

दक्षिण पूर्व रेलवे
South Eastern Railway

Office of the Chief Medical Director
मुख्य चिकित्सया निदेशक का कार्यालय
11, Garden Reach Road, Kolkata : 43
११, गार्डेन रीच रोड, कोल्कता - ४३

No. CMD/SER/A/11/Reimb. (Policy)/2529

Dated : 26/11/2015.


To
The Dy. CPO (Welfare)
South Eastern Railway,
Garden Reach.

Sub: Availability of Reimbursement Form at the Railway Websites.
Ref : Railway Board's letter No. 2005/H/6-4/Policy-I, dt-09/11/2015.

In terms of the above reference, Railway Board has directed to upload the relevant re-imburement form in the website of Zonal and Divisional Railways. Towards compliance of the above directive you are requested to arrange for the above upload. The relevant medical re-imburement forms are enclosed for your needful action.

Please treat this as MOST URGENT.

Encl: As above.


(Dr. R. K. Mukherjee)
Addl. CMD (H&FW, IH)
For Chief Medical Director

RB-1482

11/15

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

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

Dated: 09.11.2015

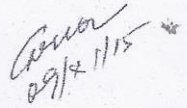
CMD/All India Railways
CMO/Production Units

Sub: Availability of 'Reimbursement Form' at the Railway websites.

Complaints have been received from various quarters about the quality of reimbursement-form being supplied to the railway beneficiaries. A common complaint is the non- legibility of the print.

It has been decided that hence forth this form shall be made available at all the websites of zonal railway, divisional railway, production units etc., in downloadable and printable format so that no hardship is faced by the beneficiaries.

Compliance may be intimated to this office at the earliest.


(Dr. Amitava Dutta)
Executive Director (H)

Copy to:

1. Sr. Professor Health Management/ NAIR.

चिकित्सा सहायक और/या रेल सेवकों तथा उनके परिजनों के उपचार पर हुए चिकित्सा संबंधी व्ययों के संबंध में धन वापसी का दावा करने के लिए आवेदन-प्रपत्र

Form of Application for claiming Refund of Medical Expenses incurred in connection with Medical Attendance and/or Treatment of Railway Servants and their Families

विभाग Department.....	कार्यालय Office.....	स्टेशन Station.....
1. (क) रेल सेवक का नाम और पदनाम (बड़े अक्षरों में) (a) Name and designation of the Railway servant (in block letter) (ख) श्रेणी (b) Class		
2. कार्यालय का नाम जहाँ वह नियोजित है Office in which employed		
3. विद्यमान नियमों में दी गई परिभाषा के अनुसार, रेल सेवक का वेतन और अन्य परिलब्धियों को अलग से दर्शाया जाये। Pay of the Railway servant as defined in the existing Rules, and any other emoluments which should be shown separately.		
4. ड्यूटी का स्थान Place of duty		
5. वास्तविक आवासीय पता Actual residential address		
6. रोगी का नाम और रेल सेवक के साथ उसका संबंध (बच्चों के मामले में आयु भी दर्शाई जाए) Name of the patient and his/her relationship to the Railway servant. (in the case of children state age also)		
7. वह स्थान जहाँ रोगी बीमार पड़ा था Place at which the patient fell ill		
8. दावा की गई राशि का ब्योरा :- Details of the amount claimed :-		
<p>I. चिकित्सा सहायता - Medical Attendance -</p> <p>(I) परामर्श फीस जिसमें निम्नलिखित दर्शाए जाएं - Fees for consultation indicating -</p> <p>(क) परामर्श देने वाले चिकित्सा अधिकारी का नाम और पदनाम तथा अस्पताल या दवाखाना जिससे वह संबद्ध है; (a) the name and designation of the Medical Officer consulted and the hospital or dispensary to which attached ;</p> <p>(ख) परामर्श की संख्या और तारीखें तथा प्रत्येक परामर्श के लिए दत्त फीस ; (b) the number and dates of consultations and the fee paid for each consultation ;</p> <p>(ग) क्या परामर्श अस्पताल में, चिकित्सा अधिकारी के परामर्श कक्ष में लिए गए थे या रोगी के निवास स्थान पर ; (c) Whether consultations were had at the hospital, at the consulting room of the Medical Officer or at the residence of the patient ;</p> <p>(II) सेवा-निदान के लिए किए गए पैथॉलॉजिकल, बैक्टीरियोलॉजिकल, रेडियो-लॉजिकल या ऐसे अन्य परीक्षाओं के प्रभार जिसमें यह दर्शाया जाए ; Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating ;</p> <p>(क) अस्पताल या प्रयोगशाला का नाम जहाँ ये परीक्षण किए गए, और (a) the name of the hospital or laboratory where the tests were undertaken, and</p> <p>(ख) क्या ये परीक्षण प्राधिकृत चिकित्सा सहायक की सलाह पर किए गए हैं ? यदि ऐसा है तो इस आशय का एक प्रमाण-पत्र संलग्न किया जाए ; (b) where the tests were undertaken on the advice of the authorised Medical Attendant. If so, a certificate to that effect should be attached.</p> <p>(III) बाजार से खरीदी गई दवाओं की कीमत (दवाइयों, कैश मेमों की सूची और अनिवार्यता प्रमाण-पत्र संलग्न किए जाएं)। Cost of medicines purchased from the market. (List of medicines, cash memo and the essentiality certificates should be attached).</p>		

