&CAO, CORE, Allahabad.
10. The Director General, Railway Staff College, Vadodara.
11. The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd., konkan Rly. Corpn. Ltd., Belapur Bhawan, Sector-11, CBD. Belapur Navi Mumbai-400614, RVNL, Plot No. 25, Ist Flr August Kranti Bhawan, Bhikaji Gama Place, N.Delhi-110066.
12. The Pay and Account Officer, Miinistry of Railways (Railway Board).
13. The General Secretary, IRCA/New Delhi.

12/01/08

(Jayashree Rana)
Executive Director Health (G)
Railway Board.

No2008/H 1/1 New Delhi, dated . .2008

Copy to:

1. The Secretary, RBSS Groupn`A` Officers Association
2. The Secretay RBSS Group `B Officer Association.
3. The Secretary, Railway Board, Ministrial Staff Association.
4. The Secretary railway Board, Group `d` Employees Association
5. General Secretary, AIRF, New Delhi (35 spares)
6. General Secretary, NFIR, New Delhi, (35 spares).
7. General Secretary, RREWA,490A/16 Gurdwara Road, Gurgaon.
8. The Secretary General, IRPOF, Room No. 268, Rail Bhawan, with 10 spares.
9. The Secretary General, FROA with 10 spares,
10. President, All India Retired Railwaymen`s Federation, Building No.13/9, Vivekanand Housing Society, Guru Mandir Marg, Dombivili(E)-421201.
11. President, All India Retired Railway Officers` Association, 12-13-268, St.No.15 Tamaka Secunderabad,
12. The President AIRF Block No. 303, Railway Colony High School, Chilkalguda, Secunderabad 500025 (A.P.)
13. The President National Federation of Railway Pensioners Palghat.
14. The President National Federation of Railway Pensioners, Chiennai.
15. The Members of the National Council, Departmental Council, Departmental Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi 9 (with 30 spares)

For Secretary Railway Board.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2006/H/4/1, 1 New Delhi, dated : 19.6.2008

General Managers,
All Indian Railways.

Sub: Revised system for procurement of drugs and medical stores for Railway Hospitals/Health Units etc.

******

A Committee was constituted to look into the existing procedure/guidelines for placement of indents, procurement, storage, control and distribution of drugs and other medicinal items for Railway Hospitals/Health Units. After careful examination of the matter, Ministry of Railways have decided to adopt the recommendations/guidelines of the Committee for procurement of drugs and other medical stores. Detailed guidelines on the subject cited above are enclosed.

The revised guidelines will come into effect from 15.9.2008. It is advised that action may be taken to ensure smooth switch over to the new policy guidelines without hampering the supply of medicines. The existing guidelines enumerated in the Indian Railway Pharmacopeia 2002, on the other issues not covered by the revised guidelines may be continued to be followed.

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

Necessary amendment to the Indian Railway Pharmacopeia 2002 will be issued shortly.

Pankaj Kapoor

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

DA: As above.

No.2006/H/4/1 New Delhi, dated : 19.6.2008
Copy to:

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

Pankaj Kapoor

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

No.2006/H/4/1 New Delhi, dated : 19.6.2008
Copy to:

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

Sanjeeb Kumar

For Financial Commissioner/Railways

Copy to: F(S) Branch, Railway Board.

Recommendations/Guidelines of the Committee for Procurement of Drugs & other Medical Stores for Railway Hospitals Health Units, etc.

1. Registration

Efforts to be made to raise the benchmarking for the firms to be registered and the same criteria should also be applicable for renewal of registration.

1.1 The following conditions should be considered mandatory for registration:

a) Registration fee to be charged Rs.5000 for 3 years.

b) The firms should have at least 5 years of standing in the manufacturing and marketing except for new molecule or newly imported medicines.

c) In reference to the letter dated 01.03.2004 of Drugs Controller General (India), New Delhi GMP certification should be continued as it was practiced earlier. WHO-GMP should be preferable for the product.

d) The average annual turnover of the firm for the previous three years should be Rs.50 crores and above. However it can be Rs.20 crore if the vendors are 2(Two) or less for each type of medicine category. The information should be supported by the audited statement of the firm. The Annual turnover should be from its own products domestic(manufactured and /or marketed) market

e) The firm which applied for registration/renewal should submit a declaration that there was no major punitive action taken/contemplated against the firm by any zonal railways/central government/state government, and if the information provided is found wrong the firm can be de-listed for 3 years all over Indian Railways.

1.2 The following conditions should be considered as desirable for registration:

a) ISO 9000 certification.

b) As a supporting documents, market share of the item as per the latest ORG-MARG NIELSEN analysis or National/Central Health Ministry report can be taken into consideration by the individual railways for registration of the firms. In case such information is not available, specially in case of expensive drugs, the firms can be asked to submit details of their supply orders for the previous 3 years, so that their share in market can be assessed by the CMDs. And also supply orders should normally not be to single institution only.

c) Cases of high value orders covering yearly requirement for the Railway/Unit. .

d) Performance report issued by other government organization may be submitted by the firm, when applying for registration/renewal.

1.3 For inspection of the firms for registration, CMDs of Zonal Railways or CMS of PUs can constitute as three-member committee of medical officers headed by a SAG medical officer. The committee should also consider the above points before submitting their recommendations.

1.3.1 For the firms asking for registration and having products manufactured by them – inspection to be done of manufacturing unit also.

1.3.2 In case there are more than one manufacturing unit, all should be inspected and passed.

1.3.3 In case the firm is marketing a product manufactured by some other company then the manufacturing company and manufacturing unit should also be inspected and passed as per criteria laid down by Indian Railways.

1.3.4 Products should be listed strength wise.

1.3.5 Inspection of the manufacturing unit is to be carried by the zonal railways in whose jurisdiction the manufacturing unit is located and report to be notified to all other zonal Railways.

1.4 Products wise registration as applied for by the firms may be considered as follows for firms having following turnovers:

a) 50 cr. upto 150 cr. – maximum upto 25 products
b) 151 cr upto 500 cr. – maximum upto 50 products
c) 501 cr. upto 1000 cr- maximum upto 75 products
d) More than 1000 cr. – all products

1..4.1 Products being applied by firms for registration should also be available in open market for retail sale of same brand name, in that region.

1.5 Registration should be continuous process preferably on website & registration status should be available on Railways website.

1.6 The renewal of registration should be done every 3 years i registration. The performance of the company to be taken i To be inspected if, there are any some adverse report. registration attached.

1.7 Format for calling for request for registration, should be standardized and to be circulated/put on net by each Railway on its website.

1.7.1. Time schedule for receipt of forms, & evaluation & selection of firms to be placed on registered list, should be pre-specified.

1.7.2. There should be a Committee for evaluation, for registration

1.7.3 CMD should be the authority for accepting registration, however for first time registration DG/RHS approval will be required.

1.8 Products, which have paper packing, for example, tablets, syringes, etc. should be avoided, as they are prone to damage. Exceptions can be made only by the CMD personally, in case other durable packing not available.

2. **Mandatory - Requirement for Registration for imported raw/finished product**

In cases, where the drugs are manufactured abroad and supplied by local firms or manufacture in India with imported raw material following procedures should be ascertained as mandatory requirement.

Following information must be made as mandatory requirement for Registration.

a) The source of manufactured raw/finished products and quality report.

b) Relation of Indian agent with the foreign company in past 3 years.

c) Ensure that same product is being sold in USA, Europe and other developed countries equivalent to European countries.

d) Authorization letter by OEM/abroad for local agent

2.1 To avoid pilferages, the strip/packet/bottle that contains drug should have a printing of "Indian Railways' – "Not for sale". Firms should be encouraged to put their Holograms on their products and this should be insisted in a phase manner.

2.2 The purchase rates of Annual indent of various drugs should be put on the Rail net by Zonal Railways on Railway's Health website at Railway Board. This will be useful for cross references by other zonal Railways.

2.3 For such information updating on website portal update Railway should plan software consultancy contract wherever necessary under GM's powers.

2.4 Technical committee to be constituted by CMD in each zone. To be headed by MD/CMS/MS I/C of the main hospital of the zone with 6-8 sr. doctors of multi-specialty as members. This committee will advise CMD's office on various issues. Committee can not advise on mode of tendering.

Drugs to be divided in three Groups:

1) Vital Drugs
2) Essential Drugs
3) Desirable Drugs
   e.g. Vitamins etc.

2.5 Tendering procedures:

For vital group: Single tender/Limited tender on proprietary basis as per advise of technical committee only. Floating of single tender/limited tender to be justified. Proposal to be approved by the competent authority with Finance concurrence above 5 lakhs. In case a limited number is considered, a special limited tender to be approved by competent authority with Finance concurrence. In circumstances to be justified by technical committee.

Single/PAC

For essential: Limited tender to Registered manufacturers approved by competent Authority with Finance concurrence where necessary.

For desirable: Normal limited tender procedures. Medicines supplied must have shelf life of more than 80%.

Note: *Limited tenders to be issued to all the approved and registered vendors in each category. The panel of firms to be rotated in each cycle of purchase to cover all approved and registered venders including last successful vendor in 2/3 purchase cycles.*

2.6 Schedule of Powers:

In order to implement Para 2.5 and 2.6 properly CMDs of Zonal Railways should be given financial powers of purchasing for vital and essential medicines only, on a single tender basis upto a ceiling limit with personal approval of CMD only upto Rs.5 lakhs in each case.

2.7 For rest of the medicines which are also procured on limited tender utmost care and attention to be given to limit the tendering process to only those products which are of very good quality. To come to a conclusion as to which products are to be included in the tendering process help from various analysis reports for example ORG Marg, etc., may be taken. For items not included in such reports recommendation of technical committee can be obtained.

2.8 Local Purchase of Drugs:.

i) Cases above Rs.20,000/- each and upto Rs.50,000/-each

- Powers of CMD for local purchase should be upto 50,000/ item
- Powers of MD for Local purchase should be upto Rs.30,000/ item.
- Powers of CMS for local purchase should be upto Rs.20,000/ item.

ii) Cases below Rs.20,000/- each

- No quotations to be required up to Rs.20,000/- item, however post purchase records to be consulted for verifying rate reasonableness in each case
- Emergency purchase powers for (designated) all SAG officers of Medical Department for Medicine/equipments repairs should be Rs.50,000/- per case duly following the procedure for emergency purchase/repairs.

3. Drug Analysis

3.1 Each zone should have a panel of good labs both Government and private and regular testing must be done.

3.2 The drug analysis of each zone should also be done from labs outside the zone in addition to their own.

3.3 Absolute secrecy and double blind system to be introduced so that no one should come to k now which sample is going to which lab.

- Samples to be tested minimum 5% of the total medicines.

3.4 The unfit reports should be available on rail net for information of other zones.

3.5 Full protocol should be carried out by the laboratories for the drugs to be tested.

3.6 Action to be taken in case of "un-fit" reports-

- For mis-labeling, the firm can be given a warning.
- For offences more than that, suitable and strict action should be taken against the firm.
- Deletion from approved list.

3.7 The unfit batch should be replaced completely by the firm, irrespective of whether it has been used or not and it should be mandatory that the replaced item should be sent for testing.

3.8 All the "un-fit cases and the punitive action taken should be posted on the Rail net for reference and all Zones should take similar action against that firm.

3.9 The sample collection for drugs for analysis should be done:

- By random selection.
- Whether there is clinical suspicion.

If lowest offered (L1) rate is abnormal, pre supply testing to be done.

Material Management for Railway Hospital

1) Local Purchase

Attempt should be made to include all items in ":Annual Indent" for procurement through CMD. Local purchase to be made only for those items which were included in "Annual Indent" but presently not available in stock due to:

Items included in "Annual In dent" but not available in stock

(a) Due to delayed supply/non supply, consumed earlier, Local Purchase is being resorted to manage the hospital work.

(b) Specific brand requirements of individual patients due to brand loyalty, even when different brand is available, with approval of the treating doctor.

Attempt should be made to avoid this practice.
Target should be "minimal" in this group.

(c) Hospital authorities doing L.P. should deal with only those firms which are registered at CMD's office.

(d) For cash local purchase, the hospital authorities should have a panel of retail shops and this panel should be reviewed every two years with inclusion and deletion of newer shops.

In case, any item which is not included in "Annual Indent" needs to be purchased through local purchase, each case should be fully justified and approval of Hospital Incharge should be obtained in each case.

2) Under normal circumstances not more than 15% of the total budget allocated for medicines in a year should be incurred in day to day Local Purchase.

15% of total budget allowed should include the medicines:

a) All day to day local cash purchase of small quantity of medicines patient wise.
b) All bulk purchase excluding CMD approved low money value items of annual indent.

Local purchase may also be resorted to for items not including in"Annual Indent" due to some valid reasons:

a) Newly introduced items or technology.
b) New disease profile has come to surface which was not anticipated.
c) New technology introduced in the hospital for which disposable items are essential

Because of these reasons, there was no scope for including these items in the "Annual Indent".

A supplementary annual indent should be sent to centrally procuring agency before resorting to local purchase.

d) Very low value of the item and it is difficult to process at CMD's office due to low money value.

e) Items having very short expiry date.

f) For other items which are available in the market for sometime have not been included in "Annual Indent", each case should be critically reviewed by incharge for procurement through local purchase.

3. List of "Stock items"

3.1 Every hospital has to prepare their own list of "stock items" which are required regularly and frequently and whose value is low to justify incurring of inventory costs. May also include 'emergency items even though they are not required frequently or regularly or are of high value.

3.2 All the items included in the "stocked items" to be included in the process of preparation of "Annual Indent".

3.3 Number of items to be included in the "Stocked items" should be optimum.

- Too tight list will encourage "Local purchase".
- Too liberal list will cause system failure.

3.4 List of "Stock Items"

i) A committee with one Chairperson, one Secretary with members from all the Medical departments to be constituted.

ii) The committee should work out a workable list based on past 3 years consumption value demand.

iii) In cases of gross disagreement, Hospital Incharge should give the final verdict.

iv) The exercise should be yearly exercise. Items once included must remain valid for one full year. It can only be revised during next year's yearly exercise.

v) Once the "Stock items" list is finalized, all the doctors of the hospital have to limit his/her prescription to this approved list.

vi) Prescription outside this list of "Stocked, items' to be placed under regular Medical Audit System.

Detailed account of doctor-wise prescription outside the stocked items to be kept for regular auditing.

vii) All the items included in "Stocked Items" to be given proper Code Number. Coding to be done in systematic manner.

viii) All stock items should be fed on computer, and stock availability is updated on daily basis, and receipts and issues should be updated on daily basis.

4. Preparation of "Annual Indent"

4.1 Calendar for "Annual Indent"

A. The "annual Indent" duly vetted by associated account should reach the CMD's office by 31st January each year.

B. Feb. – CMD's office should do compilation work and preparation of tenders.

C. March- Tenders should be floated with minimum 45 days to response. 1st tender to be opened on 1st May only.

Because all taxations are finalized by 30th April, normally tender should be opened only after 1st May onwards.

D. Tender opening dates should be distributed among various months from May to September each year to evenly distribute tender finalization process through the year & in order of priority exceptionally lead time and delivery requirements.

4.2 CMD's office should prepare and issue proforma of annual indent and send to all the demanding units to place their annual indent.

It should be in two parts:

Part'A'- Containing items common for Central Hospital and divisional hospitals.

Part'B'- Blank proforma – for Central Hospitals and divisional hospitals to select their own items which are not included in Part 'A'.

4.3 Preparation of Part 'A' portion of annual indent in CMD's office:

a) CMD's office should collect Stock items list from Central Hospital and all other divisional hospitals. This should also be available on central computer duly updated.

b) The Part 'A' to be sub-divided to

A.1 For consumable items.
A.2 For non-consumable items (T&P items)

c) For A.1 consumable items
Annual indent proforma containing 14 columns to be prepared in CMD's office and Columns 7-14 to be filled up in the consuming unit (Divisional Hosp.) Medical performa is enclosed below, which should be computerized.

Column No.6 Packing Unit

To be clarified, if per tablet or strip of 10 tablets. For bandage/suture material etc. Per unit. Or pack of 12/6 etc. to be clarified.

Column No.7–Unit cost

Basis should be either
- LPR (Last Purchase Rate) all inclusive
- Lowest technically suitable rate offered in last tender
- Market survey
- Catalogue price (hospital rate of leading company)

Tenderer be also asked to furnish/enclose supporting documents in support of quoted rate/unit cost in the tender case. All rates should be inclusive of taxes and duties as are applicable based on supporting documents to be furnished by the tenderer.

Unit cost must be realistic, and based on supporting documents.

Column 8 & 9 – AMC and corrected AMC

- AMC is average consumption based on total quantity actually consumed over last 12 months.
- Corrected AMC – Rate of monthly consumption that is expected for next year.(Annual+supplementary+ local+Hosp.)

This is very very important exercise to be done very seriously. If not done properly, whole exercise of annual indent goes waste.

- Justification to be given for each correction of AMC done.

Some examples of corrected AMC

- Items were not made available from CMD's purchase, hence managed by mostly local purchase.

  Normal AMC will be very low. Need to be corrected properly, otherwise even if CMD's supply becomes available, the quantity will get exhausted in few months.

- There is change in trend of prescription habit by doctor.

- New molecule included, hence old molecule will be prescribed less. Hence AMC needs to be corrected.

- Change in technology - once a day dose due to advance drug delivery system

For A.2- Non consumable items (T&P items)

For these groups of items, following 11 columns to be made:

1. S.No.
2. Code No. of the item
3. Name of the item
4. Short specification of the item
5. Packing details
6. Unit cost
7. Optimum number of this equipment that should be available in the hospital/division.
8. Present No. of equipment that is now available.
9. This year it is propose to purchased ____ No. of equipment.
10. Total Cost_____
11. Balance _____number to be processed in future year.

Some clarifications

Column No.7 Optimum number of items

- First calculation is to be done about what should be correct number of items that is

essential to run the hospital/health unit properly.

- Then to make an estimate how much additional number of equipment is required as reserve to manage during the equipment under repair.

e.g. - In one hospital 20 number of suction machines are required all the time for proper functioning. Another 6 number of suction machines are required to replace the unit when goes for repair. Then the optimum number required is 26. Target is to have 26 number of suction machines which may be achieved in one year or over next 2/3 years.

4.4 Annual indent thus prepared in the office of CMD both Part 'A' and Part 'B' to be sent to consuming unit by last week of December every year (Column 1-6 duly filled in).

It should be sent by floppy/disc/e-mail

4.5 In the divisions column 7 to 14 and 7 to 11 to be filled in and to send back to CMD's office duly concurred/vetted by associated finance department.

4.6 In CMD's office all the indents are to be compiled and preparations are to be done for procurement.

5. Processing of Annual Indent

5.1 Pooling of resources

Every year during annual indent about 3 months divisional level and 4/5 months in CMD's office, extra workload required to be done.

Hence during this period additional manpower from other areas should be diverted in procurement section.

This is essential as relatively large amount of work is required to be done within a target time frame.

5.2 Priorities the item

Items belonging to 'A' Group & 'V' Group to be taken up first. Followed by 'B' Group and 'C' Group of item.

Note: 'A' group means – Vital Drugs, 'V' group means – Essential Drugs & 'B' & 'C' group means – Desirable Drugs, Vitamins etc.

5.3 Clubbing of the items

Clubbing can be done for various items of the same chemicals.

E.g. – Cap Amoxicilline 250 mg
Cap Amoxicilline 500 mg
Inj. Amoxicilline 500m mg

E.g.2- All catgut

E.g.3- All types of all glass syringes.

5.4 Mode of tendering

Vital Essential Drugs are to be processed on L.T. basis.
For all other items, open tender to be followed as per existing procedures for store purchases. Other than Medicines, more than above Rs.5 lakhs/each.

5.5 Number of the firms to be included in L.T. process

- Special Limited tender Minimum three firms in each case, for tender below Rs. 1 lakh/year
- But to give a fare chance of competition five firms should be included as minimum. for tenders value below Rs.10 lakhs.
- For tenders value of above Rs.10 lakhs/each more number of firms to be included if the tender value is more.(More than Rs.10 lakhs per tender case)

A Policy should be made in each Office of CMD of at least 3 grades 'A', 'B' 'C'.

Grade 'A' -

Grade 'B' –

Grade 'C' -

Note: For tenders i) value over Rs.10 lakhs/year, all the currently valid registered firms to be included in the Limited tender. In case No. of such registered firms is very large, open tenders should be issued with qualifying criteria as required by the firm for eligibility for the tender items.

ii) In case of special tenders on panel of firms for tendering should be on rotational basis, to cover all registered firms in 2/3 ____ cycles.

5.6 Which firms to be included

a) last successful tenderer should be invariably included unless there is specific reasons for non inclusion.

b) Firms which were L-2 & L-3number 3=from lowest offer should also be included.

c) In previous tender few new firms which were not included in the last tender should be included.

List of firms once short listed & finalized should not be changed without any valid reason.

Note:d) Panel of registered firms included in limited tenders must be rotated each year with above inclusions of last supplier for fair competition & equitable distribution.

5.7 Preparation of Master Sheet

For each item one Master Sheet should be prepared. A suitable proforma is given below:

Office of CMD.....

