

PENSIONERS' CO-ORDINATOR

'For the Elders,



By the Elders'

*Organ of the Co-ordination Committee
of*

CENTRAL GOVERNMENT PENSIONERS ASSOCIATIONS, CHANDIGARH

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KELIDOSCOPE

[P S Bedi (DIG Retd.) BSF]

ANNA Factor

The support which Anna Hazare received from the people in his struggle against corruption and for the 'Lokpal Bill' has been unprecedented in recent times. He, effectively roused the conscience of the general public to fight against wide spread corruption. Kiran Bedi, one of Anna's close associates, has rightly indicated 'corruption has serious ramifications. It pollutes the environment, increase human hazards and spreads discontent and mistrust, which drastically weakens the foundation of the country by producing corruption-tolerant generations' There is need to wage an outright war against this wide-spread menace to save the hard earned freedom. Apart from passing an effective, Lokpal Bill, there is need to enact legislation similar to the 'Bribery Act' adopted by the British. Pensioners and Senior Citizens can play a pro-active role in this direction.

(Kindly peruse the article on this issue by Sh. Harchandan Singh, Secy. Gen. CCCGPA in this edition)

SCOVA

The SCOVA has been reconstituted by the GOI. The P & T Pensioners Welfare Association, Chandigarh, an affiliate of CCCGPA has been nominated a member of 'Rotating Group' for the second term. The meeting of SCOVA scheduled for 21st Sept. 2011 was attended by representative of P & T Association. Gist of discussions held in this meeting based on verbal report of some participants is published in this edition of the magazine.

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Gist of Minutes of AGM CCCGPA Held on 29-07-2011

1. Shri Rajpal Sharma, Chairman, presided over the meeting. Welcoming the Members, he emphasized that the meetings are held to build team working and to keep track of the objectives. He highlighted various issues of concern to the pensioners taken up by the CCCGPA, but the response of the Government was very luke-warm or rather negative. He pointed out that the National Anomalies Committee (NAC) had not made any headway so far, while pensioners were being continuously ignored. In his address, he showed satisfaction with the functioning of CGHS Wellness Centre. The CCCGPA was pursuing the cases for empanelment of Fortis & Alchemist Hospital and opening of more Wellness Centres at PKL, Mohali & Chandigarh.

Website of CCCGPA and journal (Pensioners coordinator) were serving useful purpose of keeping the Pensioners well informed about various developments.

2. Shri Harchandan Singh, Secretary General CCCGPA narrated the main activities and meetings held during the year 2010-11 as under:-

- a) (i) AGM CCCGPA were held on 25-07-2010, 30-10-2010 & 01-06-2011
- ii) Managing Committee Meetings of CCCGPA was held on 01-08-2010.
- iii) General Body Meet Seminar held on 26th Sept. 2010 (Seminar was held on stomach, intestines, renal and rectum-faced by senior citizens)
- iv) Standing Committee Meeting was held on 10-10-2010 to draft Constitution Amendments.
- v) General Body Meeting & Pensioners Day were held on 19th Dec. 2010 (seminar on Heart Care was held and website of cccgpa was launched)

b) Issues concerning Pensioners raised by CCCGPA & Memorandums submitted in 2010-11

- i) Memo to MOF (Ministry of Finance) reg DTC Direct Taxes Code-demanding exemption from Income tax on income up to Rs. 5 lakhs, exemption of pension from income tax and exemption of DA/DR from Income Tax - as recommended by Fifth Pay Commission.
- ii) Memorandum to PM-Reg Anomalies in Pension after Sixth Pay Commission Dated 15-09-2010.
- iii) Memo to MoS, MoP for correct implementation of SCPC - in fixing Pension of Pre-2006 Pensioners dated 30-10-2010 - reg loss in pension of Pre2006 Pensioners - Due to wrong implementation of SCPC.
- iv) Reply to Memo received from DOP P & PW letter No. 38/6/10-P&PW) A) dated 16-11-2010.
- v) Appeal to PM Reg. Equitable Fitment Benefit to Serving Employees and Pensioners.
- vi) Memo Submitted by CCCGPA to MOF on 17-05-2011-Main demands being (i) Minimum Pension based on correct modified parity to Pre-2006 Pensioners (ii) Equal fitment benefit to pensioners as given to serving employees (iii) Disparity in Rise of Pension of Pre-2006 Pensioners in Scales of S-4 to S-23 (iv) Additional pension to pensioners in the age group of 65 to 80 Years and (v) Revision of Fixed Medical Allowance to Rs. 1200 p.m.

(c) CGHS.

- i) He pointed out that the Wellness Centre was working satisfactorily - except that there was a lot of rush of patients, while meetings of Advisory Committee were held regularly with the CMO and Addln. Director CGHS, where problems faced by the patients were highlighted and resolved.
 - ii) Office of Adl. Director CGHS has shifted to Kendriya sadan, Sector 9A, Chandigarh (Tele Ph No. 2740716)
 - iii) Patients from PKL & other cities of Punjab, Hry & HP are being given medicines for 3 months on request.
 - iv) The Secretary General also gave list of empanelled hospitals and Diagnostic Centres under CGHS Chandigarh.
 - v) He thanked Shri Rajpal Sharma (Chairman CCCGPA), Shri P. S. Bedi (Editor Pension Coordinator) and Sh. Navtej Singh (Site Administrator CCCGPA Website) for their untiring efforts & cooperation.
3. Balance Sheets of Accounts of CCCGPA & Pension Coordinator for the year 2010-11, were read out by Sh. Rajpal Sharma and were unanimously passed by the House.
4. Sh. Y.P. Doshi, General Secretary Association of Retired Officers of Indian Audit & Accounts Deptt., Chandigarh, informed that their Association had filed a Court case in CAT Chandigarh on the issue of modified parity to Pre-2006 Pensioners at par with Post 2006 Pensioners. The next date for hearing in the case had been fixed on 30-08-2011.
5. Sh. R.P. Sharma (of DAPWA) was nominated by Sh. Rajpal Sharma, Chairman CCCGPA-as Finance Secretary in place of Sh. Didar Singh - who had resigned earlier for his personal reasons. The house unanimously approved the nomination of Shri R. P. Sharma for the remaining term.
6. Bank Account of CCCGPA: Consequent upon the Election / Nomination of new office Bearers of CCCGPA, the Meeting resolved that the Chairman Rajpal Sharma, Secretary General Harchandan Singh and the Finance Secretary R. P. Sharma, shall be the joint signatories of the Bank Account of CCCGPA (No. 230136511 in Punjab State Cooperative Bank, Sector 17, Chandigarh) and the withdrawals from the account shall be made by cheques signed by two of the three functionaries viz. Chairman, Secretary General and the Finance Secretary (in terms of Clause 6 (ii) of the Constitution of CCCGPA).
7. Shri Y. P. Doshi asked for regular meetings of the Advisory Board of the "Pensioner Coordinator".
8. Shri Pyara Singh pointed out the following problems in respect of CGHS Dispensary :
- 1) Medicines in many cases were given after 3 to 4 days by the CGHS Dispensary
 - 2) There was no Fan in the Hall/Lobby of the CGHS Dispensary.
 - 3) Patients were not referred to the Empanelled Hospitals directly but to the PGI. Chairman assured the Members that the matter will be taken up in the next meeting of the CGHS.

Minutes of the Meeting of Advisory Committee Held on 30-07-2011 in the CGHS wellness Centre Chandigarh (Extracts)

The meeting was attended by the following members :-

- (1) Sh Raghbir Singh, IAAS (Retd) Formerly Add. Secy, Min of H & F W.
- (2) Sh. P.S. Bedi-DIG (Retd.) Sr. Vice Chairman, Central Govt. Pensioners Coordination Committee, CCCGA, Chandigarh
- (3) Sh. M.C. Arya, Gen. Sec. Defence Accounts Pensioner Welfare Association, Chandigarh
- (4) Sh DD Sharma, Survey of India, Sector 32, Chandigarh
- (5) Sh. Raj Kumar, Representative of Goyal medicose, local chemist.
- (6) Dr. Ashwani Kumar Seniaray, Chairperson, Advisory Committee, Chief Medical officer (NGSG) I/C, CGHS WC-1, Sector 45, Chandigarh

Welcome Address :

Dr. Ashwani Kumar Seniaray, CMO In-charge, welcomed the members of the Advisory Committee. He apprised the members regarding the action taken to improve the functioning of the Wellness Center. The CMO intimated that one hospital, Grover Eye & ENT Hospitals, # 140 Sector 35A, Chandigarh has been empanelled for Eye Care. In addition the Diagnostic Centers recently empanelled include.

(i) Chandigarh Clinical Labs, Pvt Ltd (SCF 9, Sector 16 D, with collection outlet in Sector 20) for diagnostic lab purposes, (ii) Dr Shamer Singh Memorial Radio Diagnostic Centre, SCF 13-14 Sector 16 D, for Radiology, (iii) Superb MRI & CT Scan Centre, SCO 24-25 Sector 8 Chandigarh for BMD & MRI.

The office of Additional Director CGHS has shifted to Kendriya Sadan (4th Floor) Sector 9 A, Chandigarh, It can be accessed on Tele No. 0172-2740716.

MRC status/Pendency of claims :

With the shifting of the office of Add Director CGHS to Sector 9, It has been decided to process the Medical Reimbursement Bills of the CGHS pensioner beneficiaries through the CGHS Wellness Center, Sector 45. w.e.f. 01 August, 2011. Pensioner beneficiaries may deposit their reimbursement bills at the CGHS Wellness Center accordingly.

Performance of Local Chemist :

Performance of local chemist has been satisfactory and drugs are supplied in time and there has been no case of supply of substitute medicines by the local chemist.

Availability of Drugs in the WC. :

As per the records, there are 20 Generic items and 44 Proprietary items available in the WC. It was reiterated that Add Director CGHS, Chandigarh be requested to expedite the procurement of drugs/items for the Wellness Center on priority.

Amenities for the beneficiaries :

Regarding installment of Token Display System in the Wellness Center to mitigate the patients stress and avoid long queues the demo of the system has been carried out and Add Director CGHS is being requested to expedite its installation at an early date.

Regarding the Ceiling fan at the Local Purchase Dispensing Area, CMO intimated that effort to plug the leakage of rain water from the roof is being made and provision of either a pedestal fan or a ceiling fan will be explored.

Staff Punctuality & Behavior :

The conduct and behavior of the staff of the Wellness Center has been very good. They are courteous and helpful to the senior/aged CGHS beneficiaries.

Ms. Anupama, Pharmacist of the Wellness Center, who had been adjudged as the most helpful, efficient and the Best Worker for the Quarter ending 30 June, 2011, was presented the Certificate of Appreciation in the presence of the staff and the Advisory Committee members.

Minutes of the Meeting of Advisory Committee Held on 27-08-2011 In the CGHS Wellness Centre

Sept-Oct. 2011

No 1, Sector 45, Chandigarh (Extracts)**Welcome Address :**

Dr. Ashwani Kumar Seniarary, CMO In charge, welcomed the members of the Advisory Committee. He apprised the members regarding the action taken to improve the functioning of the Wellness Center. The CGHS office has received the Minutes of the meeting held on 22 June, 2011, at the office of Health Secretary, Chandigarh Administration and attended by the CMO CGHS, in which it has been intimated that the CGHS Wellness Centre, has been granted six month time to continue the existing arrangements of CGHS Dispensary in Sector 45, Chandigarh, (Connect the minutes of meeting held on 30 June, 2011) The Advisory Committee members expressed concern on this issue and pointed out that the Hon'ble Governor and Chief Administrator UT Chandigarh had personally given assurance to a delegation of CGHS beneficiaries in June, 2010 that CGHS Dispensary would continue at the present location without any hindrance till a suitable alternate location is provided. The Additional Director may take up case with the concerned authorities in the best interest of the CGHS beneficiaries.

MRC status/Pendency of claims :

With the shifting of the office of Add Director CGHS to Sector 9, the Medical Reimbursement Bills of the CGHS pensioner beneficiaries are being received at the CGHS Wellness center, Sector 45. w.e.f. 01 August, 2011. Pensioner beneficiaries are requested to submit their claims between 10.00 a.m. and 12.00 noon.

Sh P S Bedi pointed out that the Add. Director CGHS, Chandigarh had intimated that while disbursing the reimbursement claim cheques, detailed calculation sheet would be enclosed for the claimant to know the reasons for any dis-allowed amount. In some recent cases this has not been done. The CMO may look into it and ensure that claimants are suitably informed the reasons for any dis-allowed amount. Sh M C Arya, raised the point that one of the Private Empanelled Hospital had charged 10% of the bill from a CGHS beneficiary from an outstation in spite of the fact that the patient had been referred to the hospital by the appropriate CGHS authority and was entitled to cashless treatment, on the plea that this amount is for consumables used in the treatment and does not form part of Package Rates. The hospital concerned also did not give any details of the consumables nor did it issue any receipt for the amount charged from the beneficiary patient. The CMO proposed to depute a sub-committee of Advisory Committee members to visit the empanelled hospitals to sort out this problem.

Availability of Drugs in the WC:

As per records, there are 18 Generic items and 28 Proprietary items available in the WC. The Advisory Committee observed that availability of medicines and drugs in the dispensary is continually becoming less and less. The CMO intimated that the Govt supplies of drugs from the MSD are in short supply and he has to resort to 'Local purchase' of the essential medicines and drugs including medicines like Paracetamol for the patients. It was strongly reiterated that Add Director CGHS, Chandigarh be requested to expedite the procurement of drugs/items for the Wellness Center on priority and take steps to ensure sufficient supply of govt medicines and drugs to reduce the instances of 'Local Purchase' which directly affects the budget allotment.