II. अस्पताली उपचार - अस्पताली उपचार के लिए प्रभार, इसमें निम्नलिखित प्रभार, अलग से दर्शाए जायें -

Hospital Treatment - Charges for hospital treatment indicating separately the charges for -

(i) आवास :

(बताएं कि यह सरकारी सेवक की हैसियत या वेतन के अनुरूप था या नहीं और ऐसे मामलों में जहाँ आवास रेल सेवक की हैसियत से ऊँचे दर्जे का है तो इस आशय का प्रमाण-पत्र संलग्न किया जाए कि जिस आवास के लिए वह कर्मचारी हकदार था वह उपलब्ध नहीं था)

Accommodation :

(state whether it was according to the status or pay of the Government servant, and in cases where the accommodation is higher than the status of the railway servant a certificate should be attached to the effect that the accommodation to which he was entitled was not available.)

(iv) पैथोलॉजिकल, बैक्टीरियोलॉजिकल, रेडियोलॉजिकल या इस प्रकार के अन्य परीक्षण निम्नलिखित दर्शाए जाएं :

Pathological, bacteriological, radiological, or other similar tests indicating :

(क) उस अस्पताल या प्रयोगशाला का नाम जहाँ ये परीक्षण कराए गए

(a) The name of the hospital or laboratory which undertaken

(ख) क्या अस्पताल में मामले के प्रभारी चिकित्सा अधिकारी की सलाह पर ये परीक्षण कराए गए हैं ? यदि ऐसा है, तो इस आशय का प्रमाण-पत्र संलग्न किया जाए ।

(b) Whether undertaken on the advice of Medical Officer in charge of the case at the hospital. If so, a certificate to that effect should be attached.

(v) दवाइयों :

Medicines :

(vi) विशेष दवाइयों, (दवाइयों, कैश मेमो की सूची और अनिवार्यता प्रमाण-पत्र संलग्न किए जाएं)

Special Medicines, (Lost of Medicines, cash memo and the essentiality certificate should be attached).

(vii) सामान्य नर्सिंग :

Ordinary nursing :

(viii) विशेष नर्सिंग अर्थात् रोगी के लिए विशेष रूग् से नियोजित की गई नर्स (बताएं कि वे अस्पताल में मामले के प्रभारी चिकित्सा अधिकारी की सलाह पर नियोजित की गई थी या रेल सेवक या रोगी के अनुरोध पर । पहली स्थिति में मामले के प्रभारी चिकित्सा अधिकारी का प्रमाण-पत्र अस्पताल के दिक्के रा अधीक्षक से विधिवत प्रतिहस्ताक्षरित करवाकर संलग्न किया जाए)।

Special nursing, i.e., nurses specially engaged for the patient. (State whether they were employed on the advice of the Medical Officer in-charge of the case at the hospital or the request of the railway servant or patient. In the former case, a certificate from the Medical Officer in-charge of the case duly countersigned by the Medical Superintendent of the hospital should be attached).

(ix) एम्बुलेन्स प्रभार,

(की गई यात्रा - कहाँ से कहाँ तक)

Ambulance charges.

(State the journey - to and from - undertaken)

(x) कोई अन्य प्रभार अर्थात् बिजली बत्ती, पंखा, हीटर, वातानुकूल के प्रभार आदि (यह भी बताएँ कि क्या ये सुविधाएँ सामान्यतः सभी रोगियों को दी जाती हैं और रोगी के पास इसके अलावा कोई विकल्प नहीं था) ।

Any other charges e.g., charges for electric light, fan, heater, air-conditioning, etc. (state also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient).