No.A.1/S.1 No._____ Year_____

i) Item Code No._____
ii) Name of the item_____
iii) Specification of the item_____
iv) Packing details of the item_____
v) Supply details of the item_____
   a) Packing for supply
   b) Supply points
   c) Stock should not be older than 6 months from the date of manufacture.
   d) Minimum shelf life should be ___months.
vi) Division wise demand received.

Div. 1	Div.3
Div.2	Div.4

vii) Cost – Unit Cost____ Total Cost_____

viii) last year's purchase details

Quantity_____Rate____Name of the Firm____

(Name :- If more than one purchase has been done then all the details to be given)

ix) List of firms to be included in tendering process

1	3	5
2	4	6 etc.

x) Any special feature.
xi) Remarks of the various authorities
O.S_____
APHO_____
DY.CMD/CHD_____
CMD
AGM
CMD
AGM

5.8 Floating of Tender

a) All tenders should be send by Registered post to the head office of the firms.

All tender documents must be issued to OEM or their authorized supply agents only. All tender documents must be uploaded on Railway's web site as per CVC instructions.

Things not to be done

- Never issue a tender form to any distributor.
- Do not allow anyone to collect tender form from CMD's office directly.
- Give 45 days to the firm to response to the tender under normal circumstances.

Note:- Under urgency this can be reduced with approval of tender accepting authority to one week

5.9 Tabulation of offer received

Features to be included:

(1) a) Item offered by the firm. If there is deviation on what has been tendered for and what has been offered should be clearly mentioned.
b) Rate offered inclusive of taxes/VAT & duties statutory levied.
c) Packing offered.
d) Supply details
- Point to point supply details
- How old is the stock
- Shelf life.

If the firm has not mentioned anything it is presumed that the offer is as per specification given from CMD's office hence that should be mentioned in the tabulation sheet.

(2) Delay schedule
(3) Inspection Agency

5.10 Technical evaluation of the tender All tenders are to be technically evaluated without any failure

- It may be done one of the Dy.CMD in CMD's office or in difficult cases can be sent to Central Hospital of the Zone where one expert or a group of Expert can do technical evaluation.

- After technical evaluation reasonableness of rates of only technically suitable offer to be considered for further processing the tender cases.

- Medicine sample, outer paper package, label from injection vial etc. to be kept staple in the file for proper record.

5.11 Evaluation Criteria: The mandatory tender conditions for tender evaluation criteria of offers be specifically mentioned for every tender case on tender documents. Unless otherwise specified, offers must be evaluated on all inclusive cost for each item.

5.12 Eligibility criteria: The eligibility criteria must be specified in tender documents and all supplies must confirm, compliances to such eligibility criteria and enclose supporting credentials with their offer to be verified later wherever necessary for medicines/equipments.

6. Preparation of specification for Medical equipment
(For M&P equipments & other medical equipments)

6.1 Preparation:

a. Medical Officer should be nominated for one type of equipment. He/she should be associated with every time a specification is made irrespective of which unit the equipment belongs to. If required help from other zone should be taken.

b. The nominated Medical Officer should have detailed knowledge about the equipment.

c. A very detailed market survey should be done & detailed information about various models should be collected.

6.2 The specifications

These should be in 2 components:

a) Essential features
b) Other desirable features

General instructions:

All specification parameters should be generic in nature and not to brand specific. While putting down features of specification care to be taken to avoid any tailor made specifications. All references to be made on broad base. All measurements to be given in "range" or by mentioning"minimum so much" or "upper limit of so much" etc.

a) Essential features

- These are those features which if not present in the equipment will be classified as "Not to specification".
- Only all important operating features of the equipment to be included.
- Minor features of the equipment not directly related to performance to be avoided completely in this section.
- Only those features are to be included which are essential component of the equipment as operating features, and if not present, the offer can be classified as "Not to specification".

b) Desirable features:

Tender will mention that these desirable

- In this section minor specifications of various models available in the market can be included.
- It is expected that in no model, all these features will be present. Some of them will be available in all the models.
- On number of these features present and the price offered, the Tender Committee will discuss and decide. Non compliance to these features shall however not render the offer unsuitable only on this account.

6.3 Credentials of Supplier:

i. The firm giving offer should have firm establishment in India for 5 years . They should have their own unit. In case they want to represent in India through their authorized agent the link with the agent should very long at least for seven years or till the life the equipment under procurement whichever later. Future long association will be assessed on firm agreement and record of past minimum 5 years.

Unless these conditions are fulfilled, the offer will not be considered.

ii. The model offered – this model or its previous model must have long standing in the Indian/Foreign Market.

Any offer which do not have long market standing (at least 5 Years) will not be considered.

iii. List of Govt. Hospitals & Pvt. Hospitals of India is to be given where this model or its previous model has been supplied and working satisfactorily.

Satisfactory report from Medical Superintendent about this to be enclosed.

iv. There has to be a very good after sale service unit. Details of the unit to be given. The unit may be inspected. Unless there is a satisfactory after sale service unit, the offer will not be considered.

v. The firm should give firm commitment to undertake after sale service contracts and ensure availability of adequate spare parts.

vi. Period of warranty /guarantee should be clearly mentioned. These should be minimum period for upto one year from installation/commissiong.

(For item for which comprehensive AMC to be done)

vii. The firm should given year wise rate for comprehensive AMC up to the period of 3 years.

Note: Comprehensive AMC should cover all essential and desirable feature/items/parts included in their offer

viii. Method of calculating lowest offer

For the purpose of calculating the total cost of offer, the basic cost + taxes etc. of the offer and local AMC cost up to the period of 3 years will be added up & considered for ranking.

The lowest offer will be calculated as per above calculation.

Evaluation criteria

For M& Plant and equipments:

Evaluation criteria in each tender case must be included and mentioned clearly in the tender document. It must be mentioned that "unless other wise specified, offers shall be evaluated for all inclusive destination cost plus 3 year AMC for each item separately."

In all M&P warranty Bank guarantee for M&P Tenderer must furnish 10% B.G. as per standard format (to be enclosed with the tender) to cover execution and warranty upto 18/24 months from date of supply.

For procurement other than medicines in this regard the existing instructions issued by Railway Board from time to time shall remain applicable and these must be included in tender documents. (Railway Board circular on M&P 98/RS(G)/709/1 dated 30.5.06)

All recent policy instructions on procurement of goods can be a accessed directly from Railway Board's website at http:10.1.10.21/ & http10.1.2.21/ under "Stores Deptt." Page & these should complied with while formulating tender conditions and tender evaluation and finalization and post contract stages.

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Issued

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. 88/H/2-1/9 New Delhi dated 24.6.2008

The General Managers,
Northern & Southern Railways.

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

****

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

Terms & Conditions for Senior Residents in Indian Railways

Minimum Educational Qualification

- Post Graduate Degree or Diploma in the concerned specialty from university recognized by State/Central Government.
- If such candidates are not available in particular speciality, those without PG qualification but having at least three years experience after MBBS, out of which one year Junior Residency from a Government Hospital in the concerned speciality, can be considered.

Age Limit for appointment as Senior Residents

- 33 years for those having Post Graduate qualification.
- 35 years for Post Doctoral Degree holders.
- Relaxation of 5 years for SC/ST candidate.

Selection Process

Selection will be through a Press notification followed by an interview by a selection committee comprising of the following:

- MD/CMS In charge of concerned Hospital
- CPO
- SAG/Selection grade officer of concerned departments

24/6

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Tenure of Senior Residency

- The contract of appointment for Senior Residents will be one year but the total period of Senior Residency can not exceed the maximum period of three years, subject to renewal/extension every year.
- The termination of contract can be done on one month notice or pay from either side.

Emoluments

For Senior Residents having Post Graduate degree

Basic Pay + NPA

Rs. 10,940/- in the first year.
Rs. 11,295/-in the second year.
Rs. 11,650/- in the third year

For Senior Residents with only PG Diploma, the above amount shall be reduced by Rs. 325/- per month and the same will be reduced by Rs. 650/- per month if without Diploma/PG Degree.

For Senior Residents who are pursuing DNB training also, the emoluments will be as fixed by National Board of Examination or as above which ever is higher.

Allowances

1. NPA(Non Practicing Allowance)
   The element of such allowance has been included in the monthly emolument indicated above.

2. PG allowance
   For PG degree holder- Rs. 200/- per month.
   For PG Diploma holder- Rs. 100/- per month.
   This allowance is also already included in the total emoluments mentioned above. Hence, In case the Senior Resident is having only PG Diploma, a sum of Rs. 100/- and in case he neither has PG Degree nor Diploma, a sum of Rs. 200/- per month will be deducted from his emoluments.

3. Dearness Allowance, CCA & HRA
   Entitlement to these allowances is as per Central Government rules on the basis of their monthly emoluments.

4. Book Allowance
   Book allowance to be granted to the Senior Residents at the rate of Rs. 1500/- per annum in two installments of six months each. The books/journals purchased shall be embossed at three places by an officer appointed by the head of institution for this purpose.

Accommodation

Free residential unfurnished accommodation would be provided to Senior Residents subject to availability.

Leave entitlements

- One day weekly off by rotation.
- Entitled to total 20 days leave in one contract year which can be availed as not more than 10 in six months period.
- Not entitled to any vacation or any other type of leave.

Medical Treatment Facility

- Free OPD treatment Medical facility as available in Railway hospital will be provided to the Senior Residents for self, spouse & children.
- Free Indoor Medical treatment as available in Railway hospital will be extended to self only in emergency and acute illness situation.
- There shall not be any provision for referral to other Private Medical Centres for treatment.

Duties and Responsibilities

- Duties and responsibilities of the Senior Residents will be as fixed by the Railway administration from time to time.
- They will be required to perform any work as may be needed in the legitimate interest of Railway administration including National Programmes or during Railway accidents, in addition to their speciality work.
- The Senior Resident Doctors will be required to be on call duty not exceeding 12 hours/day.
- No Private Practice shall be permitted.

2. These instructions will be effective from 01.07.2008 and are in supersession to all the previous instructions issued in this regard.

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

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

No.88/H/2-1/9 New Delhi dated 24.6.2008

Copy forwarded to:-

1. FA & CAO's, Northern Railway, New Delhi & Southern Railway, Chennai.
2. The Chief Medical Directors, Northern Railway, & Southern Railway.

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

No.88/H/2-1/9 New Delhi dated 24.6.2008

Copy forwarded to:-

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

For Financial Commissioner/Railways

Copy to DDF(E)I and F(E)Special Br.

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GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

2005/H-1/12/34 **New Delhi, dated 25 .06.2008**

The General managers,
All Indian Railways and Production Units,
DG/RSC/Vadodra,DG/RDSO, Lucknow,
CAO/Patiala

Subject:Extension to the scheme of "Honorary Visiting Specialists" in all the Railway Hospitals all over Indian Railways.

Reference: Railway Board's letter no.2001/H-1/12/40 dated 15.12.2005 and even no. dated 27.06.2006.

In continuation of the above mentioned letters to Introduce the scheme of "Honorary Visiting Specialists", sanction of the Ministry of Railways is hereby accorded for further extension of the scheme from 01.07.2008 to 30.06.2009 to all the Railway Hospitals all over Indian Railways .

The scheme will also be applicable to the new Central, Divisional, Sub-Divisional and Railway Hospitals setup on the zonal Railways after 01.07.2006 .

All other terms and conditions, remains the same as given in the office order no. 2001/H-1/12/40 dated 15.12.2005 and 2005/H-1/12/34 dated 27.06.2006.

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

Pankaj Kapoor

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

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contd. Page 2

2005/H-1/12/34 **New Delhi, dated 25 06.2008**

Copy forwarded to:

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

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

2005/H-1/12/34 **New Delhi, dated 06.2008**

Copy forwarded to:

1.The Principal Directors of Audit, All Indian Railways.
2.Dy. Comptroller & Auditor General of India (Railways), Room No. 224, Rail Bhavan, New Delhi.

For Financial Commissioner, Railways

Copy for information to: EDF(E),DDF(E)1 & F(E) Spl. (with 5 papers)
General Secretary, AIRF, New Delhi (35 copies)
General Secretary, NFIR, New Delhi (35 copies)

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

सं. /2005/एच-1/12/34 दिनांक: 25 /06/08

महाप्रबंधक,
सभी भारतीय रेलें एवं उत्पादन इकाइयां,
महानिदेशक/रेल स्टाफ कॉलेज/वडोदरा,
महानिदेशक/अ.अ.मा.सं., लखनऊ,
मु.प्र.अ./पटियाला.

विषय :- समग्र भारतीय रेलवे के सभी रेल अस्पतालों में "अवैतनिक विजिटिंग विशेषज्ञों" की योजना को आगे बढ़ाना.

संदर्भ :- रेलवे बोर्ड का 15.12.2005 का पत्र सं. 2001/एच-1/12/40 और 27.6.2006 का समसंख्यक पत्र.

- - -

"अवैतनिक विजिटिंग विशेषज्ञों" की योजना को शुरू करने के ऊपर उल्लिखित पत्रों के क्रम में, समग्र भारतीय रेलवे के सभी रेल अस्पतालों में 1.7.2008 से 30.6.2009 तक योजना को और आगे बढ़ाने हेतु रेल मंत्रालय की एतद द्वारा स्वीकृति प्रदान की जाती है.

यह योजना 01.07.2006 के बाद क्षेत्रीय रेलों पर गठित नए केंद्रीय, मंडलीय, उप-मंडलीय और रेल अस्पतालों पर भी लागू होगी.

अन्य सभी निबंधन एवं शर्तें वही रहेंगी जैसे कि 15.12.2005 के कार्यालय आदेश सं. 2001/एच-1/12/40 और 27.6.2006 के कार्यालय आदेश सं. 2005/एच-1/12/34 में दी गई हैं.

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

(डा. पंकज कपूर)
कार्य.निदे.स्वास्थ्य (योजना)
रेलवे बोर्ड.

.....2/—

सं. 2005/एच-1/12/34 नई दिल्ली, दिनांक 25 .6.08

प्रतिलिपि प्रेषित-

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

पंकज कपूर

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

सं. 2005/एच-1/12/34 नई दिल्ली, दिनांक 25 .6.08

प्रतिलिपि प्रेषित-

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

कृते वित्त आयक्त/रेल

S.No. 6 of Health 2008

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2007/H/6-1/Policy(I) New Delhi, dated 30 -06-08.

The General Managers,
All Indian Railways,
(Including Production Units)

Sub: Guidelines regarding Cochlear Implantation on Indian Railways for Railway Beneficiaries.

The matter of sanction of cost of cochlear implantation has been under consideration of Board for some time. It has now been decided by the Board that cost of cochlear implantation done in non-Railway hospital shall have a ceiling limit of Rs.5.70 lakhs for a period of one year from the date of issue of this letter or till a policy in this regard is framed by Ministry of Health and Family Welfare, whichever is earlier. This shall include the following :-

a. cost of implant;
b. consumables;
c. surgery charges;
d. post implant speech therapy;

The cost of the batteries shall be borne by the beneficiary life long.

The guidelines to be followed while sending proposals seeking sanction of the Board for Cochlear Implantation to be done in non-Railway hospitals are enclosed in the **Annexure.**

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

19/12/08

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

No.2007/H/6-1/Policy(I) New Delhi, dated 30-06-08.

(i) The FA&CAOs, All Indian Railways including CLW/ DCW/ ICF/ RCF/ CDW/RWF.
(ii) Deputy Comptroller & Auditor General of India(Rlys), Room No.224, Railway Bhawan, New Delhi

For Financial Commission/Rlys.
Railway Board.

Copy to
F(E) Spl.Br.(with 5 spare copies)
DDF(E)I

Endorsement 1

No.2007/H6-1/Policy/1 **New Delhi, dated : 30.6.2008.**

Copy to :

1. Chief Medical Director, All Indian Railways and CMS /MSs' , CLW,DLW,ICF,DMW,RCF, & RWF.
2. OSDs/PPSs to MR, MSR(V) and MSR(N).
3. Chief Commissioner of Railway Safety, Lucknow.
4. Chairman, FC,MS, ME, MM, ML, MT Secy, DG/RHS,DG/RPF, EDCC, AM(CE), AM(WORKS), AM (L&A), ECO ADV., AM (L), Adv.(STAFF), Adv.(IR), AM(BUDGET), AM(FIN.) ADVISER (FINANCE),,AM(STORES), AM(TRAFFIC), AM(COMML.), AM(T&C), ADVISER(VIG.), EDCE(B&S), EDCE(G), ED(DM), ED(PROJECTS), ED(TRACK (M), EDTRACK(MC), ED TRACK(P), ED(WORKS), EDEE(DEV.), EDEE(G), EDEE(RS), ED(RE), ED(ACCOUNTS), EDF(S)EDF(X)I, EDF(X)II, EDF (C), EDF(E), ED(PC), ED(STATISTIC & ECONOMICS), EDME(CHG.), EDME(FR.), EDME(TR.) EDME(DEV.,), EDME(W), EDE(RRB), EDE(N), EDE(RES.)EDE(GC), ED(T&MPP), ED(C&IS), ED(MIS) EDTT(M), EDTT(S), EDTT(F), ED(PM), ED(PG), EDTC (R) ED(T&C), ED(SAFETY), ED(COACHING), ADVISER (CONFD.), ED(SIGNAL), ED(TD), EDRS (C), EDRS(G), EDRS(P), EDRS(S), ECO. ADV., ED(E&R), ED(PLG.), DIR.(I&P),EDV(E), EDV(T), EDV(S), DIG(VIG.),
5. All Officers of Health Dte.for information, F(E) Spl.(with 5 spares),ERB-III(with 5 spares).
6. Computer Facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
7. Directors of CTIs , RSC/Baroda, IRICEN/Pune,IRIEEN/Nasik, IRISET/Secunderabad, IRIMEE/Jamalpur and IRITM/Lucknow.
8. G.M. & FA &CAO, Metro Rail Kolkata.
9. G.M. & FA & CAO, CORE, Allahabad.
10. The Director General, Railway Staff College, Vadodara.
11. The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd. , Konkan Rly. Corpn.Ltd., Belapur Bhawan, Sector-11,C.B.D.Belapur, Navi Mumbai-400 614, RVNL, Plot No.25, 1st flr.August Kranti Bhawan, Bhikaji Cama Place, N.Delhi-110066.
12. The Pay and Account Officer, Ministry of Railways (Railway Board).
13. The General Secretary, IRCA/New Delhi.

(Dr. (Smt.) Jayashree Rana)
Executive Director, Health (Genl.)
Railway Board.

No.2007/H6-1/Policy/1 **New Delhi, dated : 30.6.2008.**

Copy to :-

14. The Secretary, RBSS Group 'A', Officers Association.
15. The Secretary, RBSS Group 'B', Officers Association.
16. The Secretary, Railway Board, Miniterial Staff Association.
17. The Secretary, Railway Board, Group 'D' Employees Association.
18. General Secretary, AIRF, New Delhi. (35spares)
19. General Secretary, NFIR, New Delhi. (35 spares)
20. General Secretary, RREWA, 490A/16 Gurdwara Road, Gurgaon.
21. The Secretary General,IRPOF,RoomNo.268,Rail Bhawan,with10 spares.
22. Secretary General , FROA with 10 spares.
23. President,,All India Retired Railwaymen's Federation, Building no. 13/9, Vivekanand Housing Society, Guru Mandir Marg, Dombivili (E)-421201.
24. The President, All India Retired Railway Officers' Association, 12-13-268, St.No.15, Tamaka, Secunderabad.
25. The president, AIRRF, Block No. 303, Railway Colony High School, Chilkalguda, Secunderabad 500025(A.P)
26. The President, National Federation of Railway Pensioners, Palghat.
27. The President, National Federation of Railway Pensioners, Chennai.
28. The Members of the National Council, Departmental Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi 9 (with 30 spares).

For Secretary
Railway Board

ANNEXURE

Guidelines regarding Cochlear Implantation for Railway Beneficiaries.

1. The proposals may be limited to those cases where the expected benefit to the patient is maximum.

2. **Selection Criteria for the patients are as under:-**

A) **For Pre-lingually deafened children.**

(i) Age group between 2 to 10 years. Patients using hearing aid and auditory training from age within 2 years may be considered at higher age also on **case to case basis**. The patients who are using hearing aid/sound inputs and auditory training before 2 years of age are technically considered pre-lingually and acquired post lingually deaf.

(ii) Profound bilateral sensorineural hearing loss.

(iii) No appreciable benefit from hearing aids after a 6 month trial with hearing aid, children who do not show response to warble tones in the sound field or whose responses suggest only vibrotactile responses rather than auditory sensation.

(iv) Patients should not have :-

a. Any mental handicap, as per psychiatric evaluation.
b. Any contraindication to general anesthesia.
c. Active middle ear infection/cholesteatoma.
d. Any cochlear malformation.
e. Tympanic membrane perforation (after 3 months of successful repair of Tympanic membrane perforation (Myringoplasty) these patients may be included.
f. Deafness due to lesion of acoustic nerve or central auditory Pathways.

(v) Parents of patients should be highly motivated and have realistic expectations from the Implant.

(vi) Special care should be taken as far as less educated, unaware or less informed cases are concerned as extra motivation and follow up is required and a declaration has to be signed by the employee.