Amenities for the beneficiaries :

Regarding installment of Token Display System in the Wellness Center to mitigate the patients stress and avoid long queues the demo of the system had been carried out last month and action is in hand to install the 'Token Display System' very shortly.

Regarding the Ceiling fan at the Local Purchase Dispensing Area, a fan has been procured and will be fitted at the L P Dispensing Area shortly. It was pointed out that some beneficiaries are not collecting their LP medicines within a reasonable time, which defeats the purpose of their treatment. **All beneficiaries are requested to ensure that their L P medicines are collected in time.** At times, while preparing the indent for the authorized Chemist to prepare the medicine packets, it so happens that different medicines for a patient get recorded on different pages which results in making different package for same patient

beneficiary. **The beneficiary must check the packages thoroughly to ensure that all his medicines are available in the packages. In case of any shortage or discrepancy, it must be brought to notice of the dispensary staff immediately.**

Grievance Redressal :

The complaint box was opened by Sh. M.C. Arya and one letter was found.

Sh J S Sandhu, (CGHS Card P-2145) gave a suggestion to display the latest orders/circulars on separate Notice Boards and old instructions/notifications be separately displayed. The CMO assured to take early action on this suggestion.

OPENING OF CGHS DISPENSARIES IN PANCHKULA AND JALANDHAR

The Dte Gen. CGHS (Desk III) vide their N. Z. 15025/100/2008 CGHS III dated 03-08-2011 and of even No. dated 20-07-2011 in separate communications to Chandigarh and Jalandhar based pensioners Associations has intimated that due to resource and manpower constraints, it is not possible to open CGHS Dispensary in Panchkula and Jalandhar.

The Govt., however, is considering introduction of a Health Insurance Scheme with special focus on non-CGHS area.

Fortis empanelment hangs fire - Beneficiaries suffer

(Gist of a report published in The Tribune, Chandigarh datelined 07-09-2011)

Due to bureaucratic wrangling and sheer apathy of officials at the helm, the issue of CGHS empanelments of Fortis Hospital, continues to hang fire, leading to discomfort of thousands of CGHS beneficiaries as they continue to be denied the quality healthcare in the private sector. The empanelment of Fortis Hospital has been approved and formal orders also issued (as published in this issue of the magazine), but the notification regarding rates has been held back. Sh. Y P Doshi, ex-chairman CCCGPA, has expressed serious concern on this issue and called for early resolution of this impasse in the interest of CGHS beneficiaries. The management of Fortis Hospital, Chandigarh is demanding parity with the rates approved for their Delhi Hospitals. Till this is resolved the CGHS beneficiaries will continue to be deprived of quality healthcare.

Min. of H & FW (Dept of H & FW) O.M. No. 110011/23/2009. CGHS D. II/Hospital cell (Part IX) dated 27 July, 2011

Subject: Fresh empanelment of private hospitals under CGHS, Bengaluru, Chandigarh, Chennai, Hyderabad, Jabalpur, Kanpur, Kolkata and Mumabi

The undersigned is directed to state that CGHS had initiated action for empanelment of private hospitals under CGHS, under Continuous Empanelment Scheme, which was notified vide office Memorandum of even number dated 8th December, 2010.

2. The undersigned is directed to enclose a further list of Hospitals, under the categories mentioned in the document, that have conveyed their acceptance of the CGHS rates in various cities announced and placed on CGHS website and have signed the Memorandum of Agreement with CGHS and have also furnished the appropriate performance bank guarantee. These hospitals are also taken as included in the list of approved hospitals for empanelment under CGHS, Bengaluru, Chandigarh, Chennai, Hyderabad, Jabalpur, Kanpur, Kolkata and Mumbai.

3. It has now been decided that in the list of hospitals enclosed, which have been now approved under the fresh Memorandum of Agreement and submitted the appropriate performance guarantee will be eligible to treat CGHS beneficiaries at revised rates with effect from the date of issue of letter.

A copy of this Office Memorandum and CGHS rates for different cities are available at web site <http://msotransparent.nic.in/cghsnew/index.asp>

Jai Prakash
Under Secretary to Government of India)

2. List of Hospitals / Diagnostic Centres Empanelled Category wise : CHANDIGARH

S. No.	Name of the Hospital	Approved for	Whether accredited by NABH/NABL	Whether already on the panel of CGHS and if yes, facilities approved for
1	2	3	4	5
		General Purpose		
1.	Silver Oaks Hospital, Phase - IX, Sector 63, SAS Nagar, Mohali - 160063 (Tel: 0172-2211303, 2211308)	General Purpose	No	
		SUPER-SPECIALTY		
2.	Fortis Hospital : Mohali, Chandigarh	Super speciality Hospital	Yes (JCI+NABH+NABL)	
		EYE CARE CENTRE		
3.	J.P. Eye Hospital, 35 Phase VII, Mohali-160061, Tel: 0172-2266613/2227502	Eye Care	NR	No
		DIAGNOSTIC LABORATORY & IMAGING CENTRE		
4.	Dr. Shamer Singh Memorial Radio Diagnostic Centre, Chandigarh	IMAGING-MRI,CT,MAMMOGRAPHY USG/COLOR, DOPPLER XRAY, DEXA SCAN	NABL	Yes

G.I, M.H. O.M. No. REC-1/2008/JD (Gr.)/CGHS/CGHS (P), dated 23-6-2011

Empanelment of Exclusive Cancer Hospitals Units under CGHS, Delhi

The undersigned is directed to state that CGHS had initiated action for fresh empanelment of Exclusive Private Cancer Hospitals/Units under CGHS vide Office memorandum of even number, dated the 28th January, 2011 and on the basis of the applications received in response to the OM, dated the 28th January, 2011, a list of Exclusive Private Cancer Hospitals/Units which have qualified for empanelment under CGHS, Delhi is annexed.

2. In order that CGHS beneficiaries get treatment from well maintained and run hospitals, it has been decided that the rates applicable for Cancer treatment are as per the details given below:

2.1 Rates of Tata Memorial Memorial Hospitals, Mumbai (2009), as mentioned under 'B' category for Cancer surgical procedures are treated as CGHS rates for treatment in Semi private ward with 10% decrease for Gen. Ward and 15% enhancement for Private ward entitled patients.

2.2 The categorization of surgeries shall be same as per the categorization of MH.

2.3 The duration of treatment for different categories of Surgery will be as follow :

Category I

Category II

1-2 days

3-5 days

(7-10 days in respect of operations
involving Abdominal/thoracic cavity)

Category III, IV & V

14 days

2.4 The Super-speciality rates of CGHS Delhi for Cancer Radio-therapy and Chemotherapy shall be applicable as CGHS rates for Cancer Radiotherapy and Chemotherapy.

2.5 Chemotherapy medicine shall be procured from CGHS wherever feasible and as per available brand. In case medicines are supplied by hospital, they shall provide on credit to pensioners and shall offer a discount of 10% on MRP.

2.6 Consultation fee as per CGHS rates for NABH Accredited hospitals.

2.7 Rates applicable for room rent (Accommodation Charges) for different categories of wards are given below:-

General ward

Rs 1,000 per day

Semi-private ward

Rs. 2,000 per day

Private ward

Rs. 3,000 per day

CGHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their basic pay/pension. The entitlement is as follows :-

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S.No.	Basic Pay (without the inclusion of grade pay)	Entitlement
1.	Up to Rs. 13,950	General Ward
2.	Between Rs. 13, 951 to Rs. 19,530	Semi-Private Ward
3.	Rs. 19,540 and above	Private Ward

2.8 Investigation rates shall be as per CGHS prescribed rates of concerned city.

2.9 Chemotherapy medicines shall be procured from CGHS wherever feasible and as per available brand. In case, medicines are supplied by hospitals, they shall provide the same on credit to pensioners and shall offer a discount of 10% on MRP.

3. Cost of Implants/stents/grafts is reimbursable in addition to package rates as per CGHS ceiling rates for Implants/stents/grafts or as per actual, in case there is no CGHS prescribed ceiling rates.

4. The hospitals empanelled under CGHS shall not charge more than the approved CGHS rates.

5. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection or the consequences of surgical procedure or due to any improper procedure and is not justified.

6. It has now been decided that the CGHS beneficiaries taking treatment in the empanelled hospitals will be entitled for reimbursement treatment on credit as per the package rate/rates. The package rates are for semi-private ward. If the beneficiary is entitled for general ward, there will be a decrease of 10% in the rates; for private ward, there will be an increase of 15% However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test per se does not require admission to hospital.

7. A hospital empanelled under CGHS, whose normal rates for treatment procedure / test are lower than the CGHS prescribed rates shall charge as per the rates charged by them for that procedure/treatment from a non-CGHS beneficiary and will furnish a certificate to the effect that the rates charged by them from non-CGHS beneficiaries.

8.1 Private ward is defined as a hospitals room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed - side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.

8.2 Semi Private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.

8.3 General ward is defined as halls that accommodate four to ten patients.

8.4 Normally, treatment in higher category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category accommodations is not available, admission in the immediate higher category may be allowed till the entitled, category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospitals can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

9.1 In case of non-emergencies, the beneficiary shall have the option of availing specific treatment/investigation from any of the empanelled hospitals of his/her choice (provided the hospitals is empanelled for that treatment procedure/test), after the same has been advised by CGHS/other Government Specialist / CMO in-charge and permission is obtained from the Competent Authority.

10. Permission for treatment, other than those covered by Para, 6.2 above, is granted by CMO in - charge/Additional Director/Joint Director, CGHS in case of pensioners, Former Governors. Former Vice-Presidents, Ex-MPs, Freedom Fighters, etc., and by Rajya Sabha/Lok Sabha Secretariat, as the case may be, in case of sitting members of Parliament, concerned Ministry/Department/Organization in case of serving Governments employees, serving employees and pensioners of Authonomous Bodies covered under CGHS.

11. The empanelled hospitals shall honour permission letter issued by Competent Authority and provide treatment/investigation facilities as specified in the permission letter.

12. Hospitals shall provide credit facility to the following categories of CGHS beneficiaries (including dependent family members, whose names are entered on CGHS Card) on production of valid permission letter.

Members of Parliament : Pensioners of Central Government drawing pension from central estimates :

Former Vice-Presidents, Former Governors and Former Prime Ministers :

Ex-Member of Parliament, Freedom Fighters, Serving CGHS employees :

serving employees of Ministry of health and Family Welfare (including attached/subordinate offices under the Ministry of Health and Family Welfare) and

Such other categories of CGHS card-holders as notified by the Government .

12.1 Bills should be submitted to the office of the Rajya Sabha Secretariat/Lok Sabha Secretariat in case of sitting Members of Parliament and to Additional Director, CGHS, Delhi through UTI-TSL in respect of Pensioners of Central Government drawing pension from central estimates Former Vice-Presidents, Former Governors and former Prime Ministers Ex-Members of Parliament, Freedom Fighters.

12.2 The hospitals shall extend credit facility to the above categories of CGHS beneficiaries under emergency/with prior permission irrespective of the CGHS city where they are registered and send the bill to Additional Director, CGHS, Delhi.

12.3 Bills of serving employees of the Ministry of Health and family Welfare and the employees of attached/subordinate of the under the Ministry of Health and family Welfare will be sent directly to the office/officer which/who referred the patients to the hospitals.

12.4 In case of emergencies, empanelled hospitals shall not refuse admission nor demand payment from CGHS beneficiaries on production of valid CGHS card, issued by Competent Authority of any CGHS City.

12.5 Reimbursement in case of pensioners, Former Governors, Former Vice-Presidents, Ex-MPs, Freedom Fighters, etc, is made by CGHS and by Rajya Sabha Secretariat/Lok Sabha Secretariat in case of sitting Members of Parliament and by concerned Ministry /Department/Organization in case of serving Government employees, serving employees and pensioners of Autonomous Bodies covered under CGHS.

12.6 Serving Central Government employees and their dependent family members not covered by the CGHS will not be denied treatment at package rates if they approach the hospitals with a proper referrals letter from the Ministry/Department in which they are working, after verifying the genuineness of the employee by production of his/her valid identity card issued by the appropriate authority.

12.7 Serving Central Government employees and their dependent family members not covered by the CGHS will not be denied treatment at package rate if they approach the hospitals in emergency condition to the patient. The treatment will be given after verifying the genuineness of the employee by production of his/her valid identity card issued by the appropriate authority.

13. During In-patient treatment of the CGHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/ equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items.

14. If one or more procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only at 50% of charges for minor procedure.

15. Any legal liability arising out of such services, responsibility solely rests on the hospital and shall be dealt with by the concerned empanelled hospital themselves.

N.B. The exclusive cancer hospitals / Cancer units, which have only applied for NABH accreditation, would be considered for empanelment under CGHS provisionally and a 15% deduction would be applicable to the rates prescribed for cancer hospitals. However, such hospitals would be de-panelled without any further notice, if they fail to obtain NABH Accreditation within 180 days of empanelment.

A copy of this Office Memorandum and rates for exclusive Cancer. along with a copy of MoA are place on the internet at <http://mohfw.nic.in/cghsnew/index.asp>.