- टिप्पणी :-** 1. यदि रेल सेवक में राज्य सेवा सचिव के नियम 7 रेल सेवा श्रेणी I चिकित्सा सहायता, चिकित्सा सहायता और उपचार नियम के नियम 1941 या 1997 के अधीन अपने आवास पर उपचार कराया है तो ऐसे उपचार का विवरण दें और इन नियमों द्वारा यथापेक्षित प्राधिकृत चिकित्सा सहायक का प्रमाण-पत्र संलग्न करें।
Note : If the treatment was received by the railway servant at his residence under Rule 7 of the Secretary of States services (Rly. Services Class I Medical Attendance) Rules 1941 or Rule 1997 of the Medical Attendance and treatment Rules, give particulars of such treatment and attach a certificate from the Authorised Medical Attendant as required by these Rules.
2. यदि उपचार सरकारी अस्पताल के अलावा किसी अन्य अस्पताल में कराया गया है तो उसका आवश्यक ब्यौरा दें तथा प्राधिकृत चिकित्सा सहायक का इस आशय का प्रमाण-पत्र संलग्न करें कि अपेक्षित उपचार किसी भी नजदीकी रेलवे अस्पताल या सरकारी अस्पताल में उपलब्ध नहीं था।
 If treatment was received at a hospital other than a Government Hospital necessary details and the certificate of the Authorised Medical Attendant that the requisite treatment was not available in any nearest Rly. Or Government hospital should be furnished.

<p>III विशेषज्ञों के साथ परामर्श - प्राधिकृत चिकित्सा सहायक के अलावा किसी विशेषज्ञ या चिकित्सा अधिकारी को दत्त फीस, इसमें ये दर्शायें - Consultation with specialist - Fees paid to a specialist or a Medical Officer other than the Authorised Medical Attendant, indicating -</p> <p>(क) उस विशेषज्ञ या चिकित्सा अधिकारी का नाम और पदनाम तथा वह अस्पताल जिससे वह संबद्ध है ; (a) the name and designation of the specialist or Medical Officer consulted and the hospital to which attached ;</p> <p>(ख) परामर्शों की संख्या और तारीख तथा प्रत्येक परामर्श के लिए प्रभारित फीस ; (b) number and dates of consultations and the fee charged for each consultation ;</p> <p>(ग) क्या परामर्श अस्पताल में, विशेषज्ञ या चिकित्सा अधिकारी के परामर्श कक्ष में किया गया था या रोगी के आवास पर ; (c) whether consultation was had at the hospital, at the consulting room of the specialist or medical Officer, or at the residence of the patient ;</p> <p>(घ) क्या विशेषज्ञ या चिकित्सा अधिकारी से परामर्श प्राधिकृत चिकित्सा अधीक्षक की सलाह पर लिया गया था तथा इसके लिए मुख्य चिकित्सा अधिकारी से पूर्व अनुमोदन लिया गया था ? यदि ऐसा है तो आशय का एक प्रमाण-पत्र इसके साथ संलग्न किया जाए ; (d) whether the specialist or Medical Officer was consulted on the advice of the Authorised Medical Attendant and the prior approval of the Chief Medical Officer of the Railway was obtained, if so, a certificate to that effect should be attached.</p> <p>9. दावा की गई कुल राशि Total amount claimed</p> <p>1 अनुलग्नकों की सूची 0. List of enclosures</p>	
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रेल सेवक द्वारा हस्ताक्षरित किया जाने वाला घोषणा - पत्र Declaration to be signed by the Railway Servant

मैं एतद् द्वारा घोषणा करता हूँ कि जहाँ तक मेरी जानकारी और विश्वास है, इस आवेदन में दिए गए विवरण सही हैं और जिस व्यक्ति के लिए चिकित्सा व्यय उठाए गये हैं, वह पूरी तरह से मुझ पर आश्रित है।

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

स्टेशन/Station.....

हस्ताक्षर/Signature.....

दिनांक/Date.....200.....

पदनाम व कार्यालय/Desig. & Office.....

यथा स्वीकार्य प्रतिपूर्ति की व्यवस्था के लिए मुख्य चिकित्सा अधिकारी को अग्रेषित

Forwarded to the Chief Medical Officer together with the enclosures for arranging reimbursement as admissible.

सं०/No.....

तारीख/Date.....200.....

