

PENSIONERS' CO-ORDINATOR

Organ of the Co-ordination Committee
of

CENTRAL GOVERNMENT PENSIONERS ASSOCIATIONS,
CHANDIGARH



*'For the Elders,
By the Elders'*

Volume-17

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March-April 2019

WELCOME TO OFFICER OF MINISTRY OF HEALTH



(From L to R) M. L. Panghotra Patron CCGPA
D. C. Joshi, Advisor, CGHS Govt. of India
Dr. Atul Parkash, Director CGHS, Govt. of India
Dr. Ashivni Kumar, Additional Director CGHS, Chandigarh
Dr. Sunita Choudhary, Senior Chief Medical Officer, CGHS, Chandigarh

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Issue of Pensioners' Identity Card to Pensioners- Revised Format.

**Ministry of Personnel, Public Grievances & Pensions
Department of Pension and Pensioners' Welfare, Lok Nayak Bhawan
Khan Market, New Delhi**

No. 41/21/2000-P&PW(D)

Dated the 19th Feb, 2019

OFFICE MEMORANDUM

Sub: Issue of Pensioners' Identity Card to Pensioners- Revised Format.

The undersigned is directed to refer to this Department's OM of even no. dated 12.08.2015 and to say that the instructions related to the issue of Pensioners' Identity Card to Pensioners were issued by this Department. In para 2 of the OM dated 12.08.2015, it is mentioned that Pensioners' ID Card shall include the Aadhaar No. of the pensioners, if available. Accordingly, a format for the pensioners' Identity Card was also issued.

2. The matter has been reconsidered. It has been decided that henceforth, the Pensioners' Identity Card may be issued to the pensioners in the revised format (copy enclosed).
Encl: as above

(Charanjit Taneja)
Under Secretary to the Govt. of India

**Revised Format for Pensioners' Identity Card for persons retiring under Central Civil Services
(Pension) Rules 1972 (or other corresponding rule)**

(FRONT)

**PENSIONER'S IDENTITY CARD
GOVERNMENT OF INDIA
MINISTRY OF**

No.
Name:
Res. Address:
Telephone/Mobile No.:
Blood Group:
Signature of Card Holder

Space for
Photograph
Signature of
Issuing Authority
with seal

(REVERSE)

Date of Birth:
Date of Superannuation/retirement:

Pay-scale on retirement:

Post held on retirement:

Last Pay:

PPO No. and date:

Any Other Information:

[Accessed on 05.03.2019 from http://www.circular.gconnect.in/viewpdf?pdfpath=http://www.circular.gconnect.in/download/gconnect-forms/pension_and_retirement_forms/Pensioners-ID-Card.pdf&anchor=]

Extension of CGHS facilities to the retired KVS Employees

Kendriya Vidyalaya Sangathan
18, Institutional Area, Shaheed Jeet Singh Marg
New Delhi 110 016
Fax: 26514179/Tel: 26858570
website:www.kvsangathan.nic.in

F.11086/01/2012-KVS(HQ)/Admn.II/291-338

Dated: 13-03-2019

OFFICE MEMORANDUM

Subject: Extension of CGHS facilities to the retired employees of Kendriya Vidyalaya Sangathan (KVS) – matter regarding.

Ministry of HRD, vide letter No.F3-5/2011-UT-2 dated:13-03-2019 has conveyed the approval of the Ministry of Health & Family Welfare O.M.No.S.11016/8/2015-CGHS (P) dated 06.03.2019 vide which Ministry of Health & Family Welfare has extended the implementation of CGHS facilities to all the retired employees of KVS, who were having CGHS cards while in service, in all CGHS covered Cities, on the same terms and conditions on which retired employees of KVS were extended CGHS facilities in Delhi/NCR vide Ministry of Health & Family Welfare OM dated 29.05.2015.

Other terms and conditions of MoH&FW OM dated 29.05.2015 circulated vide KVS (HQ) OM No.11086/01/2012-KVS HQ (Admn.II) 793/805 dated 21.08.2015 will remain unchanged.
Sd/-

(Dr. Shachi Kant)
Joint Commissioner (Pers.)

[Accessed on 18.03.2019 from https://www.kvsangathan.nic.in/sites/default/files/hq/ANN%28E%29-14-03-2019_0.PDF]

**GOVERNMENT Of INDIA Ministry of Health & Family Welfare
CGHS Wellness Centre No.1, Sector 45 Chandigarh
No.CMO/CGHSWC-1/Advisory Committee/Minutes/3119. Dt.9-3-2019
Minutes of the Meeting of Advisory Committee held on 9-3-2019 in CGHS Wellness Centre
No.1 Sec45 Chandigarh**

Meeting of Advisory Committee which was held on 09.03.2019 was Presided over by Dr (Mrs) Sunita Chaudhary, senior CMO (SAG) I/C CGHS Wellness Centre, sector 45 Chandigarh and attended by the following members-

1. Sh. M.L Pangotra, IA&AS Pensioners Associations Chandigarh (9217912203)
2. Sh. Jaspal Singh, President, DAPWA Chandigarh (9815226310)
3. Sh. M.S Good comdt. PMF retired C.G.P.W society (9876111633)

Mar.-Apr. 2019

- 4. Sh. D.D Sharma, Survey of India, rep. of serving employees Chandigarh (9417184124)
- 5. Sh. Vinit Goel, representative of Hai Ambika Medicos, SCO 361 sector 32 D , Chandigarh (9988637709).

Welcome Address:

Dr (Mrs) Sunita Chaudhary, senior CMO (SAG) in charge CGHS Wellness Centre No 1, welcomed the members of the advisory committee and told that a new performs for medical reimbursement has been received, she gave a sample copy of the performa and requested to distribute among all the pensioners of different associations. She told that all documents in duplicate should be enclosed as per New Performa. A unsigned cancelled cheque should be enclosed.

Dr Chaudhary also intimated about the merger of P&T dispensaries in CGHS probably it may start from 1.04.2019.

Dr (Mrs) Sunita Chaudhary also apprised the advisory committee members about empanelment of one new hospital I.e. 'OJAS HOSPITAL PANCHKULA 'and other ' Superb Imaging centre ' at Chandigarh.

A point regarding on line appointment which was also given on holiday was raised by one of advisory committee member. Dr.Sunita Chaudhary told about the rectification of module for online appointment and said that it will not happen now.

Another point regarding short supply of medicines to the beneficiaries sometime at the Counter was also discussed. It was advised that beneficiaries should check the quantity of medicines before leaving the counter. The representative of supplier of medicines before dispatching it to dispensary confirmed that they will cross check before dispatch. However, he will make up short supply if reported at the time of issue. Pharmacist will also make good short supply, if reported immediately.

AMENITIES TO THE BENEFICIARIES

No proposal for offering of alternative premises to CGHS has been received from the Chandigarh administration.

MRC STATUS/ PENDENCY OF CLAIM

The payment of MRC upto April 2018 has been made.

AVAILABILITY OF THE DRUGS IN THE WELLNESS CENTRE

There are 235 generic medicines and about 60 proprietary medicines are available in the wellness centre.

STAFF PUNCTUALITY AND BEHAVIOUR

The conduct and behaviour of the staff of the wellness centre has been good.

CLEANLINESS & MAINTAINANCE OF WELLNESS CENTRE

Under the prevailing circumstances the upkeep of the premises is worth appreciation..

SUGGESTION/ GRIEVANCE REDRESSAL

No letter was found in grievances box.

The meeting ended with a vote of thanks.

Dr .(Mrs) Sunita Chaudhary
Senior CMO(SAG) I/C
CGHS Wellness Centre No 1
Sector 45,Chandigarh.

Copy to-:

- 1. Addl. Director CGHS sector 9 Chandigarh.
- 2. All the committee members.

**Bureau of Energy Efficiency, Ministry of Power
Government of India
Recommended Guidelines**

Subject: Energy Conservation in Building Space Cooling through recommended optimum temperature setting

Bureau of Energy Efficiency (BEE) under the aegis of Ministry of Power (MoP) implementing various energy efficiency and conservation schemes stipulated under Energy Conservation Act 2001, with the primary objective of reducing the energy intensity of Indian economy. Bureau in consultation with Ministry of Power, also develops policies and strategies that emphasize self-regulation and market principles to achieve objectives of energy conservation and energy savings. As per clause 14 (t) of the EC Act 2001, Central Govt. shall take "all measures necessary to create awareness and disseminate information for efficient use of energy and its conservation".

