

Voice of Rail Engineers

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Success comes to those who Believe



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INDIAN RAILWAYS TECHNICAL SUPERVISORS ASSOCIATION

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35 % RISE OF PAY LIKELY FROM SIXTH CPC – REPORT IN 'DECCAN HERALD'

PAY COMMISSION DENIES ALL SUCH REPORTS

As per report in the 'Deccan Herald', which has since been denied by the Pay Commission, the revised pay scales for Central government employees may be announced earlier than expected, as the government is understood to have sounded the Sixth Pay Commission for early submission of its recommendations. But the employees are unlikely to get as attractive a package as they have demanded in the presentations they have already made before the Pay Commission through their unions and associations. Expected increases of salary and pension could be in the range of 30 to 35 per cent of the existing salaries. As per report in the 'Deccan Herald', the employees were likely to get following benefits:-

- * New scales and Pension will be operative from January 1, 2006
- * Number of pay scales may be slashed from 38 to 16
- * All employees may get annual increment from January 1 each year
- * All retirements to take place on the last day of December.
- * For topmost civil servant - Cabinet Secretary, basic pay may go up from Rs. 30,000 to Rs. 80,000
- * Lowest basic pay scale starting from Rs. 2,550 may be revised to Rs. 6,500 (Group D employees).
- * For Group C, lowest basic pay scale starting with Rs 4,500 may begin at Rs 10,000.
- * For Group C (non-gazetted) staff, one pay scales may start with Rs 12,500 and the another at Rs 15,000.
- * For Group B the basic may start at Rs 17,500, Junior Scale could be revised from Rs 8,000 to Rs 20,000 and Senior Scale may start with a basic pay of Rs 25,000.
- * Existing HRA rates to be retained with upper ceilings of Rs 12,000, Rs. 6,000, Rs. 3,000 and Rs. 2,000 - depending on the city classification.
- * CCA is proposed at 4, 3, 2 and 1 per cent, depending on city classification.
- * Transport allowance is proposed at 6% in A-1 and A class cities and 3% in other cities

PRESIDENT ADDRESSES ENGINEERS AT GORAKHPUR

Er.M. Shanmugam, Central President, IRTSA visited Gorakhpur unit of IRTSA and addressed a large gathering of supervising Engineers from Mechanical, Electrical, Engineering and Signal & Telecommunication On 7th September. Er.N.K. Sinha, Zonal Secretary, N.E. Railway, welcomed the President and the gathering. In his address Er.M. Shanmugam explained the demands made by IRTSA with facts and figures before the Sixth

Central pay Commission through its exhaustive memorandum. He explained reasons to grant exclusive pay scales to the Railway men and the needs to grant two grade up-gradation for technical employees of Indian Railways.

He condemned the attitude of Railway Board in not granting Group B Gazetted status to all SSEs and SEs despite of enough justification for the same and in spite of earlier approval given by the Board for partial implementation of orders of DOP. He also explained the good reasons in calculating incentive bonus along with Dearness pay for all Artisans and supervising Engineers, rubbing salt on the wound Railway Board has issued orders to recover the part of Incentive Bonus paid to Senior Supervisors, it is very much alarming and the work force behind the successful turn-over of Indian Railways was being denied its due share, he added. He also urged upon the Railway Board to concede the long pending demand of First class pass to all JEs. He asked all the members to get ready to face the challenging days ahead, only active participation of members in all the programmes / Dharnas / Mass Fasts organized by IRTSA will fetch the desired result he added.

On behalf of Signal & Telecommunication Workshop a demand was raised by the members to include the S&T Workshop, Gorakhpur, in the Incentive Scheme as in other Railways S&T workshops.

PROTEST DAY & MASS FAST OBSERVED BY IRTSA ALL OVER INDIAN RAILWAYS

Units and Subunits of IRTSA, all over Indian Railways, observed Protest Day on September 25 and Mass Fast on October 25, 07, to protest against rejection of the demand for grant of Interim Relief to Central Government employees as well as their other demands.

Other main demands of the Association included Grant of Group B Gazetted status to all SEs & SSEs, Cadre Restructuring at par with other Inspectorial Cadres (WITH ATLEAST 37% Posts in S-13), Counting of 50% DP as pay for Incentive Bonus - in Workshops & Production Units, Stoppage of recovery of Incentive paid to SEs and SSEs (as per Railway Board's orders of July, 2004 for counting of 50% DP as pay for Incentive Bonus), Implementation of Benchmarks & Yardsticks-in Open Line Depots, Sheds, TRD, Workshops & Production Units, Honorarium to Engineers & Staff - in C & W, P-way, Works, Bridges & S&T Depots, Sheds, TRD, & Track Temping for additional Workload due to New trains & New Assets and grant of First Class Pass to all JEs.

**RAIL ENGINEERS ! MAKE IRTSA STRONG
FOR BETTER STATUS, BETTER EMOLUMENTS &
BETTER SERVICE CONDITIONS**

EDITORIAL

PATIENT FRIENDLY MEDICAL POLICY OF RAILWAYS

We highly appreciate the patient friendly medical policy announced recently by the DIRECTOR GENERAL Health Services, Railway Board (vide his LETTER DATED 16.4.07 - published in the last issue of our journal VRE). Railway hospitals including Operation Theaters - are to be upgraded and provided with more Specialised Doctors, very high quality of patient friendly technologies AND MEDICAL equipments etc. I.C.U.s. have to be expanded with more beds & properly equipped. ADEQUATE & dedicated nursing & other staff have to be deployed. Diagnostic facilities are to be augmented - both through in-house identification and tie up with Government/ private hospitals and laboratories - against cashless services. As per these orders adequate numbers of proper quality private hospitals are to be recognized if in-house facilities are not adequate.