B) **For post-lingually deafened children/patients upto 21 years:-**

(i) Profound bilateral sensorineural hearing loss.
(ii) No appreciable benefit from hearing aids being used previously.
(iii) Patient should not have:-
a) Any contraindication to general anesthesia.
b) Active middle ear infection/cholesteatoma at time of surgery.
c) Tympanic membrane perforation (after 3 months of successful repair of Tympanic membrane perforation (Myringoplasty) these patients may be included.
d) Deafness due to lesion of acoustic nerve or central auditory pathways.

..2/-

(iv) Patients/parents should have high motivations and realistic expectations from the implant.

3. **Types of Implant:**

Only multi channel implants should be recommended.

4. **Centres:**

Cochlear implant surgery should be allowed only in Government or private hospitals/centers having proper postoperative rehabilitation. These centers should have well trained speech therapist relating to cochlear implant.

The details of the private/Government Railway Hospitals/Centers where Cochlear Implantation is undertaken with facilities for post operative rehabilitation are as under:-

State	City	S.No.	Hospital Name
Tamil Nadu	Chennai	1	Madras ENT Research Foundation (P) Ltd. 1, 1 Cross Street, Off, II Main Road, Raja Ammalaipuram, Chennai-600028.
		2	KKR ENT Hospital & Research Institute (P) Ltd., 274(827), Poonamallee High Road, Chennai-600010
Delhi	Delhi	1	All India Institute of Medical Sciences
		2	Gangaram Hospital, Rajinder Nagar, New Delhi.
		3	Batra Hospital
West Bengal	Calcutta	1	Peerless Hospital & B.K.Roy Research Centre, 360, Panchasayar, Kolkata-700094.
		2	Vivekananda Institute of Medical Sciences, 99, Sarat Bose Road, Kolkata-700026.
		3	Calcutta Medical College & Hospital, 88, College St. Kolkata-700073.
Andra Pradesh	Hyderabad	1	Apollo Hospital, Jubilee Hills, Hyderabad-500033.
Uttar Pradesh	Lucknow	1	Sanjay Gandhi Post Graduate Institute, Lucknow.

5. **Clinical indication and investigations required :-**

The proposal should be accompanied by complete clinical details of the patient along with the reports of the following investigations:-

(a) Radiological – HRCT Scan/MRI of Temporal Bones – Focussing Cochlea.

(b) Audiological – Pre tone audiometry, Speech Audiogram (aided and unaided), Speech Reception Threshold (SRT), Lip Reading ability.

(c) Electrophysiological: auditory brainstem evoked responses, promontory stimulation test, vestibular function test.

(d) Psychiatric evaluation report.

6. **Other general conditions**:-

(a) For any patient, cochlear implant can be done only once in life time.

(b) The Center/Surgeon going to do the implant surgery should certify the possible result/outcome of the implant surgery, which should be more than 50%.

(c) Transfer of the employee to the place where surgery/speech therapy is done, subject to administrative exigency.

7. **Procedure to be followed**:-

The proposal should contain a report and recommendation of Medical Board, with at least one member being a Railway's Medical Officer having post-graduate qualification in ENT. The proposal duly recommended by Chief Medical Director concerned and concurred by associate Finance should be sent to the Board for sanction.

8. **Mechanism for evaluating outcome of cochlear implantation:**

First assessment should be made after six months by Railway ENT surgeon and subsequently, every six months (upto 2 years). The report has to be sent to the concerned Chief Medical Director, Zonal Railway shall send a final report to the Board.

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भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2007/एच/6-1/पॉलिसी (I) **नई दिल्ली, दिनांक30.06.2008**

महाप्रबंधक
सभी भारतीय रेलें
(उत्पादन इकाइयों सहित)

विषय : रेलवे लाभार्थियों के लिए भारतीय रेलों पर कॉकलीयर इम्प्लांटेशन के संबंध में मार्गनिर्देश ।

कॉकलीयर इम्प्लांटेशन की लागत की स्वीकृति संबंधी मामला पिछले कुछ समय से बोर्ड के विचाराधीन रहा है। बोर्ड द्वारा अब यह विनिश्चय किया गया है कि रेलवे से इतर अस्पतालों में किए गए कॉकलीयर इम्प्लांटेशन की लागत की अधिकतम सीमा इस पत्र के जारी होने की तारीख से एक वर्ष की अवधि अथवा इस संबंध में स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा नीति तैयार करने तक, जो भी पहले हो, 5.70 लाख रूपये होगी। इसमें निम्नलिखित शामिल होंगे :-

क) इम्प्लांट की लागत
ख) उपभोज्य
ग) सर्जरी प्रभार
घ) इम्प्लांट के बाद स्पीच थैरेपी

बैटरियों की लागत आजीवन लाभार्थी द्वारा वहन की जाएगी ।

पालन किए जाने वाले मार्गनिर्देश, रेलवे से इतर अस्पतालों में किए जाने वाले कॉकलीयर इम्प्लांटेशन के लिए बोर्ड की स्वीकृति लेने संबंधी प्रस्ताव, अनुबंध में संलग्न किए गए हैं ।

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

19/6/08

(डा. जयश्री राना)
कार्यकारी निदेशक, स्वा.(सा.),
रेलवे बोर्ड ।

सं. 2007/एच/6-1/पॉलिसी (I) **नई दिल्ली, दिनांक 30.06.2008**

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

कृते वित्त आयुक्त/रेलें
रेलवे बोर्ड

एफ (ई) स्पे. शाखा (5 अतिरिक्त प्रतियों सहित)
उप निदेशक वित्त(स्था.)।

रेलवे लाभार्थियों के लिए कॉकलीयर इम्प्लांटेशन के संबंध में मार्गनिदेश

1. यह प्रस्ताव केवल उन्हीं मामलों के लिए सीमित रहेगा जिनमें मरीज को होने वाले संभावित लाभ अधिकतम हों ।

2. **मरीजों के लिए चयन मानदंड नीचे दिए गए अनुसार हैं :-**

(क) प्री-लिंगअली बहरे बच्चों के लिए ।

(i) 2 से 10 वर्ष का आयु वर्ग. 2 वर्ष की आयु से पहले से सुनने वाला उपकरण का इस्तेमाल करने वाले और ऑडिटरी प्रशिक्षण प्राप्त करने वाले मरीजों को **मामला दर मामला आधार** पर उच्चतर आयु का समझा जाएगा। ऐसे मरीज जो 2 वर्ष की आयु से पूर्व से सुनने वाले उपकरण /साउंड इनपुट का इस्तेमाल करते हैं और ऑडिटरी प्रशिक्षण ले रहे हैं उन्हें तकनीकी दृष्टि से प्री-लिंगअली और अर्जित पोस्ट लिंगअली बहरा समझा जाता है ।

(ii) गहन द्विपक्षीय सेन्सोरिन्युटरल हियरिंग लॉस ।

(iii) सुनने वाले उपकरण के साथ 6 माह के परीक्षण के बाद सुनने वाले उपकरणों से कुछ ज्यादा लाभ न हो। वे बच्चे जो साउंड के मामले में वार्बल टोन के प्रत्युत्तर में कोई प्रतिक्रिया न दिखाएं अथवा जिसकी प्रतिक्रिया से ऐसा लगे कि प्रतिक्रिया ऑडिटरी संसेशन की बजाय केवल वाइब्रोटेक्टाइल प्रतिक्रिया ही है ।

(iv) मरीजों को निम्नलिखित नहीं होना चाहिए :-

(क) मनोवैज्ञानिक मूल्यांकन की दृष्टि से कोई मानसिक कमजोरी ।

(ख) जनरल एनेसथीसिया से किसी प्रकार का कंट्राइंडीकेशन ।

(ग) एक्टिव मिडल इयर इन्फैक्शन/कोलेसटीएटोमा ।

(घ) किसी प्रकार का कोकलियर मैलफोरमेशन ।

(ड.) टाइम्पैनिक मैम्बरेन परफोरेशन (टाइम्पैनिक मेम्बरेन परफोरेशन की सफल रिपेयर (मैरिनगोप्लास्टी) के 3 महीने के पश्चात्) इन मरीजों को इसमें शामिल किया जाए ।

(च) ऑकोस्टिक नर्व अथवा सेन्ट्रल ऑडिटरी पाथवेज के लीजन के कारण बहरापन ।

(vii) मरीजों के माता-पिता को प्रेरित किया जाना चाहिए और वास्तविकता के आधार पर ही इम्प्लांट से आशा रखी जानी चाहिए ।

(viii) कम पढ़े-लिखे तथा जानकारी न रखने वालों की ओर विशेष ध्यान दिया जाना चाहिए अथवा कम जानकरी रखने वालों के मामलों में प्रेरित करने तथा अनुवर्ती कार्रवाई करने की आवश्यकता है। कर्मचारियों द्वारा इस संबंध में घोषणा पत्र पर हस्ताक्षर किए जाने चाहिए ।

(ख) 21 वर्ष की आयु तक के पोस्ट-लिंगअली बहरे बच्चों/ मरीजों के लिए

(v) प्रोफाउंड द्विपक्षीय सेन्सोरिन्यूटरल हियरिंग लॉस ।

(vi) पहले इस्तेमाल किए गए सुनने के उपकरणों से ज्यादा लाभ प्राप्त न होना।

(vii) मरीजों को निम्नलिखित नहीं होना चाहिए :

(क) जनरल एनेसथीसिया से किसी प्रकार का कंट्राइन्डिकेशन ।

(ख) सर्जरी के समय एक्टिव मिडल इयर इन्फेक्शन/कोलेस्टीण्एटोमा ।

...2/-

(ग) कर्णपट्टी झिल्ली छिद्र (कर्णपट्टी झिल्ली छिद्र के सफल उपचार (मैरिंगोप्लास्टि) के तीन महीने बाद इन रोगियों को शामिल किया जाए।

(घ) ध्वनि तंत्रिका या मध्य श्रवण संबंधी मार्ग की क्षति होने के कारण बहरापन ।

(viii) रोगी/माता-पिता के इम्प्लांट से उच्च अभिप्रेक्षण और वास्तविक अपेक्षाएं होनी चाहिए।

3. आरोपण के प्रकार :

केवल बहुआयामी इम्प्लांट की संस्तुति की जाए ।

4. केन्द्र :

कॉकलीयर इम्प्लांट शल्यक्रिया की अनुमति केवल सरकारी या निजी अस्पतालों/केन्द्रों में दी जाए जहाँ ऑपरेशन के बाद स्वास्थ्य लाभ की उचित व्यवस्था हो। इन केन्द्रों में कॉकलीयरइम्प्लांट के लिए दक्ष स्पीच थरेपिस्ट होना चाहिए ।

ऑपरेशन के बाद स्वास्थ्य लाभ सुविधा से युक्त ऐसे निजी/सरकारी अस्पतालों/केन्द्रों जहाँ कॉकलीयर इम्प्लांट किया जाता है, का विवरण निम्न अनुसार है:-

राज्य	शहर	क्रम सं.	अस्पताल का नाम
तमिलनाडु	चेनै	1	मद्रास ईएनटी रिसर्च फाउंडेशन (पी) लिमिटेड 1,1 क्रॉस स्ट्रीट ऑफ-IIमेन रोड, राजा अमालाईपुरम, चेनै -600028.
		2	केकेआर ईएनटी अस्पताल एवं रिसर्च संस्थान (पी) लिमिटेड 274//(827),पूनामल्ली हाई रोड, चेनै 600010.
दिल्ली	दिल्ली	1	अखिल भारतीय आयुर्विज्ञान संस्थान
		2	गंगाराम हॉस्पिटल, राजेन्द्र नगर, नई दिल्ली।
		3	बत्रा हॉस्पिटल
पश्चिम बंगाल	कोलकाता	1	पियरलेस हॉस्पिटल एण्ड बी.के. राय रिसर्च सेंटर, 360, पंचाशयर, कोलकाता 700094.
		2	विवेकानंद इंस्टीट्यूट ऑफ मेडिकल साईंसेज़, 99, शरत बोस रोड, कोलकाता -700026.
		3	कलकत्ता मेडिकल कॉलेज एण्ड हॉस्पीटल, 88, कॉलेज स्ट्रीट, कोलकाता-700073.
आंध्र प्रदेश	हैदराबाद	1	अपोलो हॉस्पिटल, जुबली हिल्स, हैदराबाद-500033
उत्तर प्रदेश	लखनऊ	1	संजय गाँधी पोस्टग्रेजुएट संस्थान, लखनऊ

5. <u>क्लिनिकल संकेत और अपेक्षित जाँच - पडताल</u>

प्रस्ताव निम्नलिखित जाँच-पडतालों की रिपोर्ट के साथ-साथ रोगी के पूरे किलनिकल विवरणों सहित होना चाहिए :-

(क) रेडियोलॉजिक्ल - टैम्पोरल हड्डियों का एचआरसीटी स्कैन - एमआरआई- कॉकलीयर को फोकस करता हुआ ।

...3/-

(ख) ऑडियोलॉजिकल -प्री टोन ऑडियोमेटरी, स्पीच ऑडियोग्राम (सहायता प्राप्त और गैर सहायता प्राप्त) स्पीच रिसेप्शन थ्रेसहोल्ड(एसआरटी) लिप रीडिंग क्षमता।

(ग) इलेक्ट्रोफिजियोलोजिकल श्रव्यता ब्रेनस्टेम प्रतिक्रिया, प्रोमोंटरी स्टीमुलेशन टेस्ट, वेस्टीक्यु फंक्शन टेस्ट ।

(घ) मनोविश्लेषण मूल्यांकन रिपोर्ट ।

6. अन्य सामान्य शर्तें

(क) किसी भी रोगी के लिए कॉकलीयर इम्प्लांट आजीवन एक ही बार किया जा सकता है ।

(ख) इम्प्लांटेशन शल्य क्रिया करने वाले सेंटर/शल्य चिकित्सक इम्प्लांट शल्य क्रिया के परिणाम/निष्कर्ष को प्रमाणित करे, जो 50% से अधिक होना चाहिए ।

(ग) शल्य क्रिया/स्पीच थेरेपी किए जाने वाले स्थान पर कर्मचारी का स्थानांतरण प्रशासनिक अनिवार्यता के अनुसार होगा ।

7. कार्यविधि का पालन करना

प्रस्ताव में मेडिकल बोर्ड जिसमें ईएनटी में पोस्टग्रेजुएट की अर्हता रखने वाले कम से कम एक चिकित्सा अधिकारी/सदस्य हो, की रिपोर्ट एवं संस्तुति शामिल हो । संबंधित मुख्य चिकित्सा निदेशक द्वारा विधिवत संस्तुत और संबद्ध वित्त द्वारा सहमति प्राप्त स्वीकृति के लिए बोर्ड को भेजा जाए ।

8. कॉकलीयर इम्प्लांटेशन के मूल्यांकित निष्कर्ष के लिए तंत्र

पहला मूल्यांकन रेलवे ईएनटी शल्य चिकित्सक द्वारा 6 महीने के बाद किया जाए और तत्पश्चात प्रत्येक 6 महीने के बाद (2 वर्ष तक) यह मूल्यांकन किया जाए। रिपोर्ट संबंधित मुख्य चिकित्सा निदेशक को भेजी जानी है । क्षेत्रीय रेल अंतिम रिपोर्ट बोर्ड को भेजेगी।

****

Sno.7 of Health 2008

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No:2002/H/5/1 New Delhi, dated 7-7-2008.

The General Manager,
All Indian Railways
(including Production Units).

CORRIGENDUM

Sub: Medical fitness of Railway Employees with Intra-Ocular Lens (IOL)- Amendment to Para 512(10) of IRMM – 2000.

Ref:- Board's letter No.2002/H/5/1 dated 30.4.2008.

******

In partial modification of Board's letter No.2002/H/5/1 dated 30.4.2008 on the above cited subject, it is advised that para 1 of the letter may be corrected to read as under:-

"Arising out of the demand raised by NFIR in the PNM/NFIR and DC/JCM meetings, the matter of permitting employees in Aye-one category after PC (IOL) cataract surgery had been under examination for some time in Ministry of Railways. It has now been decided by the Board that the employees in Aye one (A-1) category be permitted to continue in the same category even after they undergo cataract surgery with posterior chamber intra ocular lens PC (IOL) implantation, provided they come up to the visual acuity standards prescribed and as per the other stipulations which are as under:"

The rest of the contents of Board's letter No. 2002/H/5/1 dated 30.4.2008 will remain unchanged.

Necessary correction may be made accordingly.

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

C:\WINDOWS\Desktop\H K.Sanhotra doc.doc

स्वास्थ्य 2008 का क्र.सं. 5

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2002/एच/5/1 नई दिल्ली, दिनांक: 7.07.2008

महाप्रबंधक
सभी भारतीय रेलें
(उत्पादन इकाइयों सहित)।

शुद्धि-पत्र

विषय: इन्ट्रा-ऑक्यूलर लैंस (आईओएल) वाले रेल कर्मचारियों की मेडिकल फिटनेस-भा.रे.चि.नि.-2000 के पैरा 512 (10) का संशोधन।

संदर्भ: बोर्ड का 30.04.2008 का पत्र सं. 2002/एच/5/1.

ऊपर उल्लिखित विषय पर बोर्ड के 30.04.2008 के पत्र सं. 2002/एच/5/1 में आंशिक आशोधन करते हुए, यह सूचित किया जाता है कि पत्र के पैरा 1 को संशोधित करके नीचे दिए गए अनुसार पढ़ा जाए:-

"पी.एन.एम./एन.एफ.आई.आर. और डी.सी./जे.सी.एम. बैठकों में एन.एफ.आई.आर. द्वारा उठाई गई मांग को देखते हुए, पी.सी. (आई.ओ.एल.) कैटेरेक्ट सर्जरी के बाद ए-1 कोटि (Aye-one Category) में कर्मचारियों को अनुमति देने का मामला कुछ समय से रेल मंत्रालय में विचाराधीन था। बोर्ड द्वारा अब यह विनिश्चय किया गया है कि ए-1 (A-1) कोटि में कर्मचारियों को उनके पोस्टीरियर चैम्बर इन्ट्रा ऑक्यूलर लैंस पी.सी. (आई.ओ.एल.) इम्पलांटेशन सहित कैटेरेक्ट सर्जरी [cataract surgery with posterior chamber intra ocular lens PC (IOL) implantation] कराने के बाद भी उसी कोटि में रहने की अनुमति दी जाए, बशर्ते कि वे निर्धारित विजुअल एक्विटी मानकों (visual acuity standards) और अन्य अनुबंधों जो नीचे दिए गए अनुसार हैं, को पूरा करते हों:"

बोर्ड के 30.04.2008 के पत्र सं. 2002/एच/5/1 की शेष अंतर्वस्तु अपरिवर्तित रहेगी।

तदनुसार आवश्यक सुधार किए जाएं।

पंकज कपूर

(डॉ. पंकज कपूर)
कार्य.निदे., स्वा. (यो.)
रेलवे बोर्ड

G-I

No.2008/H/5/11 New Delhi, dated : 7.7.2008

Copy to :

1. CPOs, Chief Medical Director and MSs' All Indian Railways (Including PUs)
2. OSDs/PPSs to MR, MSR(V) and MSR(N).
3. Chief Commissioner of Railway Safety, Ministry of Civil Aviation, 16-Ashok Marg, Lucknow-226001.
4. Chairman, FC,MS, ME, MM, ML, MT Secy, DG/RHS,DG/RPF, EDCC, AM(CE), AM(WORKS), AM (L&A), ECO ADV., AM (L), Adv.(STAFF), Adv.(IR), AM(BUDGET), AM(FIN.) ADVISER (FINANCE),, AM(IT), LEGAL ADVISER AM(M), AM(PU), AM(PLG.) AM(S&C), ADVISER(SIGNAL), AM(TELECOM), AM(STORES), AM(TRAFFIC), AM(COMML.), AM(T&C), ADVISER(VIG.), EDCE(B&S), EDCE(G), ED(DM), ED(PROJECTS), ED(TRACK (M), EDTRACK(MC), ED TRACK(P), ED(WORKS), EDEE(DEV.), EDEE(G), EDEE(RS), ED(RE), ED(ACCOUNTS), EDF(S)EDF(X)I, EDF(X)II, EDF (C), EDF(E), ED(PC), ED(STATISTIC & ECONOMICS), EDME(CHG.), EDME(FR.), EDME(TR.) EDME(DEV.), EDME(W), EDE(RRB), EDE(N), EDE(RES.)EDE(GC), ED(T&MPP), ED(C&IS), ED(MIS) EDTT(M), EDTT(S), EDTT(F), ED(PM), ED(PG), EDTC (R) ED(T&C), ED(SAFETY), ED(COACHING), ADVISER (CONFD.), ED(SIGNAL), ED(TD), EDRS (C), EDRS(G), EDRS(F), EDRS(S), ECO. ADV., ED(E&R), ED(PLG.), DIR.(I&P),EDV(E), EDV(T), EDV(S), DIG(VIG.),EDH(G)
5. All Officers of Health Dte.for information. DIH, DH&FW
6. Computer Facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
7. Directors of CTIs , RSC/Baroda, IRICEN/Pune,IRIEEN/Nasik, IRISET/ Secunderabad, IRIMEE/Jamalpur and IRITM/Lucknow.
8. C.M. & FA &CAO, Metro Rail Kolkata.
9. C.M. & FA & CAO, CORE, Allahabad.
10. The Director General, Railway Staff College, Vadodara.
11. The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd. , Konkan Rly. Corpn.Ltd., Belapur Bhawan, Sector-11,C.B.D.Belapur, Navi Mumbai-400 614, RVNL, Plot No.25, 1st flr.August Kranti Bhawan, Bhikaji Cama Place, N.Delhi-110066.
12. The Pay and Account Officer, Ministry of Railways (Railway Board).
13. The General Secretary, IRCA/New Delhi.