With the objective to reduce energy intensity, in the area of space cooling, BEE initiated Star Labelling of Air Conditioners to improve efficiency in commercial and residential buildings. Thereafter, the Energy Conservation Building Code (ECBC) was published to reduce demand for space cooling. It is estimated that by increase in temperature of room by 1 degree Celsius (0C), we can save about 6% of electricity. Typically, room temperature is set between 20-21 0C whereas, as per the comfort chart, it is suggested that ideal temperature could be maintained around 24-25 0C. Considering change from 20 0C to 24 0C, there exists potential to increase at least 4 degree Celsius, which may lead to savings of about 24% of electricity consumption. Annually, this may translate to saving potential of about 20 billion units of electricity, by taking simple measures like adjusting the temperature setting of AC system to 240C.

In this context, Bureau of Energy Efficiency, Ministry of Power recommends following to the consumers:

1. **All consumers of commercial buildings are suggested to maintain the internal temperature between 24-250C with appropriate humidity and airflow to conserve energy and for the health benefits of occupants, subject to operational and functional requirement.**
2. **These guidelines are mostly applicable for large premises such as Airports, Hotels, Shopping Malls, Offices and Government Buildings (Ministries & attached offices, State Government, and Public Sector Undertakings), having huge potential for savings.**
3. **Personnel responsible for operation and maintenance of air conditioning/cooling system may be suitably counselled to maintain such parameters without adversely affecting the comfort conditions.**
4. **Above guidelines may not be applicable for premises where specific ambient conditions are required e.g. health care facilities/operation theatre/Food processing installations/Data Centers, etc.**
5. **The consumers may also take any other appropriate measures to save energy.**
6. **Any deviation of such Guidelines should normally be considered with the approval of head of the organization.**
7. **The above suggestions are not applicable for winter climatic conditions.**

Director General
Bureau of Energy Efficiency
New Delhi

June 25, 2018

[Accessed on 25.03.2019 from https://beeindia.gov.in/sites/default/files/press_releases/Recommended%20Guidelines.pdf]

Reservation for Economically Weaker Sections (EWS) in direct recruitment in civil posts and services in the Government of India

North Block, New Delhi
dated the 31st January, 2019

Subject: Reservation for Economically Weaker Sections (EWSs) in direct recruitment in civil posts and services in the Government of India.

In continuation of this Department's Office Memorandum of even number dated 19.01.2019, the following instructions are issued in consultation with Ministry of Social Justice and Empowerment and Department of Legal Affairs regarding reservation for EWSs not covered under the reservation scheme for SCs/STs/OBCs in respect of direct recruitment in civil posts and services in the Government of India.

2. QUANTUM OF RESERVATION

The persons belonging to EWSs who, are not covered under the scheme of reservation for SCs, STs and OBCs shall get 10% reservation in direct recruitment in civil posts and services in the Government of India. .

3. EXEMPTION FROM RESERVATION:

3.1 "Scientific and Technical" posts which satisfy all the following conditions can be exempted from the purview of the reservation orders by the Ministries/Departments:

- (i) The posts should be in grades above the lowest grade in Group A of the service concerned.
- (ii) They should be classified as "scientific or technical" in terms of Cabinet Secretariat [OM No. 85/11/CF-61(1) dated 28.12.1961], according to which scientific and technical posts for which qualifications in the natural sciences or exact sciences or applied sciences or in technology are prescribed and, the incumbents of which have to use that knowledge in the discharge of their duties.
- (iii) The posts should be 'for conducting research' or 'for organizing, guiding and directing research'.

3.2 Orders of the Minister concerned should be obtained before exempting any posts satisfying the above condition from the purview of the scheme of reservation.

4. CRITERIA OF INCOME & ASSETS:

4.1 Persons who are not covered under the scheme of reservation for SCs, STs and OBCs and whose family has gross annual income below Rs 8.00 lakh (Rupees eight lakh only) are to be identified as EWSs for benefit of reservation. Income shall also include income from all sources i.e. salary, agriculture, business, profession, etc. for the financial year prior to the year of application.

Also persons whose family owns or possesses any of the following assets shall be excluded from being identified as EWS, irrespective of the family income:-

- i. 5 acres of agricultural land and above;
- ii. Residential at of 1000 sq ft. and above;
- iii. Residential plot of 100 sq. yards and above in notified municipalities;
- iv. Residential, plot of 200 sq. yards and above in areas other than the notified municipalities.

4.2. The property held by a "Family" in different locations or different places/cities would be clubbed while applying the land. or property holding test to determine EWS status.

4.3 The term "Family" for this purpose will include the person who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

5. INCOME AND ASSET CERTIFICATE ISSUING AUTHORITY AND VERIFICATION OF CERTIFICATE:

5.1 The benefit of reservation under EWS can be availed upon production of an Income and Asset Certificate issued by a Competent Authority. The Income and Asset Certificate issued 'by any one of the following authorities in the prescribed format as given in Annexure-I shall only be accepted as proof of

candidate's claim as 'belonging to EWS: –

(i) District Magistrate/Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ 1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate

(iii) Revenue Officer not below the rank of Tehsildar and

(iv) Sub-Divisional Officer or the area where the candidate and/or his family normally resides.

5.2 The Officer who issues the certificate would do the same after carefully verifying all relevant documents following due process as prescribed by the respective State/UT.

5.3 The crucial date for submitting income and asset certificate by the candidate may be treated as the closing date for receipt of application for the post, except in cases where crucial date is fixed otherwise.

[Accessed on 26.03.2019 from <https://www.gconnect.in/orders-in-brief/reservation/10-reservation-economically-weaker-sections.html>]

**Invalid Pension – Central Civil Services (Pension) Amendment Rules, 2018 – DOP & PW
Notification**

**Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Pension and Pensioners' Welfare**

NOTIFICATION

New Delhi, the 4th January, 2019.

G.S.R..... (E). – In exercise of the powers conferred by the proviso to article 309 read with clause (5) of article 148 of the Constitution and after consultation with the Comptroller and Auditor-General of India in relation to persons serving in the Indian Audit and Accounts Department, the President hereby makes the following rules further to amend the Central Civil Services (Pension) Rules, 1972, namely:-

1. Short Title and Commencement:-

(1) These rules may be called the Central Civil Services (Pension) Amendment Rules, 2018.

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

2. In the Central Civil Services (Pension) Rules, 1972 –

(i) in rule 38, for sub-rule (1) and sub-rule (2), the following sub-rules shall respectively be substituted, namely

“(1) The case of a Government servant acquiring a disability, where the provisions of section 20 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016) are applicable, shall be governed by the provisions of the said section:

Provided that such employee shall produce a disability certificate from the competent authority as prescribed under the Rights of Persons with Disabilities Rules, 2017.

(2) If a Government servant, in a case where the provisions of section 20 of the Rights of Persons with

Disabilities Act, 2016 (49 of 2016) are not applicable, retires from the service on account of any bodily or mental infirmity which permanently incapacitates him for the service, he may be granted invalid pension in accordance with rule 49:

Provided that a Government servant, who retires from service on account of any bodily or mental infirmity which permanently incapacitates him for the service before completing qualifying service of ten years, may also be granted invalid pension in accordance with sub- rule (2) of rule 49 subject to the conditions that the Government servant-

(a) has been examined by the appropriate medical authority either before his appointment or after his appointment to the Government service and declared fit by such medical authority for Government service; and

(b) fulfils all other conditions mentioned in this rule for grant of invalid “;

(ii) in rule 49, for sub-rule (2), the following sub-rule shall be substituted, namely: –

“(2) Subject to the proviso to sub-rule (2) of rule 38, in the case of a Government servant retiring in accordance with the provisions of these rules after completing qualifying service of not less than ten years, the amount of pension shall be calculated at fifty per cent of emoluments or average emoluments, whichever is more beneficial to him, subject to a minimum of nine thousand rupees per mensem and maximum of one lakh twenty five thousand rupees per mensem.”.

[F.No. 21/1/ 2016-P&PW (F)]
sd/-

(Sanjiv Narain Mathur)

Joint Secretary to the Government of India

[Accessed on 26.03.2019 from <https://www.gconnect.in/orders-in-brief/pension/invalid-pension-ccs-pension-amendment-rules-2018.html>]

Revision Of Pension For Pre-2006 Pensioners Retired From 5th CPC Scale Of Rs. 6500-10500/-

No.38/33/12-P&PW (A)
Government of India
Ministry of Personnel, PG & Pensions
Department of Pension & Pensioners' Welfare

3rd Floor, Lok Nayak Bhawan
Khan Market, New Delhi-110 003
Dated the 4th January, 2019

OFFICE MEMORANDUM

Sub: Revision of pension w.e.f 1.1.2006 of Pre-2006 pensioners who retired from the 5th CPC scale of Rs. 6500-10500/-.