विभागाध्यक्ष/मंडल/जिला अधिकारी
 Head of Department/Divisional/District Officer

वि. स. व मु. ले. धि. ————— रेलवे को प्रेषित । रु० —————
 (रु० ————— मात्र) राशि की प्रतिपूर्ति के लिए मंजूरी दी जाती है ।
 Transmitted to F. A. & C. A. O. Railway. Sanction is accorded to the
 refund of a sum.....(Rupees.....only).

————— स्तंभ ————— के लिए प्रभार्य
Column.....chargeable to-

रु०/Rs.....से/to.....रु०/Rs.....से/to.....

रु०/Rs.....से/to.....रु०/Rs.....से/to.....

रु०/Rs.....से/to.....रु०/Rs.....से/to.....

कर्मचारी के पक्ष में आहरित राशि के लिए भुगतान आदेश संलग्न है ताकि उसके लिए भुगतान की व्यवस्था हो सके ।
 A pay order for the amount drawn in favour of the employee is enclose to enable him to arrange payment.

[संलग्न : / Enclo :] —

सं०/No.....

तारीख/Date.....200....

मुख्य चिकित्सा अधिकारी
 Chief Medical Officer

- टिप्पणी :-** 1. यह आवेदन प्रपत्र कर्मचारी द्वारा दो प्रतियों में तैयार किया जाएगा और विभाग इन दोनों प्रतियों को मुख्य चिकित्सा अधिकारी के पास अग्रेषित करेगा जो प्रतिपूर्ति की मंजूरी देने के बाद मूल प्रति वि. स. मु. ले. धि. के पास भेजेंगे ।
Note :- This application form shall be prepared in duplicate by the employee and the department will forward both copies to C.M.O. who will after sanctioning reimbursement, sent the original copy to F.A. & C.A.O.
2. अस्पताल को भुगतान की गई राशि की सभी रसीदें, स्तंभ 9 के अनुसार निरपवाद रूप से इस आवेदन के साथ प्रस्तुत की जाएं । यदि प्रभारों (दैनिक दर, ठहरने की अवधि आदि) के ब्यौरे रसीदों में नहीं दिए गए हैं तो प्रभारों का नियतन दर्शाते हुए एक प्रमाण-पत्र अलग से प्रस्तुत किया जाए ताकि दावा की गई राशि के सत्यापन में सुविधा हो सके ।
 All receipts for the amount paid to hospitals, vide column 9 should invariably be submitted along with this application. If the details of charges (daily rate, period of stay, etc.) have not been furnished in the receipts a separate certificate showing the allocation of charges should be submitted to facilitate verification of the amount claimed.
3. यदि उपचार नियम 919-आर, के अनुलग्नक में विनिर्दिष्ट सरकारी अस्पतालों के अलावा किसी अन्य अस्पताल से कराया गया है, तो इस आशय का एक प्रमाण-पत्र प्रस्तुत किया जाए कि प्राधिकृत चिकित्सा सहायक के परामर्श पर उक्त उपचार कराया गया था ताकि मुख्य चिकित्सा अधिकारी प्रतिपूर्ति के आवेदन पर विचार कर सकें ।
 If the treatment was received at a hospital other than the Government hospitals specified in the Annexure to Rule 919-R a certificate to the effect that the treatment at the hospital was availed of at the instance of the Authorised Medical Attendant should be submitted to enable the C.M.O. to consider the application for reimbursement.
4. विशेष रूप से खरीदी गई दवाइयों के संबंध में इस प्रपत्र के साथ प्राप्त किए जा सकने वाले विहित प्रपत्रों में संलग्न अनिवार्यता प्रमाण-पत्र प्रस्तुत किया जाए ।
 Essentiality certificate in the prescribed forms which can be obtained along with this form from the department, should be submitted in respect of special medicines purchased.
5. रोगी का उपचार कर रहे चिकित्सा अधिकारी का इस आशय का प्रमाण-पत्र कि रोगी की बीमारी उसकी असंयमी आदतों या व्यवहार की वजह से नहीं हुई थी प्रस्तुत किया जाए अन्यथा प्रतिपूर्ति के आवेदन पर विचार नहीं किया जाएगा ।
 A certificate from the Medical Officer treating the patient to the effect that the disease of the patient was not one which could be attributed to his/her intemperate habits or conduct be submitted without which the application for reimbursement will not be considered.
6. चतुर्थ (IV) श्रेणी के कर्मचारियों द्वारा गैर-रेलवे अस्पतालों में भुगतान किए गए प्रभारों की प्रतिपूर्ति स्वीकार्य नहीं है ।
 Reimbursement of charges paid to non-railway hospitals in respect of Class IV employee is not admissible.