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

No.2008/H/5/11 New Delhi, dated 7.7.2008

Copy to :-

1. The Secretary, RBSS Group 'A', Officers Association.
2. The Secretary, RBSS Group 'B', Officers Association.
3. The Secretary, Railway Board, Ministerial Staff Association.
4. The Secretary, Railway Board, Group 'D' Employees Association.
5. General Secretary, AIRF, New Delhi. (35spares)
6. General Secretary, NFIR, New Delhi. (35 spares)
7. General Secretary, RREWA, 490A/16 Gurdwara Road, Gurgaon.
8. The Secretary General,IRPOF,RoomNo.268,Rail Bhawan,with10 spares.
9. Secretary General , FROA with 10 spares.
10. President,,All India Retired Railwaymen's Federation, Building no. 13/9, Vivekanand Housing Society, Guru Mandir Marg, Dombivili (E)-421201.
11. The President, All India Retired Railway Officers' Association, 12-13-268, St.No.15, Tarnaka, Secunderabad.
12. The president, AIRRF, Block No. 303, Railway Colony High School, Chilkalguda, Secunderabad 500025(A.P)
13. The President, National Federation of Railway Pensioners, Palghat.
14. The President, National Federation of Railway Pensioners, Chennai.
15. The Members of the National Council, Departmental Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi 9 (with 30 spares).

For Secretary
Railway Board

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

S.No. 8 /Health/2008

No. 2008/H/6-4 Policy 1 **New Delhi, dated 11 .7.2008**

The General Manager,
All Indian Railways & Production Units.

Director General, RDSO/Lucknow.

Addendum

Sub.: Reimbursement of medical expenses – procedure of Disposal.
Ref.: Board's letter No. 2005/H/6-4/Policy-II dated 31.01.2007.

******

The matter regarding procedure/guidelines to be followed by medical functionaries at peripheral, Divisional and Zonal levels for reimbursement of claims for the treatment taken in private non-recognized hospitals has been examined in Board's office and it has been decided as under:-

1. Procedure:

The procedure to be followed for consideration and rejection of the reimbursement claim, if the treatment is taken by railway employee in a non-recognized private hospital without referral by authorized Medical Officer shall be as under:-

A. At the Division/Zonal Hospital/Production Unit Level :

(i) AMO will scrutinize the claim first and will forward it to CMS of the concerned Division/Production Unit or MD of the Zonal Hospital

(ii) CMS/MD will scrutinize the claim and if emergency is established, will recommend the amount to be reimbursed and will send it for financial concurrence of the associate finance.

(iii) The proposal will be sent to CMD of the concerned Zone.

B. At the Zonal Headquarters :

(i) The CMD of the concerned zone scrutinizes the reimbursement claim and will send the same for FA & CAO's concurrence.

(ii) If the reimbursement amount is within the powers delegated to General Manager, the claim will be sent for his approval otherwise the proposal will be sent to Board for consideration.

2. The competent authority to reject the claim shall be the authority which scrutinizes the claim in cases where emergency is not established.

A. The competent authority to reject the claim in case where emergency is not established as per guidelines laid down in Board's letter No.2005/H/6-4/Policy-II dated 31.1.07 shall be CMS of the Division/Production Unit or Medical Director of the Zonal Hospital, as the case may be.

B. In case, the proposal has been duly forwarded to the concerned CMD and CMD concerned after scrutiny, comes to the conclusion that emergency is not established, the competent authority to reject the claim shall be CMD concerned.

C. In case, the rejection is on any ground other than emergency not being established, the competent authority to reject the claim shall be DRM at the Divisional level and General Manager at the Zonal level/Production Unit level.

D. The reasons for not recommending the proposal for sanction of competent authority needs to be intimated to the employee at the scrutiny level itself.

3. This disposes of E.C.Railway's letter No. ECR/MED/REM/002/46 dated 08.02.2008.

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

Encl.: ACS to Para 648(2) of IRMM, 2000.

Copy to All Chief Medical Directors, All Indian Railways.

No. 2008/H/6-4 Policy 1 **New Delhi, dated 11 .7.2008**

Copy to:

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

For Financial Commissioner/Railways,
Railway Board.

No. 2008/H/6-4/Policy-1 **New Delhi, Dated || .07.2008.**

Copy to:

1. CPO/Chief Medical Director and MSs' All Indian Railways(Including PUs)
2. Computer facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
3. Directors of CTIs, RSC/Baroda, IRICEN/Pune, IRIEEN/Nasik, IRISET, Secunderabad, IRIMEE/Jamalpur and IREITM/Lucknow.
4. General Manager & FA&CAO, Metro Rail/Kolkata
5. General manager & FACAO, CORE, Allahabad
6. The Director General, Railway Staff College, Vadodara.
7. The Managing Director, RITES, IRCON, IRFC,CONCOR of India Ltd. Konkan Rly. Corpn., Ltd, Belapur Bhawan, Cector-11, C.B.D. Belapur, Navi Mumbai-400614, NVNL, Plot No.25, 1st Floor, August Kranti Bhwan, Bhikaji Cama Place, New Delhi 110066.
8. The General Secretary, IRCA/New Delhi.

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

No. 2008/H/6-4/Policy-1 **New Delhi, Dated || .07.2008.**

Copy to:

1. The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi (35 spares).
2. The General Secretary, NFIR, Room No. 256-E, Rail Bhawan, New Delhi (35 spares).
3. All Members of Departmental Council and National Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi (60 spares).
4. The Secretary General, FROA & IRPOA, Room No. 256-A & 268, Railway Board (5 spares).
5. The General Secretary, All India RPF Association, Room No. 256-D, Rail Bhawan, New Delhi.
6. The Secretary, RBSS Group 'A' Officers Association, Room No. 402, Railway Bhawan, New Delhi.
7. The Secretary, RBSS Group 'B' Officers Association, Railway Bhawan, New Delhi.
8. The Secretary, RBMSA, Railway Bhawan, New Delhi.
9. The Secretary, Railway Board Group 'D' Employees Association, Railway Bhawan, New Delhi.
10. The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Railway Bhawan, New Delhi.
11. Chief Commissioner of Railway Safety, Lucknow.
12. Adviser (Safety), Railway Board, New Delhi.
13. The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.
14. President, All India Retired Railway Officers' Association, 12-13, St. No.15, Tamaka, Secunderabad.
15. President, All India Retired Railwaymen's Federation, Building No.13/9, Vivekananad Housing Society, Guru Mandir Marg, Dombivili(E)-421201.
16. President, AIRRF, Block No.303, Railway Colony High School, Chilkalguda, Secunderabad-500025(A.P)
17. President, National Federation of Railway Pensioners, Palghat,
18. President, National Federation of Railway Pensioners, Chennai.

for Secretary/Railway Board

Copy to:

PSs to MR, MSR (V) & MSR (N).
Sr. PPS to CRB, FC, MS, ML, ME, MT & MM, Secretary, DG/RHS & DG/RPF.
All Officers and Branches in Board's Office.

Advance Correction Slip to Para 648 of IRMM, 2000

The following may be added as para 648(4) of IRMM, 2000.

648(4):

1. Procedure:

The procedure to be followed for consideration and rejection of the reimbursement claim, if the treatment is taken by railway employee in a non-recognized private hospital without referral by authorized Medical Officer shall be as under:-

C. At the Division/Zonal Hospital/Production Unit Level :

(i) AMO will scrutinize the claim first and will forward it to CMS of the concerned Division/Production Unit or MD of the Zonal Hospital

(ii) CMS/MD will scrutinize the claim and if emergency is established, will recommend the amount to be reimbursed and will send it for financial concurrence of the associate finance.

(iii) The proposal will be sent to CMD of the concerned Zone.

D. At the Zonal Headquarters :

(i) The CMD of the concerned zone scrutinizes the reimbursement claim and will send the same for FA & CAO's concurrence.

(ii) If the reimbursement amount is within the powers delegated to General Manager, the claim will be sent for his approval otherwise the proposal will be sent to Board for consideration.

2. The competent authority to reject the claim shall be the authority which scrutinizes the claim in cases where emergency is not established.

A. The competent authority to reject the claim in case where emergency is not established as per guidelines laid down in Board's letter No.2005/H/6-4/Policy-II dated 31.1.07 shall be CMS of the Division/Production Unit or Medical Director of the Zonal Hospital, as the case may be.

B. In case, the proposal has been duly forwarded to the concerned CMD and CMD concerned after scrutiny, comes to the conclusion that emergency is not established, the competent authority to reject the claim shall be CMD concerned.

C. In case, the rejection is on any ground other than emergency not being established, the competent authority to reject the claim shall be DRM at the Divisional level and General Manager at the Zonal level/Production Unit level.

D. The reasons for not recommending the proposal for sanction of competent authority needs to be intimated to the employee at the scrutiny level itself.

(Authority : Board's letter No.2008/H/6-4 Policy 1 dated 11 .07.08)

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

क्रमांक 8/स्था./2008

सं. 2008/एच/6-4 पॉलिसी 1 नई दिल्ली, दि. 11.07.2008

महाप्रबंधक,
सभी भारतीय रेलें एवं उत्पादन इकाइयां.

अनुशेष

विषय : चिकित्सा व्ययों की प्रतिपूर्ति-निपटारा कार्यविधि संबंधी.
संदर्भ : बोर्ड का दिनांक 31.01.2007 का पत्र सं. 2005/एच/6-4/पॉलिसी-II.

गैर-मान्यता प्राप्त प्राइवेट अस्पतालों में कराए गए उपचार के लिए दावों की प्रतिपूर्ति हेतु, स्थानीय, मंडलीय एवं क्षेत्रीय स्तर पर चिकित्सा पदाधिकारियों द्वारा अपनाई जाने वाली कार्यविधि/मार्गनिर्देशों संबंधी मामले की बोर्ड कार्यालय में जांच की गई है और निम्नानुसार विनिश्चय किया गया है.

1. **कार्यविधि :**

यदि रेल कर्मचारी द्वारा प्राधिकृत चिकित्सा अधिकारी से रेफर कराए बिना किसी गैर-मान्यताप्राप्त प्राइवेट अस्पताल में उपचार कराया जाता है तो दावों की प्रतिपूर्ति पर विचार और अस्वीकृति के लिए अपनाई जाने वाली कार्यविधि निम्नानुसार होगी :

क. मंडल/क्षेत्रीय अस्पताल/उत्पादन कारखाने स्तर पर

(i) प्राधिकृत चिकित्सा अधिकारी सबसे पहले दावों की छानबीन करेगा और इसे संबंधित मंडल/उत्पादन कारखानों के मुख्य चिकित्सा अधीक्षक या क्षेत्रीय अस्पताल के चिकित्सा निदेशक के पास भेजेगा.

(ii) मुख्य चिकित्सा अधीक्षक/चिकित्सा निदेशक दावों की छानबीन करेगा और यदि आपातकालीन स्थिति में उपचार कराया हो तो उस राशि की प्रतिपूर्ति किए जाने की सिफ़ारिश करेगा और इसे सह वित्त की वित्तीय सहमति के लिए भेजेगा.

(iii) प्रस्ताव संबंधित ज़ोन के मुख्य चिकित्सा निदेशक को भेजा जाएगा.

ख. क्षेत्रीय मुख्यालयों पर

(i) संबंधित ज़ोन का मुख्य चिकित्सा निदेशक दावों की प्रतिपूर्ति की छानबीन करेगा और इसे वित्त सलाहकार एवं मुख्य लेखाधिकारी की सहमति के लिए भेजेगा.

2. दावों को अस्वीकार करने के लिए सक्षम प्राधिकारी वे प्राधिकारी होंगे जो उन मामलों की छानबीन करेंगे, जिन दावों की आपात स्थिति साबित नहीं हुई.

क. बोर्ड के दिनांक 31.01.07 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में निर्धारित मार्ग-निर्देशों के अनुसार उन मामलों में जिनका उपचार आपात स्थिति में नहीं हुआ है, दावों को अस्वीकार करने के लिए सक्षम प्राधिकारी मंडल/उत्पादन कारखाने के जैसा भी मामला हो, मुख्य चिकित्सा अधीक्षक या क्षेत्रीय अस्पताल के चिकित्सा निदेशक होंगे.

ख. यदि प्रस्ताव को विधिवत् रूप से संबंधित मुख्य चिकित्सा निदेशक के पास भेजा जाता है और छानबीन के बाद संबंधित मुख्य चिकित्सा निदेशक इस निष्कर्ष पर पहुंचता है कि उपचार आपातस्थिति में नहीं कराया गया तो दावों को अस्वीकार करने के लिए सक्षम प्राधिकारी संबंधित मुख्य चिकित्सा निदेशक होगा.

ग. यदि अरवीकृति आपातरिथिति गें न हुए उपचार को छोड़कर किसी भी कारण से होती है तो दावा अस्वीकार करने के लिए सक्षम प्राधिकारी मंडलीय स्तर पर मंडल रेल प्रबंधक और क्षेत्रीय/उत्पादन कारखाना स्तर पर महाप्रबंधक होंगे.

घ. सक्षम प्राधिकारी के अनुमोदन के लिए प्रस्ताव को संस्तुत न करने के कारणों को संवीक्षा स्तर पर ही कर्मचारी को सूचित करना आवश्यक है.

3. इससे पूर्व तट रेलवे के दिनांक 08.023.2008 के पत्र सं. ई सी आर/एम ई डी/आर ई एम/002/46 का निपटारा हो जाता है.

(डॉ. जयश्री राना)
कार्यपालक निदेशक, स्वा. (सा.)
रेलवे बोर्ड

संलग्नक : भारेचि.नियमावली, 2000 के पैरा 648 (2) के लिए अग्रिम शुद्धि पर्ची.

प्रतिलिपि : सभी मुख्य चिकित्सा निदेशक, सभी भारतीय रेलें.

सं. 2008/एच/6-4 पॉलिसी 1 **नई दिल्ली, दि. ।। .07.2008**
प्रतिलिपि :

1. विसएवं मुलेधि, सभी भारतीय रेलें, चिरेका/डीरेका/रेडिका/डीआका/रेल पहिया फैक्टरी.
2. उप नियंत्रक एवं महालेखा परीक्षक (रेलें) कमरा नं.224, रेल भवन, नई दिल्ली.

कृते वित्त आयुक्त (रेलें)

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 के लिए अग्रिम शुद्धि पर्ची

भारतीय रेल चिकित्सा नियमावली के पैरा 648 (4) के रूप में निम्नलिखित को जोड़ा जाए.

648 (4) -

1. कार्यविधि:

यदि रेल कर्मचारी द्वारा प्राधिकृत चिकित्सा अधिकारी से रेफर कराए बिना किसी गैर-मान्यताप्राप्त प्राइवेट अस्पताल में उपचार कराया जाता है तो दावों की प्रतिपूर्ति पर विचार और अस्वीकृति के लिए अपनाई जाने वाली कार्यविधि निम्नानुसार होगी :

क. <u>मंडल/क्षेत्रीय अस्पताल/उत्पादन कारखाने स्तर पर</u>

(i) प्राधिकृत चिकित्सा अधिकारी सबसे पहले दावों की छानबीन करेगा और इसे संबंधित मंडल/उत्पादन कारखानों के मुख्य चिकित्सा अधीक्षक या क्षेत्रीय अस्पताल के चिकित्सा निदेशक के पास भेजेगा.

(ii) मुख्य चिकित्सा अधीक्षक/चिकित्सा निदेशक दावों की छानबीन करेगा और यदि आपातकालीन स्थिति में उपचार कराया हो तो उस राशि की प्रतिपूर्ति किए जाने की सिफ़ारिश करेगा और इसे सह वित्त की वित्तीय सहमति के लिए भेजेगा.

(iii) प्रस्ताव संबंधित ज़ोन के मुख्य चिकित्सा निदेशक को भेजा जाएगा.

ख. <u>क्षेत्रीय मुख्यालयों पर</u>

(i) संबंधित ज़ोन का मुख्य चिकित्सा निदेशक दावों की प्रतिपूर्ति की छानबीन करेगा और इसे वित्त सलाहकार एवं मुख्य लेखाधिकारी की सहमति के लिए भेजेगा.

(ii) यदि प्रतिपूर्ति की राशि महाप्रबंधक को प्रत्यायोजित की गई शक्तियों के भीतर है तो दावे को उनके अनुमोदन के लिए भेजा जाएगा अन्यथा प्रस्ताव बोर्ड के विचारार्थ भेजा जाएगा.

2. दावों को अस्वीकार करने के लिए सक्षम प्राधिकारी वे प्राधिकारी होंगे जो उन मामलों की छानबीन करेंगे, जिन दावों की आपात स्थिति साबित नहीं हुई.

क. बोर्ड के दिनांक 31.01.07 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में निर्धारित मार्ग-निर्देशों के अनुसार उन मामलों में जिनका उपचार आपात स्थिति में नहीं हुआ है, दावों को अस्वीकार करने के लिए सक्षम प्राधिकारी मंडल/उत्पादन कारखाने के जैसा भी मामला हो, मुख्य चिकित्सा अधीक्षक या क्षेत्रीय अस्पताल के चिकित्सा निदेशक होंगे.

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

संख्या 2008/H-1/12/1(Policy) नई दिल्ली, दिनांक/4.07.2008

General Managers,
All Indian Railways.

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

Ref: Board's letter no. 2000/H-1/12/27 dated 13.01.2006 & 10.03.2008.

Sanction of the Ministry of Railways was accorded for the aforesaid arrangement, for a period of six months from 13.01.2008, on same terms and conditions.

Ministry of Railways have now decided to extend the aforesaid arrangement, further for a period of three months from 13.06.2008, on the same terms and conditions.

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

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

14/7/08

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

संख्या 2008/H-1/12/1(Policy) नई दिल्ली, दिनांक/4.07.2008

Copy to: 1. The Chief Medical Directors, All Indian Railways.
2.The F.A.&C.A.O.s All Indian Railways .

14/7/08

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

संख्या 2008/H-1/12/1(Policy) नई दिल्ली, दिनांक/4.07.2008

3. The Director of Audit, All Indian Railways.
4. The Dy. Comptroller & Auditor General of India (Railways), Room No. 224, RailBhavan, New Delhi

for Financial Commissioner/Railways

Copy for DDF(E) 1 & f (E) Spl., Railway Board.
General Secretary, AIRF, NFIR,New Delhi, (35 copy)
The President, All India Retired Railwaymen's Federation, Building no. 13/9, Vivekananda Housing Society, Guru Mandir Marg, Dombivilli (E)-421201

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2008/एच-1/12/1(पॉलिसी) **नई दिल्ली, दिनांक** 14.07.2008

महाप्रबंधक,
सभी भारतीय रेलें.

विषय: रेल लाभार्थियों को दंत चिकित्सा पर खर्च किए गए व्यय की प्रतिपूर्ति के प्रावधान से संबंधित व्यवस्था को बढ़ाना.

संदर्भ: बोर्ड के 13.01.2006 एवं 10.03.2008 के पत्र सं. 2000/एच-1/12/27

उक्त व्यवस्था को उन्हीं निबंधनों और शर्तों पर 13.01.2008 से छः महीने की अवधि के लिए रेल मंत्रालय की स्वीकृति प्रदान की गई थी.

रेल मंत्रालय ने अब उक्त व्यवस्था को उन्हीं निबंधनों और शर्तों पर 13.06.2008 से आगे और तीन महीने की अवधि के लिए बढ़ाने का विनिश्चिय किया है.

बहरहाल, सभी महाप्रबंधकों को बोर्ड (सदस्य कार्मिक) के 25.10.2002 के समसंख्यक अ.शा. पत्र के अनुसार, यदि किसी रेल अस्पताल/स्वास्थ्य इकाई में अंशकालिक/पूर्णकालिक दंत सर्जन और अवसंरचना सुविधाएं उपलब्ध कराई जाती हैं तो यह सुविधा स्वतः ही समाप्त समझी जाए और इसके बाद इस मामले में कोई प्रतिपूर्ति अनुमेय नहीं होगी.

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

जयश्री राना

(डा. जयश्री राना)
कार्य. निदे./स्वास्थ्य (सा)
रेलवे बोर्ड.

सं. 2008/एच-1/12/1(पॉलिसी)

नई दिल्ली, दिनांक 14.07.2008

प्रतिलिपि प्रेषित-

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

जयश्री राना

(डा. जयश्री राना)
कार्य. निदे./स्वास्थ्य (सा)
रेलवे बोर्ड.

सं. 2008/एच-1/12/1(पॉलिसी)

नई दिल्ली, दिनांक

प्रतिलिपि प्रेषित-

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

कृते वित्त आयक्त/रेलें

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No:2002/H/5/1 New Delhi, dated 21-7-2008.