ANNEXURE

S. No.	Name and address of th Exclusive Cancer Hospital/Caner Unit	whether NABH Accredited
1.	SMH Curie Cancer Centre, Shanti Mukund Hospital, 2 Institutional Area, Vikas Marg Extension, Karkardooma. Delhi, Tel: 011-4300 6000-16*	No
2.	Max Super Speciality Hospitals (A unit of Balaji Medical and Research Centre) 108-A, Indraprastha Extension, Patparganj, Dellhi, Tel: 011-43033333	Yes
3.	Max Super speciality Hospital East Block (A unit of Devki Devi Foundation), 2 Press Enclave Road, Saket, New Delhi. Tel : 011-2651 5050	Yes
4.	Action Cancer Hospital, H-2/FC-34, A-4 Paschim Vihar, New Delhi, Tel : 011 4566 6666, 011 4922200*	No
5.	Dr. B.L. Kapur Memorial Hospital, Pusa Road, New Delhi. Tel : 011 2246 0000, 2252 6671	Yes
6.	Batra Hospital and Medical Research Centre,1, Tughlakabad Institutional Area, Mehrauli Badarpur Road, New Delhi,	Yes
7.	Tel : 011-2995 8747, 011-2995 7485-86-87	Yes
8.	Metro Hospital and Caner Instute 21, Community Centre, Preet Vihar, Delhi. Tel : 011-2246 0000.	Yes
9.	Moolchand Hospital, Lajpat Nagar, III New Delhi. Tel : 011 4200 0000, 4200 0300.	No
10.	Rajiv Gandhi Cancer Institute and Research, Centre, D-18, Sector V, Rohini, New Delhi, Tel: 011 4702 2222*	Yes
	Dharamshila Cancer Hospital, Dharamshila Marg, VAsundhara Enclave, Delhi., Tel : 011 4306 6666, 4306 6587	

* Will be de-panelled without any further notice, if they fail to obtain NABH Accreditation within 180 days of empanelment. 15% deduction would be applicable to the rates prescribed for cancer hospitals.

Min of H & F.W. O.M. No. S. 111011/24/2011-CGHS (P) dated 1-6-2011

Guidelines for domiciliary rehabilitation medicine intervention for reimbursement to CGHS beneficiaries

The undersigned is directed to say that as per extant instruction, domestic rehabilitation of CGHS beneficiaries is not permitted and the patients have to go to hospitals for physiotherapy, etc. CGHS received representations with the request that domiciliary physiotherapy rehabilitation may be permitted since in many cases it is not possible for patients to be transported / shifted to hospitals for physiotherapy etc. The request was examined by a committee of experts/specialists in Government hospitals and it has been decided to issued the following guidelines for domiciliary rehabilitations medical intervention for reimbursement to CGHS beneficiaries.

Guidelines

Domiciliary (home based) care is medically justified in the practice of rehabilitation medicine which involves the care of the patient with chronic diseases or temporary or permanent disability or functional limitation due to lack of health or disease. It is justified as such persons find ambulation practically impossible or are significantly dependent on care giver or the cost of visiting the hospitals become higher than the cost of treatment given. In view of this, it would be necessary to consider providing holistic domiciliary rehabilitation medicine service instead of piece-meal home based physiotherapy only, to CGHS beneficiaries as part of their routine health coverage.

Sept-Oct. 2011

Scope of the service

The Following allied health services need to be considered for domiciliary case as stated above:-

i) Physiotherapy (ii) Occupational therapy and (iii) Speech therapy (for patients of stroke/head injury)

The decision to provide domiciliary care should be based on thorough evaluation and specific prescription including the exact intervention and frequency by a PMR specialist. In a situation of non-availability of PMR specialist, the treating Government specialist having allopathic Post-graduate qualifications in Ortho/Neurology/Neurosurgery/ ENT may allow such benefits following the specific prescription criteria for conditions listed below :

Conditions requiring domiciliary rehabilitation intervention and recommended duration of domiciliary therapy

(1) Orthopaedic disorders : Post joint replacement surgery in acute phase : Physiotherapy up to two weeks, post - discharge.

(2) Neurological disorders (for up to six weeks) :

(i) Post stroke :Occupational Therapy (OT), Physiotherapy (PT) and Speech Therapy (ST)

(ii) Traumatic brain injury : OT, PT and ST;

(iii) Gullain - Barre syndrome : OT and PT;

(iv) Spinal cord injury with significant disability/deformity : OT and PT; and

(v) Motor neuron disease: OT, PT and ST.

(3) Locomotor disabilities : with a disability of over 80% or those who are totally dependent on care-giver based on the opinion of two Government specialists, by certified care-giver (care giver means Rehabilitation Council of India certified personnel+Physiotherapist and Occupational therapist (duly qualified diploma/degree holder)

Prescription Information

The prescription for home-based rehabilitation programme 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 and

(4) Duration of the therapy programme.

Admissible rates for reimbursement :

The following rates may be reimbursed :

(1) Physiotherapist : Maximum of Rs. 300 (Rupees Three hundred only)

(2) Occupational Therapist : Maximum of Rs. 300 (Rupees Three hundred only)

(3) Speech Therapist : Maximum of Rs. 300 (Rupees Three hundred only)

(4) Certified Care-Giver : Maximum of Rs 150 (Rupees one hundred and fifty only) or Rs. 3,000 (Rupees Three thousand only) per month for long term requirements, whichever is less and

(5) No reimbursement to be allowed for the purchase/hiring of therapy equipment /devices.

2. The guidelines will take effect from the date of issue of the office Memorandum.

3. This issues with concurrence of IFD, vide Dy. No. 790/SS & FA, dated the 23rd May, 2011.

Min. of P.P.G & P (Dept. of Pen. & P.W.) O.M. No. 4/27/2009-P &PW ()D, dated 24-5-2011

Fixed Medical Allowance to beneficiaries of New Pension Scheme drawing additional relief on death/disability of Government servant

The Fixed Medical Allowance (FMA) is granted to Central Government Pensioners/Family pensioners who at the time of retirement /death are governed by CCS (Pension) Rule, 1972 or other corresponding rules in operation prior to commencement of these rules and are eligible for medical facilities after retirement as per instructions contained in this Department's O.M. No. 45/57/97-P & PW (C), dated 19-

12-1997 as clarified from time to time.

2. Grant of FMA to the beneficiaries of New Pension Scheme drawing additional relief on death/disability of Government servant in terms of Department of Pension and Pensioners' Welfare O.M. No. 38/41/06/P&PW (A), dated the 5th May, 2009, has been examined in consultation with the Ministry of Health and Family Welfare and Department of Expenditure. Since the serving employees, covered under NPS, who are residing in non CGHS areas are covered under CS (MA) Rules, hence, the NPS pensioners drawing additional relief on death/disability of Government servant in terms of Department of Pension and Pensioners' Welfare O.M. No. 38/41/06/P&PW (A), dated the 5th May, 2009 and staying in areas not covered by CGHS/Corresponding Health scheme of other Ministries can get a pensioners Medical Card by paying appropriate amount in the nearest CGHS/corresponding Health scheme of other Ministries covered city nearest to their residence to enable them to obtain indoor treatment. They are also entitled to draw Fixed Medical Allowance as fixed by the Government. As and when the Health Insurance Scheme is introduced, the New Pension Scheme pensioners would be shifted to the Health Insurance Scheme.

4. These orders are issued with the concurrence of the Ministry of Health and Family Welfare vide their ID No. S. 11015/3/2010-CGHS (P), dated 18-11-2010 and Ministry of Finance (Deptt. of Expenditure) vide their U.O. No. 78/E. V/2011, dated 22-3-2011 and in consultation with the Comptroller and Auditor-General of India vide their U.O. No. 4-Audit (Rules) 17/2009, dated 4-4-2011.

Min of H & FW O.M. No. Z. 15025/93/2008-CGHS Desk, dated 31-5-2011

Entitlement of CGHS facility to serving employees and pensioners of Railway Audit Staff and to Divisional Accounts Officers and Divisional Accountants

The undersigned is directed to state that CGHS facilities to Railway Audit Staff (Both serving and retired) were withdrawn vide letter, No. Z. 15023/93/2008-CGHS. III, dated the 2nd June, 2010, as Railway Board has its own health scheme for its employees and pensioners. Divisional Accounts Officers and Divisional Accountants were working in the office of Accountant Generals in States and were drawing pension from State Governments. Subsequent to the withdrawal of CGHS facility, the Ministry of Health and Family Welfare received representations against the withdrawal of the facility.

2. Office of the Comptroller and Auditor General of India clarified to the Ministry of Health and Family Welfare that Railway Audit Staff are not employees of Indian Railways but are Central Government employees employed in the Indian Audit and Accounts Department and functioning under the Comptroller and Auditor General of India. The pay and allowances of the Railway Audit Staff are charged to Indian Audit and Accounts Department's Grant No. 40 of the Union Budget. Orders for pension for these staff are issued by the Railway as per statutory rules in force. Similarly, Office of the Comptroller and Auditor-General of India has clarified that Divisional Accounts Officers and Divisional Accounts posted in the Office of Accountant Generals in States are employees of the office of the Comptroller and Auditor-General of India and are governed by provision of Central Civil Service (Pension) Rules. 1972.

. The matter has been re-examined and with the approval of the Competent Authority, it has been decided to restore CGHS facilities to serving and retired Railway Audit Staff, which were withdrawn vide communication, dated the 2nd June, 2010, referred to in Para. 1 above. Those retired Railway Audit Staff who have already got pensioners CGHS cards made will not be required to pay any additional contribution for the renewal of the pensioners CGHS Card. Those retired Railway Audit Staff who were contributing on a yearly basis will be required to contribute at the rate prevailing rates on the date of renewal.

4. It has also been decided that retired Divisional Accounts Officers and retired Divisional accountants may be issued pensioner CGHS cards on payment of the appropriate rate of contribution for renewal/issue of pensioner CGHS cards at the rate prevailing on the date of renewal/issue.

Min. of H & F.W. O.M. No. Z. 15025/93/2008-CGHS Desk I, dated 13-07-2011

Clarification regarding entitlement of CGHS facility to serving employees and pensioners of Railway Audit Staff and to Divisional Accounts Officers and Divisional Accountants.

The undersigned is directed to invite reference to the Office Memorandum of even number, dated the 31st May, 2011, wherein CGHS facilities were restored to serving and retired Railway Audit Staff and to Divisional Accounts Officers and Divisional Accountants.

2. The Ministry of Health and Family Welfare has been receiving representations from CGHS beneficiaries to revise the rate of contributions to be made by the retired Divisional Accounts Officers and retired Divisional Accountants for CGHS pensioners cards. The matter has been examined in this Ministry and with the approval of the Competent Authority it is clarified that retired Railway Audit Staff; Divisional Accounts Officers and Divisional Accountants who have already got CGHS pensioners cards with life time validity will not be required to pay any additional contributions. Those retired Divisional Accounts Officers and Divisional Accountants who were contributing on a yearly basis will be required to contribute at the rate prevailing on the date of renewal. Those who did not get his/her pensioner CGHS Cards, the rate of contribution will with reference to the grade pay that he/she would have drawn in the post held by him/her at the time of his/her retirement or at the time of their death had they continued to be in service now but for their retirement/ death.

3. This office Memorandum supersedes the instructions contained in Para 4 of the Office Memorandum of 31st May 2011, referred to above and will be effective from the date of issue.

Min. of H & F.W., O.M. No. 4-24/96-C&P/CGHS(P), dated 26-5-2011

Eligibility of permanently disabled son of a CGHS beneficiary to avail CGHS facility - Clarification regarding Schizophrenia as a disability

The undersigned is directed to invite reference to the Office Memoranda of even number, dated 2-8-2010/3-9-2010 and 4-11-2010, vide which the scope of entitlement of permanently disabled sons of CGHS beneficiaries was expanded to include sons of CGHS beneficiaries who were suffering from 40% or more of disabilities as defined in Section 2 (i) of the Persons with Disabilities (Equal Opportunities/Protection of Rights and full Participation) Act, 1995 (No.1 of 1996) and Clause (i) of Section 2 of National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 (No. 44 of 1999). Subsequent to the issue of the Office Memoranda, the Ministry of Health and Family Welfare has been requested to clarify as to whether schizophrenia would fall under the definition "disability" for enabling the son of a CGHS beneficiary to become eligible to avail CGHS facility.

2. The matter has been examined in consultation with the Directorate General of Health Services, which has opined that "**schizophrenia**" is a case of mental disorder and falls within the definitions of disability as defined Protection of Rights and Full Participation) Act, 1995 ((No. 1 of 1996) and is covered by the terms "mental retardation" and "mental illness". It has, therefore, been decided that sons of CGHS beneficiaries suffering from 40% or more of schizophrenia will be entitled to avail CGHS facility dependent on the CGHS beneficiary and are residing with the CGHS beneficiary.

3. The eligibility of sons of CGHS beneficiaries to continue to avail CGHS facility will be subject to their continuing to suffer from the disabilities defined in Section 2 (i) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (No. 1 of 1996) and Clause (i) of Sector 2 of National Trust for Welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 (No. 44 of 1999). For this purpose, the CGHS beneficiary should furnish to the CGHS the disability certificate issued by the appropriate authority to the effect that the disabled person is still suffering from a disability which is more than 40% after every five years.