The undersigned is directed to say that as per Para 4.2 of this Department's OM of even number dated 01.09.2008 relating to revision of pension of pre-2006 pensioners w.e.f. 1.1.2006, the revised pension w.e.f. 1.1.2006, in no case, shall be lower than 50% of the sum of the minimum of pay in the pay band and the grade pay thereon corresponding to the pre-revised pay scale from which the pensioner had retired.

2. Instructions were issued vide this Department's OM of even number dated 28.1.2013 for stepping up of pension of pre-2006 pensioners w.e.f. 24.9.2012 to 50% of the sum of the minimum of pay in the pay band and the grade pay thereon corresponding to the pre revised pay scale from which the

pensioner had retired, as arrived at with reference to the fitment tables annexed to Ministry of Finance, Department of Expenditure's OM No. 1/1/2008-IC dated 30th August, 2008. A concordance table indicating the revised pension/ family pension of pre-2006 pensioners in terms of instructions contained in para 4.2 of OM dated 1.9.2008 read with the OM dated 28.1.2013 was also annexed to the OM dated 28.1.2013. Subsequently, orders were issued vide this Department's OM of even number dated 30.7.2015 that the pension/family pension of all pre-2006 pensioners/family pensioners may be revised in accordance with this Department's OM No. 38/37/08-P&PW(A) dated 28.1.2013 with effect from 1.1.2006 instead of 24.9.2012.

3. In the aforesaid OM dated 28.1.2013 of Department of Pension & Pensioners' Welfare, the grade pay corresponding to the pre-revised pay scale of Rs. 6500-10500 was shown as Rs. 4200/- and the minimum pension in terms of para 4.2 of the OM dated 1.9.2008 was shown as Rs. 8145/- (50% of minimum pay of Rs. 16,290/- as per fitment table for the pre-revised scale of pay of Rs. 6500-10500, annexed to Ministry of Finance, Department of Expenditure's OM No. 1/1/2008-IC dated 30th August, 2008).

4. Order were issued vide Ministry of Finance, Department of Expenditure's OM No.1.2008-IC dated 13.11.2009 that the posts which were in the pre-revised scale of Rs. 6500-10500 as on 1.1.2006 and which were granted the normal replacement pay structure of grade pay of Rs. 4200/- in the pay band P13-2, will be granted grade pay of Rs. 4600/- in the pay band P13-2 corresponding to the pre-revised scale of Rs. 7450-11,500 w.e.f 1.1.2006.

5. Representations have been received in this Department for extending the benefit of grade pay of Rs. 4600/- for revision of pension/family pension, w.e.f. 1.1.2006, in respect of Pre-2006 pensioners who retired/died in the 5th CPC scale of Rs. 6500-10500/- or equivalent pay scale in the earlier Pay Commission periods. The matter regarding the amount of minimum pension/family pension in terms of para 4.2 of the O.M. dated 1.9.2008 in their case has been re-examined in the light of the orders issued by Ministry of Finance (Department of Expenditure) vide their OM No. 1/1/08-IC dated 13.11.2009 and decisions of courts in certain cases. It has been observed that pay of all serving employees in the pre-revised pay scale of Rs. 6500-10500/- has been fixed w.e.f. 1.2006 in the grade pay of Rs. 4600/-. Therefore, the grade pay of Rs. 4600/- can be considered as the grade pay corresponding to the pre-revised pay scale of Rs. 6500-10500/.

6. Accordingly, it has been decided that, for the purpose of revision of pension/family pension w.e.f. 1.1.2006 under para 4.2 of the O.M. dated 1.9.2008, the Grade Pay of Rs. 4600/- may be considered as the corresponding Grade pay in the case of pre-2006 pensioners who retired/died in the 5th CPC scale of Rs. 6500-10500/- or equivalent pay scale in the earlier Pay Commission periods,

7. In accordance with the provisions of Rule 7 of the CCS (Revised Pay) Rules, 2008, the pay corresponding to the pay of Rs. 6500/- in the pre-revised pay scale of Rs. 6500-10500/- would be 12090/- in the PB-2. After adding the grade pay of Rs. 4600/-, the pay in the Pay Band I Grade Pay corresponding to the pay of Rs. 6500/- in the pre-revised pay scale of Rs. 6500-10500 would be Rs. 16690/- (12090+4600). Accordingly, the revised pension w.e.f. 1.1.2006 in terms of para 4.2 of OM dated 1.9.2008, for the pre-2006 pensioners who retired from the pay scale of Rs. 6500-10500/- in the 5th CPC or equivalent pay scales in the earlier Pay Commissions would be Rs. 8345/-. Accordingly the entries at serial number 13 in the annexure of this Department's OM No. 38/37/08-P&PW(A) dated 28.1.2013 may be substituted by the entries shown in the statement annexed to this O.M.

8. As provided in this Department's OM dated 28.1.2013, in case the consolidated pension/family pension calculated as per para 4.1 of this Department's OM No. 38/37/08- P&PW(A) dated 1.9.2008 is higher than the pension/family pension calculated in the manner indicated above, the same (higher consolidated pension/family pension) will continue to be treated as basic pension/family pension.

9. In their application to the persons belonging to the India Audit and Accounts Department, these orders are issued in consultation with the controller and Auditor General of India. All the

Ministries/Departments are requested to bring the contents of these orders to the notice of Controller of Accounts/Pay and Accounts Officers and Attached and subordinate Offices under them. They are also requested to revise the pension of the affected pre-2006 pensioners in accordance with the instructions contained in this O.M. on a top priority basis.

(Harjit Singh)
Director

[Accessed on 26.03.2019 from <https://www.gconnect.in/orders-in-brief/pension/pension-pre-2006-pensioners-retired-5th-cpc-scale.html>]

Enhancement in age limit of contractual doctors from 67 years to 70 years for contractual engagement in CGHS Delhi

**F.No.4-07/2018/CGHS/GE
GOVT OF INDIA
OFFICE OF THE ADDITIONAL DIRECTOR
C.G.H.S. (HQ), Estt (G) Section**

Sector-12, Rama Kraishna Puram,
New Delhi – 110022

Sub: Enhancement in age of contractual doctors from 67 years to 70 years for contractual engagement in CGHS Delhi reg.

In continuation to this office letter of even no. dated 12.12.2018 it is informed that the age limit for contractual engagements of doctors in CGHS is enhanced from 67 years to 70 years. Those medical officer who have completed 67 years of age but are less than 69 of years as on 31.01.2019 may apply a fresh to this office by 31.01.2019 either by post or by hand.

sd/-
Additional Director
Central Government Health Scheme
Delhi

[Accessed on 26.03.2019 from <https://www.gconnect.in/orders-in-brief/cghs/age-limit-contractual-doctors-increased-cghs.html>]

Merger of 33 Postal Dispensaries with CGHS – DOP Order

**No.2-3/2009-Medical
Government of India
Ministry of Communications
Department of Posts**

Dak Bhavan, Sansad Marg,
New Delhi – 110 001
Dated: 2 January, 2019

To

All Chief Postmasters General/Postmasters General

Sub:- Merger of 33 postal dispensaries with CGHS-reg.

Sir/Madam,

I am directed to forward herewith a copy of Order No. S.11011/01/2016/CGHS-III/EHS dated 21st December, 2018 of the Ministry of Health & Family Welfare on the subject mentioned above for

Mar.-Apr. 2019

further necessary action at your end.

Yours faithfully

(M.S. Zou)
Assistant Director General (Medical)

**No. S.11011/01/2016/CGHS-III/EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare**

Nirman Bhawan, New Delhi – 110 108
Dated: the 21st December, 2018

ORDER

Subject: Merger of 33 Postal Dispensaries with CGHS – Reg.

In pursuance of the decision taken by the Government on recommendations of the 7th Central Pay Commission, the following 33 (thirty three) postal dispensaries presently functioning in 33 Cities i.e. Agra, Ajmer, Aligarh, Ambala, Amritsar, Bareilly, Behrampur, Chhapra, Cuttack, Darbhanga, Dhanbad, Dibrugarh, Gaya, Gorakhpur, Guntur, Jalandhar, Jalpaiguri, Jodhpur, Kota, Morababad, Muzaffarpur, Nellore, Raipur, Rajahmundry, Saharanpur, Silchar, Siliguri, Tirunclevli, Tiruchirappalli, Vadodra, Varanasi, Vijaywada and Visakhapatnam are here by merged with the CGHS

2. All serving employees and pensioners of Department of Post (DoP) and Department of Telecom (DoT), who are residing/settled in above 33 cities and are beneficiaries of the 33 Postal Dispensaries, shall now be covered under CGHS and the Postal Dispensaries shall be rechristened as CGHS Wellness Centres.