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

Addendum

Sub: Medical fitness of Railway employees with Intra-Ocular Lens (IOL)-Amendment to Para 512 (10) of IRMM, 2000.

Instructions were issued regarding the above mentioned subject vide Board's letter dt. 30.04.08 .

In this regard, it is further clarified that the in-service employees of A-1 (Aye-one) category who had undergone PC(IOL) implant in one or both eyes (in the past) and had been declared unfit prior to the issue of Board's letter will not be considered for re-medical examination.

This issues in the consultation with Safety, Traffic and Establishment Directorates of the Board.

Pankaj Kapoor

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

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2002/एच/5/1 नई दिल्ली, दिनांक 21 .07.2008

महाप्रबंधक,
सभी भारतीय रेलें (उत्पादन इकाइयों सहित).

अनुशेष

विषय: **इन्ट्रा-ऑक्यूलर लैंस (आई ओ एल)वाले रेल कर्मचारियों की मेडिकल फिटनेस - भा.रे.चि.नि.-2000 के पैरा 512 (10) का संशोधन.**

उपर्युक्त विषय पर बोर्ड के 30.04.08 के पत्र के तहत अनुदेश जारी किए गए थे.

इस संबंध में आगे यह स्पष्ट किया जाता है कि ए-1 कोटि के सेवारत कर्मचारियों, जिन्होंने एक अथवा दोनों आंखों (विगत में) में पी सी (आई ओ एल) इंप्लांट करवाया था और जिन्हें बोर्ड के पत्र के जारी होने से पहले अयोग्य घोषित किया गया था, पर पुन: चिकित्सा परीक्षा के लिए विचार नहीं किया जाएगा.

इसे बोर्ड के सरंक्षा, यातायात एवं स्थापना निदेशालयों की सहमति से जारी किया जा रहा है.

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

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No.2002/H/5/11 New Delhi, dated : 21.7.2008

Copy to :

1. CPOs, Chief Medical Director and MSs' All Indian Railways (Including PUs)
2. OSDs/PPSs to MR, MSR(V) and MSR(N).
3. Chief Commissioner of Railway Safety, Ministry of Civil Aviation, 16-Ashok Marg, Lucknow-226001.
4. Chairman, FC,MS, ME, MM, ML, MT Secy, DG/RHS,DG/RPF, EDCC, AM(CE), AM(WORKS), AM (L&A), ECO ADV., AM (L), Adv.(STAFF), Adv.(IR), AM(BUDGET), AM(FIN.) ADVISER (FINANCE),, AM(IT), LEGAL ADVISER AM(M), AM(PU), AM(PLG.) AM(S&C), ADVISER(SIGNAL), AM(TELECOM), AM(STORES), AM(TRAFFIC), AM(COMML.), AM(T&C), ADVISER(VIG.), EDCE(B&S), EDCE(G), ED(DM), ED(PROJECTS), ED(TRACK (M), EDTRACK(MC), ED TRACK(P), ED(WORKS), EDEE(DEV.), EDEE(G), EDEE(RS), ED(RE), ED(ACCOUNTS), EDF(S)EDF(X)I, EDF(X)II, EDF (C), EDF(E), ED(PC), ED(STATISTIC & ECONOMICS), EDME(CHG.), EDME(FR.), EDME(TR.) EDME(DEV.), EDME(W), EDE(RRB), EDE(N), EDE(RES.)EDE(GC), ED(T&MPP), ED(C&IS), ED(MIS) EDTT(M), EDTT(S), EDTT(F), ED(PM), ED(PG), EDTC (R) ED(T&C), ED(SAFETY), ED(COACHING), ADVISER (CONFD.), ED(SIGNAL), ED(TD), EDRS (C), EDRS(G), EDRS(P), EDRS(S), ECO. ADV., ED(E&R), ED(PLG.), DIR.(I&P),EDV(E), EDV(T), EDV(S), DIG(VIG.),EDH(G)
5. All Officers of Health Dte.for information. DIH, DH&FW
6. Computer Facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
7. Directors of CTIs , RSC/Baroda, IRICEN/Pune,IRIEEN/Nasik, IRISET/ Secunderabad, IRIMEE/Jamalpur and IRITM/Lucknow.
8. G.M. & FA &CAO, Metro Rail Kolkata.
9. G.M. & FA & CAO, CORE, Allahabad.
10. The Director General, Railway Staff College, Vadodara.
11. The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd. , Konkan Rly. Corpn.Ltd., Belapur Bhawan, Sector-11,C.B.D.Belapur, Navi Mumbai-400 614, RVNL, Plot No.25, 1st flr.August Kranti Bhawan, Bhikaji Cama Place, N.Delhi-110066.
12. The Pay and Account Officer, Ministry of Railways (Railway Board).
13. The General Secretary, IRCA/New Delhi.

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

No.2002/H/5/11 New Delhi, dated 21.7.2008

Copy to :-

1. The Secretary, RBSS Group 'A', Officers Association.
2. The Secretary, RBSS Group 'B', Officers Association.
3. The Secretary, Railway Board, Ministerial Staff Association.
4. The Secretary, Railway Board, Group 'D' Employees Association.
5. General Secretary, AIRF, New Delhi. (35spares)
6. General Secretary, NFIR, New Delhi. (35 spares)
7. General Secretary, RREWA, 490A/16 Gurdwara Road, Gurgaon.
8. The Secretary General,IRPOF,RoomNo.268,Rail Bhawan,with10 spares.
9. Secretary General , FROA with 10 spares.
10. President,,All India Retired Railwaymen's Federation, Building no. 13/9, Vivekanand Housing Society, Guru Mandir Marg, Dombivili (E)-421201.
11. The President, All India Retired Railway Officers' Association, 12-13-268, St.No.15, Tarnaka, Secunderabad.
12. The president, AIRRF, Block No. 303, Railway Colony High School, Chilkalguda, Secunderabad 500025(A.P)
13. The President, National Federation of Railway Pensioners, Palghat.
14. The President, National Federation of Railway Pensioners, Chennai.
15. The Members of the National Council, Departmental Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi 9 (with 30 spares).

For Secretary
Railway Board

MOST IMMEDIATE

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

No.2007/H/28/1/RELHS/Smart card

New Delhi, dated : 24 .07.08.

General Manager,
Northern Railway
New Delhi.

Sub: Cashless services for RELHS Card holders to take treatment in recognized private hospitals in emergency.
Ref: Board's letter No. 2007/H/28/1/RELHS/Smart Card dated 29.02.08.

***

In continuation to Board's letter of even number dated 29.02.08 on the above subject, additional quidelines/ modalities, duly approved by the Board, to be followed for introduction of the Scheme, are given as under:-

1. The empanelled hospitals to be short listed on geographical basis for signing of Memorandum of Understanding.
2. Genuineness of emergencies is to be established at the earliest by any means of communications and not later than 24 hours of the patient being admitted in the Private Recognised Hospital.
3. In case the genuineness of emergency is not established, then the reimbursement to the patient for the amount he paid to the private hospital will be limited to the CGHS rates only for the bill raised till decision is taken on emergency by Railway doctor with reference to item no. 2, above.
4. The list of the Private Recognised Hospitals along with the list of emergencies in the specialities for which they are recognized for the treatment, are to be clearly specified in the book-let issued to the beneficiaries.

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

Pankaj Kapoor

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

No. 2007/H/28/1/RELHS/Smart Card

New Delhi, Dated 24 .07.08

Copy to:-
1. FA&CAO, Northern Railway, New Delhi.
2.Chief Medical Director, Northern Railway, Baroda House, New Delhi.

Pankaj Kapoor

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

No. 2007/H/28/1/RELHS/Smart Card

New Delhi, Dated 24.07.08

Copy to:-

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

For Financial Commissioner/Railways.

Copy to F(E) Spl. Branch.

C:\My Documents\ Jan 2008.doc

S. No. 10/2008
Health

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

No. 2007/H/6-4/Policy-1 **New Delhi, dated 7.8.2008**

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

Sub.: Reimbursement of medical expenses – delegation of powers to Divisional Railway Managers.
Ref.: Board's letter No.2000/H/6-4/Policy dated 06.03.2003 and 2007/H/6-4/Policy-1 dated 26.11.07.

Arising out of demand of All India Railway Federation (AIRF) regarding delegation of powers to Division Railway Manager(DRM) for reimbursement of medical expenses of Railway employees incurred on treatment of self or their dependents taken in emergencies in Private hospitals and Dispensaries run by Philanthropic organizations, the matter has been examined in detail.

2. In terms of Board's letter No.2000/H/6-4/Policy dated 6.3.2003, powers were delegated to DRMs to settle the claims with the concurrence of their associate finance for reimbursement of medical expenses, taken in emergencies at Govt. or recognized hospitals (and not in the case of private hospitals where the existing procedure of taking personal approval of GM/AGM should continue) up to Rs. 10,000/- per case with a ceiling limit of Rs. 50,000/- per year only. Powers have also been delegated to GMs to settle reimbursement claims for the treatment taken in emergency in private recognized/non recognized hospitals up to a ceiling limit of Rs. 2 lakh only in each case vide Board's letter of even No. dated 26.11.2007.

3. Ministry of Railways in partial modification of their above orders dated 6.3.2003 have now decided as follows:-

Divisional Railway Managers are now delegated powers to sanction all reimbursement claims with the concurrence of their associate finance for reimbursement of medical expenses for treatment taken in emergency even without referral from AMO at private recognized/non recognized hospitals up to Rs. 10,000/- per case with a ceiling limit of Rs. Two Lakh per year only.

4. Above delegation to DRMs is subject to the norms as prescribed in Board's letter No.2005/H/6-4/Policy-II dated 31.1.2007 being followed. These powers, however, may not be re-delegated further.

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

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

ACS to Para 648(3) of IRMM, 2000 is enclosed.
This also disposes off N.Rly.'s letter No.139/Med/Policy/08 dated 8.5.08

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

Copy to All Chief Medical Directors, All Indian Railways.

No. 2008/H/6-4 Policy 1 New Delhi, dated 7.8.2008

Copy to:

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

For Financial Commissioner/Railways,
Railway Board.

No. 200/H/6-4/Policy-1 **New Delhi, dated** 7.8.2008

Copy to:

1. CPO/Chief Medical Director and MSs' All Indian Railways(Including PUs)
2. Computer facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
3. Directors of CTIs, RSC/Baroda, IRICEN/Pune, IRIEEN/Nasik, IRISET, Secunderabad, IRIMEE/Jamalpur and IREITM/Lucknow.
4. General Manager & FA&CAO, Metro Rail/Kolkata
5. General manager & FACAO, CORE, Allahabad
6. The Director General, Railway Staff College, Vadodara.
7. The Managing Director, RITES, IRCON, IRFC,CONCOR of India Ltd. Konkan Rly. Corpn., Ltd, Belapur Bhawan, Cector-11, C.B.D. Belapur, Navi Mumbai-400614, NVNL, Plot No.25, 1st Floor, August Kranti Bhwan, Bhikaji Cama Place, New Delhi 110066.
8. The General Secretary, IRCA/New Delhi.

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

No. 2007/H/6-4/Policy-1 **New Delhi, dated** 7.8.2008

Copy to:

1. The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi (35 spares).
2. The General Secretary, NFIR, Room No. 256-E, Rail Bhawan, New Delhi (35 spares).
3. All Members of Departmental Council and National Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi (60 spares).
4. The Secretary General, FROA & IRPOA, Room No. 256-A & 268, Railway Board (5 spares).
5. The General Secretary, All India RPF Association, Room No. 256-D, Rail Bhawan, New Delhi.
6. The Secretary, RBSS Group 'A' Officers Association, Room No. 402, Railway Bhawan, New Delhi.
7. The Secretary, RBSS Group 'B' Officers Association, Railway Bhawan, New Delhi.
8. The Secretary, RBMSA, Railway Bhawan, New Delhi.
9. The Secretary, Railway Board Group 'D' Employees Association, Railway Bhawan, New Delhi.
10. The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Railway Bhawan, New Delhi.
11. Chief Commissioner of Railway Safety, Lucknow.
12. Adviser (Safety), Railway Board, New Delhi.
13. The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.
14. President, All India Retired Railway Officers' Association, 12-13, St. No.15, Tamaka, Secunderabad.
15. President, All India Retired Railwaymen's Federation, Building No.13/9, Vivekananad Housing Society, Guru Mandir Marg, Dombivili(B)-421201.
16. President, AIRRF, Block No.303, Railway Colony High School, Chilkalguda, Secunderabad-500025(A.P)
17. President, National Federation of Railway Pensioners, Palghat,
18. President, National Federation of Railway Pensioners, Chennai.

for Secretary/Railway Board

Copy to:

PSs to MR, MSR (V) & MSR (N).
Sr. PPS to CRB, FC, MS, ML, ME, MT & MM, Secretary, DG/RHS & DG/RPF.
All Officers and Branches in Board's Office.

Advance Correction Slip to Para 648 (3)of IRMM, 2000

Para 648(3) of IRMM, 2000

READ

Rs. 2 lakhs (Rs. Two lakhs only)

FOR

RS. 50,000/-

And add the following to para 648(3) of IRMM, 2000:-

Divisional Railway Managers are delegated powers to settle the claims with the concurrence of their associate finance for reimbursement of medical expenses for treatment taken in emergency at private recognized/non-recognized hospitals upto Rs. 10,000/-per case and with a ceiling limit of Rs. Two lakhs only per annum.

Above delegation to DRMs is subject to the norms as prescribed in Railway Board's letter No. 2005/H/6-4/Policy-II dated 31.1.2007 being followed. These powers are delegated to the DRMs of Zonal Railways only. These powers, however, may not be re-delegated further.

(Authority : Board's letter No. 2007/H/6-4/Policy-1 dated 7.8.2008.

क्रमांक 10/2008/स्वा०

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2007/एच/6-4/पॉलिसी-1 नई दिल्ली, दिनांक 7 & 2008

महाप्रबंधक,
सभी भारतीय रेलें (उत्पादन इकाइयों सहित)

विषय: **मेडिकल खर्चों की प्रतिपूर्ति - मंडल रेल प्रबंधकों को शक्तियों का प्रत्यायोजन.**

संदर्भ: **बोर्ड का 06.03.2003 का पत्र सं.2000/एच/6-4/पॉलिसी और 26.11.2007 का पत्र सं.2007/एच/6-4/पॉलिसी-1.**

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लोकहितैषी संगठनों द्वारा चलाए जा रहे निजी अस्पतालों और औषाधालयों में आपातकाल में रेल कर्मचारियों के स्वयं के और आश्रितों के उपचार पर खर्च किए गए उनके मेडिकल खर्चों की प्रतिपूर्ति हेतु मंडल रेल प्रबंधक (मंरेप्र) को शक्तियों के प्रत्यायोजन के संबंध में अखिल भारतीय रेल फेडरेशन (ए आई आर एफ) द्वारा मांग उठाए जाने पर मामले की विस्तार से जाँच की गई है.

2. बोर्ड के 06.03.2003 का पत्र सं.2000/एच/6-4/पॉलिसी के अनुसार, सरकारी अथवा मान्यता प्राप्त अस्पतालों (न कि निजी अस्पतालों जहां महाप्रबंधक/उपमहाप्रबंधक की वैयक्तिक अनुमोदन लेने के लिए मौजूदा कार्यविधि जारी रखी जाए के मामले में) में अस्पतालों में लिए गए केवल 50,000/- रु. प्रति वर्ष की उच्चतम सीमा सहित 10,000/-रु. प्रति मामला तक मेडिकल खर्चों की प्रतिपूर्ति हेतु उनके सहायक वित्त की सहमति से दावों के निपटारे के लिए मंडल रेल प्रबंधक को शक्तियां प्रत्यायोजित की गई थीं, बोर्ड के 26.11.2007 के समसंख्यक पत्र के तहत प्रत्येक मामले में निजी मान्यता प्राप्त/गैर-मान्यता प्राप्त अस्पतालों में आपातकाल में लिए जाने वाले उपचार के लिए केवल दो लाख रुपए की उच्चतम सीमा तक प्रतिपूर्ति दावों के निपटारे हेतु भी महाप्रबंधकों को शक्तियां प्रत्यायोजित की गई हैं.

3. रेल मंत्रालय ने अपने दिनांक 6.3.2003 के उपर्युक्त आदेशों में आंशिक आशोधन करते हुए नीचे दिए गए अनुसार अब यह विनिश्चिय किया है कि:-

निजी मान्यता प्राप्त/गैर-मान्यता प्राप्त अस्पतालों में ए एम ओ से रेफरल के बिना भी आपातकाल में लिए जाने वाले उपचार के लिए 10,000/- प्रति मामला और केवल दो लाख रुपए प्रति वर्ष तक की अधिकतम सीमा सहित मेडिकल खर्चों की प्रतिपूर्ति के लिए उनके संबद्ध वित्त की सहमति से दावों के निपटारे हेतु मंडल रेल प्रबंधकों को अब शक्तियां प्रत्यायोजित की गई हैं.

4. मंडल रेल प्रबंधकों को उपर्युक्त प्रत्यायोजन बोर्ड के 31.01.2007 के पत्र सं.2005/एच/6-4/पॉलिसी-II में निर्धारित किए गए अनुसार मानदंडों के अनुपालन किए जाने के अध्यधीन होगा. बहरहाल, इन शक्तियों को आगे पुन: प्रत्यायोजित न किया जाए.

5. ये अनुदेश इस पत्र के जारी होने की तारीख से प्रभावी होंगे.

6. इसे राष्ट्रपति जी का अनुमोदन प्राप्त है और रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है.

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 (3) की अग्रिम संशोधन पर्ची संलग्न है.

इससे उत्तर रेलवे के 8.5.2008 के पत्र सं. 139/मेड/पोलिसी/08 का भी निपटारा होता है.

संलग्नक : अग्रिम संशो. पर्ची.

जयश्री राना

(डॉ.जयश्री राना)
कार्य.निदेशक, स्वास्थ्य (सा.)
रेलवे बोर्ड

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 (3) के लिए अग्रिम शुद्धि पर्ची

भारतीय रेल चिकित्सा नियमावली, 2000 का पैरा 648 (3)

50,000/- के लिए

2 लाख रुपए (केवल दो लाख रुपए) पढ़ें.

भारतीय रेल चिकित्सा नियमावली 2000 के पैरा 648 (3) के लिए निम्नलिखित जोड़ें :-

निजी मान्यता प्राप्त/गैर-मान्यता प्राप्त अस्पतालों में आपातकाल में लिए जाने वाले उपचार के लिए 10,000/- प्रति मामला और केवल दो लाख रुपए प्रति वर्ष तक की अधिकतम सीमा सहित मेडिकल खर्चों की प्रतिपूर्ति के लिए उनके संबद्ध वित्त की सहमति से दावों के निपटारे हेतु मंडल रेल प्रबंधकों को शक्तियां प्रत्यायोजित की गई हैं.

मंडल रेल प्रबंधकों को उपर्युक्त प्रत्यायोजन बोर्ड के 31.01.2007 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में निर्धारित किए गए अनुसार मानदंडों के अनुपालन किए जाने के अध्यधीन होगा. शक्तियों को केवल क्षेत्रीय रेलों के मंडल रेल प्रबंधकों को ही प्रत्यायोजित कर दिया गया है. बहरहाल, इन शक्तियों को आगे पुनः प्रत्यायोजित न किया जाए.

(प्राधिकार: बोर्ड का दि. 7/8/08 का पत्र सं. 2007/एच/6-4/पॉलिसी-1).

S.No. 9/2008/Health.

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

No. 2007/H/6-4/Policy-1 **New Delhi, dated 08.08.2008**

The General Manager,
All Indian Railways (Including Pus).

CORRIGENDUM

Sub.: Delegation of powers to General Manager for (a) Reimbursement of medical expenses and (b) Advance Payment & Referral.
Ref.: Board's letter No.2007/H/6-4/Policy-1 dated 26.11.07.

******

In partial modification of Board's letter No.2007/H/6-4/Policy-1 dated 26.11.2007, Advance Correction Slip for para 648 (1) (b) enclosed with the said letter may be replaced as under:

"(b) Upto a limit of Rs. 2,00,000/-(Rupees Two lakh) in each case where treatment is taken in Recognized/non-recognized private Hospitals and dispensaries run by philanthropic organizations **without** proper referral by Authorized Medical Officer(AMO) in emergent circumstances. All cases above Rupees two lakh should be referred to Railway Board along with the Proforma as given in Annexure VI to this Chapter duly filled in all the columns. The above delegation to Zonal Railways and Productions Units is subject to the norms prescribed in Railway Board's letter No.2005/H/6-4/Policy-II dated 31.1.2007 being followed.

DA : As above.

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

No. 2007/H/6-4/Policy-I **New Delhi, dated 08.08.2008**
Copy to :

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

For Financial Commissioner/Railways
Railway Board.

Copy to : F(E) Spl. Branch (with 5 spare copies),DDFE-I,JDFE.