4. These instruction take effect from the date of issue of the office Memorandum.

Min of H & F.W. O.M. No. D. 12035/1/2011-CGHS-III, dated 19-5-2011

Treatment in private hospitals and diagnostic centres by CGHS beneficiaries in Jammu, Thiruvananthapuram and Shillong

The undersigned is directed to state that few or no private hospitals and diagnostic centres in Jammu, Thiruvananthapuram and Shillong which has resulted in CGHS beneficiaries not being able to get treatment in private hospitals and diagnostic centres. The matter has been examined in the Ministry of Health and Family Welfare and, as an interim arrangement, it has been decided that CGHS beneficiaries in Jammu, Thiruvananthapuram and Shillong, may be permitted to get their treatment / tests, etc, as per details given below :

(A) (i) CGHS beneficiaries and their dependent and eligible family members shall be eligible to obtain treatment from Government hospitals Central Government/State Government/Local Self Government/hospitals recognized under Central Services (Medical Attendance) Rules, 1944/hospitals and clinics empanelled under Ex-Servicemen Contributory Health Scheme (ECHS) and submit medical reimbursement claims to the Additional Director/Joint Director of the City where the CGHS card is registered and to the Additional Director, CGHS, Chandigarh, in the case of Jammu through the Chief Medical Officer in charge of the CGHS Wellness Centre where the card is registered;

(ii) In case of non-emergency treatment from hospitals recognized under Central Services (Medical Attendance) Rules, 1944/hospitals and clinics empanelled under Ex-Servicemen Contributory Health Scheme (ECHS), is it necessary to obtain prior approval from the Chief Medical Officer in-charge of the CGHS Wellness Centre in the case of serving Central Government employees after a specific procedure/investigation has been advised by a Government specialist/Chief Medical officer of the CGHS

(iii) In case of medical emergency, treatment may be obtained from any hospitals and the medical reimbursement claim shall be submitted to the Additional Director / Joint Director of the CGHS city where the CGHS card is registered in the case of pensioners, ex-Members of Parliament, etc, and from the concerned Ministry/Department in the case of serving Central Government employees. In the case of CGHS beneficiaries registered with CGHS Jammu, the claim shall be submitted to the Additional Director, CGHS, Chandigarh through Chief Medical Officer in charge of the Wellness Centre Jammu, Serving beneficiaries shall submit their claims to the concerned Ministry/Department in which they are posted.

(iv) Reimbursement shall be limited to the rates of Thiruvananthapuram, Kolkata and Chandigarh in respect of beneficiaries in Thiruvananthapuram, Shillong and Jammu respectively and as per the ceiling rates and ward entitlements or as per actuals, whichever may be less; and

(v) Wherever treatment is obtained in a hospital recognized under Central Services (Medical attendance) Rules, 1944/hospitals and clinics empanelled under Ex-Servicemen Contributory Health Scheme (ECHS), the beneficiaries shall submit a certificate from the hospital that they have not charged more than the approved/applicable rates under Central Services (Medical Attendance) Rules, 1944/rates fixed under Ex-Servicemen Contributory Health Scheme (ECHS.)

(B) (i) CGHS beneficiaries (and their dependent and eligible family member), shall also be eligible to obtain post-operative follow-up treatment from Government hospitals (Central Government/State Government/Local Self Government/hospitals recognized under Central Services (Medical Attendance) Rules, 1944/hospitals and clinics empanelled under Ex-Servicemen Contributory Health Scheme (ECHS) in follow-up cases of Renal Transplant Surgery, knee and Hip joint replacement, Cancer treatment, neuro-Surgery and Cardiac Surgery. However, prior approval from Chief Medical officer-in-Charge of the CGHS Wellness Centre in case of pensioners, ex-Members of Parliament, etc. and from the concerned Department/Ministry in the case of serving Central Government employees;

(ii) Permission shall be issued for three to six months at a time and may be extended based on medical requirement. Reimbursement for consultation, procedures and investigations shall be limited to the CGHS package rates for Thiruvananthapuram, Chandigarh and Kolkata in respect of beneficiaries in

Thiruvananthapuram, Jammu and Shillong respectively and

(iii) Wherever treatment is obtained in a hospital recognized under Central Services (Medical Attendance) Rules, 1944/hospitals and clinics empanelled under Ex-Servicemen Contributory Health Scheme (ECHS), the beneficiaries (as in (i) and (ii) above) shall submit a certificate from the hospital that they have not charged more than the approved/applicable rates under Central Services (Medical Attendance) Rules, 1944/rates fixed under Ex-Servicemen Contributory Health Scheme (ECHS).

(C) No prior permission is required for obtaining treatment from Government hospitals (Central/Government/State Government/Local Self Government).

Min. & H & FW O.M. No. S. 14025/10/2010-MS. dated 17-3-2011

Revision of consultation/visiting/injection fee of Authorized Medical Attendants (AMAs) under CS (MA) Rules, 1944

The undersigned is directed to refer to this Ministry's O.M. No. S. 14025/10/2001-MS, dated 31-12-2002 on the subject mentioned above and to say that the issue of further revision of consultation/visiting/injection fees of different categories Medical Officers (Authorized Medical Attendants) appointed for the treatment of Central Government employees and their dependent family members covered under CS (MA) Rules, 1944 of various Ministries Departments/States/Union Territories has been under consideration this Ministry for sometime, It has now been decided to revise the same as indicated below :-

I. Medical Postgraduate/Specialists

Consultation Fees (in Rs.)

First Consultation	100	Subsequent Consultation	60
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Injection Fees Intramuscular/Subcutaneous	20	Intravenous	40
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II. Medical Licentiates and Medical Graduates (MBBS and Equivalent)

Consultation Fees (in Rs.)

First Consultation -	70	Subsequent Consultation	40
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Injection Fee Intramuscular / subcutaneous	20	Intravenous	40
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2. These orders will supersede the earlier orders issued on the subject from the date of issue.

3. It is also clarified that now there are no separate charges for day and night consultation, as these were prevailing earlier.

4. This order will be effective from the date of issue.

5. This issues with the concurrence of IFD vide Dy. No. C-2696 dated 3-3-2011.

Healthcare Schemes of Govt of India

During the British period, the govt servants were getting medical treatment from the provincial hospitals. In 1944, Central Services (Medical Attendant) Rules were formulated by the govt of India for the serving employees. The retirees were left out and till date this option of CS (MA) Rules is not applicable to retirees. The first govt funded medical scheme with an element of workers contribution was enacted in 1948 in the shape of ESIC Act, 1948. Here the workers earning less than a base line were not to pay any contribution, but others above this base line and up to a certain upper limit were to contribute 1.5% of the wages. Above this upper limit, the employees were to fend for themselves. This upper limit till recently was Rs. 10,000/- and has now been increased to Rs. 15,000/- ESIC is controlled by Ministry of Labour.

2. CGHS was introduced in 1954-55. The employees had to pay a graded monthly subscription to CGHS, based on his Basic Pay. This subscription was minimum 50 Paise p m and maximum Rs 120/- This has been revised from time to time with increase in pay etc as per various Pay Commission Reports. For the pensioners, they had to make the payment on six monthly basis or yearly basis. Subsequently the govt introduced the 'Life Card' if the pensioner paid a lump sum for the years contribution.

3. The Railways, around 1964 introduced free OPD for retirees and subsidized indoor treatment. In 1997,

The Railway introduced a contributory health scheme with one time payment scheme for retirees and their spouse providing same level of treatment at the time of retirement. The lump sum payment was one month pay+DA on LPD. This scheme is known as RELHS. In the Defence services, a medical contributory scheme was introduced in April, 2000, known as ECHS (Ex-servicemen Contributory Health Scheme.) For this, the retirees had to make graded payment based on their LPD Equivalent to ten years contribution as in the case of CGHS. The pre-1996 retirees/ex-servicemen are entitled to free treatment for life in military hospitals. Other retiree of Defence services have to make payment as per their rank at the time of retirement. These rates of subscription/contribution are similar to CGHS rates.

4. The latest rates of contribution to CGHS as per Ministry of Health & Family Welfare O M No S. 11011/2/2008-CGHS (P) dated 20 May, 2008 are as under :

S.No.	Grade Pay	Contribution p.m.	Contribution per year	Contribution for 10 years
1	Up to Rs. 1650/-p.m.	Rs 50/-	Rs 600/-	Rs 6,000/-
2	Rs 1800, Rs 1900, Rs. 2,000 Rs 2,400 and Rs. 2600 p.m. Rs. 4200 p.m.	Rs 125/-	Rs 1,500/-	Rs 15,000/-
3	Rs 4200 p.m.	Rs 225/-	Rs 2,700/-	Rs 27,000/-
4	Rs 4600, Rs 4800, Rs 5400 and Rs. 6600 p.m.	Rs 325/-	Rs 3,900/-	Rs 39,000/-
5	Rs. 7600 and above p.m.	Rs 500/-	Rs 6,000/-	Rs 60,000/-

5. Entitlement of Wards in Private Hospitals empanelled under CGHS is as under:

S.No.	Ward Entitlement	Pay drawn in the pay Band
1	General Ward	Up to Rs. 13,950/-
2	Semi Private Ward	Rs 13,960 to Rs 19,530
3	Private Ward	Rs 19,540 and above

6. The pensioners have an option to get their CGHS Pensioners Cards by either making CGHS contribution on an annual basis (Twelve Months) or making contribution for ten years (120 Months) for getting a Pensioners Card with Life-Time Validity. It is also clarified that :

(i) Contribution to be made by the pensioner/family pensioner would be the amount they were subscribing at the time of their retirement or at the time of death of the govt servant.

(ii) Pensioner beneficiaries, who have already obtained CGHS card with lifetime validity by paying a lump sum amount equivalent to 10 years contribution, will not be required to pay any additional amount as a result of revision in the rates of contribution for availing CGHS facility.

(iii) Entitlement of pensioners/family pensioner, who have deposited their contribution for life-time CGHS facility, will not be changed.

(iv) Pensioners/family pensioners who are contributing to the CGHS on an annual basis and wish to continue to be covered a period of a total of ten years from the time pensioner CGHS card was issued for the first time to them. The revised rate of contribution for the remaining period would be with reference to the grade pay that he/she would have drawn in the post held by him/her, (at the time of his/her retirement/death) had he/she continued to be in service now but for his/her retirement/death.

(v) Any pensioner/family pensioner who is entitled to avail CGHS facility has not so far got his/her pensioner CGHS card made, the rate of contribution in such cases will be with reference to the grade pay that he/she would have drawn in the post held by him/her (at the time of his/her retirement/death), had he/she continued to be in service, but for his/her retirement/death.

Key program components :

Government of India operates Central Government Health Scheme (CGHS) to provide comprehensive

healthcare facilities to employees employed by the central government and their dependents. Under this scheme CGHS operates 248 dispensaries, 19 poly clinics and other units in 25 major cities in India. In Delhi-National Capital Region (includes Noida, Gurgaon, Faridabad and Gaziabad) there are about 28 dispensaries which are open for the beneficiaries from 8 a.m. to 2 p.m. every day. Government has dispensaries to establish dental clinics in public private partnerships in these 28 dispensaries which are available for beneficiaries from 8 a.m. to 2 p.m. (regular clinic timings), further the private provider has option dental clinics for other patients after clinic timings.

This could help in investigating in upgrading infrastructure for dental facilities, and increasing number of the dental care facilities in the city, also utilize the existing infrastructure during afternoon hours to generate revenues which could subsidize treatment of the beneficiaries thus optimally utilizing the resources.

In this regard government initiated selection process by two stage bidding process, where-in first stage technical evaluation is done and the price bid is submitted by the technically qualified bidders.

In this process 14 provider including major healthcare providers and dental clinic chains participated and selection process is in progress.

This model if it works well would be a good example how the existing infrastructure in government run clinics could be utilized after their regular operating hours which could help in bringing down the cost of treatment.

Railway Board, Letter No. 2010/H-1/2/21 dated 7-6-2011

Grant of Medical Facilities to dependent relatives-Raising the income ceiling

Consequent upon implementation of Government's decision on the recommendations of the Sixth Central Pay Commission regarding revision of minimum family pension to Rs. 3,500, it has been decided that a dependent relative in relation to a Railway servant as defined in Para. 601 (6) of the India Railway Medical Manual, 2000 shall be considered eligible for entitlement of Medical facilities if his/her income does not exceed minimum pension/family pension i.e. Rs. 3,500 and Dearness Relief thereon or 15% of the basic pay of the Railway Servant, whichever is more.

2. Accordingly, in exercise of the powers conferred by the proviso to Article 309 of the Constitution, the President is pleased to direct that the proviso below Para. 601 (6) of the Indian Railway Medical Manual, 2000 may be amended as per Advance Correction Slip No. 12 enclosed.

Advance Correction Slip No. 12 to the Indian Railway Medical Manual, 2000

The proviso below 601 (6) may be substituted with the following :-

"Provided that the above are wholly dependent on and reside with the Railway employee. The words "wholly dependent" mean a person who does not have independent income more than 15% of the emoluments of the Railway servant concerned or Rs. 3,500 plus dearness relief thereon, rounded off to the nearest ten rupee figure. whichever is more."

STATE HAS A CONSTITUTIONAL OBLIGATION TO BEAR THE MEDICAL EXPENSES OF EMPLOYEES WHILE IN SERVICE AND ALSO AFTER THEY ARE RETIRED - WHETHER A MEMBER OF CGHS OR NOT

(DELHI H C GRANTS REIMBURSEMENT WITH 18% INTEREST)

1. By the present petition filed under Article 226 of the Constitution of India, the petitioner seeks directions to direct the respondents for reimbursement of the medical expenses incurred by the petitioner.

2. The issue is no more res integra as in the case of S K Sharma (supra), this Court clearly held that the petitioner after getting retired cannot be denied the benefit of the medical reimbursement simply because of the fact that he did not opt for the said scheme.