WHAT IS MOST COMMENDABLE IN THIS POLICY IS THE EMPHASIS ON THE PATIENT FRIENDLY APPROACH WHILE TAKING DECISIONS REGARDING COST OF MEDICAL TREATMENT & TECHNOLOGY - WITH GREATER CONSIDERATION OF THE SUFFERING OF THE PATIENTS, AND THEIR RELATIVES, LOSS OF MAN DAYS, REPUTATION OF THE RAILWAYS AND ABOVE ALL "COST OF UNSATISFIED RAILWAY MEN" RAILWAY DOCTORS HAVE BEEN ADVISED TO PROVIDE MEDICAL TREATMENT WITHIN THE FACILITIES AVAILABLE IN THE RAILWAY HOSPITAL SET UP AT A DISTANCE WHICH CAN BE TRAVELED CONVENIENTLY BY THE PATIENT. WHERE THE PATIENT CAN NOT BE MANAGED WITHIN THE AVAILABLE FACILITIES, THE SERVICES OF GOVERNMENT AND RECOGNISED PRIVATE HOSPITALS AND - IN EXCEPTIONAL CASES - UNRECOGNISED PRIVATE HOSPITALS SHOULD BE AVAILED OF. WE EARNESTLY HOPE THAT THIS POLICY WILL BE EFFECTIVELY IMPLEMENTED, PROPERLY UNDERSTOOD AND SUITABLY ADOPTED DOWN THE LINE - IN LETTER & SPIRIT.

Much more has as yet to be done by the railways not only at the lower level but even at the level of policy-makers or the Railway Board itself, for example each policy needs to be elaborated and clarified so as to make it transparent - both amongst the executers and the beneficiaries.

India is a vast country and Indian Railways is spread over every nook & corner of it. Most cities and towns - what to talk of villages and way-side stations - are not provided with any Railway Hospitals or even Health Units or Lock-up Dispensaries. Railway men are deployed in a big way in these way-side stations most of which are in remote areas. Engineering Gangs and other technical, operating and open line staff have to work and reside in these areas bearing with all vagaries of nature compulsorily - with no medical facilities around - especially those provided by the Railways. They have to totally depend upon the State Government or Private Recognized and Unrecognized Hospitals not only in case of a medical emergency but even for their treatment, and that of their dependents for their day to day ailments and other medical needs. Position is much worse especially in case of the Senior Citizens who have retired from the Railways and who have settled in areas which have no Railway Hospital anywhere around.

While the Rules permit that the Railway beneficiaries can get treatment from any Government or Private Recognized Hospital in case of an "emergency" and get reimbursement for the medical expenses incurred thereon. But what constitutes an "emergency" was not at all defined any where till such time we took up the matter with the Railway Board under RTI Act in January last, as a large number of claims for reimbursement get rejected every year due lack of clarity on the subject. Board vide its orders dated 31st January, 2007 (published in ----- issue of VRE), for the

first time described what is considered to be an emergency by the Railways. But the orders were not very clear and the only criteria described therein - was life threatening Accidents and Cardiac problems. Board has again been asked by us, under RTI, to further elaborate the matter.

Similarly there are many other issues which need immediate attention - especially regarding early settlement of bills for Reimbursement and Recognition of more Private Hospitals and Diagnostic Centers for treatment of Railway employees & retirees when in-house facilities were not available.

There are many such vital issues which require detailed clarification or rather defining of policies, not only for effective implementation of the new Health Policy but also to make it transparent and actually "Patient Friendly" not only on paper but rather in practice.

We are taking up all these issues under the RTI Act one after another. We hope that these issues will soon be resolved to make the Health Policy of Railways really purposeful and effective.

RTI Act: it has belatedly provided a powerful instrument to the Indian citizens, to protect their vital constitutional right enshrined in Article 19 of the Constitution of India. It will not only help in getting the requisite information about the areas of their interest and bring about greater transparency in the working of Government departments - which are its basic purpose - but we strongly believe that it will also be an instrument which can serve as a media of inter-active communication between the citizens and Government and consequently it shall, in the long run, become a system of continuous reformation in the country. We can plan to continue to serve the community more effectively through this new-found media.

MEDICAL PROBLEMS RAISED UNDER RTI ACT

EXPEDITIOUS PAYMENT OF MEDICAL BILLS SOUGHT

Railway Board has been urged by Er. Harchandan Singh, GS, IRTSA to evolve a suitable system to ensure expeditious settlement of bills for Reimbursement of Medical Expenses of Railway employees.

Number of other issues relating to Medical Problems have also been raised including supply of Medicines prescribed by Specialists, by the Railway Hospitals - instead of cheaper alternatives thereof and Schedule of Powers of Doctors at Divisional, Zonal and Board's level, in regard to referring of cases to private hospitals and for reimbursement of medical bills, re-defining the conditions of medical "emergency", Benchmarks for recognizing one or more Private Hospitals,

It may be recalled that GS had already raised several issues under RTI Act, including Classification of posts on Railways, entitlement of class of passes to the Railway employees etc. Through a separate query, Board had been asked to clarify the definition of conditions of "emergency" under which a patient could get treatment in Government or Private Hospitals. The Railway Board in response had not only issued detailed instructions, for the first time in this regard, but had later on also accepted that the detailed conditions defined under ECHS, are also equally applicable in case of Railway beneficiaries.

NEW ISSUES RAISED UNDER RTI ACT

Reservation against "Tatkal Seva"

1. a) What is the policy and procedure regarding concessions to Senior Citizens on Railways?
- b) Is any concession given to Senior Citizens on reservation against "Tatkal Seva"?

c

Facility of "Tatkal Seva" on Railway Passes

2. a) Is the benefit of "Tatkal Seva" given on Railway Passes - with or without extra charges?
- b) If not, then will the Railways consider extending the facility to Pass holders at least against extra charges prescribed for "Tatkal Seva"?