3. In so far as the existing facilities and manpower in position in these 33 Dispensaries are concerned, the merger shall be effective as per the following terms and conditions:-

- a) All Serving employees and pensioners of Department of Post (DoP) and Department of Telecom (DoT) shall have to abide by the CGHS rules and guidelines to become a member of the Scheme. They shall have to pay the requisite contribution as per the prevailing rates prescribed by the Ministry of Health and Family Welfare/CGHS DoP & DoT will take necessary action to inform their employees and pensioners in this regard.
- b) All existing facilities and infrastructure like buildings, furniture and fixtures equipment's etc. will be taken over by CGHS on 'as is where is' basis. The Department of Post shall handover the possession of the Postal Dispensaries accommodation to the Department of Health and Family Welfare/CGHS at a token rent of Re.1/- per annum. In case of rented accommodations, CGHS will pay the rent from the date of taking over of the Dispensaries.
- c) All doctors of GDMO sub-cadre of CGHS working in the above 33 Dispensaries will be taken on roll of CGHS and they shall be placed under the administrative control of Department of Health and Family Welfare/CGHS for all purposes.
- d) All employees (technical/non-technical staff) along with the work allocated and posts they are currently holding in these 33 Dispensaries shall be taken over by CGHS. Their seniority and other condition of service in CGHS shall be governed by the relevant

instructions and guidelines issued by DoPT from time to time.

- e) All expenditure relating to these Dispensaries including medicines, hospitalization and other reimbursable expenses (of pensioners), salaries and other allowances to the Postal dispensary employees as a result of merger of these dispensaries shall be borne by CGHS from its own resources.
- f) Local Committees shall be constituted in the respective cities with representatives from with representatives from both CGHS and Postal Dispensaries to resolve all staffing and other local issues arising on account of the merger in consultation with nodal Ministries.

4. These Orders shall be effective from 1st January, 2019. Additional Director of concerned CGHS City shall initiate action for taking over of Postal Dispensaries in consultation with the concerned Postal Authorities.

5. This issues with the concurrence of Ministry of Finance, Department of Expenditure's ID No. 18(4)/E. V/2017, dated 26.11.2018.

(Rajeev Attri)
Under Secretary to the Govt. of India
(Tel: 011 – 2306 1883)

[Accessed on 26.03.2019 from <https://www.gconnect.in/orders-in-brief/cghs/merger-33-postal-dispensaries-cghs.html>]

7th Central Pay Commission on notional pay fixation method – Pension Revision of pre-01.01.2016 Pensioners / Family Pensioners

**O/o THE PR. CONTROLLER OF DEFENCE ACCOUNTS (PENSIONS)
DRAUPADI GHAT, ALLAHABAD- 211014**

Circular No. 617

Date: 06/02/2019.

To

The Officer-in-Charge
ROs/PAQOs (ORs)

Subject: Revision of pension of pre-01.01.2016 pensioners / family pensioners in implementation of Govt. decision on the recommendations of the 7th Central Pay Commission on notional pay fixation method – regarding.

Reference: (1) This office Circular No.610 dated 05.11.2018
(Available on the website of this office www.pcdapension.nic.in)

1. Attention is invited to Para 5 of this office circular No. 610 dated 05.11.2018, wherein it was proposed to carry out suo-moto revision subject to the approval of Ministry of Defence, wherever feasible based on PDA details and Pay details (and other info like Rank Group , QS) wherever available in master data base and based on notional Pay fixation as per Concordance table for 7th CPC issued vide GOI. MOD letter dated 17/10/2018.

2. Now MOD has intimated vide ID No 2872/D-(Pen/Pol)/2017 dated 01/02/2019 to go ahead with proposal to undertake suo-moto pension revision (and notional pay fixation) of pre-2016 retiree pensioners and family pensioners. Accordingly this office is going to start suo-moto revision wherever feasible and our data base is complete.

3. After suo-moto revision all the remaining cases where Pay details, PDA details and other details

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like Rank, Group, QS, disability pension are not available with this office will be hosted on CGDA WAN to make available through a utility software all the data of Pre-2016 JCO/ORs pensioners/family pensioners for access, modification, initiation (if not found available in database of PCDA(P) on search) and for fixation of 7th CPC pay details by respective ROs/PAOs in line with MOD letter dated 05/09/2017(Para 18).

4. Meanwhile all the Record Offices & Pay Account Offices are impressed upon that the pensioner's data, on which RO/PAO has to act upon due to deficiency of certain information like list of cases where current PDA is not available (As per Annexure-A), cases of missing information regarding Rank, Group, QS (as per Annexure-B) and list of cases where basic pay detail is not available or is less than Rs.750/- (as per Annexure-C) has already been uploaded RO wise on CGDA WAN at ftp://10.48.3.3/ in soft copy in folder named Data_JCOs-PBOR_PRE_2016 for their preliminary work on priority basis so that they will be able to authenticate / provide missing information through utility software.

No. Gts/Tech/7th CPC/0181/Vol-VIII

Dated: 06.02.2019

(Himanshu Tripathi)
ACDA (P)

[Accessed on 26.03.2019 from <https://www.gconnect.in/7th-pay-commission/7th-pay-commission-notional-pay-fixation-method.html>]

**MEDICAL CLAIMS REIMBURSEMENT UNDER CGHS
IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
WRIT PETITION (CIVIL) NO. 694 OF 2015**

Shiva Kant Jha Petitioner(s)

Versus

Union of India Respondent(s)

J U D G M E N T

R.K. Agrawal, J.

1) The jurisdiction of this Court has been invoked by the petitioner herein by filing this writ petition against the alleged unfair treatment meted out to several retired government servants in their old age and their state of affairs pertaining to **reimbursement of medical claims under the Central Government Health Scheme (CGHS)**.

2) Brief facts:

(a) The petitioner herein is a CGHS beneficiary (retired pensioner) having a CGHS Card valid for whole life for medical treatment in Private Ward. The petitioner herein submitted two sets of his Medical bills under the Central Government Health Scheme (CGHS) for reimbursement on account of his treatment done in November, 2013 in the Fortis Escorts Hospital, New Delhi for Rs. 9,86,343/- for his cardiac ailments involving the implant of CRT-D device and two sets of bill amounting to Rs. 3,98,097/- for his treatment at Jaslok Hospital, Mumbai for cerebral stroke and paralytic attack.

(b) The petitioner herein submitted the first Bill on 02.01.2014 and the second Bill (two) on 19.07.2014 to the authority concerned. The first Bill was considered by the Technical Standing Committee in May 2014 and the claim was rejected without informing him of the reasons for rejection. The case was again considered by the Standing Committee on 10.07.2014 and was rejected on the ground that CRT-D

implant was not required. Aggrieved of the above, the petitioner herein filed a representation before the Secretary, Ministry of Health & Family Welfare. The said representation was again considered by the Standing Committee on 15.01.2015 and was rejected for the reason that "Prior approval for such device implant was not sought". Again, in fourth attempt, the petitioner herein approached the Director General of the CGHS. After presenting the memorial to the Director General of the CGHS, the government credited an amount of Rs. 4,90,000/- in the petitioner's Bank Account, however, he was never heard on any point nor any speaking order was ever communicated to him.

(c) In the second set of Bills of the Jaslok Hospital, the petitioner's claim was curtailed to the tune of Rs. 94,885/-, being just one-fourth of the claim and no opportunity of being heard was granted to the petitioner. Thus, the petitioner herein was denied an amount of Rs. 4,96,343/- from the first claim and Rs. 3,03,212/- from the second set of claim. In other way, out of the total bills amounting to Rs. 13,84,440/-, the petitioner herein was paid Rs. 5,84,885/-, meaning thereby, the petitioner herein was denied Rs. 7,99,555/-. To both the hospitals, the petitioner had to pay out of his personal resources. However, this Court, vide order dated 01.02.2016, directed the respondent-State to pay a sum of Rs. 3,00,000/- to the petitioner as an interim relief.

(d) Aggrieved by the decision of the CGHS in not allowing the medical bills in full, the petitioner herein has filed this writ petition under Article 32 of the Constitution of India claiming that he being in late 70s of his age, needs money to meet the needs for his survival.

3) Heard the petitioner-in person and Ms. Binu Tamta, learned counsel for the respondent-State.