3. In the case also the claim of the employee was rejected on the ground that he was not covered under

the CGHS Rule not being a part of the scheme but still a retired Central Government employee residing in non-CGHS area can make a CGHS Card for himself and his dependent family members from the nearest centre where CGHS is functional.

4. Further placing reliance on some authoritative pronouncements of the Apex Court, this Court in the above case took a view that the petitioner cannot be discriminated against, merely because he is not a member of the CGHS scheme as he was staying in non-CGHS area.

5. In this cmt 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 on the pretext that he has not opted to become a member of the scheme or had paid the requisite subscription after having undergone the operation or any other medical treatment.

6. Under Article 21 of the Constitution of India, the State has a constitutional obligation to bear the medical expenses of Government employees while in service and also after they are retired.

7. Clearly in the present case by taking a very inhuman approach, these officials have denied the grant of medical reimbursement to the W P (C) No. 889/2007 petitioner forcing him to approach the court.

8. The respondent did not bother even after the judgment of this Court was brought to their notice and copy of the same was placed by the petitioner along with the present petition.

9. The respondents are directed to pay the said medical claim of the petitioner along with 18% interest from the date of submission of his bill. The said payment shall be made by the respondent within one month from the date of this order. Additional costs of Rs. 10,000/- is also imposed on the respondents for causing delay in making the said payment to the petitioner.

(Kishan Chand Vs Govt. of NCT of Delhi & Ors-Delhi High Court-WP (C) No. 889/2007)

You must know generic name of drugs prescribed

(Pushpa Girimaji)

When your doctor prescribes medicines, does he write only the brand name, or does he write the generic name or the chemical name of the drug too? If it is the former, then I would suggest that you ask for the generic name also.

There are several reasons why you ought to know the generic name of the drug being prescribed. First and foremost, it helps in avoiding medication errors. Either because of the doctor's illegible handwriting, or because of similar sounding brand names, you may well end up with a wrong medication.

There have been many instances of chemists making a mistake while reading the prescription and selling the wrong medication. Even when you order medicines over the telephone, such mistakes can occur. So knowing the chemical name helps eliminate such errors.

Second, you may be allergic to certain medicines and from the brand name, you will not be able to identify the drug that you are allergic to and avoid it. So it is imperative that you know the chemical name or the generic name, too.

Third, a particular brand of a drug, popular in one region, may not even be available in another part of the country. Sometimes chemists in a city town do not even recognise the brand name prescribed by a doctor in another city. In such cases, you may even find it difficult to get a substitute, particularly while traveling. On the other hand, if you have the generic name too, it becomes easier to find your medicine.

Fourth, generic drugs cost much less than the branded ones, and if you have the name of the generic drug, too, you can make your choice. Besides, even among the brands, prices of medicines vary, and in many cases, the difference in price could be quite substantial. For example, I found sometime ago that an antibiotic prescribed by a doctor cost Rs. 240 for six capsules, while the same medication (the same strength) manufactured by another equally good pharmaceutical company cost Rs. 72 for six.

It is for this reason that in May last year the Central Government instructed all hospitals and dispensaries to prescribe as far as possible, only generic drugs and avoid brand names. Subsequently, several state governments have issued similar instructions to hospitals run by them. Now the government is looking at the possibility of giving consumer this choice in the private sector, too, and is contemplating ways of achieving it.

Of course, there is already a mandate by the Indian Medical Council for prescription of generic names, too, by all medical professionals. The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002 says : "Every physician should, as far as possible, prescribe drugs with generic names and he/she shall ensure that there is a rational prescription and use of drugs." So you can the

doctor to write down the generic name of the drug too, along with the brand name.

Remember, knowing the generic name protects your right to safety, right to information and the right to a fair price. It not only helps you avoid sounding brand names, but also helps you buy the generic drug, or even among the branded ones, purchase the one that costs much less. So once you have the generic name, you can ask your chemist to give you price options. Today, with the click of a button, most chemists can give you the list of brand names along with their prices and also the pharmaceutical companies that make them. If you go at a time where there is no great demand on his time by customers, he should be more than willing to help you out. However, do make sure that there is no change in the strength of the medication prescribed by the doctor .

(Extract From The Tribune)

PENSION RELATED ISSUES

Ministry of PPG&P (Deptt. of P & PW) 38/37/08-P&PW (A) dated 22nd July 2011

Sub : Revision of pension/family pension in respect of the pensioners who were in receipt of compulsory retirement pension and compassionate allowance under Rules 40 and 41 of CCS (Pension) Rules, 1972

The undersigned is directed say that in accordance with para 4.2 of this Department's OM No. 38/37/08-P&PW (A) dated 01-09-2008, the revised pension of pre-2006 pensioners shall in no case, be lower than fifty percent of the minimum of pay in the pay band plus the grade pay corresponding to the pre-revised pay scale from which the pensioner had retired. In the case of HAG+ and above scales, this will be fifty percent of the minimum of the revised pay scale.

2. Doubts have been raised in regard to the applicability of the above pension in the case of revision of pension/family pension in respect of the pensioners who were in receipt of compulsory retirement pension and compassionate allowance under Rules 40 and 41 of CCS (Pension) Rules, 1972. The matter has been examined in the light of the instructions/ orders issued after Fifth Central Pay Commission for revision of pension/family pension in such cases. It was clarified in this Department's OM. No. 45/86/97-P&PW (A) dated 25-03-2004 that the provision of OM. dated 17-12-1998 relating to stepping up of pension to 50% of the minimum of the revised scale of pay as on 01-01-96 of the post held by the pensioner at the time of retirement shall not be applicable in case of compulsory retirement pension and compassionate allowance.

3. It has now been decided that the benefit of para 4.2 of this Department's OM. No. 38/37/08 P & PW (A) dated 01-9-2008 (as clarified vide OM No. 37/37/08-P&PW (A) (pt. I) dated 03-10-2008) will not be applicable in the case of revision of pension/family pension in respect of the pensioners who were in receipt of compulsory retirement pension and compassionate allowance under Rules 40 and 41 of CSS (pension) Rules, 1972.

4. This issues with the concurrence of Ministry of Finance (Department of Expenditure) vide their U. O. No. 152/EV/2011 dated 30-06-2011.

5. In so far as persons belonging to the Indian Audit & Accounts Department, these orders issue after consultation with the Controller & Auditor General of India.

sd/ (Tripti P Ghosh) Director

Min. of P.P.G. & P. (Deptt. of P & PW) F. No. 1/19/11-P&PW (E) dated 03-08-2011

Subject : Inclusion of names of members of family in the PPO and proof of age for additional quantum of family pension-requirement of certificates etc. - regarding

The undersigned is directed to refer to this Department's O.M. No. 1/6/2008-P&PW (E), dated 22.06.10 and No. 1/21/91-P&PW (E), dated 20.01.93, regarding intimation of names of eligible family members by the pensioners or the spouse to the Head of Office for inclusion in the Pension Payment Order (PPO). It has been clarified in the O.M. dated 22-06-2010 that in cases where the pensioner or his/her spouse has expired, the widowed or divorced or unmarried daughter/ parents/ dependent disabled children/ disabled siblings can themselves intimate such details to the pension sanctioning authority, who can process such cases if sufficient proof of entitlement is produced by the claimant and all other conditions for grant of family pension are fulfilled.

2. Attention is also invited to this Department's O.M. No. 38/37/08 P&PW (A) dated 21-05-09, wherein detailed instructions regarding admissibility of documents as proof of date of birth of very old family

pensioner who neither have a birth certificate nor any other corroborating document and whose date of birth is not available in the PPOs as well as in the office records of CPAO/PAO have been circulated.

3. It is a matter of concern that a large number of complaints have been received in this Department from various pensioners associations and individuals that the documents submitted by them to the Heads of Office concerned are not accepted by them. Complaints about inordinate delay of 2-3 years in settling the claims have also been received.

4. It is hereby reiterated that documents indicated in para 5 of O.M. dated 21-05-09 may be relied upon by the Heads of Office for admitting claims of the family pensioners. In addition to these, the Aadhaar Number issued by Unique Identification Authority of India (UIDAI) may also be accepted by the Heads of Office/ Pension Disbursing Authorities as valid proof of identify. It is also emphasized that the date of birth of the applicant may also be ascertained at the time of sanctioning family pension as it may be required for deciding the quantum of additional family pension where the family pensioner attains the age of 80 years or above.

5. In case the applicant is unable to submit any of the documents indicated above but claims family pension based on some other documentary evidence, such cases may be submitted to the administrative Ministry / Department. The decision of the administrative Ministry /Department in this regard will be final.

6. Requests have also been received for inclusion of the name of dependent disabled child (ren) in the PPO in the PPO during the life-time of the pensioner. It is hereby clarified that neither dependence nor disability are bound to be permanent in nature. Therefore, the name (s) of such child/ children may be included in the details of family by the Head of Office on receiving a request from the pensioner or his/her spouse. However, family pension would be sanctioned only when their turn comes to receive the family pension on the demise of the pensioner/ family pensioner, after examining the claim (s) of such disabled children for family pension subject to the fulfilment of conditions stipulated in the relevant provisions of CCS (pension) Rules. 1972.

7. All Ministries/ Departments are requested to give wide publicity to these clarifications.

Sd/ (Tripti P. Ghosh) Director

Min. of P.P.G. & P (Dept. of P & PW), OM No. 1/2/07-P&PW (E) dated 02-09-2011

Subject : Grant of family pension to dependent parents of a deceased Government employee.

The undersigned is directed to refer to this Department's O.M. No. 45/86/97-P&PW(A)-Part 1, dated 27.10.1997, where by the definition to include, inter alia, "parents who were wholly dependent on the Government servant when he/she was alive provided the deceased employee had left behind neither a widow nor a child".

2. It has been observed that Ministries/Departments have been interpreting this to mean that parents are eligible for family pension when the deceased employee is survived by them only. In case the deceased employee is survived by a widow and / or one or more children, the parents are not considered eligible to receive family pension subsequent to such widow and / or children becoming ineligible to receive family pension or ceasing to survive.

3. It is hereby clarified that in case the deceased government servant is not survived by a widow/widower or a child the dependent parents become directly eligible to receive family pension. In case where a deceased Government servant is survived by a widow/widower or a child, the position changes subsequently because of death or re-marriage of the spouse and/or death or ineligibility of child/children, including a disabled child, the dependent parents become eligible for family pension. However, in terms of this Department's O.M. No. 38/37/08-P&PW(A) dated 02.09.08, a childless widow, subject to dependency criteria, is entitled to the family pension even after her re-marriage. In such an event, the parents of the deceased employee become entitled to the family pension only after the childless widow dies or when her independent income from all other sources becomes equal to or higher than that prescribed for dependency criterion under the Rules.

4. This issues with the concurrence of Ministry of Finance, Department of Expenditure vide. U.O. No. 248/E.V/2011, dated 2nd September, 2009.

(K.K. Mittal) Director

P.P & G & P F.No. 41/38/2011 - P & PW (C) dated 21-9-2011

Subject : To extend necessary cooperation to the office bearers of identified pensioners association in the matter of redressal of pensioners grievances.

Sir/Madam

As you are aware, that on line grievances of pensioners are being fed through our application CPENGRAMS available in the Pensioners Portal maintained by Department of Pension & Pensioners' Welfare. To facilitate lodging of grievances by pensioners spread all over India. 27 Pensioners Association have been identified across the country. The list of 27 Pensioners Association is enclosed. However, these associations are finding it very difficult in getting these grievances redressed and are requiring constant follow up with the Departmental offices at regional level. Some of the Pensioners Associations have pointed out that timely action is not being taken by various Ministries/Departments/Organisations for redressal of grievances and same remain pending for unduly long periods. You are therefore, requested to sensitize your Department towards the grievances of pensioners so that unnecessary delays could be avoided leading to a prompt redressal of grievances. The regional offices and field officers, wherever they exist also be requested to provide all cooperation to the Pensioners Associations who are helping us in the redressal of grievances.

(Tripti P. Ghosh) Director

(List in includes Association of Retired officers of IA & AD , Chandigarh)

Railway Board, Letter No. F (E) III/2007/PN 1/4, (RBE No. 85/2011), dated 9-6-2011

Emoluments reckoned for calculating retirement/death benefits of staff working in the Construction Organizations - PNM/NFIR Item No. 3/2008 and PNM/AIRF Item No. 7/009

The Staff Side, in the PNM forum has requested for withdrawal of the instructions contained in this office letter of even number, dated 19-8-2010 regarding reckoning of emoluments for calculating retirement death benefits of staff working in the Construction Organizations.

2. The matter has been reconsidered in detail by the Board and it has now been held that the instructions contained in Para. 1 of this office Letter No. E (NG) 70 SR 6/43, dated 13-3-1972, which provide that the benefit of one grade higher shall not be taken into consideration for any purpose including eligibility for selection to Class II posts, is limited in its scope for selection to Class II posts, seniority benefits, etc, and does not have applicability to reckoning of emolument for calculating retirement death benefits of staff working in the Construction Organizations. As such, it has been decided by the Board that the basic pay drawn by an employee on ad hoc promotion in the Construction Organizations shall be reckoned as pay in the terms of clause (i) of Rule 1303 (F.R. 9) (21) (a) (i) of Indian Railways Establishment Code Vol. II/1987 Edition for the purpose of reckoning of emoluments in terms of Rule 49 of the Railway Services (Pension) Rules, 1993. Consequently, the instructions contained in this office letter of even number, dated 19-8-2010 need not be reopened.