ADVANCE CORRECTION SLIP FOR AMENDMENT OF PARA 648 OF IRMM, 2000

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

"(b) Upto a limit of Rs. 2,00,000/-(Rupees Two lakh) in each case where treatment is taken in Recognized/non-recognized private Hospitals and dispensaries run by philanthropic organizations **without** proper referral by Authorized Medical Officer(AMO) in emergent circumstances. All cases above Rupees two lakh should be referred to Railway Board along with the Proforma as given in Annexure VI to this Chapter duly filled in all the columns. The above delegation to Zonal Railways and Productions Units is subject to the norms prescribed in Railway Board's letter No.2005/H/6-4/Policy-II dated 31.1.2007 being followed."

(Authority: Board's letter No. 2007/H/6-4/Policy-1 dated ০৪.০৪.2008)

No. 2007/H/6-4/Policy-I **New Delhi, dated 8 8.2008**

Copy to :

1. Chief Medical Director, All Indian Railways and CMS /MSs' , CLW,DLW,ICF,DMW,RCF, & RWF.
2. OSDs/PPSs to MR, MSR(V) and MSR(N).
3. Chief Commissioner of Railway Safety, Lucknow.
4. Chairman, FC,MS, ME, MM, ML, MT Secy, DG/RHS,DG/RPF, EDCC, AM(CE), AM(WORKS), AM (L&A), ECO ADV., AM (L), Adv.(STAFF), Adv.(IR), AM(BUDGET), AM(FIN.) ADVISER (FINANCE),, AM(IT), LEGAL ADVISER AM(M), AM(PU), AM(PLG.) AM(S&C), ADVISER(SIGNAL), AM(TELECOM), AM(STORES), AM(TRAFFIC), AM(COMML.), AM(T&C), ADVISER(VIG.), EDCE(B&S), EDCE(G), ED(DM), ED(PROJECTS), ED(TRACK (M), EDTRACK(MC), ED TRACK(P), ED(WORKS), EDEE(DEV.), EDEE(G), EDEE(RS), ED(RE), ED(ACCOUNTS), EDF(S)EDF(X)I, EDF(X)II, EDF (C), EDF(E), ED(PC), ED(STATISTIC & ECONOMICS), EDME(CHG.), EDME(FR.), EDME(TR.) EDME(DEV.,), EDME(W), EDE(RRB), EDE(N), EDE(RES.)EDE(GC), ED(T&MPP), ED(C&IS), ED(MIS) EDTT(M), EDTT(S), EDTT(F), ED(PM), ED(PG), EDTC I ED(T&C), ED(SAFETY), ED(COACHING), ADVISER (CONFD.), ED(SIGNAL), ED(TD), EDRS (C), EDRS(G), EDRS(P), EDRS(S), ECO. ADV., ED(E&R), ED(PLG.), DIR.(I&P),EDV(E), EDV(T), EDV(S), DIG(VIG.),
5. All Officers of Health Dte.for information, F(E) Spl.(with 5 spares),ERB-III(with 5 spares).
6. Computer Facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
7. Directors of CTIs , RSC/Baroda, IRICEN/Pune,IRIEEN/Nasik, IRISET/ Secunderabad, IRIMEE/Jamalpur and IRITM/Lucknow.
8. G.M. & FA &CAO, Metro Rail Kolkata.
9. G.M. & FA & CAO, CORE, Allahabad.
10. The Director General, Railway Staff College, Vadodara.
11. The Managing Director, RITES, IRCON, IRFC, CONCOR of India Ltd. , Konkan Rly. Corpn.Ltd., Belapur Bhawan, Sector-11,C.B.D.Belapur, Navi Mumbai-400 614, RVNL, Plot No.25, 1st flr.August Kranti Bhawan, Bhikaji Cama Place, N.Delhi-110066.
12. The Pay and Account Officer, Ministry of Railways (Railway Board).
13. The General Secretary, IRCA/New Delhi.

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

No.2007/H/6-4/Policy -I **New Delhi, dated : 08.07.08**

Copy to :-

1. The Secretary, RBSS Group 'A', Officers Association.
2. The Secretary, RBSS Group 'B', Officers Association.
3. The Secretary, Railway Board, Miniterial Staff Association.
4. The Secretary, Railway Board, Group 'D' Employees Association.
5. General Secretary, AIRF, New Delhi. (35spares)
6. General Secretary, NFIR, New Delhi. (35 spares)
7. General Secretary, RREWA, 490A/16 Gurdwara Road, Gurgaon.
8. The Secretary General,IRPOF,RoomNo.268,Rail Bhawan,with10 spares.
9. Secretary General , FROA with 10 spares.
10. President,,All India Retired Railwaymen's Federation, Building no. 13/9, Vivekanand Housing Society, Guru Mandir Marg, Dombivili (E)-421201.
11. The President, All India Retired Railway Officers' Association, 12-13-268, St.No.15, Tamaka, Secunderabad.
12. The president, AIRRF, Block No. 303, Railway Colony High School, Chilkalguda, Secunderabad 500025(A.P)
13. The President, National Federation of Railway Pensioners, Palghat.
14. The President, National Federation of Railway Pensioners, Chennai.
15. The Members of the National Council, Departmental Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi 9 (with 30 spares).

For Secretary, Railway Board

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

क्रमांक 9/2008/स्वा.

सं. 2007/एच/6-4/पॉलिसी-1 **नई दिल्ली, दि. 08.08.2008**

महापबंधक,
सभी भारतीय रेलें (उत्पादन इकाइयाँ सहित)

शुद्धि-पत्र

विषय : (क) चिकित्सा व्यय की प्रतिपूर्ति और (ख) अग्रिम भुगतान एवं रेफरल के लिए महाप्रबंधकों को शक्तियों का प्रत्यायोजन.

संदर्भ : बोर्ड का दिनांक 26.11.07 का पत्र सं. 2007/एच/ 6-4/ पॉलिसी-1.

बोर्ड के दिनांक 26.11.2007 के पत्र सं. 2007/एच/6-4/पॉलिसी-1 में आंशिक आशोधन करते हुए उक्त पत्र के साथ संलग्न पैरा 648 (1) (ख) की अग्रिम शुद्धि पर्ची को निम्नानुसार प्रतिस्थापित किया जाए :-

" (ख)" आपातकालीन परिस्थितियों में जब प्राधिकृत चिकित्सा अधिकारी से उचित रूप से रेफ़र कराए बिना मान्यता-प्राप्त/गैर-मान्यता प्राप्त प्राइवेट अस्पतालों और धर्मार्थ संगठनों द्वारा चलाए जा रहे औषधालयों में इलाज कराना पड़ा हो, तब प्रत्येक मामले में 1,00,000/- रु. से बढ़ाकर 2,00,000/-रुपए (केवल दो लाख रुपए) तक की गई सीमा. दो लाख रुपए से अधिक के सभी मामलों को इस अध्याय के अनुबंध VI में दिए गए अनुसार प्रोफॉर्मा के सभी कॉलमों को विधिवत् भरकर संलग्न करते हुए रेलवे बोर्ड को भेजा जाना चाहिए. क्षेत्रीय रेलों/उत्पादन इकाइयों के उपर्युक्त प्रत्यायोजन पर रेलवे बोर्ड के दिनांक 31.1.2007 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में निर्धारित मानकों के अध्यधीन कार्रवाई की जानी अपेक्षित है.

(डॉ. जयश्री राना)
कार्यपालक निदेशक, स्वास्थ्य (सामान्य)
रेलवे बोर्ड

संलग्नक : यथोक्त

सं. 2007/एच/6-4/पॉलिसी-1 नई दिल्ली, दि. 08.08.2008

प्रतिलिपि:-

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

कृते वित्त आयुक्त/रेलें
रेलवे बोर्ड.

प्रतिलिपि :-

एफ (ई) स्पे.शाखा (5 अतिरिक्त प्रतियों सहित), उप निदेशक वित्त (स्था.) I, संयुक्त निदेशक वित्त (स्था.),

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 में संशोधन के लिए अग्रिम शुद्धि पर्ची

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

" (ख)" आपातकालीन परिस्थितियों में जब प्राधिकृत चिकित्सा अधिकारी से उचित रूप से रेफ़र कराए बिना मान्यता-प्राप्त/गैर-मान्यता प्राप्त प्राइवेट अस्पतालों और धर्मार्थ संगठनों द्वारा चलाए जा रहे औषधालयों में इलाज कराना पड़ा हो, तब प्रत्येक मामले में 1,00,000/- रु. से बढ़ाकर 2,00,000/-रुपए (केवल दो लाख रुपए) तक की गई सीमा. दो लाख रुपए से अधिक के सभी मामलों को इस अध्याय के अनुबंध VI में दिए गए अनुसार प्रोफॉर्मा के सभी कॉलमों को विधिवत् भरकर संलग्न करते हुए रेलवे बोर्ड को भेजा जाना चाहिए. क्षेत्रीय रेलों/उत्पादन इकाइयों के उपर्युक्त प्रत्यायोजन पर रेलवे बोर्ड के दिनांक 31.1.2007 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में निर्धारित मानकों के अध्यधीन कार्रवाई की जानी अपेक्षित है.

(प्राधिकार: बोर्ड का दिनांक 08.08.2008 का पत्र सं. 2007/एच/6-4/पॉलिसी -I)

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

****

No. 2006/H/2-1/5 New Delhi, dated 13.08.08

Chief Medical Directors,
All Indian Railways/ PUs.

Sub : Guidelines for admission to DNB Programme.

****

Attention is invited to the 'Guidelines for admission to DNB programmes' as issued by National Board of Examination.

DG(RHS) has desired that the standard procedure for admission to DNB programme should be as per the guidelines issued by NBE.

(Dr. Menka S. Jain)
Director (Industrial Health)
Railway Board

DA- As above

SN 0.16

Guidelines
for
Admission to DNB Programme

1. Standard Procedure to be followed

(a) The Aptitude Assessment shall be done in a transparent manner i.e. wide publicity shall be given by the Institution for invitation of applications, as per the time framed defined by the Board.

(b) The concerned Institute shall maintain a complete record of all applicant candidates along with their contact details, which shall be submitted to the Board's office at the end of selection process (as per format enclosed).

(c) The concerned Institute shall not hold any kind of written examinations for assessment of aptitude of the candidates.

(d) The selection committee/panel of experts appointed by the concerned institutions shall comprise of at least 50% of external members i.e. faculty members not related to the Institute, the panel shall comprise only of subject experts i.e. those specialists who are associated with practice and teaching of the concerned specialty.

(e) Consultants/Administrators/Promoters of the concerned Hospital cannot be associated with the Hospital's selection process, if any of the close relatives or known person is appearing in the said aptitude assessment test.

(f) The Institute concerned shall evolve objective skills for assessing the aptitude of candidates (the draft scale for assessment of skills is proposed along with).

(g) The Institute concerned shall prepare a subject wise merit list based on the performance of the candidates equal to the number of seats available & an equal number of candidates in order of merit in the wait list panel.

(h) There shall not be any kind of special weightage to be given to any kind of candidate on any kind of ground.

(i) All candidates shall be treated alike and on equal grounds.

2. Information to be furnished to NBE

All Accredited Institutions shall forward following information to the Board within 10 days of the completion of admission process: -

(a) Details of advertisement/publicity notice for the selection process initiated by the Institute alongwith copy of the same.

(b) List of applicants who applied in response to such notice along with contact details (telephone number, fax, e-mail, mobile number) (as per format enclosed).

(c) Methodology of process adopted by the institute concerned for assessment of aptitude of the candidates.

(d) Details of composition of Committee/Panel of experts constituted for this assessment test along with contact details of the experts concerned.

(e) Declaration by the panel of experts (as per Annexure enclosed).

(f) List of candidates who finally appeared in the aptitude assessment test along with marks obtained by each candidate.

(g) Time period given to the selected candidates for joining the institution along with copy of the letter/agreement/terms & conditions to be issued to the selected candidates.

(h) Declaration form by the Institutes (as per Annexure)

3. Annexure (s)

Annexure 1	-	**Details of Advertisement**
Annexure 2	-	Format for furnishing records of all Candidates
Annexure 3	-	Details of methodology for selection Process
Annexure 4	-	Composition of the panel of experts
Annexure 5	-	Declaration by the panel of experts
Annexure 6	-	Format for furnishing information of Scoring in the Aptitude Selection Test
Annexure 7	-	Letter of selection given to the selected Candidates along with detailed terms and conditions.
Annexure 8	-	Declaration Form of the Institutions.
Annexure 9	-	Draft Scale for assessment of aptitude of candidates.

Annexure 1

Format of Advertisement

1. Date of Publication
2. List of Newspapers where published
3. Last date for inviting applications
4. Annexed copy of advertisement
5. Any other means by which advertisement/admission notice was published like website, notice board, letter to other hospitals etc.

Annexure 2

S.No.	Name of Candidate	Educational Qualification	Contact Number like Telephone No., Fax, e-mail, Mobile No.	Date of submission of Application Form

Annexure 3

(1) Whether the proposed scale for Aptitude Assessment Test issued by the National Board of Examinations has been used or some other methodology has been used (Yes/No)

(2) If no, given details of the admission process adopted.

(3) Describe how confidentiality was maintained in the conduct of Aptitude Assessment Test.

(4) Whether any mechanism was used to screen candidates for the purpose of appearing in Aptitude Test (Yes/No)

(5) If yes, the methodology so adopted

(6) Details of scoring methodology used for Aptitude Assessment Test.

11/08 2006 15:28 FAX 001

Annexure 4

S.No.	Name	Designation	Name of the Institution where working	Contact Details	Educational Qualification

Annexure 5

I, _____ (Name), working as _____ (Designation), _____ (Hospital/Medical College) worked will be conducting the Aptitude Assessment Test for selection of DNB candidates in the specialty of _____ for _____ (session January/July, 200) for _____ Hospital.

I have examined the list of candidates appearing for the said Aptitude Test and hereby certify that none of my blood relatives or near relatives (son-in-law/daughter-in-law, son/daughter, niece, nephew or any other dependent/progeny) of my family or immediate family (brother, sister, brother-in-law, sister-in-law) are appearing in the said aptitude test. I further certify that none of the candidates is a blood relative or close relative (son-in-law, daughter-in-law) of the promoter/owner/any consultant working in this Hospital.

I also certify that I do not know any candidate by virtue of his parents/family members, etc., (other than professional working experience).

(Dr _____)

11/08 2008 15:35 FAX 001

Annexure 6

S.No.	Name of Candidate	Educational Qualification	Contact Number like Telephone No., Fax, e-mail, Mobile No.	Date of submission of Application Form	Marks Obtained

(Medical Superintendent/ Director ___Hospital)

Annexure 7

- Kindly Annex offer letter of selection and appointment as DNB Trainee issued to the candidate along with comprehensive guidelines and terms and conditions of training, fees charged, facilities provided to the candidates.
- This letter/all documents shall be comprehensive in nature and there shall be no documents other than this which is to be given to the candidate for scoring his admission.

11/08 2008 13:43 FAX
002

Annexure 8

I, _____ working as _____ (Head of Institute) of _____ Hospital hereby certify that:

(i) The information enclosed along with as contained in Annexures 1 to 7 is true to the best of my knowledge and nothing thereon has been concealed.

(ii) That this institute has not charged any kind of capitation fees/security money/caution money/bank deposit/material security or any such article from the candidates towards joining the DNB programme.

(iii) That the selection of DNB trainees has been done as per the guidelines prescribed by the National Board of Examinations.

(iv) That all the candidates have been treated alike on equal grounds and no special privilege or weightage has been given to any candidate on any ground.

(v) That the original degree and supporting documents for credentials have been verified in respect of candidates.

(vi) That this hospital has maintained a waiting list as per merit obtained by the candidates in this Aptitude Test and any further vacancies arising due to any selected candidate not joining the seat or leaving the seat, the same shall be filled amongst the waitlisted candidates in order of merit. That none amongst the promoters/administrators of the hospital have been associated with the Aptitude Assessment Test and none of their relatives or close contacts have appeared in the Aptitude Assessment Test.

(vii) The panel of experts for the Aptitude Assessment Test had 50% of experts who are not associated with this hospital in any capacity and have never been associated with this hospital.

Certified for above:

(DR _____)
MS/ Director
--- Hospital

Annexure 9

S. No.	Item	Marks	
A.	Knowledge about Clinical Procedures, Surgical Skills, aptitude, Commonly Practiced Protocols in the concerned specialty.		10
1.	*Awareness about the specialty concerned;* *Is the candidate aware about the commonly practiced clinical procedures relevant/applied to the concerned specialty and the scope of specialty?*	5	
(a)	Not Aware – 0 Marks		
(b)	Somewhat Aware – 2 Marks		
(c)	Aware to a reasonable extent – 3 Marks		
(d)	Possesses sound Knowledge- 5 marks		
2.	*Assessment of candidate for aptitude, commonly practiced protocols, knowledge of applied basic sciences, applied broad specialty to the subject*	5	
(a)	Aptitude & Knowledge – Nil		
(b)	Aptitude & Knowledge – Reasonable 2 marks.		
(c)	Aptitude & Knowledge – Above Average 3 marks		
(d)	Sound Knowledge & Definitive Aptitude – 5 marks		
B.	Experience and Academic Achievement, publications and conference attended		10
1.	*Experience in the concerned specialty*	5	
(a)	Does not possess any experience – 0 Mark		
(b)	Possess some experience in the concerned specialty /allied specialty (has observed procedures/skills), *experience less than a year* – 2 Marks		
(c)	Possess experience in the concerned specialty – Marks (has assisted procedures in the specialty), *experience 1-2 years* – 3 marks		
(d)	Definitive experience (independently carried on procedures), Possesses at least 2 years of valid experience in the specialty/allied specialty – 5 Marks		
2.	Academic achievement /publications and conference attended	5	
(a)	Does not possess any Academic Aptitude – 0 Marks		
(b)	Possess Academic aptitude – 2 Mark (Evidence- attended at least one conference /CME in sub-specialty concerned)		
(c)	Possesses academic aptitude, is aware about recent publications and has attended at least two conferences in the concerned specialty 3 marks		
(d)	Sound Academic Aptitude- Attended at least 3 CME/Conference in the specialty – 5 Marks		
	Grand Total	20	

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

No. 2008/H/6-4/Policy1 नई दिल्ली , दिनांक 22.08.2008

The Chief Medical Director,
All Indian Railways.

Sub: Cases pertaining to reimbursement of medical claims.

****

It has been observed that substantial time is spent in chasing for getting response from Zonal Railways for clarifications/ documents/ Comments pertaining to cases of reimbursement claims sent to the Board for sanction.

In order to bring in more efficiency in disposal of reimbursement claims following procedure may please be strictly complied with :

(i) Adhere to the check list already issued to Zonal Railways (Copy enclosed) while sending the proposal.
(ii) Unique number to be given to the cases being sent to Board.
(iii) Cases sent to Board be kept separately and be readily accessible to the officers concerned at Zonal Headquarters office (Dy CMD/CHD) as and when required.
(iv) There should be periodical review of cases sent to Board, specially cases pending at Board's level after a period of one month. This should be done by Dy. CMD/CHD concerned and CMD. Monitoring should result in chasing at appropriate level for resolution of any deficiency.

DA: One

21/8/08

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

August. 2008

Check List for Reimbursement proposals

1. Photocopy of the application of the applicant.

2 Attested photocopy of Medial Identity Card/RELHS Card.

3 Photocopy of Hospital discharge summary/Death Summary.

4. Proforma (Annexure VI of Para 648, IRMM-2000) duly filled in with verbatim remarks of CMD and FA & CAO of the Zonal Rly.

5. Complete & legible Photocopies of Hospital bills, duly verified by treating doctor.

6. Attested photocopy of cash memo in support of purchase of pacemaker, hearing aids, prosthetics etc.

7. Comparison of the rate claimed by the applicant with nearby approved private hospital rate.

8. Finding of Medical Board wherever required to be done.

9 Attested copy of estimate of the Hospital where an advance payment is required.

10. Break up of the admissible amount and non-admissible amount with reference point should be present in chart form.

11. The certificate regarding reasonability of cost of pacemaker to be signed by CMD/CMSs of P.Us personally.

Please issue fair

10.9.08

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

No. 2007/H-1/1 **New Delhi, dated 11 .9.2008**

The Chief Medical Directors,
All Indian Railways.

Sub: Revised compensation package to acceptors of sterilization and IUD Insertions At public health facilities and private accredited Health facilities.

Ref: Railway Board's letter No. 2007/H-1/1/1 dated 26.5.2008 and 2005/H-1/1/1 dated 09.05.2008.