Rival contentions:

4) The petitioner in person contended before this Court that over several years, several retired government servants, in their old age, have suffered and even died due to unfair treatment meted out to them by the CGHS and its controlling Ministry, the Ministry of Health and Family Welfare, in discharge of their duties. The petitioner contended that the impugned CAG's Report with regard to "Reimbursement of Medical Claims to the Pensioners under CGHS" have also expressed the indifference against the pensioners. He further contended that every government employee during his life time or after his retirement is entitled to get the benefit of the medical facilities and no fetters can be placed on his rights. The petitioner in-person finally contended that this Court may exercise its jurisdiction under Articles 32 and 142 of the Constitution so that the fundamental rights of the petitioner under Articles 14 and 21 are protected and promoted by reimbursing his medical expenditure already incurred by him under genuine emergency and also to frame some guidelines for effective implementation of the claims of the pensioners under the CGHS.

5) Per contra, learned counsel for the respondent while refuting the claim of the petitioner submitted that the case of the petitioner has been dealt with in accordance with the Circulars and Office Memorandums issued by the Ministry of Health & Family Welfare from time to time. Learned counsel further submitted that the petitioner cannot be given any special treatment beyond the terms of the circulars which would amount to violation thereof and would lead to arbitrariness and discrimination qua a large number of such like beneficiaries.

6) Learned counsel for the respondent further contended that the government has empanelled several hospitals under the CGHS and the petitioner did not approach the empanelled hospital during medical emergency and he was charged by the hospital as per their own rates whereas the rates charged for such facility shall be only at the CGHS rates and that too after following a proper procedure given in the Circulars issued on time to time by the concerned Ministry. Further, the CGHS has a complete set of rules and guidelines to be followed in each case and if the petitioner is compensated beyond the policy, it would have large scale ramifications. Learned counsel for the respondent-State finally submitted that the petition is devoid of merits and is liable to be dismissed.

Discussion:-

7) Union of India-the respondent herein, while complying with the order passed by this Court dated

11.04.2016 filed an affidavit describing the in-house procedure to be followed in dealing with the claims under CGHS, the remedy/appeal available in dealing with the claims and also the nature of claims pending in respect of card holders. The detailed procedure which is followed for the purpose of medical reimbursement claims of CGHS beneficiaries have been set out in Circular dated 14.11.2011 and further supplemented by the instructions dated 11.12.2012. The steps provided in the said procedure are given hereinbelow:-

Procedure for Medical Reimbursement Claim (MRC) in Central Government Health Scheme (CGHS)

- (a) The patient or beneficiary has to approach the in-charge of the wellness centre where he/she is registered.
- (b) That after getting all the documents required for MRC from the beneficiary, CMO in-charge submits the same online to CMO (R&H) of the respective Zonal Office and also send one hard copy through official dak to the respective Zonal Office CMO (R&H) who process the MRC as per CGHS rates.
- (c) The CMO (R&H) processes the MRC as per CGHS Rates. If CGHS rates are not available, reimbursement is considered at AIIMS rates. And if AIIMS rates are also not available, the reimbursement is made as per actual rates.
- (d) The CMO (R&H) gets the approval of Additional Director (AD) of the respective Zonal Office for the MRC. Then approved amount of MRC is sent as bill to the Pay & Accounts Office (PAO) CGHS Rajinder Nagar.
- (e) Pay & Accounts Office credits the approved amount of MRC in the account of beneficiary through Electronic Clearing System (ECS).

The procedure of appeal/remedy in CGHS regarding MRC is given hereunder:-

- (a) If the beneficiary is not satisfied with the claim, he can request in writing to the Competent Authority in CGHS. The request is then forwarded to the higher authority by the respective Zonal Office for consideration.
- (b) If the higher authority considers it necessary to have the opinion of the specialist of concerned speciality, a Special Technical Committee (STC) meeting is held.
- (c) On the basis of the recommendation of the Special Technical Committee, the approval of the competent authority is taken and the approved amount is paid to the beneficiary by PAO.

8) Union of India, by filing an affidavit before this Court, submitted that most of the claims are reimbursed only through the CGHS sources as per the package rates of CGHS. However, there are few such cases received occasionally where reimbursement is done from two sources i.e. from CGHS and from the insurance companies. Such claims are first processed by insurance companies and then by the CGHS. The claim of CGHS is reimbursed as per the Office Memorandum dated 19.02.2009. It is further submitted that no such cases involving reimbursement from two sources is pending in CGHS.

9) Further, the writ petitioner was admitted in emergency condition with complaint of breathlessness on 11.11.2013 in Fortis Escorts Health Institute, which was a non-empanelled hospital at the relevant time. He underwent angiography on 12.11.2013 which revealed diffused disease in left anterior descending coronary artery 50-60%. He had been implanted the CRT-D device (Combo) as part of cardiac resynchronization therapy (CRT) on 12.11.2013. The hospital charged an amount of Rs. 11,56,293/- for the said treatment, out of which, an amount of Rs. 10,70,000/- was for the cost of the unlisted cardiac

implant (CRT-D) and an amount of Rs. 3,19,950/- was paid by the Insurance company directly to the hospital.

10) A Special Technical Committee meeting was held on 29.04.2014 to consider the case of the petitioner. However, on examining the same, the Committee did not find any justification for the implant of CRT-D device of the petitioner. On a further request by the petitioner, the Special Technical Committee again did not find any justification for the implant of CRT-D device on 10.07.2014. On a request for reconsideration by the petitioner, on 15.01.2015, the case of the petitioner was again reconsidered by the Special Technical Committee which denied the claim of CRT-D.

11) The total expenditure incurred by the petitioner towards his medical treatment at Fortis Escorts Heart Hospital, Delhi was Rs. 9,86,343/- and at Jaslok Hospital, Mumbai was Rs. 3,98,097/-, hence, the total amount claimed by the petitioner was Rs. 13,84,440/-. Though the Special Technical Committee did not find the implant justified, the competent authority, keeping in view the emergency nature of the case of the petitioner, approved the reimbursement of implant as per AIIMs rate. Therefore, out of the total amount i.e., Rs. 13,84,440/-, an amount of Rs. 4,90,000/- was paid to the petitioner on the direction of the authority and Rs. 94,885/- for the treatment at Jaslok Hospital. As per this Court's direction dated 01.02.2016, a sum of Rs. 3,00,000/- has also been paid by the respondent. Hence, a sum of Rs. 4,99,555/- is the claim of the petitioner in the present writ petition.

12) With a view to provide the medical facility to the retired/serving CGHS beneficiaries, the government has empanelled a large number of hospitals on CGHS panel, however, the rates charged for such facility shall be only at the CGHS rates and, hence, the same are paid as per the procedure. Though the respondent-State has pleaded that the CGHS has to deal with large number of such retired beneficiaries and if the petitioner is compensated beyond the policy, it would have large scale ramification as none would follow the procedure to approach the empanelled hospitals and would rather choose private hospital as per their own free will. It cannot be ignored that such private hospitals raise exorbitant bills subjecting the patient to various tests, procedures and treatment which may not be necessary at all times.

13) It is a settled legal position that the Government employee during his life time or after his retirement is entitled to get the benefit of the medical facilities and no fetters can be placed on his rights. It is acceptable to common sense, that ultimate decision as to how a patient should be treated vests only with the Doctor, who is well versed and expert both on academic qualification and experience gained. Very little scope is left to the patient or his relative to decide as to the manner in which the ailment should be treated. Speciality Hospitals are established for treatment of specified ailments and services of Doctors specialized in a discipline are availed by patients only to ensure proper, required and safe treatment. Can it be said that taking treatment in Speciality Hospital by itself would deprive a person to claim reimbursement solely on the ground that the said Hospital is not included in the Government Order. The right to medical claim cannot be denied merely because the name of the hospital is not included in the Government Order. The real test must be the factum of treatment. Before any medical claim is honoured, the authorities are bound to ensure as to whether the claimant had actually taken treatment and the factum of treatment is supported by records duly certified by Doctors/Hospitals concerned. Once, it is established, the claim cannot be denied on technical grounds. Clearly, in the present case, by taking a very inhuman approach, the officials of the CGHS have denied the grant of medical reimbursement in full to the petitioner forcing him to approach this Court.

14) This is hardly a satisfactory state of affairs. The relevant authorities are required to be more responsive and cannot in a mechanical manner deprive an employee of his legitimate reimbursement. The Central Government Health Scheme (CGHS) was propounded with a purpose of providing health facility scheme to the central government employees so that they are not left without medical care after retirement. It was in furtherance of the object of a welfare State, which must provide for such medical care that the scheme was brought in force. In the facts of the present case, it cannot be denied that the writ petitioner was admitted in the above said hospitals in emergency conditions. Moreover, the law does

not require that prior permission has to be taken in such situation where the survival of the person is the prime consideration. The doctors did his operation and had implanted CRT-D device and have done so as one essential and timely. Though it is the claim of the respondent-State that the rates were exorbitant whereas the rates charged for such facility shall be only at the CGHS rates and that too after following a proper procedure given in the Circulars issued on time to time by the concerned Ministry, it also cannot be denied that the petitioner was taken to hospital under emergency conditions for survival of his life which requirement was above the sanctions and treatment in empanelled hospitals.