List of Recognized Hospitals - on Website

- i) a) Has the List of Private Hospitals and Diagnostic Centers, recognized by the Railways - been posted on the Website - (as assured vide Railway Board's letter no 2006/H-1/13/RTI dated 19.04.07)?
- b) Names of Stations/ Locations of Recognised Hospitals may also please be indicated in all cases in the said list (some of these details were not given in the list supplied vide letter cited at (a) above)

Time Limit for Reimbursement of Medical expenses

1. i) What are the orders/ procedure and policy regarding Reimbursement of Medical expenses incurred by the Railway employees, their Dependents and the Retired employees
 - ii) Is there any difference in the procedure and policy regarding Reimbursement of Medical expenses for serving and retired employees (covered under RELHS), in regard to :-
 - a) Limits for reimbursement,
 - b) Procedure for reimbursement?
 - iii) If so the details of the differences and the reasons thereof, with copies of orders.
2. What are the Powers of MS/CMS/CMD/GM/ Railway Board for the payment / sanctioning the bills of Reimbursement of Medical expenses, in:-
 - A) Referral Cases, B) Emergency cases C) Chronic Cases - treated in:-
 - a) (Same or other) Railway Hospitals b) Government Hospitals, c) Recognised Private Hospitals, d) Non-recognized Private Hospitals.
 3. a) What are the time limits prescribed or normally taken for settlement of cases for Reimbursement of Medical expenses, in respect of each level of authority?
 - b) What mechanism has been provided to:-
 - i) Make the system transparent, corruption free and time-bound for settlement of bills for Reimbursement of Medical expenses?
 - ii) Ensure expeditious settlement of bills for Reimbursement of Medical expenses, or within the prescribed time limit or at least in a reasonable time limit - considering the extreme hardship of the patients?

Advising of Reasons for Deductions from Medical Bills

- a) Are there orders for advising reasons to the applicants, for any deductions or rejection of the bills for Reimbursement of Medical expenses, at various levels?
- b) If no, then why not, particularly since informing the reasons for deduction of any amounts or Rejection of cases, can make the system more transparent, lead to greater satisfaction and cause lesser frustration amongst those concerned?

- i) What are the Rules / Instructions regarding issue of Medicines by Railway Hospitals / Health Units / Dispensaries, in regard to supply of Medicines prescribed by Specialists of Government Private Recognised Hospitals - in "referred", "non-referred emergency" cases and other Chronic cases, (particularly in case of serious / Chronic patients).

- ii) Is it not incumbent for the Railway Doctors to procure or local purchase and supply the specified Medicine by the Specialist, particularly - in cases where alternate cheaper brands / cheaper salts or formulations - available in stock or in market - are not suiting the patient or are contrary to the advice of the Specialist, then

iii) Copies of Rules / Instructions may please be supplied.

2. i) What are the Rules / Instructions regarding Referring of cases to Government / Recognised Private Hospitals?

ii) What are the powers of the Doctor in the Lock-up Dispensary or Health Unit - regarding Referring of cases to Government / Recognised Private Hospitals - especially in the following cases.-

a) when the nearest Railway / Divisional Hospital is at a distance of nearly 30 to 40 Kms. or more;

b) when the patient is serious; when the patient is old / senior citizen;

c) when the patient does not have any attendant to accompany him / her?

iii) Copies of Rules / Instructions in regard to these issues may please be supplied.

2. i) What is the maximum amount of reimbursement allowed for the Hearing Aid, to the serving employees and to the Retired employees - covered under the RELHS?

ii) What are the Powers of the following, for the purpose of Hearing Aid?

a. Divisional Medical Superintendent / Senior Medical Superintendent;

b. Chief Medical Superintendent / CMD.

c. Railway Board.

iii) a) What is the procedure for the above?

b) Is it necessary to get the hearing aid fitted from some fixed / nominated / or recognised

"Hearing Aid" centers / agencies.

c) Who fixes these agencies and who is empowered to refer the case to the specific agency?

iv) Copies of relevant orders/ instruction for i), ii) and iii) above may please be supplied?

GENERAL SECRETARY CALLS FOR A MORE DYNAMIC APPROACH TO FACE CHALLENGES AHEAD

New Eastern Railway Zonal Body Formed

General Secretary IRTSA, Er Harchandan Singh called for a more dynamic approach especially by the younger generation, for their own survival in the fast developing economy in the country where the middle class was getting crushed under the vast disparities in wage structure and economic imbalances. He was addressing a large gathering of Engineers at Liluah on the eve of the Protest Day observed by IRTSA.

A new Zonal Executive Committee of Eastern Railway was formed - with Er. RC Mohanti – Zonal President, Er Gautam Mukerji Working President, Er. S. K. Bhattacharya - Zonal Secretary, Er Ashok Kumar Saha- Joint Secretary, Er. Gopal Mallik & Sai Bal Deb – Organising Secretary and Er. H.N. Lal- Treasurer.