Reference may be made to the above mentioned letters. The queries of the Railways i.e. Central, Eastern, Northern Railways are clarified as under:

<table>
<tr><th>S. No.</th><th>Railways</th><th>Queries</th><th colspan="3">Board's clarification</th></tr>
<tr><td></td><td></td><td></td><td colspan="3">The break-up as given under will be total amount admissible to the acceptors of sterilization and IUD Insertions</td></tr>
<tr><td rowspan="5">1</td><td rowspan="5">Central</td><td rowspan="5">Item No.7 (from Railway Board's letter under reference), Rs.20/- would be admissible to all the zonal Railways for each IUD insertion.
Item No.10- As per accounting instructions, Rs.70/- for male sterilization, Rs.120/- for female sterilization and Rs.20/- for IUD-s insertion's shall be credited to miscellaneous earning Z-650 (other unclassified sundry earnings).</td><td>Components</td><td>Vasectomy (ALL)</td><td>Tubectomy (high Focus & Non High Focus States)</td></tr>
<tr><td>Drugs &Dressings</td><td>50</td><td>100</td></tr>
<tr><td>Refreshment</td><td>10</td><td>10</td></tr>
<tr><td>Camp Management</td><td>10</td><td>10</td></tr>
<tr><td>Total</td><td>70</td><td>120</td></tr>
<tr><td></td><td></td><td></td><td colspan="3">The expenditure may be utilized from Demand No. Z.356 i.e. other expense including expenses on health education activities, organization of mass and campaign etc. given in the Chapter XII i.e. budgeting and control of expenditure, Para 1202 of IRMM 2000.</td></tr>
</table>

Sig. ...
जा. ...
Date of Issue ...

-168-

2.	Eastern	Has sought for clarification as to how actual cost of organizing the camp/refreshment etc. will met.	The procedure followed earlier as regards the actual cost of organizing the camp/ refreshment etc. may be followed for the present also.
3	Northern	Has sought clarification if Rs. 10/- is spent in the event of camps or for routine cases where this refreshment is to be provided to the patients/their relatives or to the hospital staff engaged in the work.	The amount of Rs. 10/- which is to be spent in the event of camps or for routine cases may be utilized for the patients only.

This disposes off the letters No. H.293.PI.FW.Budget.65/2008-09 dated 2.7.2008 of Central Railway, MD.94/5/Policydated 24.6.2008 of Eastern Railway, and 139-Med/16/6 dated 23.6.2008 of Northern Railway.

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

No. 2007/H-1/1 **New Delhi, dated 11.9.2007**

Copy forwarded to:

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

For Financial Commissioner/Railways.

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

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

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

No. 2008/H-I/9/1/Misc II **New Delhi, dated 23.9.2008.**

Sub: Prohibition of Smoking in Public Places Rules 2008.

Ref: Gazette of India Extraordinary Part II Section 3 – Sub section (i) (No. 304) published on May 30, 2008.

In exercise of the powers conferred by Section 31 of the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act 2003 (34 of 2003) the Central Government has notified the Prohibition of Smoking in Public Places Rules 2008. The same has been published in the Gazette of India, Extraordinary Part II-Section 3-Sub-Section (i) (No.304) dated May 30, 2008.

They shall come into force on the 2nd October 2008.

Please find enclosed copy of the above Gazette Notification for information and necessary action.

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

No. 2008/H-I/9/1/Misc II **New Delhi, dated 23.9.2008.**

Copy to:

1. General Managers, All Indian Railways and Production Units.
2. Chief Medical Director and MSs' All Indian Railways(Including PUs)
3. Computer facilitation Centre, Room No.5, Near Gate No.1, Rail Bhawan.
4. Directors of CTIs, RSC/Baroda, IRICEN/Pune, IRIEEN/Nasik, IRISET, Secunderabad, IRIMEE/Jamalpur and IREITM/Lucknow.
5. General Manager & FA&CAO, Metro Rail/Kolkata
6. General Manager & FACAO, CORE, Allahabad
7. The Director General, Railway Staff College, Vadodara.

8. The Managing Director, RITES New Delhi House, 27, Barakhamba Road, New Delhi and (b) IRCON Palika Bhawan, Sector XIII, R.K. Puram, New Delhi (c) CRIS, Safdarjung Railway Station, Chankyapuri, New Delhi (d) IRFC (e)CONCOR of India Ltd. Konkan Rly. Corpn., Ltd, Belapur Bhawan, Sector-11, C.B.D. Belapur, Navi Mumbai-, NVNL, Plot No.25, 1st Floor, August Kranti Bhwan, Bhikaji Cama Place, New Delhi 110066
9. The General Secretary, IRCA/New Delhi.
10 The Secretary, Rly. Bd. Promotee Officers Association, Room No. 341-C, Railway Bhawan, New Delhi. The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Railway Bhawan, New Delhi.
11. Director General RDSO, Lucknow.
12 The Director (a)IRIEEN, Nasik, (b) IRCEN, Pune (c) IRIMEE, Jamalpur (d) IRISET, Secunderabad
13. The Chairman, RCC, Lok Sabha Secretariat, New delhi.
14. The Chairman, RRT, Chennai.
15. The Chairman RCT.
16. The Chairman RRB/Ajmer, Ahmedabad, Allahabad Bangalore, Bhopal, Bhubaneshwar, Chandigarh, Chennai, Calcutta, Jammu, Gorakhpur, Guwahati, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabadand Trivandrum.
17. The Chairman, Passenger Services Committee.
18. Member Passenger Amenities Committee.
19. The C.A.O(g) COPFMOW, Tilak Bridge, New Delhi.
20. The Director CAMTECH/Gwalior.
21. The CAO (a) MTP(g)/Mumbai (b)MTP(g)/Chenai.
22. Office of the Chief Project Administrator (Telecom), Indian Railway Central Organisation for Telecom Consultatancy Shivaji Bridge, New Delhi.
23. Chief Mining Advisor, Ministry of Railway, Dhanbad.
24. The C.A.O. (Const), Central Railway, Mumbai.
25. Chief Mining Advisor, Ministry of Railways.
26. The Director (Movement) Railways/Calcutta.

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

No. 2008/H-I/9/1Misc. II **New Delhi, dated २३ ९.2008**

Copy to:

1. The General Secretary, AIRF, Room No. 253, Rail Bhawan, New Delhi
2. The General Secretary, NFIR, Room No. 256-E, Rail Bhawan, New Delhi
3. All Members of Departmental Council and National Council and Secretary, Staff Side, National Council, 13-C, Ferozeshah Road, New Delhi
4. The Secretary General, FROA & IRPOA, Room No. 256-A & 268, Railway Board

5. The General Secretary, All India RPF Association, Room No. 256-D, Rail Bhawan, New Delhi.
6. The Secretary, RBSS Group 'A' Officers Association, Room No. 402, Railway Bhawan, New Delhi.
7. The Secretary, RBSS Group 'B' Officers Association, Railway Bhawan, New Delhi.
8. The Secretary, RBMSA, Railway Bhawan, New Delhi.
9. The Secretary, Railway Board Group 'D' Employees Association, Railway Bhawan, New Delhi.
10. The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Railway Bhawan, New Delhi.
11. Chief Commissioner of Railway Safety, Lucknow.
12. Adviser (Safety), Railway Board, New Delhi.
13. The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.

For Secretary, Railway Board.

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

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भारत का राजपत्र
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EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (i)
PART II—Section 3—Sub-section (i)

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स्वास्थ्य और परिवार कल्याण मंत्रालय

(स्वास्थ्य और परिवार कल्याण विभाग)

अधिसूचना

नई दिल्ली, 30 मई, 2008

सा.का.नि. 417(अ).—(विज्ञापन का प्रतिषेध और व्यापार एवं वाणिज्य, उत्पादन, आपूर्ति और वितरण का विनियमन) अधिनियम, 2003 (2003 का 34) की धारा 31 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, केन्द्रीय सरकार, एतद्द्वारा, सिगरेट और अन्य तम्बाकू उत्पाद (विज्ञापन का प्रतिषेध और व्यापार एवं वाणिज्य, उत्पादन, आपूर्ति और वितरण का विनियमन) नियमावली, 2004 के नियम 3 का अधिक्रमण करते हुए, निम्नलिखित नियम बनाती है, अर्थात् :—

1. **संक्षिप्त शीर्ष, विस्तार और प्रारम्भ.**—(1) इन नियमों का संक्षिप्त नाम सार्वजनिक स्थलों पर धूम्रपान का प्रतिषेध नियमावली, 2008 है।

(2) ये नियम 2 अक्तूबर, 2008 को प्रवृत्त होंगे।

2. **परिभाषा** : इन नियमों में जब तक संदर्भ में अन्यथा अपेक्षित न हो,—

(क) "होटल" से वह भवन या भवन का कोई भाग अभिप्रेत है जहां भोजन की सुविधा अथवा अन्य सेवाओं के साथ या उसके बिना, पैसा लेकर या अन्यथा के लिए व्यवसाय की दृष्टि से ठहरने का स्थान प्रदान किया जाता है और इसमें बोर्डिंग हाउस और गेस्ट हाउस शामिल हैं।

(ख) "रेस्तरां" से कोई भी ऐसा स्थान अभिप्रेत है जहां तक जनता की पहुंच है और जहां पर पैसा लेकर या अन्यथा के लिए व्यवसाय की दृष्टि से किसी व्यक्ति द्वारा उपभोग के लिए किसी भी प्रकार के भोजन का विक्रय की आपूर्ति की जाती है और इसमें ऐसे परिसरों के आसपास का खुला स्थान शामिल हैं और इसमें निम्नलिखित हैं—

(i) अल्पाहार गृह, दावत हाल, डिस्कोथिक, कैन्टीन, कॉफी होम, पब, बार, एयरपोर्ट लाउंज और इस जैसे।

(ग) अधिनियम की धारा 3 (1) में उल्लिखित "खुले स्थान" में ऐसे कोई स्थान जहां जनता जाती है, शामिल नहीं होंगे जैसे ओपन ऑडिटोरियम, स्टेडियम, रेलवे स्टेशन, बस स्टैंड/स्टैंड और अन्य ऐसे स्थान।

(घ) अधिनियम की धारा 3 (1) में परिभाषित "सार्वजनिक स्थान" में कार्य स्थल, शॉपिंग मॉल, और सिनेमा हाल भी शामिल होंगे।

(ङ) अधिनियम की धारा 4 में परन्तुक में उल्लिखित "धूम्रपान क्षेत्र अथवा स्थान" से एक अलग हवादार धूम्रपान कक्ष अभिप्रेत है जो :—

(i) भौतिक रूप से अलग हो और जो छत से फर्श तक पूर्ण ऊंचाई वाली दीवारों से घिरा हुआ हो;

(ii) जिसमें स्थायी रूप से होने वाला दरवाजा या जिसे सामान्यतः बंद करके रखा जाता है, के साथ प्रवेश द्वार हो;

(iii) जिसमें अनुसूची I में यथा विनिर्दिष्ट वायु प्रवाह प्रणाली हो।

(iv) जिसमें भवन के शेष भाग की तुलना में नकारात्मक वायु दबाव हो।

(च) यहां पर प्रयुक्त किए गए शब्दों और अभिव्यक्तियों, जिनको नियमों में परिभाषित नहीं किया गया है, परन्तु जिन्हें अधिनियम में परिभाषित किया गया है का अर्थ क्रमशः उक्त अधिनियम में दिया गया अर्थ है।

3. **सार्वजनिक स्थान पर धूम्रपान का प्रतिषेध.**—(1) सार्वजनिक स्थान का मालिक, प्रांपरादार, प्रबन्धक, पर्यवेक्षक या मामलों का प्रभारी यह सुनिश्चित करेगा कि :

(क) कोई भी व्यक्ति सार्वजनिक स्थान पर धूम्रपान न करे (उसके क्षेत्राधिकार/अन्तर्निहित के अधीन)

(ख) सार्वजनिक स्थान के प्रवेश द्वार पर, यदि एक से अधिक प्रवेश द्वार है तो ऐसे प्रत्येक प्रवेश द्वार और उनके आस-पास सुस्पष्ट रूप से

(स्थानों) पर अनुसूची II में उल्लिखित किए अनुसार बोर्ड प्रमुख रूप से लगाया जाना चाहिए ।

(ग) धूम्रपान को सुविधाजनक बनाने वाली किसी भी एस्ट्रे, माचिस, लाइटर या इस प्रकार की डिजाइन की गई वस्तु को सार्वजनिक स्थान पर उपलब्ध नहीं करवाया जाना चाहिए ।

(2) सार्वजनिक स्थान का मालिक, प्रॉपराइटर, प्रबन्धक, पर्यवेक्षक या मामलों का प्रभारी उस व्यक्ति (व्यक्तियों) जिनके पास किसी व्यक्ति (व्यक्तियों) जो इन नियमों के उपबंधों का उल्लंघन करने वाले किसी व्यक्ति के खिलाफ शिकायत कर सकते हैं, का नाम अधिसूचित करेगा और प्रमुख रूप से प्रदर्शित करेगा ।

(3) यदि सार्वजनिक स्थान का मालिक, प्रॉपराइटर, प्रबन्धक, पर्यवेक्षक या प्राधिकृत अधिकारी ऐसा उल्लंघन सूचित करने पर कार्रवाई करने में असफल रहता है तो मालिक, प्रॉपराइटर, प्रबन्धक, पर्यवेक्षक या प्राधिकृत अधिकारी व्यक्तिगत अपराधों की संख्या के समतुल्य जुर्माना अदा करने का जिम्मदार होगा ।

(स्पष्टीकरण : इन नियमों के प्रयोजन के लिए अपराध का अर्थ नियमों के किसी उपबंध का उल्लंघन करता हुआ पाया जाने वाला व्यक्ति है)

4 होटल, रेस्तरां एवं हवाईपत्तन.—(1) तीस या अधिक कमरों वाले होटल या तीस व्यक्तियों के बैठने की क्षमता वाले रेस्तरां का मालिक, स्वामी, प्रबंधक या कार्य प्रभारी तथा हवाईपत्तन का प्रबंधक नियम 2 (ङ) में यथापरिभाषित धूम्रपान क्षेत्र अथवा स्थान की व्यवस्था कर सकता है ।

(2) धूम्रपान क्षेत्र या स्थान होटल, रेस्तरां और हवाईपत्तन के प्रवेश द्वार या निकास द्वार पर स्थापित नहीं किया जाएगा और इसे अंग्रेजी तथा एक भारतीय भाषा जो लागू हो, में "धूम्रपान क्षेत्र" के रूप में स्पष्ट रूप से चिन्हित किया जाएगा ।

(3) धूम्रपान क्षेत्र या स्थान का इस्तेमाल धूम्रपान के प्रयोजनार्थ ही किया जाएगा और कोई अन्य (सेवा) सेवाओं की अनुमति नहीं दी जाएगी ।

(4) तीस या अधिक कमरों वाले होटल का मालिक, स्वामी, प्रबंधक पर्यवेक्षक या कार्य प्रभारी निम्नलिखित निर्धारित तरीके से पृथक धूम्रपान कमरों को नामोद्दिष्ट कर सकता है :—

(क) इस तरह नामोद्दिष्ट सभी कमरे उसी तल या स्कंध, जैसा भी मामला हो, में एक पृथक अनुभाग का निर्माण करेंगे । एक से अधिक तलों/स्कंधों के मामले में यह कमरा एक तल/स्कंध, जैसा भी मामला होगा, में होगा ।

(ख) ऐसे सभी कमरों को अंग्रेजी अथवा एक भारतीय भाषा, जो लागू हो, में स्पष्ट रूप से चिन्हित किया जाएगा ।

(ग) ऐसे कमरे में धुएं को बाहर संवातित किया जाएगा और यह लाबी एवं कारिडोर सहित होटल के गैर-धूम्रपान क्षेत्रों में नहीं फैलेगा/प्रवेश करेगा ।

5. प्राधिकृत अधिकारियों द्वारा अर्थदंड की वसूली.—(1) अनुसूची III में उल्लिखित प्राधिकृत अधिकारी अधिनियम की धारा 4 के तहत कार्य करने और इसके उल्लंघन में किए गए अपराधों को प्रशमित करने के लिए सक्षम होंगे ।

अनुसूची I

[नियम 2 (ङ) III देखें]

(i) इसे प्रत्यक्षतया ही बाहर निष्कासित किया जाता है और भवन के अन्य भागों के लिए सप्लाई वायु में पुन: मिश्रित नहीं किया जाता है; तथा

(ii) यह नान-रिसर्कुलेटिंग एक्सहास्ट प्रणाली या एयर क्लीनिंग प्रणाली अथवा दोनों के संयोजन द्वारा सुसज्जित किया जाता है जिससे कि यह सुनिश्चित हो कि वायु केवल उसी तरीके से निर्मुक्त होती है जिससे यह धूम्रपान क्षेत्र या स्थान से गैर-धूम्रपान क्षेत्रों में पुन:संचरित अथवा स्थानान्तरित नहीं हो ।

अनुसूची II

[नियम 3 (ख) देखें]

1. बोर्ड न्यूनतम 60 सेंमी. × 30 सेंमी. आकार का सफेद पृष्ठभूमि का होगा ।

2. इसमें कम-से-कम 15 सेंमी. बाह्य व्यास का एक चक्र होगा जिसके कम-से-कम 3 सेंमी. चौड़ी लाल परिधि होगी जिसके केन्द्र में काले धुएं के साथ सिगरेट अथवा बीड़ी का चित्र होगा और यह लाल पट्टी से रेखित होगा ।

3. सिगरेट के आर-पार लाल पट्टी की चौड़ाई लाल परिधि की चौड़ाई के बराबर होगी ।

4. बोर्ड पर अंग्रेजी में अथवा किसी भारतीय भाषा में, जो लागू हो चेतावनी होगी "गैर-धूम्रपान क्षेत्र–यहां धूम्रपान करना अपराध है" ।

अनुसूची III

[नियम 5 देखें]

प्राधिकृत अधिकारी : धारा 4 के उल्लंघन के खिलाफ अर्थदण्ड लगाने एवं एकत्र करने के लिए निम्नलिखित व्यक्ति प्राधिकृत होंगे :

क्रम सं	कार्रवाई करने के लिए प्राधिकृत व्यक्ति	सार्वजनिक स्थान का विवरण
1	2	3
1.	केन्द्रीय उत्पाद कर/आय कर/सीमा शुल्क/बिक्री कर/स्वास्थ्य/परिवहन के निरीक्षक एवं उनसे ऊपर के अधिकारी	उनके अधिकार क्षेत्र के संगी सार्वजनिक स्थान
2.	स्टेशन मास्टर/सहायक स्टेशन मास्टर/स्टेशन हेड/स्टेशन प्रभारी	रेल एवं इसके समस्त परिसर
3.	राज्य/केन्द्र सरकार के सभी राजपत्रित अधिकारी अथवा स्वायत्त संगठनों/सार्वजनिक क्षेत्र के उपक्रम के समकक्ष रैंक और उनसे ऊपर के अधिकारी	सरकारी कार्यालय/परिसर तथा स्वायत्त निकायों एवं निगमों के कार्यालय

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स्वास्थ्य और परिवार कल्याण मंत्रालय

(स्वास्थ्य और परिवार कल्याण विभाग)

अधिसूचना

नई दिल्ली, 30 मई, 2008

सा.का.नि. 417(अ).—(विज्ञापन का प्रतिषेध और व्यापार एवं वाणिज्य, उत्पादन, आपूर्ति और वितरण का विनियमन) अधिनियम, 2003 (2003 का 34) की धारा 31 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, केन्द्रीय सरकार, एतद्द्वारा, सिगरेट और अन्य तम्बाकू उत्पाद (विज्ञापन का प्रतिषेध और व्यापार एवं वाणिज्य, उत्पादन, आपूर्ति और वितरण का विनियमन) नियमावली, 2004 के नियम 3 का अधिक्रमण करते हुए, निम्नलिखित नियम बनाती है, अर्थात् :—

1. **लघु शीर्ष, विस्तार और प्रारम्भ.**—(1) इन नियमों का लघु शीर्ष सार्वजनिक स्थलों पर धूम्रपान का प्रतिषेध नियमावली, 2008 है।

(2) ये नियम 2 अक्तूबर, 2008 को प्रवृत्त होंगे।

2. **परिभाषा :** इन नियमों में जब तक संदर्भ में अन्यथा अपेक्षित न हो,—

(क) "होटल" से वह भवन या भवन का कोई भाग अभिप्रेत है जहां भोजन की सुविधा अथवा अन्य सेवाओं के साथ या उसके बिना, पैसा लेकर या अन्यथा के लिए व्यवसाय की दृष्टि से ठहरने का स्थान प्रदान किया जाता है और इसमें बोर्डिंग हाउस और गेस्ट हाउस शामिल हैं।

(ख) "रेस्तरां" से कोई भी ऐसा स्थान अभिप्रेत है जहां तक जनता की पहुंच है और जहां पर पैसा लेकर या अन्यथा के लिए व्यवसाय की दृष्टि से किसी व्यक्ति द्वारा उपभोग के लिए किसी भी प्रकार के भोजन या ड्रिंक की आपूर्ति की जाती है और इसमें ऐसे परिसरों के आसपास का खुले स्थान शामिल हैं और इसमें निम्नलिखित हैं—

(i) अल्पाहार कक्ष, दावत हाल, डिस्कोथिक, कैन्टीन, कॉफी हाउस, पब, बार, एयरपोर्ट लाउंज और इस जैसे।

(ग) अधिनियम की धारा 3 (1) में उल्लिखित "खुले स्थान" में ऐसे कोई स्थान जहां जनता जाती है, शामिल नहीं होंगे जैसे ओपन ऑडिटोरियम, स्टेडियम, रेलवे स्टेशन, बस स्टॉप/स्टैंड और अन्य ऐसे स्थान।

(घ) अधिनियम की धारा 3 (1) में परिभाषित "सार्वजनिक स्थान" में कार्य स्थल, शॉपिंग माल, और सिनेमा हाल भी शामिल होंगे।