15) In the present view of the matter, we are of the considered opinion that the CGHS is responsible for taking care of healthcare needs and well being of the central government employees and pensioners. In the facts and circumstances of the case, we are of opinion that the treatment of the petitioner in non-empanelled hospital was genuine because there was no option left with him at the relevant time. We, therefore, direct the respondent-State to pay the balance amount of Rs. 4,99,555/- to the writ petitioner. We also make it clear that the said decision is confined to this case only.

16) Further, with regard to the slow and tardy pace of disposal of MRC by the CGHS in case of pensioner beneficiaries and the unnecessary harassment meted out to pensioners who are senior citizens, affecting them mentally, physically and financially, we are of the opinion that all such claims shall be attended by a Secretary level High Powered Committee in the concerned Ministry which shall meet every month for quick disposal of such cases. We, hereby, direct the concerned Ministry to device a Committee for grievance redressal of the retired pensioners consisting of Special Directorate General, Directorate General, 2 (two) Additional Directors and 1 (one) Specialist in the field which shall ensure timely and hassle free disposal of the claims within a period of 7 (seven) days. We further direct the concerned Ministry to take steps to form the Committee as expeditiously as possible. Further, the above exercise would be futile if the delay occasioned at the very initial stage, i.e., after submitting the relevant claim papers to the CMO-I/C, therefore, we are of the opinion that there shall be a timeframe for finalization and disbursement of the claim amounts of pensioners. In this view, we are of the opinion that after submitting the relevant papers for claim by a pensioner, the same shall be reimbursed within a period of 1 (one) month.

17) In view of the foregoing discussion, we dispose of the petition filed by the writ petitioner with the above terms.

.....J.
(R.K. AGRAWAL)
.....J.
(ASHOK BHUSHAN)
NEW DELHI;
APRIL 13, 2018.

[Accessed on 06.04.2019 from https://www.sci.gov.in/supremecourt/2015/29019/29019_2015_Judgement_13-Apr-2018.pdf]

Meeting of Advisory Committee Meeting

Meeting of Advisory Committee which was held on 09.03.2019 was Presided over by Dr (Mrs) Sunita Chaudhary, senior CMO (SAG) I/C CGHS Wellness Centre, sector 45 Chandigarh and attended by the following members-

1. Sh. M.L Panghotra, IA&AD Pensioners Associations Chandigarh (9217912203)
2. Sh. Jaspal Singh, President, DAPWA Chandigarh (9815226310)
3. Sh. M.S Toor Commandant. PMF retired C.G.P.W Society (9876111633)
4. Sh. D.D Sharma, Survey of India, rep. of serving employees Chandigarh (9417184124)
5. Sh. Vinit Goel, representative of Jai Ambika Medicos, SCO 361 Sector 32 D , Chandigarh (9988637709).

Welcome Address:

Dr (Mrs) Sunita Chaudhary, Senior CMO (SAG) in charge CGHS Wellness Centre No 1, welcomed the

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members of the Advisory Committee and told that a new Performa for medical reimbursement has been received, she gave a sample copy of the Performa and requested to distribute among all the pensioners of different associations. She told that all documents in duplicate should be enclosed as per New Performa. An unsigned cancelled cheque should be enclosed.

Dr Chaudhary also intimated about the merger of P&T dispensaries in CGHS, probably it may start from 1.04.2019.

Dr (Mrs) Sunita Chaudhary also apprised the Advisory Committee members about empanelment of one new hospital i.e. 'OJAS HOSPITAL, Sector 26, PANCHKULA 'and another ' Superb MRI, CT Scan Centre, 24-25, Madhya Marg, Sector 8 C (near Gopal Sweets) Chandigarh.

A point regarding on line appointment which was also given on holiday was raised by one of Advisory Committee member, Dr.Sunita Chaudhary informed about the rectification of module for online appointment and said that it will not happen now.

Another point regarding short supply of medicines sometime to the beneficiaries was also discussed. It was advised that beneficiaries should check the quantity of medicines before leaving the counter. The representative of supplier of any medicine also agreed to check medicines before dispatching it to dispensary.

AMENITIES TO THE BENEFICIARIES

No proposal for offering of alternative premises to CGHS has been received from the Chandigarh administration.

MRC STATUS/ PENDENCY OF CLAIM The payment of Medical Reimbursement Claim (MRC) upto April 2018 has been made.

PERFORMANCE OF THE LOCAL CHEMIST: There has been normally no problem with the supply of local purchased medicines from the local Chemist. However, sometime short supply of medicine is made for which the local chemist has been directed to check the supply of medicines carefully before it is supplied to the dispensary.

AVAILABILITY OF THE DRUGS IN THE WELLNESS CENTRE : There are 235 generic medicines and 60 proprietary medicines available in the wellness centre.

STAFF PUNCTUALITY AND BEHAVIOUR The conduct and behaviour of the staff has been good.

CLEANLINESS & MAINTAINANCE OF WELLNESS CENTRE The upkeep of the premises is appreciable.

SUGGESTION/ GRIEVANCE REDRESSAL No letter was found in grievances box.

The meeting ended with a vote of thanks to:

Dr.(Mrs) Sunita Chaudhary
Senior CMO(SAG) I/C
CGHS Wellness Centre No 1
Sector 45, Chandigarh.

[As sent by Sh. M.L Panghotra]

Reimbursement of Claims Claim submission

- In case of treatment in emergency in non-empanelled hospital/expenditure incurred for treatment in empanelled hospital, Medical Reimbursement Claim (MRC) will have to be submitted by the beneficiary for reimbursement of expenses incurred.

- The claim is to be submitted to the concerned department by serving employees and to the CMO I/C of the CGHS wellness Centre (where the CGHS card is registered) by the pensioner beneficiary within 3 months of discharge from the hospital.
- In case of delay in submission of claim beyond 3 months, the reasons justifying the delay must be stated by the beneficiary in a forwarding letter
- The claim is to be submitted in duplicate in the prescribed form.

Acknowledgment and following up of the claim submitted by pensioner beneficiaries and serving CGHS employees:

- The claim is to be submitted at the CGHS wellness Centre where the beneficiary is registered. On verification as per check list if the claim is found to be complete with all documents then an acknowledgment will be generated with a claim number in the computer module of the wellness Centre.
- The status of the claim can be viewed in the CGHS computer module using the claim number. SMS will also be sent to beneficiaries at each stage of MRC processing.
- Particulars of the claims which are more than one month old are now displayed on the CGHS website.

Please see detailed checklist given below for documents to be enclosed for reimbursement of medical claims:

CHECK LIST FOR MRC

Please enclose Self attested Documents in the sequence given below FOR EVERY CLAIM along with page number

- 1 Computer generated MRC No.
- 2 Self explanatory letter -duly signed by main card holder
 - forwarded by CMO I/C
 - with detailed sequence and justification of the claim and reason for going to a non - empanelled hospital
 - In case of delay in submission of more than 90 days from date of discharge/treatment, the reason for delay to be mentioned clearly with request for condonation of delay.
 - If claimant is not in a position to sign then Right thumb impression in case of females and left thumb impression in case of males may be put in place of signature. If medically unfit to sign, then a certificate from physician regarding the disability is to be enclosed.
- 3 Photo Copy of Card of the claimant and the patient duly verified by CMO I/C
- 4 Medical Reimbursement Claim Form (MRC (S) for serving and MRC (P) for pensioner) available on cghs.gov.in under the link: downloads) duly signed by main card holder/claimant in case of death of card holder (Please mention email id and mobile no.)
- 5 Mandate Form -MANDATE FORM IS MANDATORY (Please see "Downloads" for Mandate Form). In addition:
 - a. Cancelled cheque/photocopy of cheque bearing name of the main card holder/claimant in case of death of main card holder OR
 - b. Copy of pass book showing account number with name of main card holder /claimant in case of death of main card holder OR
 - c. Mandate form verified from concerned bank, if name of main card holder/claimant is not present on cheque.
- 6 Original permission letter/ original emergency certificate.

- 7 Discharge summary in original/copy
- 8 Copy of referral from the specialist / advice of the specialist wherever this applies.
- 9 Final consolidated bill in original.
- 10 Original or copy of break up of hospital bill (Interim bill is not valid.)
- 11 Receipts in original of total amount paid to hospital/pharmacy. Please note:
 - (a) Invoice needed in case of implants/devices specifying batch number and specifications of the device/implant
 - (b) If 'duplicate' receipt is enclosed in place of original, then affidavit regarding lost receipts needs to be submitted with MRC.
- 12 List of all receipts/bills enclosed in the medical claim with receipt number/bill number showing total claimed amount.
- 13 Duplicate set of whole claim with page numbers.
- 14 Whether taken any advance or no-please state Yes/NO.