LIST OF RECOGNISED PRIVATE HOSPITALS & DIAGNOSTIC CENTERS ON RAILWAYS

(AS per information provided by the Railway Board,
vide letter no. 2006/H-1/RTI dated 19.04.07)

Sl No	Division	Name & address of Private Hospital	Recognised for Specialty
1	NRCH	Apolo Hospital, Delhi	Cardiac Care
2	NRCH	Batra Hospital, Delhi	Cardiac Care
3	NRCH	Escorts Hospital, Delhi	Cardiac Care
4	NRCH	Kailash Hospital, Delhi	Cardiac Care
5	NRCH	Metro Hospital, Delhi	Cardiac Care
6	NRCH	Delhi Heart & Lung Inst.	Cardiac Care
7	NRCH	Max Hospital, Delhi	Cardiac Care
8	NRCH	Fortis Hospital, Noida	Cardiac Care
9	NRCH	Apolo Hospital, Delhi	Renal Trans.
10	NRCH	Pushpanjli Singhania, Delhi	Renal Trans.
11	NRCH	R. G. Institute, Delhi	Cancer Care
12	NRCH	Anand Care Hospita, Delhi	Cancer Care
13	NRCH	Dharamsala Cancer Inst,	Cancer Care
14	NRCH	Apolo Hospital, Delhi	Cancer Care
15	NRCH	Batra Hospital, Delhi	Cancer Care
16	NRCH	North Point Hospital, Delhi	Lithotripsy
17	NRCH	Fortis Hospital, Noida	Renal Transplant
18	Delhi	Ganesh Hospital, GZB	Emergency
19	Delhi	Umkal Hospital,GGN	Emergency
20	Delhi	Pushpanjli Hospital/GGN	Emergency
21	FZR	BBC Heart Care, JUC	Cardiac Care
22	FZR	Pruthy Hospital , JUC	Multi Specialty
23	FZR	Tagore Hospital	Emergency
24	FZR	Vasai Hospital	Emergency
25	RCF	CMC, Ludhiana	Emergency
26	RCF	Sacred Heart, JUC	Emergency
27	RCF	Tagore Hospital, JUC	Emergency
28	MB	LCH, Mussoorie	Emergency
29	MB	Sai Hospital,MB	Emergency
30	UMB	Monga Hospital	Emergency
31	UMB	BBC Heart Care, JUC	Cardiac Care
32	JUDW	Christian Mission Hospital,	Emergency
33	JUDW	Gabha Hospital (Pending)	Emergency
34	DMW	Sadbhawna Hospital, Patiala	Emergency
35	LKO	Mayo Medical Centre LKO	Emergency
36	NRCH	Ganga Ram Hospital (Pending)	Emergency
37	UMB	J.N. Shod Hospital, Pinjore	Emergency
38	Patiala	Sadbhawna Hospital, Patiala	Emergency
39	UMB	Aneja Hospital, Ambala	Orthopedic
40	RCF	St. John Medical College, KAP	Emergency
41	Delhi	North Point, Jangpura, Delhi	Emergency
42	NDLS	Apolo Hospital & Pushpanjli Singhania, Delhi	Kidney Transplant
43	Musurie	Landour Community Hospital	Emergency
44	JUC	Pruthy Hospital	Emergency
45	NDLS	Lions/Max/Fortis	Haemodialysis
46	LDH	CMC Hospital, Ludhiana	Emergency
1	NCR	Birla Institute, Gwalior	Multi Specialty
2	NCR	GG Hospital, Agra	Multi Specialty
3	NCR	Delhi Heart & Lungs, Delhi	Cardiac Care
4	NCR	Escorts Heart Institute/ N.Delhi	Cardiac Care
5	NCR	Apollo Hospital, N.Delhi	Cardiac/Renal
6	NCR	G.R.Hospital, Kosi Kalan	Emergency
1	NER	Delhi Heart & Lungs Institute	Cardiac Care
2	NER	Sri Ram Murti Samark Institute of Medical Centre Bareilly	Multi specialty
3	NER	Medical Research Foundation Chennai (Sankra Netralaya)	Ophthalmic
1	NFR	Guwahati Neurological Centre	Neuro Surgery
2	NFR	Medical Foundation Chennai (Sankra Netralaya) Guwahati	Ophthalmology
1	CR	Jaslok Hospital Mumbai	Kidney transplant
2	CR	Bombay Hospital Mumbai	Cardiac Diseases
3	CR	Wockhardt Hospital Mulund (Kalyan)	Cardiac treatment

4	CR	Deep Dayal Memorial Hospital Pune	Emergency & Heart Diseases
5	CR	Arneja Heart Institute Nagpur	Cardiac & emgy./ Pathology
6	CR	Ashwini Sahakari Rughalaya & Research Centre Solapur	Complicated cases
7	CR	Charak Clinic, Nursing Home Mumbai	Vitreo Retinal Surgery
8	CR	Indo American Cardiovascular Centre Jalgaon (BSL)	Cardiac treatment
9	CR	Shradha Hospital Lonawala	Emergency
10	CR	Jairam Hospital & Research Centre Nasik Road	Emergency treatment
11	CR	KEM Hospital Pune	Cardiac &Renal
12	CR	Rashtra Sant Tukdoji Nagpur	Cancer
1	ER	Peerless Hospital & B.K. Roy Research Centre Kolkata	Advance Cardiac Care & Cardiac Thoracic Surgery
2	ER	Apollo Gleneagles Hospital Kolkata	- DO -
3	ER	Medical Research Foundation Chennai(Formerly known as Sankara Netralaya) Chennai	Ophthalmic Diseases
4	ER	R.N.Tagore International Hospital Kolkata	N-sur& Neurology
1	ECOR	Nehru Shatabdi Central Hospital, Manahandi Coalfields Talchar	All purposes
2	ECOR	Christian Hospital Bissamcuttack Dist.Raygada	Emergency referral from RV line
3	ECOR	Yashoda Hospital Secunderabad	Super specialty emergency referral
4	ECOR	Seven Hills Hospital Visakhapatnam	emergency referral
5	ECOR	Apollo Hospital Visakhapatnam	Cardiac cases
6	ECOR	NMDC Hospital Kirandul	Emergency local referral
7	ECOR	NMDC Apollo Hospital Bachelli	Emergency local referral
	ECOR	JMJ Hospital Braipalli Sambalpur	
9	ECOR	Kalinga Hospital Bhubneswar	All purposes
1	NWR	Santokaba Durabhji Memorial Hospital /Jaipur	Cardiac
2	NWR	Bhagwan Mahaveer cancer Hospital Jaipur	Cancer
3	NWR	Delhi Heart & Lungs Institute New Delhi	Cardiac
4	NWR	Tongia Heart & General Hospita, Jaipur	Cardiac
5	NWR	Global Hospital, Mount Abu	All General & Specialty services
1	SR	Dr. Rai Memorial MAS/PER	Radiotherapy
2	SR	Sankara Nethralaya MAS/PER	Ophthalmic
3	SR	Sri Ramachandra MAS/PER	Renal Transplant
4	SR	The Guest MAS/PER	Renal Transplant
5	SR	Kalliappa MAS/PER	Renal Transplant
6	SR	Voluntary Health Services MAS/PER	Neuro Surgical
7	SR	Bharath Scans MAS/PER	CT/MRI
8	SR	Vita Diagnostics MAS/PER	CT/MRI
9	SR	Vijaya Scans MAS/PER	CT/MRI
10	SR	Madras Scans MAS/PER	CT/MRI
11	SR	First Med Hospital MAS/PER	CT/MRI
12	SR	Vijay Kumara Menon Hospital Thrupunithura/Trivandrum	For all

