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GOVERNMENT OF INDIA
MINISTRY OF HEALTH

A COMPILATION OF CENTRAL
SERVICES (MEDICAL ATTENDANCE)
RULES, 1944 AND ORDERS (WITH
GOVERNMENT OF INDIA DECISIONS
AND EXPLANATORY NOTES)

Corrected upto the 31st December, 1963

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PREFACE

The Second Edition of 'A Compilation of Medical Attendance Rules and Orders (with Government of India decisions and explanatory notes)' was printed in July, 1953. For various reasons it was not possible to bring out another up-to-date edition since then. Not only have all the copies of the Second Edition been sold out, but also the Rules and orders as they stood in 1953 have undergone extensive changes and liberalization. It became therefore necessary to bring out an up-to-date edition of the Compilation.

2. The present edition deals with only the Central Services (Medical Attendance) Rules, 1944, and orders issued thereunder: The Secretary of State's Services (Medical Attendance) Rules, 1938 as given in Section I of the 1953 edition have been omitted from this edition. Also, other extraneous subjects which are not connected with the Central Services (Medical Attendance) Rules, 1944, but were included in the 1953 edition, such as, Medical Examination, Leave etc. have been left out. The present edition has therefore been called 'A Compilation of Central Services (Medical Attendance) Rules, 1944, and orders (with Government of India decisions and explanatory notes)'.

Mrs. P. JOHARI,
*Deputy Secretary to the Govt. of India,
Ministry of Health.*

NEW DELHI:
The 12th March, 1964.



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SECTION I

CENTRAL SERVICES (MEDICAL ATTENDANCE) RULES, 1944

SECTION I

CENTRAL SERVICES (MEDICAL ATTENDANCE) RULES, 1944

PREAMBLE

In exercise of the powers conferred by sub-section (2) of section 241, read with sub-section (3) of section 313 of the Government of India Act, 1935, the Governor-General-in-Council is pleased to make the following Rules, namely :

Rule 1 (1). These rules may be called the Central Services (Medical Attendance) Rules, 1944.

[These rules were published in the Gazette of India as Notification No. F.16-2/38-H, dated 1st January, 1944.]

NOTE (1).—These rules supersede all the previous sets of rules on the subject including those given in the pamphlet entitled "Medical Attendance and Treatment of Officers of the Superior Civil Service serving under the administrative control of the Governor-General-in-Council".

Rule 1 (2). They shall apply to all Government servants other than (i) those in railway service and (ii) those of non-Gazetted rank stationed in or passing through Calcutta, whose conditions of service are prescribed by Rules made or deemed to be made by the Central Government, when they are on duty, leave or Foreign Service in India or when under suspension.

NOTE (1).—Persons in railway service are excluded from the purview of these Rules since their conditions of service are at present regulated by Rules made under section 241(2) (a) of the Government of India Act, 1935. Railway employees on deputation to various other offices under the Central Government are, however, governed by these Rules.

NOTE (2).—These rules do not apply to:—

- (i) Defence Services personnel ;
- (ii) Government servants who are on leave or deputation abroad ;
- (iii) Non-Gazetted Government servants, including Class IV, and gazetted Government servants (other than Central Services, Class I) drawing pay less than Rs. 500 p.m., stationed in or passing through Calcutta for whom special arrangements for medical attendance and/or treatment have been made, *vide* Section VIII of the Compilation;

[Ministry of Health O.M. No. F.7-20/53-LSG(M), dated 24-2-1954 and O.M. No. F.32-10/58-HI, dated 16-9-1960.]

- (iv) retired Government officials ;
- (v) non-officials sent on deputation abroad ;
- (vi) Government servants in Delhi/New Delhi who are governed by the *Contributory Health Service Scheme while in Delhi/ New Delhi ;

*Since renamed as Central Govt. Health Scheme.

- (vii) Officers of the All India Services and other persons who are governed by the All India Services (Medical Attendance) Rules, 1954; and
- (viii) India-based officers and staff serving in Missions abroad who are governed by the Assisted Medical Attendance Scheme.

NOTE (3).—These rules apply to :—

- (i) all Central Government servants who are on leave preparatory to retirement, or on refused leave taken immediately after the date of compulsory retirement or on the expiry of an extension of service ;

[Ministry of Health Corrigendum No. F.28-23/61-HI, dated the 28th December 1961 refers.]

- (ii) Officers of the General Administrative Reserve ;

- (iii) Government pensioners on their re-employment under the Central Government, irrespective of the service to which they belonged at the time of retirement ;

[Ministry of Health letter No. F.6(III)-3/51-MII, dated 18th January, 1951.]

- (iv) Defence Accounts Department personnel ;

[Ministry of Health letter No. 755-LSG(M)/52, dated 9th April, 1953.]

- (v) Civilians paid from Defence Services Estimates, except those mentioned in para. 5 of the Ministry of Defence letter No. 9(4)54/8278/D (Civ-II), dated the 18th July, 1957 (reproduced as Govt. of India decision No. 1 at item 7 of Section VII of the Compilation read with Min. of Defence letter No. 13(63)/3177/D(Civ-II), dated 19-3-1963 (reproduced as Govt. of India decision No. 2 at item 7 of Sec. VII of the Compilation) ;

- (vi) Central Government servants on terminal leave ;

- (vii) a probationer ;

[Min. of Health File No. F.2-13/53-LSG(M).]

- (viii) apprentices who are in the whole time service of Government ;

- (ix) Contingency paid staff who are in the whole time service of the Government ;

[Min. of Health file No. F.28-9/62-HI.]

- (x) Police personnel (including personnel of the Assam Rifles) subject to the conditions specified in the Min. of Health O.M. No. F.13-10/53-LSG(M), dated the 18th March, 1954 (reproduced as Government of India decision at item 6 of Section VII of the Compilation) ; and

- (xi) all State Government servants on deputation with the Central Government.

[Ministry of Health O.M. No. F.3-4/52-LSG(M), dated the 26th June, 1953.]

NOTE (4).—In regard to medical concessions, the Central Government servants, while on deputation to a State Government will be governed by the rules of the State Government concerned. The State Government may, however, if they so desire, apply the Central Government rules to such deputationists.

[Govt. of India, Ministry of Finance O.M. No. F.1(6)-EIV(A)/62, dated the 7th December, 1962.]

NOTE (5).—The concessions granted under these rules to Government servants are applicable to their families as well, subject to such conditions, or exceptions, as specified in these rules or Section II of the Compilation.

Government of India decision No. 1.—It has been decided in supersession of all previous orders and decisions that the Medical Attendance Rules and Orders are applicable throughout the Union of India, including the State of Jammu and Kashmir.

[Ministry of Health letter No. F.18(B)-3/51-P, dated 24th November, 1951.]

Government of India decision No. 2.—It has been decided that Government servants, who are members of the Territorial Army, should, during the period of their voluntary training/embodiment in the Territorial Army or for a course of instruction, be entitled to military medical facilities only, while the *members of their families may continue to be governed by the C.S. (M.A.) Rules, 1944*, during such periods.

[Ministry of Health O.M. No. F.28-16/59-HI, dated the 25th June, 1959.]

Government of India decision No. 3.—It has been decided that the members of families *in India* of Central Govt. servants proceeding ex-India on deputation or leave, including study leave and deputation-cum-special leave under the various training and fellowship schemes, may avail of the medical facilities as admissible under the relevant Medical Attendance Rules. If the family members left behind in India are resident in an area covered by the Central Government Health Scheme, the grant of medical facilities to them under the Scheme will be conditional on the Government servant concerned paying the prescribed contributions.

[Ministry of Health O.M. No. F.28-18/60-HI, dated the 2nd July, 1960.]

Government of India decision No. 4.—It has been decided that the following categories of Central Govt. employees and members of their families will be eligible to the concessions under the Central Services (Medical Attendance) Rules, 1944, and orders issued thereunder, or under the Central Government Health Scheme :

- (a) *The Government Industrial Staff* (*viz.* the Industrial Staff working in the establishments run directly by the various Ministries/Departments of the Central Government) and members of their families not at present covered by the Employees' State Insurance Scheme ;
- (b) *The workcharged staff* of the Central Public Works Department and other Central Govt. Departments.

2. It has also been decided that as and when the Industrial and workcharged staff and members of their families belonging to any Central Government Department/Establishment has been exempted from the application of the Employees' State Insurance Scheme and ceases to be governed by that Scheme, such staff and members of their families will automatically be governed by the Central Services (Medical Attendance) Rules, 1944, or the Central Government Health Scheme, as the case may be from the date of such exemption.

3. Only such workcharged and Industrial Staff as have put in a continuous service of *not less than one year* and are employed on monthly rates of pay, as distinct from the casual staff or staff paid from contingencies will be entitled to the concessions under these orders.

[Ministry of Health O.M. No. F.28-4/62-HI, dated the 6th November, 1962 and O.M. No. F.21-8/63-H, dated the 4th September, 1963.]

Rule 2. In these Rules, unless there is anything repugnant in the subject or context :

(a) “**Authorised Medical Attendant**” means—

- (i) in respect of a Government servant who belongs to a Central Service, Class I, or whose pay is not less than Rs. 500 per mensem, the Principal Medical Officer of the district appointed by the Government to attend its officers in the district ;
- (ii) in respect of a Government servant not belonging to a Central Service, Class I, whose pay is less than Rs. 500 but more than Rs. 150 per mensem, an Assistant Surgeon, Grade I (Medical Graduate), or other Medical Officer, appointed by the Government to attend its officers in the station ;
- (iii) in respect of any other Government servant, an Assistant Surgeon, Grade II (Medical Licentiate), or other Medical Officer, similarly appointed.

NOTE (1).—To determine the status of an officer, the actual pay he is drawing at the time he falls ill should be taken into account.

NOTE (2).—For the purpose of determination of the status of an officer *under suspension*, the actual pay he was drawing just before the date of his suspension should be taken into account.

[Ministry of Health O.M. No. F.28-20/61-HI, dated the 25th Jan., 1962.]

NOTE (3).—In the case of re-employed pensioners the pension should be taken into consideration alongwith pay for the purpose of determining the grade for the purpose of medical attendance and treatment.

NOTE (4).—The authorised medical attendant of a Government servant is determined with reference to the place at which he falls ill, whether it be his permanent residence or place of casual stay or the place where he may be spending his leave.

NOTE (5).—Honorary Medical Officers outside hospital precincts are just like private medical practitioners and so cannot be regarded as the authorised medical attendants of the Central Government employees, under the Rules.

Government of India decision No. 1.—The Government of Andhra Pradesh have declared senior Honorary Medical Officers (Physicians and Surgeons) who are specialists in their line as Specialists for the purpose of Medical Attendance Rules, and all Honorary Medical Officers (Physicians and Surgeons) and Honorary Assistant Medical Officers as the authorised medical attendants of Central Government

employees for the purpose of Rule 2(a) of the C.S. (M.A.) Rules, 1944, vide Memo. No. 832/KK/62-5-Health, dated the 30th April, 1962 (copy reproduced below). It has been represented that when Honorary Medical Officers have been declared as authorised medical attendants and permitted to treat State Government servants in their consulting rooms etc. outside the Government Hospitals, it is neither equitable nor necessary to stop them from giving treatment to Central Government servants also in their private consulting rooms, or at the residence of the patient where permissible under the rules.