If advance taken, then utilization certificate from hospital that the advance amount has been utilized

BENEFICIARIES TO PLEASE NOTE:

*** KINDLY NUMBER ALL PAGES OF YOUR MRC IN THE SEQUENCE GIVEN ABOVE**

*** THEN MAKE 2 PHOTOCOPIES OF THE CLAIM**

*** RETAIN 1 SET WITH YOURSELF AS RECORD AND SUBMIT THE OTHER SET ALONG WITH THE ORIGINAL MRC TO THE WELLNESS CENTRE**

*** IF THE CLAIM IS BEING RETURNED AFTER CLEARING ANY OBJECTION THEN THE FRESH DOCUMENTS SUBMITTED SHOULD BE IN DUPLICATE**

CHECK LIST FOR MRC FOR SPECIAL CASES

Please enclose Self attested Documents in the sequence given below along with page number

1 If original bill lost (as per Medical Claim Form (S) or (P))

- o Affidavit on non-judicial stamp paper CLEARLY MENTIONING details of the lost document as per Annexure I of MRC Form.
- o Photocopies of all the above claim papers duly verified by treating specialist.

2 For cases where partial credit is given :

- o Complete final bill of hospital with break up
- o Break up bill from the hospital for items for which credit was not given.

3 In case of death of the card holder please note :

- Death of main card holder (pensioner)-only living spouse is the eligible claimant irrespective of who has made the payment to the hospital for treatment.
- Death of family pensioner (spouse)-Any of the living children can claim reimbursement provided he/she gives an affidavit that he is the legal heir and a separate NOC from other heirs that they have no objection if reimbursement is made to the legal heir (as per Annexure II of MRC Form).

- Death of pensioner with no living spouse/ death of family pensioner and no surviving children, then a 'succession certificate' issued by the court has to be produced by whosoever is the claimant (proving that he is the legal heir) along with the proof that payment to the hospital has been made by him.

Documents to be enclosed in Death Cases :

- Affidavit on non judicial stamp paper by the claimant (as per Annexure II of MRC Form)
- NOC from all the legal heirs separately for each individual.
- Death certificate.
- Copy of death summary from the hospital.
- ID proof of claimant with name of father in cases where both main card holder and spouse have expired
- Succession certificate issued by court wherever required (see above)

4 In cataract surgery with Intra Ocular Lens (IOL) claims (as per OM no. 536/2012/R & H/CGHS dated 21/08/2014)

- Original sticker of IOL with batch number of IOL, duly signed and stamped by the surgeon of private empanelled hospital
- Bill of IOL showing type of IOL used and IOL batch no. in case of surgery in private empanelled hospital
- Discharge summary/prescription to mention:

(a) type of IOL (Hydrophobic Foldable/Hydrophilic Acrylic/Scleral Fixated/PMMA (AC/PC)) used
(b) Type of cataract surgery done

5 For Cardiac/vascular stents (as per OM no. 1002/2006/CGHS (R&H)/CGHS(P) dated 31/10/2011)

- Outer pouch of the stent with sticker on it with batch no. and other details.
- Invoice of the stent from the private empanelled hospital with batch number. and details of stent.
- Certificate from empanelled hospital that they have not charged the beneficiary more than the rate at which the stent has been procured by the hospital
- Angiography report (for opinion of Government specialist)
- CD of angiography & PTCA(for opinion of Government specialist)

6 For Pacemaker, Combo Device, Defibrillator, Rotablator (as per OM no. 12034/02/2014/Misc-CGHS-DIII dated 22/7/2014)

- Sticker of device having batch number
- Copy of terms of warranty
- ECG and Holter report
- ECHO cardiography report
- In case of replacement, copy of warranty of earlier device to be submitted

7 Ambulance used (as per OM no. S-4924/2010/CGHS(R&H)/CGHS(P) dated 17/1/2011)

Ambulance is allowed only for going to the hospital in emergency. It is not allowed after discharge.

– Certificate from the treating doctor for justification stating the following – “ The ambulance was essential as it was an emergency and any other mode of transport would have aggravated the patients condition or endangered his life. Ambulance has been used within the city limits”

8 Knee & Hip Implants (as per OM no. Z.15025/74/2017/DIR/CGHS/EHS dated 26/09/2017) : ceiling rates applicable.

– Cost of knee implant component-wise along with brand name, name of manufacturer/importer/batch number/specifications and other details, if any to be mentioned in the final bill/invoice

9 For special Nurse/Aya/attendant- Permitted only Govt. Hospital for in patients or private recognized hospital where treatment has been taken with prior permission. No reimbursement of domiciliary nurse/aya/attendant (as per OM no. S-11011/7/88-CGHS (P) dated 3/8/1988)

– Certificate from treating doctor that services of special nurse/aya/attendant were essential for

recovery/prevention of serious deterioration in the patient

10 For Domiciliary Physiotherapy (as per OM no. S-11011/24/2011/CGHS(P) dated 1/6/2011)

–Prescription from PMT specialist/Ortho/Neuro/Neurosurgery/ENT specialist for home based rehabilitation programme which should include the following descriptive specifics:

1.The therapy to be used:

- a. Electrotherapy;
- b. Active Exercise Therapy;
- c. ADL Training;
- d. Speech Therapy;
- e. Gait Training; and
- f. Passive Exercises.

2.The technical person required to institute the therapy

3.The frequency of the therapy required by the patient

4.Duration of the therapy programme

–Receipt in original for payment made with stamp and designation of person who has given therapy.

–In case of locomotor disability, certificate showing >80% disability or 2 Govt specialists to certify that patient is totally dependent on care giver.

11 For purchase of medicines for 7 days on day of discharge (OPD MEDICINES ARE NOT REIMBURSABLE unless permitted by CMO I/C in writing) as per OM no. S-11011/09/2014/CGHS(HEC)/CGHS(P) dated 20/6/2014 and OM no. S-11018/6/95-CGHS(P) dated 24/7/1995 –Certificate from Private empanelled hospital that they have not issued the medicines on the day of discharge.

12 For Insurance cases: beneficiary to first put up claim to insurance company (as per OM no.S11011/4/2003/CGHS(P) dated 19/2/2009

–Certificate from insurance company indicating the amount for which beneficiary has received credit from them.

–Photocopies of all bills and vouchers duly certified with stamp of insurance company

13 For nebulizer(as per OM no. Misc.11006/2000-JD(R&H)/CGHS(P) dated 11/6/2001

–Advise by Government specialist

–Undertaking that nebulizer has not been procured at Govt. expense in the last 5 years and that cost of maintenance will be borne by beneficiary

–Receipt of purchase

14. Hearing Aid reimbursement (as per OM No. S.14025/10/2002/MS dated 26/05/2015) –Referral letter from parent Wilness Centre (computerized slip where computerization of Wellness Centre is done)

–Copy of prescription of ENT consultant (CGHS/Govt Hospital) with the Audiogram Report duly authenticated by the treating ENT Consultant(CGHS/Govt).

–Warranty card photocopy stating model and serial number of the machine

–Bill/Receipt in original for hearing aid bearing details of the hearing aid seller i.e. (a) Name (b) Qualification (c) RCI/MCI Registration number

–Empty carton of Hearing Aid clearly mentioning name and address of manufacturer, model and serial number of machine (should be the same as that on warranty card and receipt)

–Original Permission Letter to purchase Hearing Aid

[Contributed by Sh. M. L. Panghotra]

CCGPA'S Representation dated 14.03.2019 made to Shri D.C. Joshi, Advisor to the Government of India, Ministry of Health and Family Welfare and also to Shri Atul Parkash, Director CGHS, New Delhi during their visit to CGHS dispensary, Sector 45, Chandigarh.

Subject:-Difficulties being faced by CGHS Beneficiaries at Chandigarh.

Respected sir,

On behalf of the CCCGPA, Chandigarh, I welcome your visit to Chandigarh. It is brought to your kind notice that CGHS beneficiaries are facing following difficulties.