Continued

LIST OF RECOGNISED PRIVATE HOSPITALS & DIAGNOSTIC CENTERS ON RAILWAYS (Contd.)

13	SR	Lissie Hosptial Trivendrum	For all
14	SR	PRS Trivendrum	For all
15	SR	Lakshmi Hopital Trivendrum	For all except cancer
16	SR	Bishop Benazir Trivendrum	Emergency
17	SR	Trichur Heart Hospital Trivendrum	Emergency
18	SR	Cochin Port Trust Hosptial Trivendrum	For all
19	SR	Trichy GVN Cancer hospital	Cancer
20	SR	Govt Rajaji Hospital Madurai	CT/MRI
1	SC	NIMS, Hyderabad	For all specialties
2	SC	Apollo Hospital Secunderabad	For all specialties
3	SC	Care Hospital Secunderabad	Multi specialty
4	SC	Global Hospital Hyderabad	Laparoscopic Surgery Gastro.
5	SC	Indo American Cancer Institute Hyderabad	Oncology
6	SC	Kamineni Hospital Hyderabad	Multi specialty
7	SC	Yashoda Hospital Hyderabad	Multi specialty
8	SC	L.V. Prasad Eye Institute Hyderabad	Various eye disorders
9	SC	Image Hospital Hyderabad	Multi specialty
10	SC	Bibi Cancer Hospital, Hyderabad	Emergency/ Cancer Care
11	SC	Asian Institute Gastroenterology Hyderabad	Faculty of Gastroenterology
12	SC	Citi Cardiac Research Centre Vijaywada	Cardiac
13	SC	Nagarjuna Hospital Vijaywada	Multi specialty
14	SC	Arun Kidney Centre Vijaywada	Kidney Disorders
15	SC	Swatantra Hospital Rajahmundry	Multi specialty
16	SC	SVIMS Tirupathi	All specialty
17	SC	St.Joseph Hospital Guntur	Multi specialty
18	SC	Lalitha Hospital Guntur	Multi specialty
19	SC	Dr.Bayya ENT Hospital Guntur	ENT
20	SC	Renuka Netralaya Eye Hospital Guntur	Ophthalmologic
21	SC	Jaya Hospital Warangal	For all medical emergencies
22	SC	Yashoda Hospital Nanded	For various surgical facilities
23	SC	Ashwini Hospital Nanded	Cardiology & Emergencies
24	SC	City Cardiac Research /Care Hospital HYB	Emergency/ Cardiac
25	SC	Indo Amercian Cancer Institute Hyderabad	Cancer
26	SC	Kamineni Hospital/HYB	All specialty
1	SE	Tata Motor Hospital Tata/Jamshed	Secondary/ Tertiary
2	SE	Rabindranath Tagore International Institute of Cardiac Science Kolkata	Cardiac
3	SE	Ispat General Hospital Rourkela	Secondary Territory
4	SE	TISCO Hospital Chakdharpur	Secondary Tertiary
5	SE	Guru Nanak Hospital & research Centre Ranchi	Higher specialized treatment
6	SE	Post Trust Hospital Haldia	Higher Secondary
7	SE	Christanand Hospital Brahampur	Emergency
1	SECR	Apollo Hospital Bilaspur	All Emergencies
2	SECR	SECL Hospital Bilaspur	All Emergencies
3	SECR	Christian Hospital, SDL Shahadol	All Emergencies
4	SECR	SECL Hospital, CIC, Bilaspur	All emergencies
5	SECR	Divisional Hospital Bishrampur	All Emergencies
6	SECR	Central Hospital Manendragarh	All Emergencies