2. The matter has been carefully considered by the Government of India. In relaxation of the relevant provision in the Central Services (Medical Attendance) Rules referred to in paragraph 1 above, it has been decided that Central Government employees and members of their families stationed in or passing through Andhra Pradesh, may also receive medical attendance/treatment from such Honorary Medical Officers in their consulting rooms, or at the residence of the patient where permissible under the Rules, as per orders contained in Memo. No. 832/KK/62-5. Health, dated the 30th April, 1962, from Director of Medical Services, Andhra Pradesh.

3. These orders apply to cases arising on or after the 30th April, 1962.

[O.M. No. F.21-67/63-H, dated the 30th September, 1963.]

Copy of Govt. Memo. No. 832/KK/62-5-Health, dated 30-4-62 addressed to the Director of Medical Services, Hyderabad, Andhra Pradesh..
Read G.O. Ms. No. 2919-Health, dated the 21st December, 1960.

In para 3 of G.O.Ms. No. 2919-Health, dated 21-12-1960 the Government have directed that senior Honorary Medical Officers (Physicians and Surgeons) who are Specialists in their line be included in the list of Authorised Medical Attendants (Specialists) for the purposes of Medical Attendance Rules. Consequently such specialists are authorised to treat Central and State Government Servants and their families.

2. It has been represented to Government that all Honorary Medical Officers (Physicians and Surgeons) irrespective of their being Specialists or otherwise may be included in the list of Authorised Medical Attendants.

3. The Govt. have examined the matter and consider that the request is reasonable and should be acceded to. They accordingly declare all Honorary Medical Officers (Physicians and Surgeons) and Honorary Assistant Medical Officers to be "Authorised Medical Attendants" for the different grades of Central and State Govt. Servants for whom full-time Medical Officers of corresponding rank are at present Authorised Medical Attendants respectively for the purposes of Medical Attendance Rules. Para 3 of the G.O. cited should be deemed to have been superseded by these orders.

Government of India decision No. 2.—Under Rule 2(a)(i) of the Central Services (Medical Attendance) Rules, 1944, the Principal Medical Officer of the district is the authorised medical attendant of Government servants whose pay is not less than Rs. 500 p.m., or who belong to Central Services Class I. It has been brought to the notice of the Govt. of India that difficulty is experienced by such officers as are stationed in Sub-divisions in obtaining medical attendance and treatment from the Principal Medical Officer of the district for ordinary complaints as it involves travelling long distances. In order to obviate this difficulty it has been decided that Central Govt. servants who are ordinarily entitled to the services of the Principal Medical Officer of the district may receive medical attendance and treatment from the Medical Officers-in-charge of the Subdivisional or Taluk Headquarters hospitals.

[Ministry of Health O.M. No. F.8(IV)-63/55-HII, dated the 1st February, 1957 and the 5th July, 1957.]

Rule 2 (b) “District” means the district in which the Government servant falls ill.

Rule 2 (c) “The Government” means—

- (i) in respect of a Part ‘A’ or Part ‘B’ State, the State Government; and
- (ii) in respect of a Part ‘C’ State, the Lieutenant-Governor or the Chief Commissioner, as the case may be.

Rule 2 (d) “Government Hospital” includes a Military Hospital, subject to the provisions of Appendix 32 to the Regulations for the Medical Services of the Army in India, 1937, a hospital maintained by a local authority and any other hospital with which arrangements have been made by the Government for the treatment of Govt. servants.

NOTE (1).—Hospitals run by the Railway Administration are not covered by these Rules.

NOTE (2).—“Local authority” means Municipal Committee or District Board. It does not include “Cantonment Board”. Hence Cantonment General Hospitals are not ordinarily recognised as Govt. Hospitals.

Government of India decision No. 1.—With reference to Rule 2(d) of the Central Services (Medical Attendance) Rules, 1944, it has so far been held that the term ‘Local Authority’ does not include “Cantonment Board” and hence Cantonment General Hospitals are not recognised as “Govt. Hospitals” for purposes of medical attendance and treatment of Central Govt. servants and their families. It has now been decided by the Govt. of India that in Cantonment areas *where there are no Govt. hospitals* as defined in the Rules, Central Govt. servants and their families residing in those areas may receive medical attendance and treatment at the Cantonment Hospitals, the medical officers employed in such hospitals being regarded as authorised medical attendants as defined in Rule 2(a) of the Central Services (Medical Attendance) Rules, 1944.

The Govt. of India have further decided that—

- (a) reimbursement of consultation fees paid to the Cantonment Medical Officers should be allowed at the rate actually charged for in accordance with the rules of the particular hospital to which the medical officer consulted is attached or at the rates shown below whichever is less; and
- (b) reimbursement of hospital charges paid to Cantonment hospitals, should be allowed in full, if otherwise admissible under the rules.

I. CONSULTATION FEES

Attendance at the residence of the patient or at the residence of the Medical Officer or consulting room

	First consultation	Subse- quent consulta- tions
	Rs.	Rs.
For a Medical Officer of the status not less than that of a Civil Surgeon	16·00	10·00
For an Assistant Surgeon	3·00	2·00
For a Sub-Asstt. Surgeon	2·00	1·50

II. INJECTION FEES

Injection	For M.O. incharge of the hospital	For Asstt. Surgeons	For Sub- Asstt. Surgeons
	Per injec- tion	Per injec- tion	Per injec- tion
	Rs.	Rs.	Rs.
Intravenous	5·00	3·00	2·00
Intra-muscular	3·00	3·00	2·00
Subcutaneous	2·00	2·00	2·00

[Ministry of Health O.M. No. F.2-2/53-LSG(M), dated the 31st March, 1953, as modified by O.M. No. F.28-14/60-HI(MA), dated the 23rd August, 1960.]

Government of India decision No. 2.—A question has been raised as to whether the term 'Government hospital' as defined in Rule 2(d) of the Central Services (Medical Attendance) Rules, 1944, should be deemed to include in its purview a hospital maintained by local authority viz. Municipal Committee/Corporation and District Board. It is clarified for general information that it has been held that such a

hospital should be regarded a 'Government hospital' within the meaning of Rule 2(d) *ibid* and Central Govt. servants and members of their families are entitled to receive treatment therein on the *advice of the authorised medical attendant as provided in Rule 6(1) ibid.* If such a hospital however, happens to be a *hospital for women*, female members of families of Central Government servants including male children upto the age of 6 years may receive treatment in that hospital *even without consulting the authorised medical attendant.*

[Ministry of Health O.M. No. F.28-41/59-HI, dated the 19th December, 1959.]

Government of India decision No. 3.—It has been decided that all hospitals recognised by the State Govt. for medical attendance and/or treatment of their employees and/or members of their families should automatically be regarded as included in the term 'Government hospital' as defined in the relevant Medical Attendance Rules. It has further been decided that when a Central Govt. servant or a member of his family receives treatment in a medical institution in a State he should be required to submit, in support of his claim for reimbursement of expenditure, a certificate from the Medical Superintendent of the institution concerned to the effect that that institution is recognised by the State Govt. for the purpose of medical treatment of State employees and/or their families.

2. Heads of Central Govt. offices located in the States may ascertain from the Chief Administrative Medical Officer of the State concerned the names of the institutions at which the State employees and their families are entitled, under the relevant Medical Attendance Rules, to receive medical treatment.

[Ministry of Health O.M. No. F.13-76/52-LSG(M), dated the 20th January, 1953.]

NOTE.—These orders should not be deemed to be applicable to Central Govt. employees stationed in or passing through West Bengal (including the city of Calcutta.)

[Ministry of Health O.M. No. F.13-76/52-LSG(M), dated the 12th July, 1953.]

Govt. of India decision No. 4.—In amplification of the orders contained in Ministry of Health O.M. No. F.13-76/52-LSG(M), dated the 20th January, 1953 (reproduced as Govt. of India decision No. 3 above) it has been decided that Maternity and Child Welfare Centres having arrangements for in-patient also which are recognised by State Governments for medical attendance and/or treatment of their employees and/or members of their families should also be regarded as included in the term 'Govt. Hospital' as defined in the relevant Medical Attendance Rules.

2. It has also been decided that the Maternity and Child Welfare Centres maintained by the Municipalities in West Bengal having arrangements for in-patient should be regarded as included in the term 'Government hospital' as defined in relevant Medical Attendance Rules.

[Ministry of Health O.M. No. F.13-76/52-LSG(M), dated 9th December, 1953, as modified by O.M. No. F.8(IV)-122/55-HII, dated the 18th November, 1955 and Corrigendum of even number dated the 27th January, 1956.]

Government of India decision No. 5.—Government of India decision No. 3 above provides that all hospitals recognised by the State Government for medical attendance and/or treatment of their employees and/or members of their families are automatically regarded as included in the term "Government Hospital" as defined in the relevant Medical Attendance Rules. A question has been raised whether the term 'Government Hospital' mentioned therein includes an *Ayurvedic, Unani or Homeopathic hospital*.

2. Under the Medical Attendance Rules, modern system of medicine only is recognised and other systems of medicine such as Ayurvedic, Unani or Homeopathic are not covered by these rules. It is clarified for general information that Ayurvedic, etc. hospitals are not recognised for the purpose of aforesaid orders even though some of the State Govts. have recognised such hospitals for the treatment of their own employees. Pending cases, if any, may be disposed of in the light of these orders. Past cases, which have already been decided otherwise, need not be reopened.

[Ministry of Health O.M. No. F.28-26/61-HI, dated the 6th November, 1961.]

Government of India decision No. 6.—With reference to Govt. of India decision No. 3 above, it has been brought to the notice of the Govt. of India that the State Govts. have not in all cases laid down scales in respect of ward rent, confinement fee etc. for the hospitals recognised by them for the purpose of medical attendance and treatment of their employees and/or the members of their families. A question has been raised as to how reimbursement on account of charges for accommodation, confinement fee etc., may be regulated in such cases in so far as Central Govt. servants are concerned. It has been decided that in the case of the hospitals the charges of which have not been classified by State Govts. for the purpose of reimbursement to their employees, the Medical Superintendent of the hospital should determine the type of accommodation and other services suited to the status of a particular Govt. servant considering his pay and the class of service to which he belongs and that refund may be allowed on the basis of a certificate issued by the Medical Superintendent of the hospital that the accommodation and other services availed of by a patient were in accordance with the status of the Government servant concerned.

2. In cases where the State Govt. have classified such charges in relation to their employees, the same classification will apply to the Central Government servants.

[Ministry of Health O.M. No. F.13-76/52-LSG(M), dated the 22nd July, 1953.]

Government of India decision No. 7.—It has been decided that the Christian Medical College Hospital, Vellore, may be treated as a recognised institution for the purpose of treatment of Central Govt. servants and members of their families in cases requiring Cardiothoracic or Neuro-Surgery. Only such cases should be referred to that hospital for treatment as the authorised medical attendant, in consultation with the specialist, considers necessary. The prior approval of the Chief Administrative Medical Officer of the State concerned should also be obtained in all cases.

2. Reimbursement of the medical expenses incurred by the patients referred to the above hospital, will be restricted to the extent of two-thirds of the expenditure incurred on admissible items.

[Ministry of Health O.M. No. F.31-8/60-HI, dated the 30th April, 1962.]