- 1) There are more than 32000 CGHS beneficiaries at Chandigarh availing medical facilities from a single Wellness Centre at Chandigarh. As per norms one CGHS Dispensary is required for 8000 beneficiaries. As such 3 more dispensaries are required at Chandigarh. There is always a rush of patients at the dispensary resulting in difficulties for the Doctors to give due attention and care to patient who are already in advance stage of age.
Therefore we request your good self to open three more dispensaries, one each at Panchkula, Chandigarh and Mohali to cope up with rush of patients keeping in view the guidelines/norms for each Wellness Centre.
- 2) Presently dispensary is working from a rented accommodation in Government Civil Hospital, Sector --45, Chandigarh. The Chandigarh Administration used to serve notice for vacating the premises of this Hospital resulting in hampering the smooth functioning of this Wellness Centre.. The case of allotment of Plot for CGHS dispensary and Administrative Block of CGHS office has been hanging between Chandigarh Administration and Ministry of Home Affairs since 2010, when a Letter of Intent was issued for allotment/earmarking of a plot in Sector 41-B, Chandigarh issued by the Chandigarh Administration.
Recently in a similar case on the basis of Cabinet Note/proposal put up by the respective Ministries land has been allotted to PGI, Chandigarh and for construction of houses for UT employees is approved by Union Cabinet/ Ministry of Home Affairs.
We request your good self to prepare a self contained note for approval of the Union Cabinet/Ministry of Home Affairs for the allotment of Plot for CGHS dispensary and Administrative Office.
- 3) With the opening of CGHS dispensaries at Shimla, Jammu, Srinagar and taking over of P&T dispensaries at Jalandhar and Amritsar, the work of office of Additional Director, Chandigarh has been increased manifolds. This office is already facing shortage of staff as one Post of UDC and Superintendent is lying vacant. This shortage is resulting in delay in passing of Medical Claims of CGHS beneficiaries and bills of authorized Hospitals/Diagnostic Centres. This further leads to stoppage of services by these hospitals/ Diagnostic Centres to the CGHS beneficiaries as their claims are not settled within a stipulated period.

We therefore, earnestly request you to kindly attend to the above issues flagged by the Association so that the issues of the Senior Citizens can be address on priority basis.

(M.L.Pangotra)
Patron

CCS (Conduct) Rules, 1964 – Revision in limit for intimation of transactions in sale and purchase of shares, securities, debentures etc.

**F.No.11013/6/2018-Estt.A-III
Government of India
Ministry of Personnel, Public Grievances and Pension
Department of Personnel & Training
Establishment A-III Desk**

North Block, New Delhi-110001
Date: 07.02.2019

Subject : CCS (Conduct) Rules, 1964 – Revision in limit for intimation in respect of transactions in sale and purchase of shares, securities, debentures etc.

The undersigned is directed to refer to this Department's O.M. No.11013/6/91-Ests.(A) dated 08.04.1992

————— Mar.-Apr. 2019 —————

prescribing the following limit of transactions in shares, securities, debentures or mutual funds scheme, etc for intimation to Government in a prescribed format:

(i) Group 'A' and 'B' Officers – If the total transaction in shares, securities, debentures or mutual funds scheme etc. exceeds Rs.50,000/- during the calendar year.

(ii) Group 'C' and 'D' Officers – If the total transaction in shares, securities, debentures or mutual funds scheme etc. exceeds Rs.25,000/- during calendar year.

2. Sub-rule (1) of the Rule 16 provides that no Government servant shall speculate in any stock, share or other investment. It has also been explained that frequent purchase or sale or both, of share, securities or others investments shall be deemed to be speculation within the meaning of this sub rule. But, the occasional investments made through stock brokers or other persons duly authorized and licensed or who have obtained a certificate of registration under the relevant laws is allowed in this rule. With a view to enable the administrative authorities to keep a watch over such transaction, it has been decided that an intimation may be sent in the enclosed proforma to the prescribed authority in respect of all Government servants, if the total transactions in shares, securities, debentures, mutual funds scheme, etc. exceeds six months' basic pay of Government servant during the calendar year (to be submitted by 31st January of subsequent calendar year).

3. It is also clarified that since shares, securities, debentures, etc. are treated as movable property for the purpose of Rule 18(3) of CCS(Conduct) Rules, 1964, if an individual transaction exceeds the amount prescribed in Rule 18(3), the intimation to the prescribed authority would still be necessary.

4. This Office Memorandum issues in supersession of this Department's O.M. No. 11013/6/ 91-Ests.(A) dated 08.04.1992.

5. In so far as the personnel serving in Indian Audit and Accounts Department are concerned, these instructions are being issued after consultation with the Comptroller and Auditor General of India.

6. All Ministries/ Departments are requested to bring these instructions to the notice of all concerned authorities under their control.

7. Hindi version will follow.

(Satish Kumar)
Under Secretary to the Govt. of India
[Accessed on 26.03.2019 from <https://www.gconnect.in/news/limit-transactions-sale-purchase-shares-securities-debentures.html>]

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IN THE SUPREME COURT OF INDIA
CIVIL APPELLATE JURISDICTION

CIVIL APPEAL NO.3802 OF 2019 (ARISING OUT OF SLP
(CIVIL) NO.1655 OF 2019

SATISH CHANDRA VERMA.. Appellant(s)
Versus
UNION OF INDIA AND OTHERS .. Respondent(s)

ORDER

Leave granted.

The appellant filed O.A. No.1662 of 2018 before the Central Administrative Tribunal, Chennai Bench challenging the denial of permission to him for a private foreign visit from 23.12.2018 to 19.01.2019. The appellant is an IPS Officer and is working as Inspector General of Police/Principal, Central Training College, Central Reserve Police Force, Coimbatore, Tamil Nadu. The appellant averred in the O.A. that he is not involved in any criminal case. He further stated the departmental enquiries are pending against him, the initiation of which was challenged by him in the Tribunal and those cases are pending. He referred to the permission granted to him by this Court earlier on 8th May, 2017 to travel abroad pursuant to which he went abroad and came back as per schedule. The Tribunal refused to grant the interim relief as prayed for which order was affirmed by the High Court. The High Court was of the opinion that there was nothing wrong in the denial of permission due to lack of vigilance clearance. The appellant is before us assailing the order of the Tribunal and the High Court in not granting appropriate relief to him.

When the matter was listed for admission, we were of the opinion that the appellant has a fundamental right to travel and that right cannot be infringed on the ground that vigilance clearance has not been given. We requested Mr. Vikramjit Banerjee, learned Additional Solicitor General to get instructions from the Government of India as to whether the appellant was involved in any criminal case and as to whether there is any serious objection from the Government of India to refuse permission to the appellant to travel abroad. The matter was adjourned on a few occasions for obtaining instructions from the Government of India.

We have heard Ms. Indira Jai Singh learned Senior Counsel appearing on behalf of the appellant and learned Additional Solicitor General.

The right to travel abroad is an important basic human right for it nourishes independent and self-determining creative character of the individual, not only by extending his freedoms of action, but also by extending the scope of his experience. The right also extends to private life; marriage, family and friendship are humanities which can be rarely affected through refusal of freedom to go abroad and clearly show that this freedom is a genuine human right. (See: Mrs. Maneka Gandhi v. Union of India and Another (1978) 1 SCC 248). In the said judgment, there is a reference to the words of Justice Douglas in Kent v. Dulles 357 US 116 which are as follows:

"Freedom to go abroad has much social value and represents the basic human right of great significance."

In the instant case, the appellant who is a member of the All India Services has paid leave to his credit and has applied to go to U.S.A. and France to visit members of his family who are residing there. On an earlier occasion this Court permitted him to travel to U.S.A. in the year 2017 and he promptly came back.

We are of the opinion that pendency of departmental proceedings cannot be a ground to prevent the appellant from travelling abroad.

In view of the above, we are of the opinion that there is no reason for the Government of India to refuse permission to the appellant to travel abroad. It is submitted by Ms. Indira Jai Singh that the appellant intends to go to U.S.A. and France between the period 28.04.2019 and 01.06.2019. The respondents are directed to permit the appellant to travel during the said period. The appellant shall furnish an undertaking to the Registry of this Court that he will come back on 01.06.2019.

The above order is passed in the peculiar facts of this case.
The Civil Appeal is allowed.

.....J.
(L. NAGESWARA RAO)
.....J.
(M.R. SHAH)

New Delhi,
Dated: April 09, 2019.

Accessed on 27.04.2019 from C:/Users/HP/Downloads/Right%20to%20travel%20abroad%20is%20important%20basic%20human%20right.pdf



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Email: contactus.mohali@fortishealthcare.com

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AICPIN	287	288	289	291	301	301	301	302	302	301	307	307
Total 12 months	3413	3425	3436	3446	3462	3478	3494	3509	3523	3538	3357	3557
Yearly average	284.42	285.33	286.33	287.17	288.5	289.83	291.17	292.42	293.58	294.83	296.41	298.08
% Over 261.41	8.80	9.15	9.53	9.85	10.36	10.87	11.38	11.86	12.31	12.78	13.39	14.02

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