इन नियमों के अधीन चिकित्सीय प्रभारों की प्रतिपूर्ति के प्रयोजन के लिए कारखाना में कार्यरत वे कर्मचारी जिनका वेतनमान अधिक 90/- रु० और उससे कम है, उन्हें चतुर्थ (IV) श्रेणी कर्मचारी समझा जाएगा ।

Workshop staff on scales of pay the maximum of which Rs. 90/- and below will be treated in the same way as Class IV staff for purpose of reimbursement of medical charges under the Rules.

वि. द्र. :- प्रत्येक रोगी के लिए अलग प्रपत्र (फॉर्म) का प्रयोग करें ।

N. B. :- Separate form should be used for each patient.

SOUTH EASTERN RAILWAY
ESSENTIAL CERTIFICATE

Certificate granted to Mrs./Mr./Miss _____
wife/son/daughter of _____
Employed in the _____

CERTIFICATE - "A"

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

I, Dr. _____ hereby certify that -
(a) the injections administered were/was not for immunising or prophylactic purposes.

(b) the patient has been under treatment at _____
(Hospital) and that the undermentioned medicines
prescribed by me in this connection were essential for the recovery/prevention of
seniors deterioration in the condition of the patient. The medicines are not stocked
in the _____
(Name of the Hospital) for supply to private patients and do not include proprietary
therapeutic value are available nor preparations which are primarily funds, to toilets
or disinfectants.

Sl.No.	NAME OF MEDICINES	PRICE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

(c) the patient is/was suffering from _____ and is/was under
my treatment from _____ to _____.

(d) the patient is/was not given p-natal or post-natal treatment.

(e) the X-Ray, Laboratory Tests, etc.. for which an expenditure of Rs. _____
was incurred were necessary and were undertaken on my advice at _____
_____.

(Name of Hospital or Laboratory)

I hereby that the patient has been under treatment at the _____
_____ Hospital and that the facilities provided were the minimum
which were essential for the patients treatment.

Place: _____

Medical Supdt./Hospital.

Date: _____

P.T.O.

Certificate granted to Mrs./Mr./Miss _____
Wife/son/daughter or Mr. _____ employed in
the

CERTIFICATE - "B"

(To be completed in the case of patient who are admitted in the Hospital for treatment)

PART - "B"

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

SL.No.	NAME OF MEDICINES	PRICE
1		
2		
3		
4		
5		

- (c) the injections administered was/were not for immunising or prophylactic purposes.
- (d) the patient is/was suffering from _____ and/is/was
under treatment treatment from _____ to _____.
- (e) the X-Ray, Laboratory tests etc. for which is expenditure or Rs. _____
was incurred were necessary and were undertaken on my advice at _____
(Name of Hospital or Laboratory).
- (f) I call in Dr. _____
for specialists consultation and that they necessary approval of the _____

Name of the District Medical Officer are
required under the rules and obtained.

Signature & Designation of the
Medical Officer-in-Charge of the case at the Hospital.

ANNEXURE-VI
(See Para 648)

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

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

Signature of the Applicant

CHECK LIST FOR MEDICAL REIMBURSEMENT

Sl. No.	Items	Qty.	Remarks	Folio No.
1	GR-3 Form	In duplicate	Yes/No	
2	Essential Certificate	In duplicate	Yes/No	
3	Railway Board's Proforma	In duplicate	Yes/No	
4	Self application	In duplicate	Yes/No	
5	Break-up of Expenditure Summary by applicant	In duplicate	Yes/No	
6	Ex. Post Facto Emergency Certificate duly filled in (In terms of Rly. Bd.'s letter No. 2005/H/6-4/Policy-II dt. 31-01-2007	In duplicate	Yes/No	
7	Original Cash Vouchers duly countersigned with Rubber Stamp by the treating doctor	In duplicate	Yes/No	
8	Separate Annexure showing detail expenditure item-wise (As per CGHS Rate)	In duplicate	Yes/No	
9	Discharge Summary/Certificate	In duplicate	Yes/No	
10	Condonation at Divisional Level/H.Q. Level if time barred case > 06 months	In duplicate	Yes/No	
11	Attested copy of Medical/RELHS Card	In duplicate	Yes/No	
12	Referral Letter	In duplicate	Yes/No	