Rule 2 (e). "Medical Attendance" means—

- (i) in respect of a Government servant specified in sub-clause (i) of clause (a), attendance in hospital or at the residence of the Govt. servant, including such pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis as are available in any Govt. hospital in the district and are considered necessary by the authorised medical attendant and such consultation with a specialist or other medical officer in the service of the Government stationed in the State as the authorised medical attendant certifies to be necessary, to such extent and in such manner as the specialist or medical officer may, in consultation with the authorised medical attendant, determine ;
- (ii) in respect of any other Government servant but excluding a member of the Central Service, Class IV, attendance at a hospital or in the case of illness which compels the patient to be confined to his residence, at the residence of the Govt. servant, including such methods of examination for purposes of diagnosis as are available in the nearest Government hospital and such consultation with a specialist or other medical officer of the Govt. stationed in the district as the authorised medical attendant certifies to be necessary to such extent and in such manner as the specialist or medical officer may, in consultation with the authorised medical attendant, determine ;
- (iii) in respect of a member of the Central Service, Class IV, attendance at a hospital including such methods of examination for purposes of diagnosis as are available in the nearest Govt. hospital and such consultation with a specialist or other medical officer of the Government stationed in the district as the authorised medical attendant certifies to be necessary to such extent and in such manner as the specialist or medical officer may, in consultation with the authorised medical attendant, determine.

NOTE (1).—"Medical Attendance" includes attendance at the hospital/dispensary (i.e. at the out-patient department) or at the residence of the Govt. servant or at the consulting room of the authorised medical attendant whether maintained at the hospital, or at his own residence, by arrangement with him.

NOTE (2).—The term "*consulting room* maintained by an authorised medical attendant at a hospital" means consulting room at his residence allotted to him in the hospital compound and that no authorised medical attendant should charge any fee for attendance

upon, or professional services rendered to any person whether a Govt. servant/or a member of his family, at the hospital premises during hospital/dispensary hours.

[Ministry of Health letter No. F.8(IV)-71/55-HII, dated the 25th January, 1956.]

NOTE (3).—A Government medical officer in the Centrally Administered Area, whether appointed as an authorised medical attendant, or rendering professional services as a Specialist, is not entitled to charge any fee for medical attendance on a Central Govt. servant himself, irrespective of the place where such services are rendered. For a member of Govt. servant's family, however, if the professional services are rendered *outside the hospital* the doctor, whether appointed as an authorised medical attendant or rendering services as a specialist, is entitled to charge his fees at the prescribed rates, if *otherwise permissible*.

[Ministry of Health letter No. F.8(IV)-71/55-HII, dated the 27th July, 1955.]

NOTE (4).—A reference is invited to the Pay Commission's recommendation that doctors who are in whole time employment of the Central Govt. for providing medical attendance and treatment to Government servants should not be permitted private practice. Consequent on the implementation of this recommendation, non-practising allowance has been granted to medical officers to compensate for the loss of private practice. A question has arisen as to whether medical officers in receipt of non-practising allowance, can charge consultation and injection fees from the Central Govt. servants and members of their families for the treatment availed of by them under the Central Services (Medical Attendance) Rules and other relevant Medical Attendance Rules, applicable to them. After careful consideration, it has been decided that no fees should be charged by the medical officers in receipt of a N.P.A. for the professional services rendered to the Central Government servants and members of their families either before, or during, or after hospital hours.

2. As regards fees chargeable from persons other than the Government servants, under the hospital rules, it has been decided that the same should be credited to the Government revenues.

[Ministry of Health letter No. F.4(I)-22/60-HII, dated the 28th May, 1963, addressed to all Union Territories.]

NOTE (5).—In Rule 2(e) (i), the words "in the service of the Government" qualify both the phrases "a specialist" and "medical officer" preceding it. Accordingly refund of expenses incurred on account of consultation with a specialist not in the service of the Government is not admissible under the Rules.

Government of India decision No. 1.—It has been decided that fees paid to honorary specialists employed in the Irwin Hospital, New Delhi, for consultation with them by the Central Government servants and members of their families are not to be allowed even when such specialists are consulted on the advice of the authorised medical attendant. These specialists should be consulted only at the hospital and for this purpose no fee is to be paid to them, as

Government servants and members of their families will be entitled to the services of honorary specialists in the same manner as other patients attending the hospital.

[Ministry of Health O.M. No. F.6(A)-92/50-MII, dated the 21st December, 1950.]

NOTE (5).—(i) Pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis should be carried out only at a Government hospital or a Government laboratory.

[Ministry of Health letter No. F.6-239/47-MII, dated the 22nd March, 1948.]

(ii) At the time of claiming refund of expenses incurred on this account the Government servant concerned should produce a certificate from the authorised medical attendant that such examinations were considered necessary by him.

NOTE (6).—Medical Officers who attend on Central Government servants and their families should not send the patients to private clinics, practitioners, private X-ray establishments for skiagrams, cardiograms, electric therapy, bacteriological or pathological examinations etc. *unless this is absolutely essential owing to non-availability of the facility at a Government hospital* and in such cases the consent of the Director of Health Services in the case of Delhi State (Chief Administrative Medical Officer in the case of other States) should first be obtained, otherwise Government will not refund the fees charged by the practitioners or institutions.

[Director of Health Services, Delhi State Circular No. F.36(2)/48-D.H.S., dated the 4th August, 1948.]

EXPLANATION.—A question has been raised whether charges paid to a recognised women's hospital/Government hospital for women for X-ray examination etc. in connection with treatment of a male Central Government servant would be reimbursable, and whether the consent of the Chief Administrative Medical Officer of the State is necessary for the purpose, treating such a hospital as a private clinic/X-ray establishment, in terms of Note (6) above. It is clarified for general information that though for medical attendance and treatment, a recognised women's hospital/a Government hospital for women should not ordinarily be regarded as a Government/recognised hospital for treatment of male patients, such a hospital should not, however, be regarded as a private clinic/X-ray establishment for X-ray etc. examinations of male patients necessitating approval of the Chief Administrative Medical Officer of the State in terms of Note (6) *ibid.* Reimbursement of such X-ray etc. charges should therefore be allowed when carried out in aforesaid hospitals on the advice of the authorised medical attendant.

[Ministry of Health O.M. No. F.28-8/62-HI, dated the 1st May, 1962.]

NOTE (7).—Arrangements for the medical attendance and/or treatment of Central Government servants and members of their families in *certain stations* in India are given in Section IV of the **Compilation**.

NOTE (8).—In view of the fact that the concession of domiciliary treatment for the families of Government servants has been extended *vide* para. 1(vi) of Ministry of Health O.M. No. F.8(I)-1/54-HII, dated the 12th August, 1955* and that 'treatment' follows 'medical attendance', the concession of *medical attendance at residence* in the case of illness which compels the patient to be confined to residence, for members of families of the class of Government servants, specified in Rule 2(e) (ii) should be deemed to be *automatic*.

[Ministry of Health file No. F.28-34/61-HI.]

Government of India decision No. 2.—It has been decided that like other classes of Central Government servants, members of the Central Service, Class IV, also are entitled to receive medical attendance at the *private consulting room* of their respective authorised medical attendants and that reimbursement on account of consultation fees paid to the authorised medical attendants at the prescribed rates is permissible where such fees are charged.

[Ministry of Health O.M. No. F.2-25/52-LSG(M), dated the 30th December, 1952.]

Government of India decision No. 3.—It has been decided that *families of Class IV Government servants* should also be allowed the facility of consultation with the authorised medical attendant in his consulting room, or on his advice the specialist, like the families of other classes of Central Government servants.

[Para. 1(i) of Ministry of Health O. M. No. F.17(VIII)-35/57-HI, dated the 18th June, 1957.]

Government of India decision No. 4.—In partial modification of the provisions of Rules 2 (e) (ii) of the Central Services (Medical Attendance) Rules, 1944, it has been decided that a member of the Central Service, Class IV and his family may also be allowed to receive *medical attendance at the residence* of the Government servant, in the case of illness, which as per certificate of his Authorised Medical Attendant, *compels the patient to be confined to residence*.

[Para. 1(ii) of Ministry of Health O.M. No. F.17(VIII)-35/57-HI, dated the 18th June, 1957.]

Government of India decision No. 5.—It has been decided in relaxation of the Medical Attendance Rules that the Government servant or members of his family may also receive medical attendance and/or treatment from another medical officer who is either of equivalent rank or immediately junior in rank to his authorised medical attendant. Such medical officer should, however, be a medical officer attached to the same Hospital/Dispensary as the authorised medical attendant of the Government servant concerned.

[Ministry of Health O.M. No. F.18-6/51-P, dated the 28th August, 1951.]

EXPLANATION.—The phrase 'another medical officer' mentioned in the Government of India decision above includes a lady doctor also. As such, a lady doctor may be regarded as the authorised medical attendant of a member of the family of a Government servant or a male or female Government servant for all purposes invoking the provisions of the aforesaid decision.

[Ministry of Health letter No. F.28-10/60-HI, dated the 3rd April, 1961 to the A.G., Madras.]

*Please see in this connection liberalised Rule *vide* item 1 of para. III in Section II also.

Government of India decision No. 6.—In terms of Rule 2(a) (iii) of the Central Services (Medical Attendance) Rules, 1944, the Authorised Medical Attendant in respect of a Central Government servant drawing pay of Rs. 150 p.m. and less and members of his family is an Assistant Surgeon Grade II (Medical Licentiate) or other Medical Officer, similarly appointed. Under the orders contained in Government of India decision No. 5 above the Government servant, or members of his family may *also* receive medical attendance and/or treatment from another medical officer who is either of equivalent rank or immediately junior in rank to his authorised medical attendant. Such medical officer should, however, be a medical officer attached to the same Hospital/Dispensary as the authorised medical attendant of the Government servant concerned.

2. A question has been raised whether in any of the circumstances stated below, a Central Govt. servant of the aforesaid category or a member of his family would be eligible to receive medical attendance and treatment from an Assistant Surgeon Grade I *viz.*, a Medical Officer *senior in rank* to the authorised medical attendant but attached to the same Hospital/Dispensary:

- (a) an Assistant Surgeon, Grade II is not posted in the Hospital/Dispensary, where treatment is taken;
- (b) an Assistant Surgeon, Grade II, though posted is not available due to leave or any other reason at the time of taking treatment; and
- (c) a Lady Assistant Surgeon, Grade II is not available in the hospital/dispensary for consultation in respect of female diseases.

3. In relaxation of the Rules and orders on the subject, it has been decided that in such cases, medical attendance/treatment may be obtained from an Assistant Surgeon, Grade I, or a Medical Officer of equivalent rank, who will be treated as authorised medical attendant for the purpose.

[Ministry of Health O.M. No. F.28-6/60-HI, dated the 18th June, 1960.]

Government of India decision No. 7.—Under Government of India decision No. 5 above a Government servant or a member of his family is also entitled to receive medical attendance and/or treatment from another medical officer who is either of equivalent rank or immediately junior in rank to his authorised medical attendant. Such a medical officer should, however, be a medical officer *attached to the same hospital/dispensary as the authorised medical attendant* of the Government servant concerned.

2. In relaxation of the aforesaid condition, it has now been decided that such a medical officer may be attached to *any* hospital/dispensary in the station where the authorised medical attendants of various categories of Government servants appointed by the Government in terms of Rule 2(a) of the Central Services (Medical Attendance) Rules, 1944, are posted *in the station*.

[Ministry of Health O.M. No. F.29-5/61-HI, dated the 26th April, 1962.]