3. Please acknowledge receipt.

Railway Board, Letter No E (P&A) 1-2010/RT-2, (RBE No. 99/2011), dated 28-6-2011

Safety Related Retirement Scheme covering safety categories with Grade Pay of Rs. 1,900

Please refer to Board's letters of even number, dated 11-9-2010 and 24-9-2010 vide which the benefit of Safety Related Retirement Scheme (SRRS) was extended to other safety categories of staff with a Grade Pay of Rs. 1,800 p.m. The nomenclature of the Scheme was also modified as Liberalized Active Retirement Scheme for Guaranteed Employment for Safety Staff (LARSGESS) with Grade Pay of Rs. 1,800.

2. Considering the demand of the Employees Federations, it has now been decided to expand the scope of LARSGESS by enhancing the existing criteria of grade pay of Rs. 1,800 to Rs. 1,900. However, employment under the Scheme would be guaranteed only to those found eligible/suitable and finally selected as per the laid down procedure. The list of Safety categories covered under the Scheme in Grade Pay Rs. 1,800 has already been circulated vide Board's letter, dated 11-9-2010. Same categories in Grade Pay Rs. 1,900 will now be eligible for the Scheme.

3. For determining the eligibility for seeking retirement under the Scheme, Grade Pay corresponding to the post against which the employee is working on regular basis, will be taken into account, In other

words, the staff working on the post with Grade pay of Rs 1,900 will continue to be eligible for seeking retirement under the Scheme even after getting financial upgradation in Grade Pay higher than Rs. 1,900 under MACPS.

4. The eligibility conditions for the safety staff with Grade Pay of Rs. 1,900 seeking retirement under the Scheme would be the same as those for Drivers viz. 33 years of qualifying service and age between 55-57 years. Recruitment of the wards of such employees being in respective category (i.e. in Grade Pay of Rs. 1,900) their suitability would be adjudged by an Assessment Committee of 3 SAG Officer of Headquarter level as in the case of the wards of Drivers.

5. The eligibility conditions in respect of qualifying service and age group in age of group in case of Gangmen and other safety categories in Grade pay of Rs. 1,800 would remain 20 years and 50-57 years respectively, and the suitability of their wards would be adjudged by an Assessment Committee of three JA Grade Officers at Divisional level.

6. It is once again reiterated that the retirement of the employees be considered only if the ward is found suitable in all respects. Retirement of the employees and appointment of the ward should take place simultaneously.

7. The other terms and conditions of the Scheme will remain unchanged.

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

Ministry of Home Affairs No. 11019/19/2009-PMA dated the 4th December, 2009.

Subject : Computerized Identity Cards for availing of (i) 50% concession for men and 60% concession for Women in Rail fare to the recipients of President's Police Medal for Distinguished Service and Police Medal for Meritorious Service after age of 60 years (ii) 75% Discounts in Air fare to the recipients of President's Police Medal for Gallantry and Police Medal for Gallantry (Serving or retired.)

Sir

This ministry have been issuing computerized Air Concession passes to the recipients of President's Police medal for Gallantry/Police Medal for Gallantry (Serving or retired) and Rail concession passes to the recipients of President's Police Medal for Distinguished Service.

2. The police personnel who are recipients of President's Police Medal for Gallantry/Police Medal for Gallantry (Serving or retired) are entitled to 75% concession on journey to be undertaken by them in Economy class on Domestic Sectors and for that purposes the concessional tickets are issued by the Indian Airlines on verification of the Identity Card issued by this Ministry.

3. Recently Ministry of Railways have enhanced the element of concession in the Rail Fare for the recipients of President's Police Medal for Distinguished service from the 30% to 50% concession for Men and from the 30% to 60% for Women, who are above the age of 60 years. Further the similar concessions have also the extended to the recipient of Police Medal for Meritorious Service i.e. 50% to Men and 60% to Women above the age of 60 years.

4. In view of the above henceforth, the recipient of Police Medal for Meritorious Service will also be issued computerized passes to enable them to avail the admissible Rail Concession. The recipients of President's Police Medal for Gallantry/Police Medal for Gallantry will continue to be issued computerized passes to enable them to avail admissible Air Concession. Similarly the recipients of President's Police Medal for Distinguished Service will also continue to be issued computerized passes to enable them to avail the admissible Rail Concession.

5. Such computerized passes would be valid for a period of 10 years from the date of issue and are renewable on expiry of the validity period.

6. It is requested that the recipient of Service/Gallantry Medals may please be advised to apply for the above computerized passes in the enclosed format along with a copy of relevant Notification and stamp size Photographs (3 Cms x 3 Cms) through the concerned organization and in case of Retired officer through the organization from where they have retired/last served.

Your faithfully,

Sd

Mrs. Renu Sarin

Under Secretary to the Govt. of India

BSNL (Corporate Office) New Delhi letter No 13-2/2010-TE dated 04 May 2011

Sub. : Non-Executive Promotion Policy (NEPP) for employees in the IDA pay scales of NE-1 to NE-10 of Bharat Sanchar Nigam Limited:- Clarification thereof

Ref. : This office letter of even No. dated 04/03/2011.

Kindly refer to this office letter of even No. dated 04/03/2011, vide which it has been clarified that the extra increment granted vide BSNL C.O. letter No. 27-8/2003-TE-II (I) dated 18/11/2003 comes under the concession given by BSNL in relation to BCR/Gr. IV and if an official opt for his erstwhile promotion policy viz OTBP/BCR/Gr. IV, the extra increment is not to be granted for one year to him prior to his retirement.

2. After issuance of the aforesaid clarification, it has come to the notice of this office that in some Circles/Units, the aforesaid clarification has been interpreted as if the extra increment given in all cases after 01/10/2000 has to be withdrawn and accordingly these Circles/Units are resorting to recovery of the amount already given to the employees due to the grant of this extra increment in BCR Gr. III.

3. In this connection, it is clarified that vide Para 5.2 of NEPP order dated 23/03/2010, it has already been stipulated that the cases settled prior to the issue of this order, need not be reposed unless the employee himself opts for this Non-Executive Promotion Policy.

4. Accordingly it is reiterated that the cases of granting of extra increment in BCR Gr. III to the non-executive employees settled before 23/03/2010 need not be reopened and accordingly there is no need for resorting to the recovery from these employees, if these employees opt for continuing in the OTBP/BCR/Grade-IV, promotion policy.

5. However, in the case of the non-executive employees, who have been granted the extra increment in BCR, Gr. III, opt for NEPP, then these employees may be regulated as per the option given by these employees in Option Form-II, under Para 6.4 of NEPP order dated 23/03/2010. If these employees opt to avail their first upgradation as per NEPP by forgoing the extra increment granted to them under OTBP/BCR/Grade-IV Schemes, then action may be taken in accordance with the clarification given vide point No. 1 of this Office letter of even no. dated 20/08/2010.

6. It is therefore, requested that immediate necessary action for implementation of Non-Executive Promotion Policy (NEPP) in accordance with the aforementioned clarifications.

7. This issues with concurrence of BSNL Finance. of BSNL Finance.

Harsh Vardhan Singh, Addl. General Manager, (Estt.)

RBI ORDERS

Letter No. DGBA, GAD No. H-3078/45.01.001/2008-09 dtd. 1-10-2008 to the Chairman & Managing Director of All agency Banks including SBI and its subsidiaries.

Sub. : Establishment of Centralised Pension Processing Centre (CPPC.)

The Committee on Customer Service (Prabhakar Rao Committee) set up recently by Reserve Bank of India has recommended setting up of Centralised Pension Processing Centres (CPPCs) by the agency banks. While State Bank of India have established and operationalised Centralised Pension Processing Centres (CPPCs) to undertake pension related back office work, most of the agency banks are planning to set up CPPCs for their banks.

2. To streamling the pension payment arrangements in the Government Departments and also in banks, it would be necessary to establish and operationalise the CPPCs at an early date. The arrangement for disbursement of pension through the CPPCs would entail following advantages.

(i) A centralized pension cell in a bank would be in a position to (a) focus exclusively on pension matters, (b) acquire expertise in payment and calculation matters, (c) interact as a single window with the Government Departments and (d) ensure accuracy and speedy payments every month and thus avoid innumerable complaints from the pensioners.

(ii) In a core banking environment the start of the Centralised Pension Processing Centre would be inevitable in application of modernised systems and technology to the sensitive part of customer transactions. (iii) CPPC would have additional benefit of enabling every bank to have a centralised and easily accessible data base of pensioner so that all the matters including those relating to transfer of pension accounts from one branch to another, from one location to another or even from one branch to another, could be easily managed.

(i) Consequent on establishment of the CPPCs, pension-paying branch would not have any pension related papers and, therefore, would not be able to settle pensioners complaints directly, Banks, while setting up CPPCs, should evolve a system so that the pensioners have a regular forum for interaction and settlement of grievances.

(ii) At locations outside the CPPCs. there should be designated Nodal Officers for pension related complaints who should be easily accessible to the pensioners and who should hold regular meetings at different location in their jurisdiction on the lines of pension Adalat.

(iii) Each bank should establish a toll free dedicated pension line manned by trained persons with access to the database to answer queries, note down and redress complaints, etc.

(iv) Bank's internal inspections of its branches should include specific points such as, delays in the start of pension, payment of Dearness Relief correctness of pension/family pension, etc.

(v) Nodal officers/inspection officers should randomly contact the pensioners who visit the branch during inspection and check on the quality of service provided or any problem faced by the pensioner .

(vi) The internal inspection/audit should during inspection/audit randomly call the pensioners whose phone numbers would be available with bank branch to enquire about their satisfaction with pension related service.

(vii) Regular training session for bank personnel dealing with pension matters may be organised in consultation with the concerned Government Department.

4. In view of the foregoing, and considering the advantages of disbursement of pension through CPPCs to all the stake holders, you are advised to establish/operationalise the Centralised Pension Processign Centres (CPPCs) and implement the above mentioned pensioner friendly measures at the earliest in your bank. (Extracted from Pensioners Champion 6/2k11 issue.)

BSNL Orders No. 7-64/2011/TA-I dtd. 5-4-2011

Sub. : Revision of pension of pre 2007 pensioners/family pensioners of BSNL.

Enclosed please find copy of OM No. 40-17/2008-pen (T) - Vol. III dtd. 15-3-2011 on the subject cited above wherein the decision of Govt. of India regarding revision of pension in respect of BSNL pensioners retired during the period from 1-10-2000 to 31-12-2006 was conveyed to CMD, BSNL. The following instruction are issued for taking necessary action in all the CCA units, O/o the Director (A/c-II), DOT HQ, DG NICF Ghaziabad.

1. On receipt of pension case for revision of pre 2007-BSNL pensioner from the concerned SSA units/Head of office etc. a separate register may be maintained wherein all such cases will be diarized and upon its finalization the disposal particulars viz. revised PPO No. and date of issue recorded there in, Suitable review mechanism may be devised in his office. The details of cases received, disposed off and balance to be settled at end of each month may be shown separately in the monthly SWR being sent to this office.

2. The existing procedure for issuing revised PPO may be followed after necessary check of the amount of revised calculation of pension received from the Head of office in terms of Para No. 4.1, 4.2, 4.3 and 4.4 of the OM dtd. 15-3-2011 referred to above.

3. The revised PPO, shall be marked in bold letter as BSNL Pensioner and pension relief payable on IDA rates.

4. In the revised PPO, the scale of pay last held and date of birth of the pensioner and his spouse/family pensioner may be recorded distinctly for future reference specially in regard to grant of additional pension in terms of Para 4.5 of the OM under reference.

5. The concerned Pension Disbursing Authority may be instructed to record the revised amount of pension, family pension, date of birth, pay scale held last by the pensioner in both halves of additional PPO duly attested quoting the revised PPO No. and date of issue from concerned office as authority.

6. Since the Pension check Register will be updated before issue fo the revised PPO the annexure II as explained in Para 7 of the OM under reference may not be treated mandatory.

7. The various time schedules framed for the purpose of settlement of revision of pension and the payment to pensioner as stipulated in para 11 of the OM under reference may be adhered to.

8. Head of CCA unit may ensure that paid vouchers on amount to revision of pension as authorized by their office is immediately audited in receipt of pension paid scroll from the Bank and pension paid vouchers from post offices through concerned DAP. This requires monitoring by a designated authority.

9. Necessary provision for additional amount of pension/family pension may be made in revised estimate 2011-12 in consultation with Budget section of this office, if not already made.

(Extracted from Pension Champion June 2k11 issue.)