7	SECR	Regional Hospital Jamuna & Kotma	All Emergencies
8	SECR	Regional Hospital Churcha Colliery	All Emergencies
9	SECR	Indoor Hospital Korea	All Emergencies
10	SECR	Regional Hospital Khurasia	All Emergencies
11	SECR	Ameja Heart Institute, Nagpur	Cardiac
12	SECR	RST Cancer Hospital, Nagpur	Cancer
13	SECR	Christianand Hospital, Nagpur	All Emergencies
14	SECR	MGM Eye Institute Raipur for Nagpur Division	Tertiary level eye care
15	SECR	Escorts Heart Centre aipur	Cardiac
16	SECR	MMI Hospital Raipur	All Specialties
17	SECR	MGM Eye Institute Raipur	Tertiary level eye care
18	SECR	SAIL Hospital, Secprt Bhilai	For all serious complication
19	SECR	Mahanadi Coalfields Ltd Hopsital Brajrjnagar of BSP Division	For all indoor treatments
20	SECR	Orange city Hospital & research institute Nagpur	Heurosurgery & trauma care
1	SWR	Karnataka Cancer Therapy & Research Institute, Hubli	Cancer
2	SWR	MM Joshi Eye Institute, Hubli	Eye
3	SWR	NMR Scan Centre, Hubli	Special investigation/CT Scan/MRI
4	SWR	Hubli Scan Centre, Hubli	Special investigation/CT Scan/MRI
5	SWR	Vikram Hospital & Heart Centre Mysore	Cardiac
6	SWR	Vikram Hospital & Heart Centre Mysore	Dailysis cases
7	SWR	Bharath Hospital & Institute of Oncology Mysore	Cancer
8	SWR	Bhagwan Mahveer Jain Heart Centre Bangalore	Cardiac & Rena
9	SWR	Manipal Hospital, Bangalore	Cardiac & Renal
10	SWR	Vatala International Institute of Opthamology Bangalore	Eye
11	SWR	St.John's Medical College Hospital Bangalore	All Emergencies
12	SWR	J.S.S. Hospital Mysore	All Specialty
13	SWR	Bharat Hosptial Institute Mysore/Hubli	Cancer
14	SWR	NIMHANS HOSPITALS Bangalore	Multi specility
15	SWR	Vikram Heart Centre Mysore	Heart Deseases
1	WR	Tata Hopsital Mumbai	Cancer
2	WR	Bhailal Amin General Hospital Baroda	Multi speciality tertiary cases
3	WR	BT Savani Kidney Hopsital Rajkot	Kidney & Renal
4	WR	Shree Yogini Vasantdevi Arogya MandirBaroda	Haemodialysis
5	WR	Choithram Hospital & Research Institute Indore	investigations & serious patients
6	WR	Institute of Kidney Diseases & Research Centre Ahmedabad	Kidney Diseases
7	WR	Apollo Hospital Gandhi Nagar	Cardiac
8	WR	Nathalal Parekh Cancer Institute Rajkot	Cancer
9	WR	Jaslok Hospital Mumbai	Heart Surgery
1	WCR	MGM Hospital Katni	Orthopedic
2	W.C.R	Jawahar Lal Nehru Hospital Bhopal	

All recognized Hospitals provide
"Cashless" treatment to Railway Beneficiaries –
Against Direct payment by the Railways

RAILWAY BOARD LETTERS

1.Sub: Merger of 50% Dearness Allowance as Dearness Pay, Clarification regarding Payments to SEs/SSEs.

RLY. Bd's letter No. 99/M(prod)/814/35/Pt.1, Dated 24.09.07

Ref:1. Board's letter No.PC-V/2004/A/DA/1 dated 27.7.04

2. Board's letter of even no. dated 10.11.06

Vide Board's letter under ref.(2), decision of Board was communicated that payment of incentive bonus by merging Dearness Pay with Basic Pay to SEs/SSEs is to be stopped. It was also advised that over payment made prior to issue of this letter is also to be recovered.

The matter has since been taken up by staff Federations and detailed consultations on the subject are in progress. A final decision on this subject is likely to be arrived at in due course. In the mean while, the subject has been reconsidered and the following has been decided.

- a. Incentive payment to SEs/SSEs shall continue to be paid in terms of Board's letter No.PC-V/98/1/7/4/1 dated 21.6.99. This payment shall be made without reckoning Dearness Pay as Basic Pay. On this matter, decision communicated vide Board's letter under ref.(2) would apply and Board's letter under ref.(1) above is to be treated as superseded.
- b. Payment of incentive bonus made to SEs/SSEs after reckoning Dearness Pay was required to be recovered. The over-payment of incentive bonus to SEs/SSEs may not be recovered till further advice from Board. However, the amount of overpayment may be calculated and separate register may be maintained for the same. Based on discussions in progress with staff Federations, final decision as and when arrived at, would be advised.

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

2. Fixation of Group 'B' cadre for operation of post based roster for promotion from Group 'C' to Group 'B' and within Group 'B'

Railway Board's letter No. E(GP)2005/2/61 dated 14.08.2007

In continuation of Board's letter of even number dated 22/11/2005, the Group 'B' cadre strength in each of the 8 major departments may be refixed by adopting the following percentage on the combined cadre strength of Jr. Scale/ Group 'B' in each department, as on 1/04/2007.

Department	Percentage of Group 'B' posts
Civil	79.58
Traffic	63.73
Mechanical	52.80
Electrical	62.00
S & T	67.72
Stores	67.46
Accounts	78.62
Personnel	72.59

(These percentages are w.r.t. the revised junior scale cadre strength as on 1.04.2007 for the respective departments.)

3. Rly Board's letter no. E(D&A)2007 RG-24 dt 10.08. 07
IR Establishment Manual, Volume-I,1989 Edn.Chapter-III:

Rules Regulating seniority of non-gazetted Railway servants.(Advance correction slip No. 195)

In para 322, substitute the following for the existing sub clause (c) of clause (ii)(c) In case of where the penalty of reduction to lower service, grade or post or lower time scale is for a specified period, the employee concerned should be re-promoted automatically to the post from which he was reduced. The seniority in the original service, grade or post or time-scale should be fixed in such cases in accordance with provisions contained in rule 6 (vi) of the Railway servants (Discipline and Appeal) Rules, 1968 as clarified vide Railway Board's letter no. E(D&A) 73 RG6-5 dated 22-02-1974 and No. E(D&A) 2001 RG6-58 dated 28-11-2002.