Government of India decision No. 8.—Following principles have been laid down to regulate medical claims preferred by Central Government employees for reimbursement of expenditure incurred by them on account of *medical attendance and treatment* (limited to administration of injections) in respect of themselves and members of their families received from authorised medical attendants (private registered medical practitioners in the case of gazetted staff drawing pay less than Rs. 500 p.m. and non-gazetted staff, including Class IV, stationed in or passing through Calcutta and members of their families).

2. In supersession of all the existing orders on the subject, it has now been decided that the undermentioned principles should be followed in dealing with the aforesaid claims of Central Government employees and members of their families and the following ceilings in respect of reimbursement of consultation fees, cost of admissible medicines and fees for administration of injections may be adhered to:—

(a) Cases requiring 'medical attendance'—Reimbursement of consultation fees and cost of medicines—Limits for—

Under the Medical Attendance Rules, 'medical attendance' includes attendance at the hospital/dispensary (i.e. at the out-patient department), at the residence of the patient subject to Rule 2(e) of the C.S. (M.A.) Rules, 1944, or at the consulting room of the authorised medical attendant outside hospital/dispensary hours.

In Calcutta, 'medical attendance' from private registered medical practitioners where permissible includes attendance at the residence of the patient, at the residence of the doctor or at his consulting room.

'Medical attendance' is distinct from 'medical treatment'. For the purpose of 'medical attendance', there should be no need for repeated consultations which include 'repeat' prescriptions. In such cases, upto four consultations at the rate of one consultation a day should be sufficient. In cases requiring 'medical attendance', therefore, reimbursement of consultation fees at the prescribed rates should be restricted to the first four consultations/visits, at the rate of one consultation/visit a day, a 'repeat' prescription being treated as a consultation irrespective of the fact whether consultation fees are charged for or not for such prescription. Cost of admissible medicines prescribed during these consultations only is reimburseable.

(b) Cases of 'medical treatment' requiring hospitalisation and cases of 'prolonged treatment' not requiring hospitalisation—Principles to be followed in respect of—

Cases of 'medical treatment' requiring hospitalisation will normally be referred to a Government/recognised hospital by the authorised medical attendant for admission.

If hospitalisation is not considered necessary but the treatment is expected to be prolonged requiring many consultations and several injections spread over a period of more than ten days the patient should be referred to the out-patient department of a Government/recognised hospital by the authorised medical attendant at the earliest.

In cases where a patient is referred to a Government recognised hospital for treatment by the authorised medical attendant, the medical authorities of the hospital concerned may treat the patient at the out-patient department provided it is certified that the case did not require hospitalisation but was one of prolonged nature requiring treatment at the O.P.D. spreading over a period of more than ten days. Charges if any, levied at the out-patient department according to the rules of the hospital concerned, will be reimburseable. The Medical Officer-in-charge of the case at the O.P.D. will be regarded as the authorised medical attendant, who would, *inter alia* advise hospitalisation in cases where it is required.

If, in spite of the specific advice of the authorised medical attendant or the Medical Officer-in-charge of the case at the O.P.D., a patient does not seek admission in the hospital, the authorised medical attendant or the medical officer concerned should record a note to that effect while signing or countersigning the bills, certificates etc. necessary to be produced by the Govt. servant for the purpose of claiming refund from Government. In such cases no refund would be admissible.

If, however, owing to lack of accommodation, admission to a hospital is not possible, as advised by the authorised medical attendant, reimbursement of expenses incurred on treatment will be permissible to the extent otherwise admissible under the rules.

(c) *Cases of 'medical attendance' and treatment (limited to administration of injections) which are definitely not prolonged—No. of injections—Limit for—*

In cases which are 'definitely not prolonged, treatment (limited to the administration of injections only), prescribed while *medical attendance* is received as described in sub-para (a) above, may be taken at the consulting room of the authorised medical attendant/private doctor in case of Calcutta, where permissible, or at the residence of the patient, spread over a period not exceeding ten days. In such cases, normally ten injections in a period of ten days should suffice. These limits, may be exceeded slightly (not exceeding five) *viz.* 15 injections spread over a period of ten to fifteen days (or even more days depending on the condition or ailment of the patient as in the opinion of the authorised medical attendant is essential for the recovery of the patient) at the discretion of the authorised medical attendant/private doctor in the case of Calcutta, where permissible. Charges for injections will be payable at the prescribed rates.

Normally such injections should be received from the authorised medical attendant.

However, the controlling authorities may use their discretion in allowing reimbursement of injection fees paid to another Govt. or non-Government doctor (registered with the State Medical Council) other than the authorised medical attendant, in cases where they are satisfied that in the circumstances of the case there was no other alternative but to get the injections administered by such a doctor or in cases where the patient is specifically advised by the authorised medical attendant to get the injections administered from outside.

Reimbursement of fees for such injections should not, however, exceed the prescribed rates.

Cost of injections prescribed during the course of injection treatment in such cases will be reimbursable.

3. These orders apply to all pending cases; past cases which have otherwise been decided need not be reopened.

4. The principles enunciated above should be strictly observed by the Medical Officers/private doctors who have been authorised under the Rules to act as the authorised medical attendants of Central Government employees and their families. It will be the duty of the Controlling Officers to examine that these principles have been strictly adhered to before signing or countersigning a medical claim. It will also be the duty of the Government servants to follow the instructions scrupulously.

[Ministry of Health O.M. No. F.28-12/61-HI, dated the 6th March, 1962.]

Government of India decision No. 9.—In supersession of the orders contained in paragraph 3 of this Ministry's Office Memorandum No. F.28-12/61-HI, dated the 6th March, 1962 (reproduced as Govt. of India decision No. 8 above), it has been decided that medical claims which pertain to cases where medical attendance, and treatment (limited to administration of injections), commenced on or before the 6th June, 1962, i.e. upto three months after the date of issue of the O.M. dated 6-3-62, may be regulated either in the light of this Ministry's Office Memorandum under reference, viz. No. F.28-12/61-HI, dated the 6th March, 1962, or under the rules and orders in force prior to the 6th March, 1962, whichever is more advantageous to the Govt. servant concerned. Cases of medical attendance/treatment which commenced after 6th June, 1962, will be governed only by the provisions of this Ministry's O.M. dated 6-3-62, cited above.

2. Cases which have otherwise been decided need not be reopened.

[Ministry of Health O.M. No. F.28-12/61-HI, dated the 22nd January, 1963.]

Government of India decision No. 10.—A question has arisen whether a particular consultation with a doctor after the first consultation should be treated as a 'fresh' consultation or a 'subsequent' consultation. It has been decided that the following criteria should be applied for the purpose:—

- (i) every consultation after the first in respect of the same illness of the same patient, should be treated as "subsequent consultation" and charged for at the prescribed lower rates, provided that the patient has been under the treatment of the same doctor;
- (ii) where the illness is chronic, consultation after the first, during the same course of treatment should be regarded as a "subsequent consultation";

- (iii) where a patient after being cured of a particular illness develops a 'fresh' illness and consults the same doctor that consultation should be regarded as a "fresh consultation" and may be charged for at full rates; and
- (iv) where a patient consults the same doctor in regard to superimposition of another disease during the course of treatment of one disease that consultation should be regarded as "fresh consultation" and charged for at full rates.

[Ministry of Health O.M. No. F.6-397/49-MII, dated the 31st March, 1950.]

NOTE.—If at the time of consultation the medical officer consulted also administers injections he will be entitled to charge fees both for the consultation and for the injection at the prescribed rates. However, if at a later stage the medical officer administers injections prescribed at the previous consultation, fees should be charged for injections only.

Rule 2 (f) "Patient" means a Government servant to whom these Rules apply and who has fallen ill;

Rule 2 (g) "State" means the State in which a patient has fallen ill;

Rule 2 (h) "Treatment" means the use of all medical and surgical facilities available at the Government hospital in which the Govt. servant is treated and includes—

Government of India decision No. 1.—Charges incurred on account of treatment for immunising and prophylactic purposes are not refundable under the rules.

2. It has been decided that reimbursement of charges incurred on treatment for immunising and prophylactic purposes in a Government/recognised hospital *in the case of communicable diseases only viz.* (1) Cholera, (2) Typhoid group of fevers (TAB), (3) Plague, (4) Diphtheria, (5) Whooping Cough and (6) Tetanus, may, however, be allowed to a Central Government servant including Class IV and members of his/her family, *provided* the local authorities, such as municipalities, local boards, etc., have no arrangements for providing such treatment and a certificate to this effect is endorsed by the authorised medical attendant on the claims for reimbursement of such expenses.

[Ministry of Health O.M. No. F.6-161/48-MII, dated the 15th June, 1949 as modified by sub-para. (iv) of O.M. No. F.17(VIII)-35/57-HI, dated the 18th June, 1957.]

Government of India decision No. 2.—Dental treatment even when it is obtained at a Government hospital under the advice of the authorised medical attendant is not covered by these rules but if the diagnosis of the physiological or other disability from which a Government servant is suffering indicates that teeth are the real source of disturbance he is entitled to free dental treatment provided it is of a 'major' kind, such as, treatment of a jaw bone disease, wholesale removal of teeth etc. It does not include scaling of teeth,

or the free supply of the artificial denture, or treatment from a private dentist, or outside the hospital, even on the advice of the authorised medical attendant.

[Late Deptt. of E.H. and L. Letter No. F.16-4/42-H, dated the 8th July, 1942.]

EXPLANATION.—Surgical operations needed for removal of odontomes and impacted wisdom-tooth also fall under the category of dental treatment of a major kind. Treatment of gum boils comes under oral surgery (of the mouth) and as such it is admissible under the rules. Treatment for Pyorrhoea of teeth and gingivitis is, however, not covered.

Government of India decision No. 3.—Treatment does not include testing of eye sight for glasses or provision of spectacles.

2. It has been decided that Central Govt. servants (including Class IV) should be allowed the facilities for testing of eyesight for glasses, at a Govt./recognised hospital, *once in every three years* on the recommendation of the authorised medical attendant. Fees paid to the specialist for such services will be reimbursed to Central Government servants, according to the scheduled rates prescribed in the various States. The above concession does not include provision of spectacles at Govt. expenses. Families of Central Government servants are not entitled to the above concession. A Central Government servant desirous of availing this facility should produce a certificate from the Controlling authority empowered to countersign the medical claim bill that he has not availed of the concession within the last three years.

[Sub-para. (v) of the Ministry of Health O.M. No. F.17(VIII)-35/57-HI, dated the 18th June, 1957.]

Government of India decision No. 4.—With reference to Government of India decision No. 3 above a question has been raised whether the prior permission of the State Administrative Medical Officer is necessary to consult an Eye Specialist for purposes of testing of eyesight for glasses, *vide* rule 5 of the Central Services (Medical Attendance) Rules, 1944. It has been decided that the prior permission of the State Administrative Medical Officer for consultation with an Eye Specialist for purposes of testing of eyesight for glasses need not be insisted upon in such cases. It has also been decided that testing of eyesight should be conducted only in the hospital and not at the private consulting room of the Specialist.

2. Normally no fees should be levied for testing of eyes in a Government/recognised hospital. If, however, any fees are charged in accordance with the rules of any particular hospital, these will be reimbursed.

[Ministry of Health O.M. No. F.17(VIII)-35/57-HI (No. 8), dated the 22nd May, 1958.]