Scova Reconstituted

Min of P.P.G. & P (Dept of P & PW) No. 42/50/2010-P-P&PW (G) dated 24-06-2011

Resolution No. 24/50/2010-P&PW (G)- The Standing Committee of Voluntary Agencies (SCOVA) was last reconstituted vide the Department of Pension & Pensioners' Welfare Resolution No. 41/22/2008-P&PW (G) dated 29.5.2009 for the period upto December, 2010. Consequent upon expiry of the tenure of the SCOVA, the Government of India has decided to reconstitute the SCOVA with the following composition:-

(a) Minister of State (Personnel, P.G. & Pensions) - Chairman

(b) Non-Official Member (15)

(i) Standing Group (5 Associations)

(i)	Secretary, National Council (Staff side) JCM, 13-C, Ferozshah Road, New Delhi-110001
(ii)	President, All India Retired Railwaymen's Federation, Block 303, Railway Colony High School, Chilkalguda, Secunderabad - 500025 (A.P.)
(iii)	President, Indian Ex-Servicemen League, 9, Nyaya Margmen, Chanakyapuri, New Delhi-110 021.
(iv)	President, All India Federation of Pensioners Association, G-2, Soundarya, New No. 51, Old No. 22, Kavarai Street, Saidapet West, Chennai-600015.
(v)	Secretary General, Bharat Pensioners' Samaj, Post Box No. 3303, jangpura P.O. New Delhi-110 014

(ii) Rotating Group (10 Associations)

(i)	Vice President & Honorary Secretary, Air Force Association, Air Force Station, Race Course Camp, New Delhi - 110 003.
(ii)	President, Retired Railway Employees Welfare Association, 490A/16, Gurudwara Road, Gurgaon - 122 001, Haryana.
(iii)	President/General Secretary, P&T Pensioners Welfare Association, 1310/2, Sector 30-B, Chandigarh - 1600029.
(iv)	President, Karanataka Central Government Pensioners' Association, bangalor (Regd.) 'Swarna', No. 120/1, 2nd Main Road, GD Park Extension, V yalikaval, Bangalore-560 003.
(v)	General Secretary, Federatio of Central Government Pensioners' Organization, 107-B, Kaisar Street, Kolkata - 700 009.
(vi)	President, Central Government Pensioners Welfare Association, Jammu Olympic Association Bldg. Parade, Ground Jammu (J&K)
(vii)	All India Organisation of Pensioners, Kanpur, 120/469, Lajpat Nagar, Kanpur-208 005 (U.P.)
(viii)	Central Government Pensioners Association, Maharana Sahib, Vivekananda Marg, Bhubaneswar-751 002 (Orissa)
(ix)	All India Central Government Pensioners' Association, 1785, Sadashivpeth, Phadkeshankul, Near Pune, Vidyarthi Griha, Pune-411030 (Maharashtra)
(x)	Jharkhand Pensioners' Kalyan Samaj, Near Treasury Office, Court Compound, Ranchi (Jharkhand.)

(c) Official Members :

- (i) Representative of Ministry of Finance (Deptt. of Expenditure)
- (ii) Representative of Ministry of Defence
- (iii) Representative of Ministry of Railways
- (iv) Representative of Department of Posts
- (v) Representative of Department of Telecom

(d) Secretary, Department of Pension & Pensioners' Welfare- Convener & Member Secretary

2. The terms of the SCOVA will be 2 years. The Standing Group would serve for three terms of two years each. The Rotating Group would serve for one term of two years and would be eligible for re-nomination for one more term.

3. The SCOVA will hold its meeting as often as may be necessary. However, it will meet at least once in a year.
4. The SCOVA will function to promote the following objectives:-
 - (i) To provide a feed back on implementation of policies/programme of the Department of Pension and Pensioners' Welfare.
 - (ii) To discuss and critically examine the policy initiatives and
 - (iii) To mobilize voluntary efforts to supplement the Government action.
5. Traveling Allowance and Daily Allowance to Non official members for attending the meeting of the SCOVA shall be regulated in accordance with the provisions of SR 190 and orders of Government of India thereunder as issued from time to time.
6. The expenditure involved will be met from within the sanctioned budget grant of Department of Pension & Pensioners Welfare.

(K.S. Chibb)

Gist of the Discussions at 20th SCOVA Meeting on 21 Sept, 2011

The 20th SCOVA meeting was held on 21 Sept, 2011 in Room No. 119, North Block, New Delhi, As the MOS was away to Tamil Nadu, the meeting was presided over by Shri R C Misra, secretary, Ministry of P G & P Representatives of all ministries, except Min. of Health & Family Welfare, were present.

Gist of discussion pertaining to 19th SCOVA meeting agenda

- (a) It was pointed out that as the pensioner's grievances have increased manifold, one meeting of the SCOVA per year was grossly insufficient. Pensioners associations and SCOVA members discontent for not being allowed to represent Pensioners cases in the Pensioner Adalat was highlighted.
- (b) The delay in issuing of Corrigendum PPO for pre-2006 pensioners was criticized, and it was pointed out that at this speed it would take 14 to 15 years to complete the task.
- (c) It was suggested that a new Form similar to FORM 14 for claiming Family Pension be introduced for Secondary Pensioners, which should include checklist and list of documents to be submitted. This suggestion was accepted by the official side.
- (d) The issue of (i) same fitment benefit to pre-2006 pensioners as recommended and implemented for serving employees, (ii) Parity between past and future pensioners (iii) stepping up of pension and family pension 50% and 80% respectively, (iv) extension of new benefits granted to past pensioners was extensively discussed. The official side agreed to refer back these issues to NAC for discussion in the 4th meeting likely to be held in Oct, 2011.
- (e) The issue of suitable alternative to merger of DR with Basic Pension, when it reaches 50%, in view of Vth CPC recommendation against this merger, to ensure revision at reasonable intervals was discussed. On the insistence of SCOVA members, Secretary AR & DOP asked members to submit concrete proposal, for taking up this with the Ministry of Finance for consideration.
- (f) Regarding ex-gratia, it was intimated that it was in advance stage of consideration. The spouse of exgratia recipients will also be taken care of.
- (g) Regarding enhancement of FMA to Rs. 1000/-, the DOP & PW has taken up the issue with Min of Health & Family Welfare and is pursuing it regularly.
- (h) Proposal for merger of P & T dispensaries with CGHS are under active consideration of Dept of Posts and Min of Health

Agenda for 20th SCOVA meeting (Current Agenda) discussed included the following :

- (a) The withdrawal of NPS and PFRDA was strongly demanded. The secretary DOP & PW expressed his inability to comment on this subject, He was requested to convey the feelings of members to the govt.
- (b) Regarding revision of pension / Family pension as per Vth CPC, it was decided that the Pension sanctioning Authorities will allow revision of pension of any applicant without insisting on the deadline prescribed in OM dated 07-06-2005.
- (c) The revision of pension to disadvantage of pensioners after 14 years was criticized, but the issue could not be resolved in view of vigilance action. The Secretary P, AR, & DOP gave a ruling that this issue was beyond the scope of SCOVA.
- (d) Extension of CSD Canteen facility of Civilian retirees of Defence was discussed. The contention put forth by MOD was strongly opposed and it was decided to refer the case back to MOD for reconsideration.
- (e) Grant of subsidy for office rentals and computer operator to associations in receipt of grants in aid was

discussed. It was agreed to process the issue favorably.

(f) Regarding RELHS to be an open ended scheme was under examination in the Railway Board.

(g) For wide dissemination of information, the Secretary P, AR & PW agreed to write to all ministries to put all circulars on their website and also send copies to Pensioners Associations.

Ministry of Communication & I T, Dept of Telecommunications (Pension Section) No 40-08/2011-Pen (T) dated 08-07-2011 (Circular No 15 issued vide No 40-22/2011-Pen (B) dated 10-08-2011.)

Sub: Clarification reg grant of pension to the BSNL absorbees covered under sub-rule 11(a) of Rule-37 of CCS (Pension) Rules 1972 who took VRS on completion of more than 10 years of qualifying service but less than 20 years

A large number of references were received seeking clarification regarding grant of pension to the employees of Dept of Telecom who have been absorbed in BSNL and took VRS after rendering more than 10 years but less than 20 years of pensionable service at the time of their retirement under the provision of sub-rule 11 (a) of Rule 37-A of CCS (Pension) Rules, 1972. Accordingly, this dept had referred the matter to Dept of Pension & Pensioners Welfare (DOP & PW) for clarification.

DoP & PW vide their I D No 4/2/2011-P&PW (D) dated 2-6-2011 have clarified that since the linkage of full pension with 33 years of qualifying service has been dispensed with vide OM dated 2-9-2008, thereby any one retiring in terms CCS (Pension) Rules, 1972 shall also be eligible for pensionary benefits as per rule 49. The revised rule 49 has no provision of pro-rata pension. Formal amendment to rule 37-A and rule 49 along with other rules is under process but the changes have been made effective with effect from 1-1-2006 vide OM dated 2-9-2008. They have further clarified vide their O M No 38/06/2011-P&PW(A) dated 10-6-2011 that the provision in Rule 49(2) of CCS (Pension) Rules as amended vide notification No 38/37/08-P&PW(A) dated 8-6-2011 on the basis of the orders issued after sixth CPC is self-explanatory and available on website pensionersportal.gov.in.

This issues in supersession to all the previous advices tendered to various CCAs on the subject.

Dept of Telecommunications (Pension Section) No 40-31/2008-Pen(T) Vol.II dated 23-06-2011.(Circular No 13 dated 04-08-2011)

Sub: Applicability of revised rules of CCS (Pension) Rules 1972 consequent of the 6th CPC to the govt employees absorbed in BSNL- clarification regarding

With reference to this office letter of even No dated 12th August, 2009, it is clarified that the enhanced family pension upto 10 years as mentioned in para 8.2 of DOP&PW No 38/37/08-P&PW(A) dated 2.9.2008 and further clarification vide SI No 3 of 38/37/08-PW(A) Pt.II dated 3-10-2008 are applicable to BSNL IDA pensioners also.

2 The provisions contained in Dept of Pension and Pensioners O M 38/79/08-P&PW(G) dated 27 Oct, 2010 regarding payment of Commutation value of additional amount of pension in respect of employees who retired on / after 1-1-2006 but before 2-9-2008 and expired before exercising option for commutation of additional amount of pension are applicable to BSNL IDA pensioners also.

Dept of Telecommunications (Pension Section) No 36-01/2011-Pen(T) dated 23 June, 2011(Circular No 14 dated 10-08-2011)

Sub: Central Civil Services (Pension) Amendment Rules 2011

Dept of Pension & pensioners Welfare have amended the Civil Services (Pension) Rules 1972 and same have been notified vide their Notification dated 8 June, 2011 which may be downloaded from the website www.pensionportal.govt.gov.in for information / compliance and necessary action.

Director Ministry of Defence Lok Sabha**One Rank one Pension for Ex-Servicemen**

Will the Minister of Defence be please to state :-

(a) whether the Government has taken cognizance of the growing resentment among Ex-servicemen due to inordinate delay in favorable implementation of their long pending demand of one Rank one Pension.

(b) if so, the details thereof and reasons for failure of the Government in this regard, and

(c) The steps taken by the Government to meet the actual demands of the Ex-servicemen?

Answer

Minister of State in the Ministry of Defence (Shri M.M. Pallam Raju)

(a) to (c) : The ex-servicemen have long been demanding one Rank One Pension (OROP). Though the demand for OROP has been examined in the past by various Committees/Pay Commissions and also GOMs, but has not been accepted. However keeping in view the spirit of the demand and Government's commitment to the welfare of ex-servicemen, a Committee under the Chairmanship of Cabinet Secretary was constituted to look into the demand of OROP and other related issues. After considering all aspects of the issue, the Committee did not find it feasible to recommend One Rank One Pension but made 7 recommendations to bridge the gap between pre 1.1.2006 and post 1.1.2006 retirees, which have been accepted and implemented by the Government by issuing Government letters dated 30.10.2009, 19.1.2010, 20.1.2010 and 8.3.2010. All the above Government letters are available on www.pedapension.nic.in.

This would not only significantly reduce the gap between the past and present pensioners but will also considerably improve the pension of ex-servicemen including disabled ex-servicemen.

INCOME TAX**Taxation of Income of deceased person**

As per the Income Tax Act, 1961 where a person dies, his legal representatives shall be liable to pay any sum which the deceased would have been liable to pay if he had not died, in the similar manner and to the same extent as the deceased.

As per section 159 of Income Tax Act, 1961 (Act), even when a person dies, the assessment of his income is to be done upto the time of his death. So, the legal representative of the deceased has to file the income tax return for the income on which the deceased would have been liable to pay income tax if he had not died.

Filing income tax return-

On the return, the name should be mentioned as "**late (name of deceased) through legal heir (name of person filing)**". The legal heir should also submit a copy of the death certificate of the deceased, and submit the Permanent Account Number Card (PAN Card) of the deceased. All the tax payments are also be to be made by the legal representative, such as advance tax payments and self assessment tax payments. The tax is to be recovered from the estate of the deceased. Legal representatives would be personally liable to the extent of the assets to which they come into possession, because there is an automatic charge on such property left by the deceased. This position of law relates only to his individual income.

Assessment

For the purpose of making an assessment (including an assessment, reassessment or re computation under section 147) of the income of the deceased and for the purpose of levying any sum in the hands of the legal representative in accordance with the provisions (a) any proceeding taken against the deceased before his death shall be deemed to have been taken against the legal representative and may be continued against the legal representative from the stage at which it stood on the date of the death of the deceased : (b) any proceeding which could have been taken against the deceased if he had survived, may be taken against the legal representative; and (c) all the provisions of this Act shall apply accordingly. The legal representative of the deceased shall, for the purposes of this Act, be deemed to be an assessee.

Tax on amounts received after someone's death

If you receive money/property/shares/etc after someone's death through a will there is no income tax or gift tax on the amount received by you. Of course, any income generated from such assets would be taxed in your hands.

Gratuity received after a person's death

There is no income tax on gratuity received after a person's death while in active service. Gratuity

payment to a widow or other legal heirs of any employee who dies in active services shall be exempt from income tax (Circular No. 573 dated 21.08.90)

Family pension received after person's death

Any family pension that one receives is taxable in his/her hands as "Income from other sources." However, a standard deduction of 33% of the family pension (one third of the pension) or Rs. 15,000, whichever is less, is allowed (under section 57) (ii) (a) to be deducted from the family pension, The remaining amount of the family pension is taxable.