4. Transfer from one Railway / Division / Unit to another Railway / Division / Unit on request on bottom seniority and on mutual exchange basis.

Railway Board's letter No. E(NG)-2004/TR/16 dt. 14/08/2007.

In terms of extant procedure vide para 102A, 310 and 312 of Indian railway establishment Manual, Vol. I, 1989 read with administrative instructions issued from time to time, request transfers are allowed from one seniority unit to another in the following manner,

- On bottom seniority in grades having direct recruitment against vacant direct recruitment quota posts subject to the condition that the employee requesting transfer fulfils the qualification prescribed for direct recruitment to post ; and

➤ The staff side have raised a demand in the forum of DC-JCM that the extant provisions regarding regulating transfers on request may be modified suitably as such transfers are being allowed without having regard to the operation of post-based rosters resulting in shortfall of particular categories in the unit from which the employees are transferred thereby blocking in the latter unit, promotional / employment opportunities.

Separately, the HIGH COURT OF KERALA at Ernakulam vide their order dated 7-06-2005 in O.P. No. 2150/02 while partially upholding the order of CAT Ernakulam Bench dated 31-12-2001 in O.A.No. 851/1999, have held that mutual transfers should be allowed between staff belonging to the same category (i.e. General with General, SC with SC, ST with ST). Subsequently, in O.A. No. 612 /2005 the CAT, Ernakulam Bench have directed that the Railway Board should decide the policy arising out of High Court of Kerala's order dated 7-06-2005 referred to in this para, as expeditiously as possible.

In the light of the above, the matter has been considered carefully by the Ministry of Railways. It has been decided that in order to maintain the balance in the post-based rosters with reference to reservations prescribed for SC and ST staff to avoid hardship to staff in the feeder grade in the matter of their promotion, transfers on mutual exchange basis should be allowed between employees belonging to the same category (i.e. General with General, SC with SC, ST with ST).

However, transfers on bottom seniority in recruitment grades need not be restricted with reference to points in the post based rosters. The procedure being followed generally in this regard to adjust shortfall / excess in future may continue. But such transfers should be allowed only repeat only against vacant direct

recruitment quota posts and not against promotion quota posts.

IMPORTANT ECONOMIC INDICES

K.V. Ramesh, Asst. Central Treasurer

GDP: Gross Domestic Product is one of the important scales to indicate the country's size of the economy. It is total market value of all final goods and services produced within the geographical boundaries of the country. It does not include the value of intermediate goods to avoid double counting. Common method followed to calculate the GDP is expenditure method. In this method the GDP is expressed as the sum of Government expenditure, consumption expenditure and net exports (Value of goods and services produced for consumption overseas minus value of goods and services that is imported for domestic consumption).

In country like India, GDP figures will always be substantially lower than the actual, since major business transactions taking place informally and also it does not take into account the black market where the money spending is not registered properly.

NDP: Depreciation deducted from GDP is NDP - Net Domestic Product

GNP: Gross National Product is the total value of all finished goods and services produced by country's nationals which includes net factor income receipts (Income generated by countrymen abroad minus payment made to the foreigners with in the country) from abroad

GFCF: Gross Fixed Capital Formation is the new additions of fixed assets by enterprises in the domestic economy minus the disposal of fixed assets.

Inflation: Inflation indicates the rise in the price of group of commodities on a point-to-point basis. In other words, it is increase in the cost of living over a period of time. For example if we buy 20 commodities on 1st April 2007 for Rs 100, if the same commodities cost Rs.110 on 1st April 2008, the inflation rate will be 10 percent.

Inflation is measured by monitoring the changes in price indices. The price index will quantify the over all increase or decrease in the prices of several commodities not of the individual commodities. The weights assigned to individual commodities would depend on their relative importance. The inflation rate in India is calculated on the basis of Whole Sale Price Index (WPI). Apart from WPI there are three kinds of CPIs, Consumer Price Index for agriculture labour - CPI(AL), Consumer Price Index for Industrial workers - CPI(IW) and Consumer Price Index urban non-manual employees - CPI(UNME). Three types of CPI are being followed since the baskets of commodities/services consumed by each group are different and the weights assigned to individual commodities would depend on their relative importance.

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INDIAN RAILWAYS TECHNICAL SUPERVISORS ASSOCIATION

{ Regd. No.1329 at Delhi, under Indian Trade Union Act, 1926
No. IRTSA / GS / CGB Dated 21. 10 .2007

NOTICE

**CGB MEETING & 42ND ANNUAL CONFERENCE, IRTSA
1ST & 2ND DECEMBER, 2007, AT BANGALORE (RWF).**

It is hereby Notified that the **CGB MEETING & 42ND ALL INDIA ANNUAL CONFERENCE, IRTSA, shall be held on 1st and 2nd December, 2007 at RWF Bangalore.**

Meeting of the CEC, IRTSA, shall also be held in conjunction with CGB as per programme indicated below. All the Member of the CGB & CEC, IRTSA, are requested to please attend the meeting positively, along with maximum number of active members and Sub-unit Secretaries.

AGENDA

1.	Nau Inauguration & address by by President.	4	Resolutions of Demands & Line of Action.
2.	Report of Activities by General Secretary & Report on Account by Treasurer.	5	Constitution Amendments, if any.
3.	Report by Zonal Secretaries & CEC Members.	6	Election of CEC , IRTSA.
		7	Any other point with the permission of the chair.