(ङ) अधिनियम की धारा 4 में परंतुक में उल्लिखित "धूम्रपान क्षेत्र अथवा स्थान" से एक अलग हवादार धूम्रपान कक्ष अभिप्रेत है जो :—

(i) भौतिक रूप से अलग हो और जो चारों दिशाओं से पूर्ण ऊंचाई वाली दीवारों से घिरा हुआ हो;

(ii) जिसमें स्वतः बंद होने वाला दरवाजा जिस सामान्यतः बंद करके रखा जाता है, के साथ प्रवेश द्वार हो;

(iii) जिसमें अनुसूची I में यथा विनिर्दिष्ट वायु प्रवेश प्रणाली हो;

(iv) जिसमें भवन के शेष भाग की तुलना में नेगेटिव वायु दबाव हो।

(च) यहां पर प्रयुक्त किंतु यथा शब्द और अभिव्यक्तियां, जिनको नियमों में परिभाषित नहीं किया गया है, परंतु जिन्हें अधिनियम में परिभाषित किया गया है का अर्थ क्रमशः उन्हें अधिनियम में दिया गया अर्थ है।

3. **सार्वजनिक स्थान पर धूम्रपान का प्रतिषेध.**—(1) सार्वजनिक स्थान का मालिक, प्रॉपराइटर, प्रबन्धक, पर्यवेक्षक या मामलों का प्रभारी यह सुनिश्चित करेगा कि :

(क) कोई भी व्यक्ति सार्वजनिक स्थान पर धूम्रपान न करे (उसके क्षेत्राधिकार/अन्तर्निहित के अधीन)

(ख) सार्वजनिक स्थान के प्रवेश द्वार पर यदि एक से अधिक प्रवेश द्वार है तो ऐसे प्रत्येक प्रवेश द्वार और उनके अन्दर सुस्पष्ट

(स्थानों) पर अनुसूची II में उल्लिखित किए अनुसार बोर्ड प्रमुख रूप से लगाया जाना चाहिए ।

(ग) धूम्रपान को सुविधाजनक बनाने वाली किसी भी एस्ट्रे, माचिस, लाइटर या इस प्रकार की डिजाइन की गई वस्तु को सार्वजनिक स्थान पर उपलब्ध नहीं करवाया जाना चाहिए ।

(2) सार्वजनिक स्थान का मालिक, प्रॉपराइटर, प्रबन्धक, पर्यवेक्षक या मामलों का प्रभारी उस व्यक्ति (व्यक्तियों) जिनके पास किसी व्यक्ति (व्यक्तियों) जो इन नियमों के उपबंधों का उल्लंघन करने वाले किसी व्यक्ति के खिलाफ शिकायत कर सकते हैं, का नाम अधिसूचित करेगा और प्रमुख रूप से प्रदर्शित करेगा ।

(3) यदि सार्वजनिक स्थान का मालिक, प्रॉपराइटर, प्रबन्धक, पर्यवेक्षक या प्राधिकृत अधिकारी ऐसा उल्लंघन सूचित करने पर कार्रवाई करने में असफल रहता है तो मालिक, प्रॉपराइटर, प्रबन्धक, पर्यवेक्षक या प्राधिकृत अधिकारी व्यक्तिगत अपराधों की संख्या के समतुल्य जुर्माना अदा करने का जिम्मदार होगा ।

(स्पष्टीकरण : इन नियमों के प्रयोजन के लिए अपराध का अर्थ नियमों के किसी उपबंध का उल्लंघन करता हुआ पाया जाने वाला व्यक्ति है)

4 होटल, रेस्तरां एवं हवाईपत्तन.—(1) तीस या अधिक कमरों वाले होटल या तीस व्यक्तियों के बैठने की क्षमता वाले रेस्तरां का मालिक, स्वामी, प्रबंधक या कार्य प्रभारी तथा हवाईपत्तन का प्रबंधक नियम 2 (ङ) में यथापरिभाषित धूम्रपान क्षेत्र अथवा स्थान की व्यवस्था कर सकता है ।

(2) धूम्रपान क्षेत्र या स्थान होटल, रेस्तरां और हवाईपत्तन के प्रवेश द्वार या निकास द्वार पर स्थापित नहीं किया जाएगा और इसे अंग्रेजी तथा एक भारतीय भाषा जो लागू हो, में "धूम्रपान क्षेत्र" के रूप में स्पष्ट रूप से चिन्हित किया जाएगा ।

(3) धूम्रपान क्षेत्र या स्थान का इस्तेमाल धूम्रपान के प्रयोजनार्थ ही किया जाएगा और कोई अन्य (सेवा) सेवाओं की अनुमति नहीं दी जाएगी ।

(4) तीस या अधिक कमरों वाले होटल का मालिक, स्वामी, प्रबंधक पर्यवेक्षक या कार्य प्रभारी निम्नलिखित निर्धारित तरीके से पृथक धूम्रपान कमरों को नामोद्दिष्ट कर सकता है :—

(क) इस तरह नामोद्दिष्ट सभी कमरे उसी तल या स्कंध, जैसा भी मामला हो, में एक पृथक अनुभाग का निर्माण करेंगे । एक से अधिक तलों/स्कंधों के मामले में यह कमरा एक तल/स्कंध, जैसा भी मामला होगा, में होगा ।

(ख) ऐसे सभी कमरों को अंग्रेजी अथवा एक भारतीय भाषा, जो लागू हो, में स्पष्ट रूप से चिन्हित किया जाएगा ।

(ग) ऐसे कमरे से धुएं को बाहर संवातित किया जाएगा और यह लाबी एवं कारिडोर सहित होटल के गैर-धूम्रपान क्षेत्रों में नहीं फैलेगा/प्रवेश करेगा ।

5. प्राधिकृत अधिकारियों द्वारा अर्थदंड की वसूली.—(1) अनुसूची III में उल्लिखित प्राधिकृत अधिकारी अधिनियम की धारा 4 के तहत कार्य करने और इसके उल्लंघन में किए गए अपराधों को प्रशमित करने के लिए सक्षम होंगे ।

अनुसूची I

[नियम 2 (ङ) III देखें]

(i) इसे प्रत्यक्षतया ही बाहर निष्कासित किया जाता है और भवन के अन्य भागों के लिए सप्लाई वायु में पुन: मिश्रित नहीं किया जाता है; तथा

(ii) यह नान-रिसर्कुलेटिंग एक्सहास्ट प्रणाली या एयर क्लीनिंग प्रणाली अथवा दोनों के संयोजन द्वारा सुसज्जित किया जाता है जिससे कि यह सुनिश्चित हो कि वायु केवल उसी तरीके से निर्मुक्त होती है जिससे यह धूम्रपान क्षेत्र या स्थान से गैर-धूम्रपान क्षेत्रों में पुन:संचरित अथवा स्थानान्तरित नहीं हो ।

अनुसूची II

[नियम 3 (ख) देखें]

1. बोर्ड न्यूनतम 60 सेंमी. × 30 सेंमी. आकार का सफेद पृष्ठभूमि का होगा ।

2. इसमें कम-से-कम 15 सेंमी. बाह्य व्यास का एक चक्र होगा जिसके कम-से-कम 3 सेंमी. चौड़ी लाल परिमिति होगी जिसके केन्द्र में काले धुएं के साथ सिगरेट अथवा बीड़ी का चित्र होगा और यह लाल पट्टी से रेखित होगा ।

3. सिगरेट के आर-पार लाल पट्टी की चौड़ाई लाल परिमिति की चौड़ाई के बराबर होगी ।

4. बोर्ड पर अंग्रेजी में अथवा किसी भारतीय भाषा में, जो लागू हो चेतावनी होगी "गैर-धूम्रपान क्षेत्र—यहां धूम्रपान करना अपराध है" ।

अनुसूची III

[नियम 5 देखें]

प्राधिकृत अधिकारी : धारा 4 के उल्लंघन के खिलाफ अर्थदण्ड लगाने एवं एकत्र करने के लिए निम्नलिखित व्यक्ति प्राधिकृत होंगे :

क्रम सं	कार्रवाई करने के लिए प्राधिकृत व्यक्ति	सार्वजनिक स्थान का विवरण
1	2	3
1.	केन्द्रीय उत्पाद कर/आय कर/सीमा शुल्क/बिक्री कर/स्वास्थ्य/परिवहन के निरीक्षक एवं उनसे ऊपर के अधिकारी	उनके अधिकार क्षेत्र के सभी सार्वजनिक स्थान
2.	स्टेशन मास्टर/सहायक स्टेशन मास्टर/स्टेशन हेड/स्टेशन प्रभारी	रेल एवं इसके समस्त परिसर
3.	राज्य/केन्द्र सरकार के सभी राजपत्रित अधिकारी अथवा स्वायत्त संगठनों/सार्वजनिक क्षेत्र के उपक्रम के समकक्ष रैंक और उनसे ऊपर के अधिकारी	सरकारी कार्यालय/परिसर तथा स्वायत्त निकायों एवं निगमों के कार्यालय

1	2	3
4.	निदेशक/चिकित्सा अधीक्षक/अस्पताल प्रशासक	सरकारी तथा निजी अस्पताल
5.	पोस्ट मास्टर तथा ऊपर के अधिकारी	उनके अधिकार क्षेत्र के संबद्ध डाकघर
6.	संस्था का प्रमुख/एच आर प्रबंधक/प्रशासन प्रमुख	निजी कार्यालय/कार्य स्थल
7.	कालेज, स्कूल/हेड मास्टर/प्राचार्य/शिक्षक	संबंधित शैक्षणित संस्थान
8.	लाइब्रेरियन/सहायक लाइब्रेरियन/लाइब्रेरी प्रभारी/लाइब्रेरी के अन्य प्रशासनिक स्टॉफ	लाइब्रेरी/पठन कक्ष
9.	हवाईपत्तन प्रबंधक/भारतीय वायुपत्तन प्राधिकरण के अधिकारी तथा सभी अनुसूचित एयरलाइंस के अधिकारी	हवाईपत्तन
10.	निदेशक जन स्वास्थ्य/निदेशक स्वास्थ्य सेवा	सभी सार्वजनिक स्थान
11.	केन्द्रीय/राज्य सरकार में प्रशासन प्रभारी	सभी सार्वजनिक स्थान
12.	नोडल अधिकारी/जिला तथा राज्य स्तर पर तम्बाकू रोधी प्रकोष्ठ के फोकल प्वाइंट	सभी सार्वजनिक स्थान

[फा. सं. पी. 16015/20/2007-पी.एच.]

बी. के. प्रसाद, संयुक्त सचिव

MINISTRY OF HEALTH AND FAMILY WELFARE

(Department of Health and Family Welfare)

NOTIFICATION

New Delhi, the 30th May, 2008

G.S.R. 417(E).—In exercise of the power conferred by Section 31 of the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (34 of 2003), the Central Government hereby makes the following Rules, in supersession to Rule 3 of the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Rules, 2004, namely :—

1. **Short title, Extent and Commencement.**—(1) These rules may be called the Prohibition of Smoking in Public Places Rules, 2008.

(2) They shall come into force on the 2nd October, 2008.

2. **Definitions :** In these rules, unless the context otherwise requires,—

(a) "hotel" shall mean a building or a part of a building where lodging, with or without board or other services, is provided by way of business for consideration monetary or otherwise and includes boarding house and guest house.

(b) "restaurant" shall mean any place to which the public has access and where any kind of food or drink is supplied for consumption on the premises by any person by way of business for consideration monetary or otherwise and shall include the open space surrounding such premises and includes—

(i) refreshment rooms, banquet halls, discotheques, canteen, coffee house, pubs, bars, airport lounge, and the like.

(c) "open space" mentioned in Section 3(1) of the Act shall not include any place visited by the public such as open auditorium, stadium, railway station, bus stop/ stand and other such places.

(d) "public place" defined in Section 3 (1) of the Act shall also include work places, shopping malls, and cinema halls.

(e) "smoking area or space" mentioned in the proviso to Section 4 of the Act shall mean a separately ventilated smoking room that :

(i) is physically separated and surrounded by full height walls on all four sides;

(ii) has an entrance with an automatically closing door normally kept in close position;

(iii) has an air flow system, as specified in schedule I,

(iv) has negative air pressure in comparison with the remainder of the building.

(f) Words and expressions used herein and not defined in these rules but defined in the Act shall have the meanings, respectively, assigned to them in the Act.

3. **Prohibition of smoking in a public place :** (1) The owner, proprietor, manager, supervisor or in charge of the affairs of a public place shall ensure that :

(a) No person smokes in the public place (under his jurisdiction/implied).

(b) The board as specified in schedule II is displayed prominently at the entrance of the public place, in case there are more than one entrance at each such entrance and conspicuous place(s) inside. In case if there are more than one floor, at each floor including the staircase and entrance to the lift/s at each floor.

(c) No ashtrays, matches, lighters or other things designed to facilitate smoking are provided in the public place.

(2) The owner, proprietor, manager, supervisor or incharge of the affairs of a public place shall notify and cause to be displayed prominently the name of the person(s) to whom a complaint may be made by a person(s) who observes any person violating the provision of these Rules.

(3) If the owner, proprietor, manager, supervisor or the authorized officer of a public place fails to act on report of such violation, the owner, proprietor, manager, supervisor or the authorized officer shall be liable to pay fine equivalent to the number of individual offences.

(Explanation: For the purpose of these rules the word offence means a person found violating any provision of the Rules).

4. Hotels, Restaurants and Airports.—(1) The owner, proprietor, manager, supervisor or in charge of the affairs of a hotel having thirty or more rooms or restaurant having seating capacity of thirty persons or more and the manager of the airport may provide for a smoking area or space as defined in rule 2(e).

(2) Smoking area or space shall not be established at the entrance or exit of the hotel, restaurant and the airport and shall be distinctively marked as "Smoking Area" in English and one Indian language, as applicable.

(3) A smoking area or space shall be used only for the purpose of smoking and no other service(s) shall be allowed.

(4) The owner, proprietor, manager, supervisor or in-charge of the affairs of a hotel having thirty or more rooms may designate separate smoking rooms in the manner prescribed as under :

(a) all the rooms so designated shall form a separate section in the same floor or wing, as the case may be. In case of more than one floors/wings the room shall be in one floor/wing as the case may be.

(b) all such rooms shall be distinctively marked as "Smoking rooms" in English and one Indian language, as applicable.

(c) the smoke from such room shall be ventilated outside and does not infiltrate/permeate into the non-smoking areas of the hotel including lobbies and the corridors.

5. Recovery of fine by authorized officers.—(1) The authorized officers mentioned in schedule III shall be competent to act under and compound the offences committed in violation of Section 4 of the Act.

Schedule I

[See Rule 2 (e) (iii)]

(i) that is exhausted directly to the outside and not mixed back into the supply air for the other parts of the building; and

(ii) It is fitted with a non-re circulating exhaust ventilation system or an air cleaning system, or by a combination of the two, to ensure that the air discharges only in a manner that does not re-circulate or transfer it from a smoking area or space to non-smoking areas.

Schedule II

[See rule 3(b)]

1. The board shall be of a minimum size of 60 cm by 30 cm of white background.

2. It shall contain a circle of no less than 15 cm outer diameter with a red perimeter of no less than 3 cm wide with a picture, in the centre, of a cigarette or beedi with black smoke and crossed by a red band.

3. The width of the red band across the cigarette shall equal the width of the red perimeter.

4. The board shall contain the warning "No Smoking Area—Smoking Here is an Offence", in English or one Indian language, as applicable.

Schedule III

(See Rule 5)

Authorised Officers : Following persons shall be authorized to impose and collect the fine against the violation of Section 4.

Sl. No.	Person Authorised to take action	Description of Public Place
1.	Inspectors of Central Excise/Income-tax Customs/Sales Tax/Health/ Transport and above	All Public Places within their jurisdiction
2.	Station Master/Asstt. Station Master/Station Head/Station incharge	Railways and all its Premises
3.	All Gazetted Officers of State/Central Government or equivalent rank and above in Autonomous Organizations/PSU	Government offices/premises and offices of the autonomous bodies and corporations
4.	Director/Medical Superintendent/Hospital Administrator	Government and Private Hospital
5.	Post Master and above	Respective Post Office in their jurisdiction.
6.	Head of the Institution/HR Manager/Head of Administration	Private Offices / Workplaces
7.	College/School/Headmaster Principal/Teacher	Respective Educational Institutions
8.	Librarian/Asstt. Librarian/Library incharge/other administrative staff in library.	Libraries/ Reading Rooms.
9.	Airport Manager/Officers of Airport Authority of India and Officers of all schedule Airlines	Airports
10.	Director Public Health/Director Health Services	All Public Places
11.	In charge Administration in Central/State Government	All Public Places
12.	Nodal Officers/Focal Points of Anti-Tobacco Cell at District and State level.	All Public Places

[F. No. P. 16015/20/2007-PH]
B. K. PRASAD, Jt. Secy.

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GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

No. 2005/H-I/1/1 **New Delhi, dated 22-10-2008**

The General Manager (Medical),
All Indian Railways.

Sub: - Family Welfare Programme on All Indian Railways- Additional Allocation of funds for the year 2008-09.

Ref: - Letter No. G.20011/1/2008-Ply dated 27.8.2008 from Dy. Secretary to the Government of India, Ministry of Health & Family Welfare (Department of Health and Family Welfare).

Government of India, Ministry of Health & Family Welfare had placed funds to the tune of Rs.30 Lakhs (Rs. Thirty Lakhs only) at the disposal of Ministry of Railways for payment of Compensation for loss of wages to acceptors of sterilization (Tubectomy/Vasectomy) operation and IUD insertions under the Family Welfare Programme on the Indian Railways for the year 2008-09. Railway wise allotment of the fund for the year 2008-09 has already been distributed vide Board's letter of even No. dated 9.5.2008.

Ministry of Health and Family Welfare, have now placed additional funds to the tune of Rs.25 lakhs (Rs.Twenty Five Lakhs only) at the disposal of Ministry of Railways for payment of Compensation for loss of wages to acceptors of sterilization (Tubectomy/Vasectomy) operation and IUD insertions under the Family Welfare Programme on the Indian Railways. Railway wise allotment of these funds for the year 2008-09 is given in the enclosed statement.

1. The funds provided by the Ministry of Health & Family Welfare are for the payment of compensation for the loss of wages to acceptors of Sterilization (Tubectomy/Vasectomy) operations and IUD Insertions.

2. The expenditure incurred on the Family Welfare Programme on the Indian Railways should be debited to following Budget head: -

Demand No.	46	for the year 2008-09 Department of Health & Family Welfare.
Major Head	2211	(Plan)
	00200	Other Services & Supplies
	02	Family Welfare Programme in other Ministries
	0202	Sterilization and IUD Insertion
	020250	Other charges

3. The expenditure on the Family Welfare Programme during 2008-09 should be advised in terms of Board letter No. 92/AC-II/2/2Pt. dated 20.10.94.

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

5. Receipt of this letter may please be acknowledged.

DA/One

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

No. 2005/H-1/1/1 **New Delhi, dated 22 .10.2008**

Copy with copy of the statement forwarded to: -
1. Director/Finance – CCA, Railway Board.
2. Dy. Chief Medical Director (Health & Family Welfare), All Indian Railways.
3. The FA & CAOs, All Indian Railways.

DA/One

For Financial Commissioner/Railways

No. 2005/H-1/1/1 **New Delhi, dated 22.10.2008**

4. Ministry of Health &Family Welfare (Department of Family Welfare), Nirman Bhawan, New Delhi, (with reference to their letter No.G.20011/1/2008-Ply dated 27th August 2008) (Kind Attention : Mrs. Archana Verma, Deputy Secretary, to The Government of India).

5. The Principal Accounts Office (Sectt.), Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi.

DA/one

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

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

Zonal Railways	Allocation 2008-09(figures in thousand of rupees)	Additional Allocation (figures in thousand of rupees)	Total Allocation (figures in thousand of rupees)
Central Railway	250	100	350
Eastern Railway	315	300	615
East Central Railway	150	200	350
East Coast	150	150	300
Northern Railway	190	225	415
North Central Railway	95	100	195
North Eastern Railway	160	75	235
Northeast Frontier Railway	160	230	390
North Western Railway	160	125	285
Southern Railway	315	175	490
South Central Railway	185	150	335
South Eastern Railway	280	75	355
South East Central Railway	160	150	310
South Western Railway	90	50	140
Western Railway	250	270	520
West Central Railway	90	125	215
Total	3000	2500	5500

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No:2008/H/5/15 New Delhi, dated 3-9-2008.

The Chief Medical Directors,
All Indian Railways.

Sub: **PME-Medical De-categorization of Running Staff.**

A representation has been made by NFIR regarding PME - Medical de-categorisation of running staff, that the doctors are issuing certificate with the endorsement, **"A-1 pass – unfit for Running duties but Fit for Shunting duties"** due to which the running staff i.e. Loco Pilots are facing problems.

It is hereby desired that the provisions already mentioned in Para 523(ii), Para 12.2 (Annexure III) and Para 12.72 (Annexure III) of IRMM – 2000 should be adhered to and read as **"A-1 pass – unfit for running duties but fit for other duties including shunting duties"**

Pankaj Kapoor

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

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