NOTE (1).—Under these rules massage treatment is not admissible but it has been decided that claims in respect of such treatment may be admitted with the special sanction of the Government of India.

Ministries of Health and Finance, subject to the fulfilment of the following conditions:—

- (1) that massage treatment should be undertaken on the advice of the authorised medical attendant ;
- (2) that it should be carried out by a trained masseur ;
- (3) that the progress of such treatment should be reported at stated intervals to the authorised medical attendant ; and
- (4) that it should be certified by the authorised medical attendant that the treatment has been completed or that the case has reached the stage of maximum benefit from the treatment.

[D.G.H.S.'s circular letter No. F.15-6/49-M.II, dated the 8th June, 1949 to all Surgeons-General and Civil Surgeons.]

(Each case of this kind will be examined on its merits and a refund not exceeding Rs. 10 per visit of the masseur may be allowed).

Government of India decision No. 1.—This concession is admissible to families of the Central Government servants also. They are, however, not entitled to receive such treatment at their residences.

Government of India decision No. 2.—Massage treatment by a private masseur is admissible only when it is certified by the authorised medical attendant that facilities for such treatment are not available in any local Government or recognised hospital.

NOTE (2).—In the case of female Govt. servants 'treatment' includes confinement as it does in the case of the members of Government servant's families.

NOTE (3).—Treatment at the consulting room of the authorised medical attendant should be limited to the administration of injections only.

NOTE (4).—Provision for the treatment of special diseases, e.g. T.B., Poliomyelitis (including Cerebral Palsy and Spastics), Cancer (including Hodgkin's disease and Leukaemias), Mental diseases, Diabetes etc. has been made in Section V of the Compilation.

NOTE (5).—Arrangements for the medical attendance and/or treatment of Central Government servants and members of their families in certain stations in India are given in Section IV of the Compilation.

Rule 2 (h) (i) the employment of such pathological, bacteriological, radiological, or other methods as are considered necessary by the authorised medical attendant ;

Rule 2 (h) (ii) the supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in the hospital ;

NOTE.—Treatment as an out-door patient in any hospital is generally free. If a Government servant attends a Government hospital as an out-door patient and if the authorised medical attendant prescribes the medicines which he purchases from the market, then the cost of medicines may be refunded. But an "Essentiality" certificate in the prescribed form (*vide* Appendix VIII) should be produced.

Rule 2 (h) (iii) the supply of such medicines, vaccines, sera or other therapeutic substances not ordinarily so available as the authorised medical attendant may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the Government servant ;

[Late Health Deptt. Notification No. F.6-26/46-MII, dated the 9th May, 1946.]

NOTE (1).—The refund of the cost of preparations which are not medicines but are primarily foods, tonics, toilet preparations or disinfectants is not admissible under the Rules.

(Prescription of expensive drugs, tonics, laxatives, or other elegant and proprietary preparations for the use of Government servants and members of their families when drugs of equal therapeutic value are available in the hospital and dispensaries is prohibited.)

A list of items of medicines for which refund is not admissible under the Medical Attendance Rules are issued by the Directorate General of Health Services, New Delhi, from time to time.

All medicines for injection purposes are admissible.

[Ministry of Health Endorsement No. F.28-66/60-HI, dated the 20th October, 1962.]

NOTE (2).—Sales Tax paid by Government servants, while purchasing special medicines from the market is refundable under the Rules. Packing and postage charges paid by Govt. servants for purchasing special medicines from outstations are not refundable.

NOTE (3).—All claims for refund of expenses incurred on account of the purchase of the special medicines should be accompanied by an "essentiality certificate" from the authorised medical attendant in the prescribed form (*vide* Appendix VIII).

Government of India decision No. 1.—It has been decided that cash memos. for purchase of medicines must be countersigned by the doctor prescribing the medicines and that the essentiality certificate must contain the names of all the medicines prescribed and the amount incurred on the purchase of each medicine.

[Ministry of Health O.M. No. F.1-17/52-LSG(M), dated the 18th December, 1952.]

Government of India decision No. 2.—It has been decided that the Cash Memoranda submitted in support of the claims for reimbursement of the cost of special medicines, purchased from the open market, under the Medical Attendance Rules, need not be stamped or bear the supplier's acknowledgement.

[Ministry of Health O.M. No. F.5(X)-47/56-HII, dated the 17th August, 1956, read with Treasury Rule 207 as amended by correction No. 322.]

Government of India decision No. 3.—A question has arisen whether reimbursement on account of *Blood Transfusion charges* is admissible under the Rules. It has been held that blood transfusion charges paid to a Government institution or any other local organisation recognised by the State Govt. for the supply of blood to patients

in hospitals are refundable under the Rules. It has further been held that even where such institutions or organisations do not exist or blood of the type required for a Government servant is not available with them, there should be no objection to the purchase of blood plasma from a chemist or to obtaining blood from a private donor and the cost thereof reimbursed to Government servants provided the authorised medical attendant has certified to the effect that the supply of blood required was not available from a local Government institution or a recognised organisation and that the price paid for the blood was reasonable.

[Ministry of Health Memo. No. 4241-LSG(M)/52, dated the 12th September, 1952.]

Rule 2 (h) (iv) such accommodation as is ordinarily provided in the hospital and is suited to his status; accommodation in general or free wards in the hospital being regarded as suitable for a member of the Central Service, Class IV ;

NOTE (1).—In the event of accommodation suited to the status of the Govt. servant concerned being not available, accommodation of a higher class may be allotted provided it can be certified by the Medical Superintendent of the Hospital:

- (i) that accommodation of the appropriate class was not available at the time of admission of the patient ; and
- (ii) that the admission of the patient into the hospital could not be delayed without danger of his/her health until accommodation of the appropriate class became available.

[Ministry of Health O.M. No. F.6-5/48-MII, dated the 23rd February, 1948.]

NOTE (2).—In Delhi and other Centrally Administered areas a Government servant is entitled to free accommodation when treated in a Government Hospital.

NOTE (3).—Cottage booking fee, admission fee and dhobi charges are not refundable under the rules.

NOTE (4).—Electric lighting charges and fan charges form part of accommodation charges and hence are refundable under the rules. But air-conditioning charges or charges for a heater are not refundable under the rules if only a portion of the accommodation is air-conditioned and a patient is given the choice of occupying that room. When however, air-conditioning or use of a heater is a normal part of hospital amenities provided to all private wards or removal of the patient to an air-conditioned room *in the same hospital* for certain hours is considered absolutely necessary by the medical attendant and there is no choice left to the patient, the expenses incurred on that account may be refunded.

Rule 2 (h) (v) such nursing as is ordinarily provided to in-patients by the hospital ; and

NOTE.—Charges for an Attendant (including an Ayah) are not refundable under the rules.

Government of India decision.—If during treatment in a hospital, special nursing becomes necessary, a Central Government servant or a member of his family to whom the Central Services (Medical Attendance) Rules, 1944, are applicable will be entitled to such special nursing as may be deemed essential for the recovery or for the prevention of serious deterioration in the condition of the patient having regard to the nature of the disease. For this purpose, a certificate from the Medical Officer-in-Charge of the case in the hospital and countersigned by the Medical Superintendent of the Hospital, should be produced in the prescribed form given below. The amount to be reimbursed to a Government servant in respect of such special nursing shall be limited to the amount which is in excess of 25% of the pay of the Government servant concerned for the period for which special nursing was necessary.

CERTIFICATE FORM

I certify that..... employed in the has been under treatment for..... disease at the..... hospital and that the services of the special nurses for which an expenditure of Rs..... was incurred *vide* bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Countersigned.

*Signature of the Medical
Officer-in-Charge of the
case at the hospital.*

Medical Superintendent

.....Hospital.

Date.....

[Ministry of Health O.M. No. F.8(I)-1/54-HII, dated the 12th August 1955.]

Rule 2(h) (vi) the specialist consultation described in clause (e) but does not include diet or provision at the request of the Govt. servant or accommodation superior to that described in sub-clause (iv).

Government of India decision No. 1.—In the case of reimbursement of medical expenses incurred by Central Govt. servants on hospitalisation for themselves and members of their families in hospitals the tariffs of which indicates a flat inclusive charge per diem, the diet charges should be regulated as follows:—

- (a) where the flat charge made by the hospital includes (1) diet, (2) accommodation, (3) ordinary nursing and (4) medical and surgical services 20% of the flat charge will be reckoned as diet charges; and
- (b) where the flat charge made by the hospital includes (1) diet, (2) accommodation and (3) ordinary nursing *only* but not charges for medical and surgical services, 50% of the flat charge will be reckoned as diet charges.

NOTE.—Reimbursement of Diet Charges will be regulated in accordance with the Government of India decision No. 2 below.

[Ministry of Health O.M. No. F.2-35/53-LSG(M), dated the 18th May, 1954.]

Government of India decision No. 2.—It has been decided that diet charges paid to hospitals and T.B. Sanatoria etc. by Central Govt. servants and members of their families during the course of their treatment as in-door patients should be reimbursed *in full* in cases where the pay of the Government servants concerned is not more than:

- (a) *For Government servants who have not elected the revised scales of pay:*
 - (i) Rs. 130 p.m. (in the case of patients suffering from any disease other than T.B.) ; and
 - (ii) Rs. 300 p.m. (in the case of patients suffering from T.B.) ;
- (b) *For Government servants who have elected or may elect the revised scales of pay:*
 - (i) Rs. 180 p.m. (in the case of patients suffering from any disease other than T.B.) ; and
 - (ii) Rs. 380 p.m. (in the case of patients suffering from T.B.).

2. These orders will apply to all Central Government servants including those who are stationed in or passing through Calcutta, and also those governed by the Central Govt. Health Scheme.

[Ministry of Health O.M. No. F.5(V)-10/56-HII, dated the 7th June, 1956, read with O.M. No. F.33-6/60-HI, dated the 11th July, 1961.]

Rule 3(i).—A Government servant shall be entitled, free of charge, to medical attendance by the authorised medical attendant ;

Rule 3(ii).—Where a Government servant is entitled under sub-rule (i), free of charge, to receive medical attendance, any amount paid by him on account of such medical attendance shall, on production of a certificate in writing by the authorised medical attendant in this behalf be reimbursed to him by the Central Government.

[As amended by the Ministry of Health Notification No. F.6-94/48-MII, dated the 13th September, 1949.]

NOTE.—In Delhi and other Centrally Administered areas the authorised medical attendants are whole time employees of the Central Government and as such are *not* entitled to claim their fees for medical attendance, including administration of injections from Government servants, male or female, whether attended to at the hospital or at the residence of the Government servants concerned.

[Please see in this connection Note (4) below Rule 2(e) *infra*.]

(*Since renamed as Central Govt. Health Scheme.)

Rule 4(i).—When the place at which a patient falls ill is more than five miles by the shortest route from the consulting room of the authorised medical attendant—

- (a) the patient shall be entitled to travelling allowance for the journey to and from such consulting room, or
- (b) if the patient is too ill to travel the authorised medical attendant shall be entitled to travelling allowance for the journey to and from the place where the patient is.

[As amended by Ministry of Health Notification No. F.5(I)-2/56-HII, dated the 11th October, 1956.]

Rule 4(ii).—Application for travelling allowance under sub-rule (i) shall be accompanied by a certificate in writing by the authorised medical attendant stating that medical attendance was necessary and if the application is under clause (b) of that sub-rule that the patient was too ill to travel.