(Note : Pension and family pension are different. If you receive pension after you retire, it is treated as salary, and is fully taxed-there is no standard deduction. If you get family pension after someone's death, it falls under "Income from other sources" and a standard deduction is allowed.)

CHANDIGARH SENIOR CITIZENS ASSOCIATION

Resolution Adopted in the Mass Meeting of Chandigarh Senior Citizen's Association & other NGOS of Senior Citizens on the eve of Senior Citizens's National Solidarity Day held at Chandigarh on 13th August, 2011.

This mass meeting of Senior Citizens is constrained to note the tardy pace at which the Governments at National and State levels are acting in addressing the problems of the Senior Citizens of country. This not only tantamount to undermining the self-esteem of the Senior Citizens but also reflects a failure to meet with the Fundamental Principles enshrined in the Constitution of India towards this important class of citizens - even after nearly 65 years of Independence. This is also causing undue hardship and neglect to the large population of Senior Citizens of the Country.

The meeting regretted that even the well intended policies like National Policy on Older Persons (NPOP)-1999, Maintenance and Welfare of Parents and Senior Citizens Act (MWPSACT) of 2007 and Indira Gandhi National old Age Pension Scheme (IGNOAP Scheme) had not been implemented by most of the States so far. The old age pension paid by most states was far too less to make both ends meet or even for 2 square meals The National Policy on Senior Citizens (NPSC) 2011, even though drafted has yet to be enacted. While it is an improvement over NPOP, it may also not be implemented by the States-unless adequate funds are provided by the Centre as part of the National responsibility towards the elders.

This meeting, therefore, resolutely calls upon the Centre and the States to please accept and effectively implement the following demands of the Denior citizens on priority :

Main Demands

1. Adoption & Implementation NPOP 1999/National Policy on Senior Citizens (NPOS) 2011
2. Immediate implementation of The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 by adoption, framing rules, forming tribunals, Appellate Tribunals and case registration & redressal
3. Health Insurance cover for all Senior Citizens
4. National Commission of Senior Citizens
5. Setting up State Senior Citizens Council and Commissionerates
6. Comprehensive national policy for Dementia and Alzheimer's
7. Inclusion of Ageing in Corporate Social responsibilities (CSR) from Company Law Angle***
8. Specialized Courses in Social Science & Medial Colleges in Gerontology and Geriatrics respectively
9. Fast track Courts for speedy, time-bound disposal of pending cases of Senior Citizens in al Courts.
10. Uniform Old Age Pension Scheme for all Senior Citizens in BPL in all states
11. Fast Implementation of National Programme for the Healthcare of the Elderly (NPHCE) started in February 2011
12. Charter of Rights and Responsibilities for Senior Citizens
13. Providing confessional Bus fares for senior citizens

Activities of Affiliated Associations**Defence Accounts Pensioners Welfare Association (DAPWA)**

The monthly meeting of DAPWS was held on 4th Sept, 2011 at Sood Bhawan, Sector 44, Chandigarh, Dr Ashwani Kumar, CMO I/C CGHS Wellness Centre, Chandigarh was the Chief Guest. While introducing the Chief Guest, Sh M C Arya, Gen Secy of the Association, highlighted the contribution of Dr Ashwani Kumar in improving the functioning of the Wellness Center, leading to its being declared as the "Best" CGHS Center in North India by the authorities in Delhi. Members had a lively interaction on various health related problems and difficulties faced by them in the Wellness Center. Main problem related to non supply of specific medicines / drugs prescribed by the specialists of referred hospitals. The CMO clarified that as far as possible, prescribed drugs were supplied, unless such drugs have specifically been debarred by the Director Health Services, G O I. The cases of two members, who had been made to pay considerable amount at Mukat Hospital, where cashless treatment is provided to CGHS beneficiaries was discussed. The CMO assured to look into this.

Sh D C Gupta, President of the Association thanked the Chief Guest for sparing time to interact with the members.

Paramilitary Forces Retired Officers Association (PMFROA)

The periodic meeting of PMFROA was held at CRPF officers Mess Halomajra on 8th Sept, 2011. Sh P.S. Bedi, DIG (retd) BSF, Chairman, informed the members regarding various development and latest govt orders concerning retired personnel, including forthcoming raise in the rate of Dearness Relief from 51% to 58% issue of Revised PPOs etc. Medical cover to pensioners was discussed in details, All members were again enjoined to become member of CGHS. In addition to CGHS, there were Composite Hospitals for Paramilitary personnel, where specialists are posted. However medical treatment in these hospitals for the retired personnel are limited, but, pensioners can get specialized consultations from these hospitals, and get the required medicines/drugs from the CGHS dispensaries, In Chandigarh, a Composite Hospital is located at the ITBP, location, near the Airport, Dr Ashwani Kumar, CMO I/C CGHS Wellness, Center, Chandigarh could not attend this meeting as a fire had broken out in the dispensary due short circuit and he got involved in controlling this fire and evacuation of patients.

The ministry of Home affairs has established welfare and Rehabilitation Boards (WARB) all over India for retired Paramilitary Force personnel. Sh N.K. Mishra, DIG (Retd) ITBP has been nominated as State Welfare officer for WARB in Chandigarh. He can be contacted at Tele No 2650909, Mobile : 9988943585 for details.

Central Govt Pensioners Welfare Society, Chandigarh (CGPWS)

Bimonthly meeting of CGPWS was held on 10 Sept, 2011, Sh MS Toor, President of the Association, welcomed the members. Problems faced by the Pensioner CGHS beneficiaries were discussed. All members praised the functioning of CGHS Wellness Center, Sector 45, Chandigarh , where friendly and helpful atmosphere towards CGHS beneficiaries existed. However, member pensioners rued the unhelpful attitude of Add Director CGHS, Sector 9, Chandigarh. Sh D J S Dillon (CGHS Card P-670) narrated his horrifying experience to get his wife's case, suffering form Brain Cancer, refer to an empanelled cancer Hospital in New Delhi for a cashless treatment Sh. R K Bajaj, (CGHS Card P-2574) and Sh Jagtar Singh (CGHS Card P-2053) had similar experience. Their case have been forwarded to Co-ordination Committee, Chandigarh for further action.

Court case filed by Association of retired officer of IA & AD, Chandigarh

During the hearing of the case on 28-09-2011, the Hon'ble judge directed the govt. counsel to deposit Rs. 2,000/- fine for not filing the written statement. Now four cases of similar nature have been clubbed and next date of hearing is on 18-10-2011.

**NOTIFICATION Of Ministry of Finance (Dept of Expenditure)
(REVISION OF PPOs- PRE-2006 PENSIONERS)**

ATTENTION: Central Civil Pensioners/Family Pensioners regarding 6th Central Pay Commission
Revision of pension/family pension of Pre-2006 Pensioners/Family pensioners is being implemented in terms of Govt. of India O.M.No.F.No.38/37/08-P&PW (A) dt. 01.09.2008 and No. 38/37/08-P&PW (A) Pt-1 dt. 14.10.2008. In order to facilitate the above, pensioners/family pensioners in receipt of pension/family pension through Pension Payment Orders (PPOs) issued by Central Pension Accounting Office (CPAO) are requested to provide the following information to the Head of the Deptt./Office from where the Govt. servant retired as soon as possible. It is urged that the information be provided within one month from the date of issue of Notification.

(To be addressed to the Head of the Dept or Head of Office from where the pensioner had retired)

Sub-Revision of Pension/Family Pension in terms of the recommendation of 6th CPC

1. Name of the Pensioner :
2. Date of Birth:3. Date of Retirement of the Central Civil Pensioner:
4. Date of Death of the Pensioner (if application is by family pensioner) :
5. PPO Number:
6. Name of the Bank & Branch:
7. Postal address of Branch (with Pin code) :
8. Account Number:
9. Present Address (with Pin code) :
10. Phone Number & Email ID of Pensioner/Family pensioner:
11. Details of spouse who is co-authorized in PPO or family pensioner drawing family pension, Proof of Date of Birth must be enclosed)
 - (a) Name of spouse / family pensioner:
 - (b) Date of Birth (proof to be enclosed) :
 - (c) Name of documents enclosed as proof:

Date:

Signature

Place:

Note:

1. All pensioners are advised to submit the above information to the Head of the Deptt./Office from where the Govt. employee retired.
2. Attested photocopy of anyone of the following documents in support of date of birth of the spouse/eligible family member may be submitted:
 - i. PAN Card
 - ii. Matriculation Certificate (containing the information regarding Date of Birth)
 - iii. Passport
 - iv. CGHS Card
 - v. Driving License (if it contains Date of Birth)
 - vi. Voter's ID Card may also be accepted as proof of Date of Birth subject to following conditions:-
 - a. The pensioner/family pensioner certifies that he is not a matriculate.
 - b. The pensioner certifies that he/she does not have any of the documents mentioned from i to vii.
 - vii. In case pensioner/family pensioner is unable to submit any of the documents mentioned above (i) to (vi) but claims additional pension based on some other documentary evidence such cases will be submitted to the administrative ministry whose decision in this regard will be final. (DPPW order no. 38/37/08P&PW(A) dated 21.05.2009, 11.08.2009 & 28.09.2010 may be referred to)
3. The above information will help to expedite the case. In the absence of the above information/Application, the process of revision of pension/family pension may be delayed and the case revised as per the records available with Head of the Deptt./Head of Office.
4. In case their documents have already been provided to the bank from where pension is being disbursed, mention may be made of the fact.
5. In case pensioner/ family pensioner is not aware of the office where the information is to be provided, it may be sent to Sr. Accounts Officer, Special Cell, CPAO, Trikot-II, R.K. Puram, New Delhi.

(Chief Controller (Pensions))

(Source: The Tribune dated the 3rd September, 2011)

ANNA HAS SHOWN THE WAY STRONG CONVICTION & CONTINUOUS STRUGGLE FOR JUSTICE AT ANY COST

(Harchandan Singh, Secy Gen (CCGPA))

Anna Hazare has created history in the independent India-not merely by fasting for twelve days for an effective Lok Pal Bill against corruption but more importantly by moving the spirit of the Nation over this vital issue. It is good that the matter has been resolved through a unanimous resolution passed by both the houses of Parliament to the satisfaction of all concerned. Hopefully the country will soon have an effective "Lok Pal" Bill to the satisfaction of all concerned.

Incidentally the people in general and especially the younger generation had become greatly disillusioned on account of the prevailing all round corruption- both at the higher echelons as well as at grass root levels- adversely affecting the day-to-day life of the common man.

Issues of big scams and black money stashed in foreign Banks-have all been widely condemned and will hopefully be suitably handled in the foreseeable future - under the existing and the proposed law(s).. It is good that supremacy of Parliament has been accepted by all to frame laws.

Will the corruption end at all levels after this law is made-is any body's guess. Will the businessmen start paying their taxes honestly? Will the customers (and that includes all of us too) start taking the bills/Cash Memos for every thing which is bought & pay the taxes or the VAT on it willingly? It all matters. It is not enough to have laws but also necessary to ensure effective implementation thereof at all levels. But we can now hope for the possibility of reducing the corruption-if not eliminating it all together-as ending corruption will require some thing more than just having "an effective Lok Pal" or a couple of other laws or some more reforms proposed by the Civil Society or by others from time to time. It will require the rousing of the conscience of the nation to bring it to the right track.

Anna has shown to the world once again after a long time-the strength of conviction and non-violence. People had either forgotten the value of these virtues or had become disillusioned for one or the other reason. We need to have a strong conviction to bring about any change in the society, in the environments or for any struggle for justice-in our job, in the working conditions or in the outside world at large.

Conviction of righteousness is required even in our daily life. There is always some righteousness to observe, a right way of doing certain things and some right thinking, right attitudes, right behaviors, and right perceptions to follow. No one has ever fought or won a war without a strong conviction. Whether it was the Freedom Struggle, or defending the borders against foreign aggression - They all required strong conviction - the conviction of righteousness. Conviction is the motivating force behind any struggle, any effort or any change. Bigger the goal-stronger has to be the conviction.

Continuous struggle-with conviction-is the only way to fight injustice in any form or manner. It is always important to fight for the justice and equally important to continue the struggle-till the rightful objectives are achieved. Of course, all protests have to be non-violent-not withstanding the provocation. As mentioned earlier Anna has once again established the effectiveness of a non-violent protest. After Mahatma Gandhi this was perhaps the first time that this has been established so effectively-not withstanding many others who followed the path all over the world from time to time.

However, we just cannot leave things for others to fight our battles. We all have to involve ourselves fully and completely in to any cause of which we are convinced that something needs to be done. No battle was ever won by the Generals alone or not just by the soldiers. Every one has to be fully involved and play his role effectively and continuously with all the conviction, strength and resources at his command.

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ADVISORS

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All India Gen. Index	188	185	185	186	187	189	193	194
Total of 12 months	2127	2142	2157	2173	2188	2203	2218	2238
Twelve Monthly Average	177.25	178.50	179.75	181.08	182.23	183.58	184.43	186.08
% increase over 115.76 for DA	53.12	54.20	55.28	56.43	57.51	58.59	59.67	60.75

Increase in DA/DR w.e.f. 01-07-2011 = 7% (58%)

The Union cabinet approved additional DA/D.R. by 7% on 15-09-2011

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(Between 0930 and 1730 hrs. on working days)

- Addln Directoers CGHS Chd.

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Sector 9A, Chandigarh

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Editor P. S. Bedi

LATEST

Empanelment of Fortis Hospital for CGHS has been operationalised w e f 5 Oct. 2011