VENUE - EMPLOYEES INSTITUTE, WEST COLONY,
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Harchandan Singh GS, IRTSA

For Up-to-Date information of our Activities & Administrative Orders Read Regularly

"VOICE OF RAIL ENGINEERS"

Official organ of IRTSA

(Previously published as "The Rail Supervisor")

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POSITIVE THINKING

By Harchandan Singh

How do we all feel individually and collectively – with the erosion of joint family system - with children going away - either by choice or compulsion of wedlock or career? How do we all feel with our growing joint pains, failing health or aching hearts - with growing hospital bills and eroding incomes? How do we feel when standing in long queues - waiting for our turn at the hospital, Bank or Post office - with someone jumping the queue? How do we feel with so much chaos around us - the ever-growing unruly traffic, ever-growing corruption, the failing politicians and above all the growing violence? Can we still keep calm? Can we still be positive? Yes, we can. Surely we can - provided we decide to do so. We must do so – for ourselves and for all those we love.

Positive thinking is an attitude of mind. It is how we look at things. Whether we find a glass to be half full or half empty - is all in our hands or rather in our minds. We should surely try to improve things, if we can. We must look after our health; try to improve our family bonds, our environments, and our society. But nothing needs disturb us - no nothing; not even spilt can of milk or ghee. This is what the Doctor tells me. We must learn to be calm - we all must, especially in this age.

Positive thinking makes things easier. It makes them simpler. It gives us time to think clearly and calmly. It also makes us see things from other person's point of view. It gives us an edge over others. We may not be able to solve all our problems - nobody has ever been able to solve all the problems. But we shall surely be in a better frame of mind to tackle them, if we have a positive attitude.

Positive thinking is a synergy. It provides motivation. It provides inner strength. It helps us to win friends & influence people. Positive thinking radiates love. It begets love. It strengthens our faith in God and, of course, in ourselves.

MP WRITES TO CRB TO RESTORE DP FOR INCENTIVE TO SE & SSE

Basudeb Acharya, MP, Leader of CPM & Chairman Committee on Railways, while forwarding a representation of IRTSA, has written to CRB to Restore Counting of DP for Incentive Bonus to SE & SSE. Recalling that as per Railway Board's order vide No. PC-V/421/2004/A/DA/1 dated 27.07.04, they were entitled to get 15% of Basic Pay + DP as Incentive Bonus. But unfortunately (counting of DP for the purpose) was withdrawn vide Board's letter dated 10.11.2006. MP adds that this was quite unjust and unfair to these employees. He has asked the Board to restore the benefit forthwith.

STAFF FEDERATIONS INTERVENE

- RECOVERY STOPPED BY RAILWAY BOARD

The issue of Merger of Dearness Pay for Incentive Bonus has also been taken up by the Staff Federations. Railway Board has issued the orders (*vide letter no 99/M(Prod)/814/35/Pt1 Dated 24.9.07*) that no recovery be made of the payment already made (on account taking DP for Incentive to SE & SSE), till further advice by the Board, pending ongoing consideration.

ALL UNITS OF IRTSA! OBSERVE
42ND FOUNDATION DAY OF IRTSA
ON 27TH NOVEMBER, 07,

REPLIES RECEIVED TO RTI QUERIES – A BRIEF SUMMARY

I) ALTERNATE BRANDS OF MEDICINES (OTHER THAN THOSE NORMALLY STOCKED AS PER SCHEDULED) MAY BE PURCHASED FROM CASH IMPREST AND MAY ALSO BE STOCKED, IF THE CONTRACTOR IS NOT ABLE TO SUPPLY THE REQUISITE QUANTITY OF MEDICINE AT THE LOWEST RATE OR IF FOR REASONS OF EFFICACY, COMPARATIVE EVALUATION OR RESPONSE OF THE PATIENT THE STOCKED OR ENLISTED BRAND MAY NOT BE SUITABLE, ALLERGIC OR HAVE AN ADVERSE EFFECT ON THE PATIENT - (IN TERMS OF PARA 17 PAGE (IX) OF INDIAN RAILWAYS PHARMACOPOEIA READ WITH PARA 1206 (4) (I) AND (II) OF INDIAN RAILWAYS MEDICAL MANUAL –VOL II)

II) NO BENEFIT OF TATKAL SEWA CAN BE GIVEN ON RAILWAY PASSES. (*Reply to other issues is still awaited*)

SENIOR CITIZENS TO GET PREFERENCE FOR LOWER BERTH

Senior Citizens shall be given automatic preference for allotment of Lower Berths in trains, as per latest instructions by the Railway Board issued to the Railway Reservation System. Similarly, women above 45 years of age and Pregnant women will also get preference for allotment of Lower Berths.

RAIL ENGINEERS JOIN ENMASS 42ND ALL INDIA ANNUAL CONFERENCE & CGB MEETING OF IRTSA AT RWF, BANGALORE ON DEC.1 & 2, 07 MAIN DEMANDS

1. RECOGNITION OF IRTSA
- 2a) GRANT OF INTERIM RELIEF EARLY.
- b) Grant of Revised Scale of Rs. 28400-44600 to JEs / CMAs, Rs.35700-55600 to SEs/CMS-II & Rs.446600-69300 to SSE/CMS-I
- 3.a) TIME BOUND PROMOTIONS
- b) GRANT OF GROUP B GAZETTED STATUS
4. CADRE RESTRUCTURING (*WITH 37% Posts in S-13*)
5. Counting 50% DP as pay for Incentive Bonus
6. a) IMPLEMENTATION OF PROPER BENCHMARKS
- b) HONORARIUM / INCENTIVE TO ENGINEERS & STAF –
- FOR ADDITIONAL WORKLOAD - in C & W, P-way, Works, Bridges & S&T Depots, Sheds, TRD etc,
7. FIRST CLASS PASS TO ALL J. Es.
8. REMOVAL OF PAYMENT CEILING FOR P.L.B.

Issued by – C.E.C. IRTSA

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