NOTE (1).—Conveyance charges incurred by a compounder or a laboratory assistant who comes to the residence of the patient to administer injections etc., are not refundable.

NOTE (2).—As regards travelling allowance please see the provision in Section VI of the Compilation.

Rule 5(1).—If the authorised medical attendant is of opinion that the case of a patient is of such a serious or special nature as to require medical attendance by some person other than himself, he may, with the approval of the Chief Administrative Medical Officer of the State (which shall be obtained beforehand unless the delay involved entails danger to the health of the patient)—

- (a) send the patient to the nearest specialist or other medical officer as provided in clause (e) of Rule 2, by whom, in his opinion, medical attendance is required for the patient; or
- (b) if the patient is too ill to travel, summon such specialist or other medical officer to attend upon the patient.

Rule 5(2).—A patient sent under clause (a) of sub-rule (1) shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be entitled to travelling allowance for the journeys to and from the headquarters of the specialist or other medical officer.

Rule 5(3).—A specialist or other medical officer summoned under clause (b) of sub-rule (1) shall, on production of a certificate in writing by the authorised medical attendant in this behalf be entitled to travelling allowance for the journey to and from the place where the patient is.

[As amended by Ministry of Health Notification No. F.6-94/48-MII, dated the 13th September, 1949.]

***NOTE (1).—**A Civil Surgeon or any Government Medical Officer in the Centrally Administered areas is not entitled to charge any fees for professional services rendered to a Government servant on the advice of the authorised medical attendant of the Government servant concerned.

*[In this connection please see also Note (4) below Rule 2(e) in Sec. I.]

NOTE (2).—The provision of Rule 5(1) should be strictly observed, i.e., the approval of the Chief Administrative Medical Officer *should be obtained* in all cases falling within the scope of this rule, irrespective of whether a journey involving the grant of travelling allowance is undertaken or not, for the purpose of consulting a specialist or other medical officer.

NOTE (3).—A patient should not be referred to a private specialist, practitioner or Clinic and *under any circumstances* to a specialist or medical officer—Government or private—outside the State.

Government of India decision No. 1.—The Government of India have decided that all Central Government servants and members of their families may avail of such *consultation with a specialist* or other medical officer in the service of the Government *stationed outside the district but within the State as the authorised medical attendant certifies to be necessary*, to such extent and in such manner as the specialist or medical officer, may in consultation with the authorised medical attendant determine subject to the condition that where the authorised medical attendant is not the District Medical Officer himself, the patient should ordinarily be examined by the District Medical Officer before permission to consult specialists outside the district is accorded under the provision of Rule 5 *ibid.*

[Ministry of Health letter No. F.6-239/49-MII, dated the 22nd March, 1948 and O.M. No. F.28-11/58-HI (No. 6), dated the 16th May, 1958.]

Government of India decision No. 2.—It has been decided that the authorised medical attendant may refer a patient for consultation under Rule 2(e) to the Civil Surgeon or any other medical officer, but *not a specialist, in the station*, involving journeys not entailing the grant of travelling allowance, without the prior approval of the Chief Administrative Medical Officer concerned. Such references should not be made by the Authorised Medical Attendant concerned indiscriminately and should be resorted to only when absolutely necessary. For this purpose a certificate from the Authorised Medical Attendant concerned should be produced in the prescribed form given below.

CERTIFICATE

Certified that the Civil Surgeon/Medical Officer at..... was consulted by the patient on my advice and the consultation was essential for the speedy recovery of the patient.

Authorised Medical Attendant.

[Ministry of Health O.M. No. F.17(II)-4/57-HI(MA), dated the 25th July, 1957.]

Government of India decision No. 3.—It has been decided in relaxation of Rule 5(I) of the Central Services (Medical Attendance) Rules, 1944, that the approval of the Chief Administrative Medical Officer of the State is *not necessary* for referring a patient by the authorised medical attendant attached to a State or Central Government Hospital to a specialist or other medical officer for medical attendance in cases where such a specialist or other medical officer is attached to the same hospital as the authorised medical attendant. In such cases, it will be sufficient if the approval of the Medical

Superintendent of the hospital is obtained by the authorised medical attendant for the purpose (which should be obtained beforehand unless the delay involved entails danger to the health of the patient).

2. These orders do not affect the concessions already admissible under the orders contained in Government of India decision No. 2 above and also Government of India decision No. 4 below Rule 2(h).

[Ministry of Health O.M. No. F.28-54/60-HI, dated the 6th December, 1961.]

Rule 6(1).—A Government servant shall be entitled, free of charge, to treatment—

- (a) in such Government hospital at or near the place where he falls ill as can in the opinion of the authorised medical attendant provide the necessary and suitable treatment; or
- (b) if there is no such hospital as is referred to in sub-clause (a) in such hospital other than a Government hospital at or near the place as can in the opinion of the authorised medical attendant, provide the necessary and suitable treatment;

Government of India decision No. 1.—The provisions of Rule 6(1) (b) of the Central Services (Medical Attendance) Rules, 1944, are applicable to the families of Government servants.

[Ministry of Health letter No. F.18(A)-4/51-P, dated the 25th August, 1951.]

Government of India decision No. 2.—It has been decided that Central Government servants and members of their families may receive treatment for all diseases (other than T.B., Cancer, Polio and Mental diseases for which separate orders exist) for which treatment is provided under the rules, in a Government/recognised hospital *outside* the District/State but within India, provided:—

- (i) necessary and suitable facilities for treatment are not available in a Government or recognised hospital at the District or State Headquarters or within the District or State where one falls ill and,
- (ii) the treatment outside the District/State is recommended by the Authorised Medical Attendant and countersigned by the Chief Medical Officer of the District if the treatment is to be undertaken outside the District or by the Chief Administrative Medical Officer of the State if it is to be undertaken outside the State.

*2. Travelling Allowance will not be admissible to and from the place of treatment unless provided for in the various existing orders.

[Ministry of Health O.M. No. F.33-4/59-HI, dated the 18th July, 1960.]

Government of India decision No. 3.—It has been decided that a Government servant may be allowed to receive treatment, as an in-patient, for himself and members of his family, without consulting his authorised medical attendant, in a hospital where he is ordinarily entitled to receive treatment under the rules i.e., in a hospital to which he would be admitted had he consulted his authorised medical attendant. It will, however, be necessary in such cases before reimbursement is made, to obtain a certificate in the form given below from the Medical Superintendent of the hospital that the facilities provided were the minimum which were essential for the patient's treatment. This certificate will of course be in addition to all other documents necessary.

CERTIFICATE

I certify that Mrs./Mr./Miss.....
 wife/son/daughter of Mr.....employed in
 the..... has been under treatment for
 disease from..... to..... at the
hospital and that the facilities pro-
 vided were the minimum which were essential for the patient's
 treatment.

Place.....

Date.....

Medical Superintendent,
Hospital.

[Ministry of Health O.M. No. F.2-35/53-LSG(M), dated the 2nd May, 1953
 read with Ministry of Finance O.M. No. F.51(102)-EV/50, dated the 11th
 September, 1950.]

Government of India decision No. 4.—In partial modification of the orders contained in Ministry of Health O.M. No. F.2-35/52-LSG (M), dated the 2nd May, 1953 (reproduced as Government of India decision No. 3 above) it has been decided that a Central Government servant or a member of his family suffering from an *infectious* disease may, if necessary, without prior consultation with the authorised medical attendant, receive in-patient treatment in a Government Infectious Diseases Hospital situated at a place where the Government servant or the member of his family is entitled to receive medical attendance and treatment.

[Ministry of Health O.M. No. F.1-8/53-LSG(M), dated the 20th January, 1954.]

Government of India decision No. 5.—The work of signing the 'minimum facilities certificate' by the Medical Superintendent of hospitals as prescribed (*vide* Government of India decision No. 3 above) has considerably increased, causing inconvenience to the Medical Superintendents concerned and resulting in delays. It has, therefore, been decided that such certificates may be signed, either by the Medical Superintendent of the Hospital concerned or another gazetted medical officer who has been authorised in this behalf by the Medical Superintendent.

[Ministry of Health O.M. No. F.2-35/52-LSG(M)(HI), dated the 19th September, 1958.]

Rule 6(2).—Where a Government servant is entitled under sub-rule (1), free of charge, to treatment in a hospital, any amount paid by him on account of such treatment shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be reimbursed to him by the Central Government.

Government of India decision No. 1.—Payments on account of hospital charges should in the first instance be made by the Government servant concerned to the hospital authorities and the refund claimed from Government to the extent admissible under the Rules.

[Ministry of Health letter No. F.6(III)-2/50-MII, dated the 18th January, 1951.]

Government of India decision No. 2.—The amounts due to Gazetted Officers on account of reimbursement of medical expenses incurred should be drawn by them on salary bills and those due to non-gazetted servants on the establishment pay bills and paid over to them.

[Late Finance Department O.M. No. F.44(17)-Est.V/46, dated the 27th April, 1946.]

Government of India decision No. 3.—All bills for charges on account of medical attendance and treatment should be countersigned by the controlling authorities who are empowered to countersign travelling allowance bills of the Government servants concerned.

It is the duty of the Controlling Officer to scrutinise carefully before signing or countersigning a claim in respect of medical expenses, that the claim is genuine and is covered by the rules and orders on the subject and that the charges claimed are supported by the necessary bills, receipts, certificates etc. They are empowered to disallow claims which do not satisfy these conditions.

[Ministry of Finance O.M. No. F.49(76)-EV/49, dated the 28th September, 1949.]

NOTE.—Drawing of charges on account of medical attendance and treatment is debitable to the sub-head "Allowances and Honoraria" in salary and establishment pay bills.

Government of India decision No. 4.—A question has arisen whether, in view of the specific provisions in Rules 256A and 281A of the Compilation of the Treasury Rules, Vol. I, that the expenditure incurred by and to be reimbursed to Government servants, on account of medical attendance and treatment, may be drawn by Gazetted Officers in their Salary Bills and in the case of non-gazetted staff in the establishment bills under the sub-head 'Allowances and Honoraria' without the prior authority of the Accountant General, medical bills are required to be preaudited by the Accountant General in every case before their submission to the Treasury for payment.

2. It has been decided that *preaudit of medical claims is not necessary* when these are scrutinised with reference to rules, receipts etc. and signed or countersigned by the Controlling Authority in accordance with the instructions contained in Ministry of Finance Office Memo. No. F.49(76)-E.V/49, dated the 28th September, 1949 (reproduced as Govt. of India decision No. 3 above) and also when sanction is issued by the Government of India for reimbursement of medical expenses in relaxation of Rules.

3. Cases of medical claims pertaining to medical attendance and treatment of Central Government servants and their families stationed in or passing through Calcutta will continue to be governed by Government of India decision No. 5 under Miscellaneous decisions in Section VIII of the Compilation.

[Ministry of Health O.M. No. F.28-1/59-HI(No. 1), dated the 17th January 1959.]

Government of India decision No. 5.—It has been decided that final claims for reimbursement of medical expenses of Central Government servants in respect of a particular spell of illness should ordinarily be preferred within one year from the date of completion of treatment as shown in the last Essentiality Certificate issued by the Authorised Medical Attendant/Medical Officer concerned. In cases where a claim is not ordinarily admissible and special sanction is accorded for reimbursement of the expenses involved in relaxation of the rules, the sanction will be deemed to be operative for a period of one year from the date of its issue.

2. A medical claim which has been allowed to remain in abeyance for a period exceeding one year, shall not be investigated by the Audit Officer and/or the Accounts Officer, as the case may be, except under the special orders of an Administrator or a Head of a Department, if the claim is preferred at any time after the expiry of one year but not after the expiry of six years of its becoming due, and with the sanction of a Department of the Central Government, if the claim is preferred after the expiry of six years.

3. The authority competent to authorise the investigation of a belated medical claim should be informed of the reasons why it could not be submitted when it became due for payment.

4. All petty medical claims of a Government servant which are more than three years' old, the delay in submission of which is not adequately explained, should be rejected forthwith. In considering old claims recommended for sanction, the authority concerned will also take into account the fact that it is normally not possible owing to the limited period of preservation of records to audit claims more than six years old.

[Ministry of Health O.M. No. F.28-3/62-HI, dated the 31st August, 1962.]

Government of India decision No. 6.—The Government of India have decided that the condition regarding the countersignature of hospital bills by the authorised medical attendants need not be enforced in the case of women patients, and that in their case the countersignature of bills (or of the receipts where bill system is not in vogue and receipts are issued for payment) by the Superintendent or other heads of the hospitals will be regarded as sufficient.

[Ministry of Finance O.M. No. F.44(53)-E.V/46, dated the 30th September, 1946.]

Government of India decision No. 7.—Under the existing rules and orders, in order to claim reimbursement of medical expenses from Government, a Central Government servant is required to submit hospital bills and receipts, vouchers and essentiality certificate etc. duly signed or countersigned by the authorised medical attendant or

the medical officer-in-charge of the case in the hospital, as the case may be. It has now been decided by the Govt. of India that the *countersignature of the hospital bills need not be insisted upon* in cases where the system of issuing both bills and receipts is in vogue, and in such cases only the receipts issued by the hospital authorities need be countersigned by the authorised medical attendant/Medical officer-in-charge of the case in the Government/recognised hospital.

2. It has been decided further that in cases where the receipts issued by the Government hospitals are on authorised forms (printed and numbered) issued by the Government and the amount of these receipts is incorporated in the body of the prescribed essentiality certificate duly signed or countersigned by the Authorised Medical Attendant and/or signed by the Medical Officer-in-charge of the patient in the hospital and countersigned by the Medical Superintendent of the hospital or another gazetted medical officer authorised by him in this behalf, as the case may be, *countersignature of such receipts need not be insisted upon.*

[Ministry of Finance O.M. No. F.37(62)-EV/56, dated the 17th October, 1956 and O.M. No. F.61(1)-EV/60, dated the 29th February, 1960.]

Rule 7(1).—If the authorised medical attendant is of opinion that owing to the absence or remoteness of a suitable hospital or to the severity of the illness, a Govt. servant cannot be given treatment as provided in clause (a) of sub-rule (1) of Rule 6, the Government servant may receive treatment at his residence.

Rule 7(2).—A Government servant receiving treatment at his residence under sub-rule (1) shall be entitled to receive towards the cost of such treatment incurred by him a sum equivalent of the cost of such treatment as he would have been entitled, free of charge, to receive under these rules if he had not been treated at his residence.

Rule 7(3).—Claims for sums admissible under sub-rule (2) shall be accompanied by a certificate in writing by the authorised medical attendant stating—

- (a) his reasons for the opinion referred to in sub-rule (1); and
- (b) the cost of similar treatment referred to in sub-rule (2).

NOTE (1).—If the authorised medical attendant certifies that the Government servant required hospital treatment but that no accommodation was available at the recognised hospital, then the fees paid for medical treatment at the patient's residence may be reimbursed to the extent of what would have been paid by the Government had the treatment been received at the hospital.

NOTE (2).—For the purpose of calculating the sum admissible under this Rule in any particular case the charges for accommodation and diet should be excluded and only the charges for medical attendance, nursing, medicines including injectibles and dressings taken into account.

Government of India decision.—It has been decided that in connection with treatment at residence fees for professional services rendered by the authorised medical attendant during the first visit

only should be reimbursable according to the prescribed rates, in cases where such charges are not realised in the nearest Government recognised hospitals from in-patients. In cases where such charges are realised in the nearest Government/recognised hospital providing facilities required for the treatment of the patient, these will be reimbursed to Government servants without the stipulation mentioned above.

[Ministry of Health O.M. No. F.28-12/61-HI, dated the 6th March, 1962.]

Rule 8(1).—Charges for services rendered in connection with but not included in medical attendance on, or treatment of, a patient entitled, free of charge, to medical attendance or treatment under these Rules, shall be determined by the authorised medical attendant and paid by the patient.

Rule 8(2).—If any question arises as to whether any service is included in medical attendance or treatment it shall be referred to the Government and the decision of the Government shall be final.

NOTE (1).—*Ex gratia* refund and refund as a special case require the concurrence of the Ministry of Finance and the Ministry of Health.

NOTE (2).—Treatment by a private dentist or Oculist is not admissible under any circumstances whatsoever even if it is had on the advice of the authorised medical attendant. (Please also see in this connection Government of India decision No. 2 below Rule 2(h) *ibid*).

NOTE (3).—Expenses incurred by a Government servant or a member of his family on treatment for 'Venereal Diseases' and 'Delirium Tremens' are not reimbursable.

[Ministry of Health O.M. No. F. 6(A)-22/50-MII, dated the 6th March, 1952.]

NOTE (4).—Sterility *per se* is not a disease. Hence reimbursement of expenditure incurred on account of it is not admissible.

NOTE (5).—Expenses incurred in connection with an operation for sterilisation are refundable, irrespective of the fact that this is intended to serve as a measure of family limitation.

[Ministry of Health O.M. No. F.28-10/62-HI, dated the 5th June, 1962.]

NOTE (6).—'General Debility' or 'Secondary Anaemia' is covered by the Medical Attendance Rules.

Government of India decision.—The Government of India have had under their consideration the question whether, in view of the fact that the anti-rabic treatment has since been decentralised and is available locally, it is necessary for the Government servant or a member of his family to consult his/her authorised medical attendant before resorting to such treatment at a Government Anti-Rabic Treatment Centre.

After careful consideration it has been decided that anti-rabic treatment is governed by the Medical Attendance Rules, which postulate consultation with the authorised medical attendant in the first instance and as such anti-rabic treatment should be received only on the advice of the authorised medical attendant, but it is not

necessary to obtain the approval of the Chief Administrative Medical Officer of the State for receiving such treatment as it is considered that a reference to an Anti-Rabic Centre is not a specialist consultation as defined in Rule 2(e) of the Central Services (Medical Attendance) Rules, 1944.

[Ministry of Health O.M. No. F.13-66/52-LSG(M), dated the 18th December, 1952.]

Rule 9.—The controlling officer of a patient may require that any certificate required by these Rules to be given by the authorised medical attendant for travelling allowance purposes shall be countersigned—

- (a) in the case of a certificate given by the principal medical officer of a district, by the Chief Administrative Medical Officer of the State ; and
- (b) in the case of a certificate given by any other medical officer, by the principal medical officer of the district.

Rule 10.—No Government servant shall be transferred to foreign service unless the foreign employer undertakes to afford to him so far as may be privileges not inferior to those which he would have enjoyed under these Rules if he had been employed in the service of the Government of India.

[Ministry of Health Notification No. 6-165/48-MII, dated the 17th December, 1948.]

SECTION II

CONCESSIONS OF MEDICAL ATTENDANCE AND TREATMENT 'FOR FAMILIES OF CENTRAL GOVERNMENT SERVANTS

SECTION II

CONCESSIONS OF MEDICAL ATTENDANCE AND TREATMENT FOR FAMILIES OF CENTRAL GOVERNMENT SERVANTS

1. Families of Central Government servants are entitled to medical attendance and/or treatment, as defined in the C.S. (M.A.) Rules, 1944, and the orders issued thereunder, on the scale and conditions allowed to Government servants himself, subject to such exceptions or restrictions specified herein or in the said rules.

[Late Finance Department O.M. No. 12(6)-WII/45, dated the 18th April, 1945 and 22nd January, 1946 read with Ministry of Finance O.M. No. F.41(4)-E.V./54, dated the 27th February, 1954 and Ministry of Health Office Memoranda No. F.8(1)-1/54-HII, dated the 12th August, 1955 and F.17(VIII)-35/57-HI, dated the 18th June, 1957.]

NOTE (1).—The provisions of this section apply *mutatis mutandis* to female Government servants also.

NOTE (2).—The authorised medical attendant of the family of a Government servant is the same as the authorised medical attendant of a Government servant.

NOTE (3).—The family of a Government servant is entitled to receive medical attendance and treatment at the hospital at which the Government servant himself is entitled. A list of hospitals recognised for the purpose of medical attendance and treatment of Central Government servants and members of their families is given in Appendix I, Schedule A.

II. DEFINITION OF FAMILY

The term 'family' for the purpose of the Central Services (Medical Attendance) Rules, 1944, shall mean a Government servant's wife or husband, as the case may be, and parents, children and step-children wholly dependent upon the Government servant.

NOTE (1).—The condition of dependency both in the case of the husband or the wife of the Government servant has been dispensed with.

NOTE (2).—The residential condition for members of families of a Government servant having been waived, the orders contained in the Ministry of Finance O.M. No. F.56(23)-EV/52, dated 22-10-1952, and O.M. No. F.56(8)-EV/52, dated 26-4-1952, stand superseded.

[Ministry of Health letter No. F.28-6/58-HI, dated the 26th April, 1958, to the Accountant General, Orissa, refers.]

EXPLANATIONS:

(a) (i) The term 'family' does not include any other dependent relations such as brother, sister, widowed sister etc. The term 'parents' does not include 'step-parents'.

(ii) The term 'children' will include children adopted legally.

(iii) The term 'wife' includes more than one wife.

(b) The husband or wife of the Government servant, as the case may be, employed in a State Government or in the Defence/Railway Services or Corporation/bodies financed partly or wholly by the Central or the State Government, local bodies, and private organisations, which provide medical services would be entitled to choose either the facilities under the Central Services (Medical Attendance) Rules, or the medical facilities provided by the organisation in which he/she is employed.

(c) In a case where both husband and wife are Central Government servants, they as well as the eligible dependents may be allowed to avail of the medical concession, according to his/her status. For this purpose, they should furnish to their respective administrative authorities a joint declaration as to who will prefer the claim for reimbursement of medical expenses incurred on the medical attendance and treatment in respect of wife/husband and the children. The above declaration shall be submitted in duplicate and a copy of each shall be recorded in the personal file of each of them in their respective offices. In the case of Gazetted Government servants a copy of the joint declaration should also be forwarded to the Accountant General concerned. This declaration shall remain in force till such time as it is revised on the express request in writing by both the husband and the wife, e.g., in the event of promotion, transfer, resignation etc. of either of the two. In the absence of such a joint declaration, the medical concessions shall be availed of by the wife and the children according to the status of the husband.

[Ministry of Health O.M. No. F.29-3/60-HI, dated the 29th June, 1960 and No. F.28-25/61-HI, dated the 23rd February, 1961, and letter No. F.28-25/61-HI (pt. File), dated the 22nd March, 1963.]

III. RESTRICTIONS

1. TREATMENT AT RESIDENCE:

It has been decided that members of families of Central Government employees may receive treatment at residence on the same conditions as Central Government employees themselves as provided in Rule 7(1) of the Central Services (Medical Attendance) Rules, 1944. The claim for reimbursement of cost of such treatment shall be regulated under the provision of Rules 7(2) and 7(3) of the Central Services (Medical Attendance) Rules, 1944, and orders issued thereunder.

2. These orders are applicable to the families of Gazetted Central Government employees drawing pay not less than Rs. 500 p.m. and Class I Officers stationed in or passing through Calcutta, who are governed by the Central Services (Medical Attendance) Rules, 1944. However, as the facility of 'treatment' at residence from private doctors has not been extended to non-gazetted Central Government employees and gazetted Central Government employees other than Class I Officers drawing pay less than Rs. 500 p.m. stationed in or passing through Calcutta, these orders are *not* applicable to their families.

[Ministry of Health O.M. No. F.21-72/63-Hosps., dated the 1st October, 1963.]

2. ENTITLEMENT TO ACCOMMODATION OF A HIGHER CLASS:

In the event of accommodation suited to the status of a Government servant being not available (for a member of the family), accommodation of a higher class may be allowed provided it can be certified by the Medical Superintendent of the hospital concerned:

- (a) that accommodation of the appropriate class was not available at the time of admission of the patient;
- (b) that in the case of illness, other than confinement, the admission of the patient into the hospital could not be delayed without danger to the health of the patient until accommodation of the appropriate class became available; and
- (c) that in the case of confinement, the accommodation was booked well in advance.

[Ministry of Health O.M. No. F.6-5/48-MII, dated the 23rd February, 1948.]

3. TESTING OF EYESIGHT FOR GLASSES:

The members of families are not entitled to the facilities for testing of eyesight for glasses allowed to the Government servants.

[Ministry of Health O.M. No. F.17(VIII)-35/57-HI, dated the 18th June, 1957.]

IV. ADDITIONAL CONCESSIONS

1. The female members of families of Government servants are, in addition to the hospitals mentioned in Appendix I—Schedule A, also entitled to receive medical attendance and treatment in one of the recognised Women's Hospitals mentioned in Appendix I, Schedule B.

[Ministry of Finance O.M. No. 12(6)-WII/46, dated the 22nd January, 1946 and O.M. No. 49(III)-EV/49, dated the 20th January, 1950.]

2. A male child of a Government servant upto the age of six years may be allowed to receive medical attendance and treatment in a recognised Women's hospital and expenses reimbursed to the extent admissible.

[Ministry of Finance O.M. No. F.56(18)-EV/52, dated the 5th November, 1952.]

3. A female member of the family of a Government servant may get admission into a recognised Women's hospital without consulting the authorised medical attendant. The lady doctor in the hospital attending the patient or the In-charge is considered as the authorised medical attendant while the patient is in the hospital. Such a doctor is *not* considered as the authorised medical attendant outside the hospital in which she works.

4. For the purpose of Medical Attendance Rules lady doctors in recognised Women's hospitals can be treated to be the authorised medical attendants of the women patients only when the treatment or consultation is obtained at a hospital and not at her consulting room. Such doctors are not considered as the authorised medical

attendants outside the hospital where they work. A private consultation at their consulting room is not, therefore, permissible for refund under the rules. The above restrictions will, however, not apply in cases where a lady doctor attached to a recognised hospital has been specifically appointed as the authorised medical attendant for families, or where the conditions stipulated in Government of India decision Nos. 5 and 7 below Rule 2(e) of the C.S. (M.A.) Rules are satisfied. In such cases the lady doctors concerned will be treated as the authorised medical attendant for *all purposes*.

[Ministry of Health File No. 17(VIII)-63/57-HI.]

5. The female members of a Government servant's family may be allowed to have consultation also with a specialist of a recognised Women's hospital, subject to the conditions:—

- (i) that such consultation is advised by the authorised medical attendant of the Government servant concerned or by a lady doctor of a recognised Women's hospital when consulted at the hospital; and
- (ii) approval of the Chief Administrative Medical Officer of the State is obtained for such consultation.

The approval of the Chief Administrative Medical Officer for consultation with a specialist is, however, not necessary, if the specialist is attached to a State hospital to which the authorised medical attendant is attached. In such cases it will be sufficient if the approval of Medical Superintendent of the hospital is obtained by the authorised medical attendant for the purpose (which should be obtained beforehand unless the delay involved entails danger to the health of the patient).

Reimbursement of actual fees charged by the specialists may be allowed to the Government servants, subject to a maximum of Rs. 16 for the first consultation and Rs. 10 for each subsequent consultation, i.e., fees prescribed for a Government specialist of the status of a Civil Surgeon.

[Ministry of Health O.M. No. F.6-38/52-LSG(M), dated the 4th April, 1953 read with O.M. No. F.28-54/60-HI, dated the 6th December, 1961.]

6. CONFINEMENT :

(i) A Government servant's wife is entitled to receive medical attendance and treatment for confinement also in a recognised hospital.

[Ministry of Finance O.M. No. 12(6)-WII/45, dated the 22nd January, 1946.]

(ii) In the case of female members of the families of Central Government servants the cost of confinement charges at residence will be reimbursed, provided the delivery is conducted by the staff of Child Welfare and Maternity Centres maintained by Government or Local bodies. Reimbursement in such cases will be admissible according to the scheduled rates of such Centres. In the event of complications arising at the time of delivery requiring attendance by a

specialist, the patient should be removed at once to the nearest Government/recognised hospital, unless the authorised medical attendant certifies that on account of the seriousness of the case it is not considered safe to remove the patient to the hospital.

[Sub-para. (vi) of Ministry of Health O.M. No. F.17(VIII)-35/57-HI, dated the 18th June, 1957.]

7. PRE-NATAL AND POST-NATAL TREATMENT:

Reimbursement of expenditure incurred on pre-natal and post-natal treatment of the wife of a Government servant or a female Government servant will be allowed in the same way as treatment for any other disease.

[Ministry of Health O.M. No. F.8(1)-1/54-HII, dated the 12th August, 1955.]

EXPLANATION.—The term pre-natal and post-natal treatment means treatment received by the wife of a Government servant before and after child birth for physiological or other disability attributable to child bearing or child birth.



SECTION III

ARRANGEMENTS FOR MEDICAL ATTENDANCE AND TREATMENT OF CENTRAL GOVERNMENT SERVANTS STATIONED IN OR PASSING THROUGH STATES (EXCLUDING THE CITY OF CALCUTTA)

SECTION III

ARRANGEMENTS FOR MEDICAL ATTENDANCE AND TREATMENT OF CENTRAL GOVERNMENT SERVANTS STATIONED IN OR PASSING THROUGH STATES (EXCLUDING THE CITY OF CALCUTTA)

In order to accord uniform treatment to their employees stationed in the various States, the Government of India decided that with effect from the 1st January, 1944, Central Government employees stationed in or passing through the territories administered by the State Governments should receive medical attendance from medical officers employed under the State Governments on payment of such fees as might be prescribed by the State Governments in agreement with the Government of India. The schedule of fees prescribed for the different States is given in Appendix VI. The employees concerned should pay the fees direct to the medical officers and then claim refund from their employers to the extent permissible under the Central Services (Medical Attendance) Rules, 1944.

2. As regards hospital treatment, the Central Government servants will be admitted into State or State-aided hospitals in common with other members of the general public and being charged for by the hospital authorities according to the ordinary scales prescribed by them. Payments on account of hospital charges should in the first instance be made by the Government servant concerned to the hospital authorities and the refund claimed from Government to the extent admissible under the rules.

NOTE.—For rules relating to medical examination for various purposes please refer to "A HAND BOOK OF MEDICAL EXAMINATION" issued by the Government of India, Ministry of Health.

3. With regard to the medical attendance and treatment of Central Government employees the State Governments have generally accepted the arrangements proposed by the Government of India with some modifications. Some of the decisions/orders issued by the Government of India in this regard are given below

ASSAM

Government of India decision No. 1.—The Government of Assam have, with the abolition of the L.M.P. Diploma course, created a new cadre in the Assam Medical Service viz. Assistant Surgeon I (Jr.) which will gradually replace the cadre of Assistant Surgeon II. It has, therefore, been decided that in cases where the Assistant Surgeon II in the Assam Medical Service has been upgraded as Assistant Surgeon I (Jr.) the Central Government servants or members of their families who were hitherto entitled to the services of the former may avail of the services of the latter under the Central Services (Medical Attendance) Rules.

2. It has also been decided that in such cases reimbursement on account of consultations with the Assistant Surgeons I (Jr.) may be allowed at the rate of Rs. 3 for first consultation and Rs. 2 for subsequent consultations.

[Ministry of Health O.M. No. F.8(X)-75/55-HII, dated the 30th July, 1956.]

Government of India decision No. 2.—A reference is invited to Health Ministry's O.M. No. F.8(X)-75/55-HII, dated the 30th July, 1956 (reproduced as Government of India decision No. 1 above). The Government of Assam have also abolished the newly created cadre in the Assam Medical Service viz. Assistant Surgeon I (Junior) and created a uniform cadre viz. Assistant Surgeon I in the Assam Medical Service, which will gradually replace the cadres of Assistant Surgeon II and Assistant Surgeon I (Junior). It has, therefore, been decided that in cases where the above two categories of posts have been replaced by an Assistant Surgeon I of the uniform cadre, the Central Government servants and members of their families who were hitherto entitled to the services of Assistant Surgeon II and Assistant Surgeon I (Junior), may avail of the services of the Medical Officers of the rank of Assistant Surgeon I of the newly created uniform cadre in the Assam Medical Services, on payment of professional fees prescribed by the State Government for such Medical Officers.

[Ministry of Health O.M. No. F.8(X)-75/55-HII, dated the 13th June, 1960.]

BIHAR

Government of India decision.—Under Rule 2(a) (iii) of the Central Services (Medical Attendance) Rules, 1944, the Authorised Medical Attendant of Central Government Servants whose pay is Rs. 150 or below is the Assistant Surgeon Grade II (Medical Licentiate), or Medical Officer, similarly appointed. It has been brought to the notice of the Government of India that there is no post of Sub-Assistant Surgeon in Sadar Hospitals in Bihar and that practically all the posts of medical officers in Sub-Divisions are being sanctioned by the State Government in the cadre of Civil Assistant Surgeons. In view of this position, it has been decided that in so far as medical attendance and treatment of Central Government servants and members of their families in a Civil Hospital/Dispensary in Bihar is concerned, the Civil Assistant Surgeons should be regarded as the Authorised Medical Attendants of the above class of Government servants (viz. whose pay is Rs. 150 or below) and members of their families, provided that no Sub-Assistant Surgeon is available in the Hospital/Dispensary.

[Ministry of Health O.M. No. F.8(X)-78/55-HII, dated the 13th July, 1956.]

MADRAS

Government of India decision No. 1.—The Government of Madras have, with effect from the 1st April 1951, unified the cadres of Civil Assistant Surgeons, Classes I and II into a single cadre of Assistant Surgeons. It has, therefore, been decided that the Central

Govt. servants in receipt of pay of Rs. 150 and below, who were hitherto entitled to medical attendance and treatment from Civil Assistant Surgeons, Class II (Sub-Assistant Surgeons) and also others getting pay more than Rs. 150 but below Rs. 500 (excluding Class I Officers), who were entitled to the services of Civil Assistant Surgeons, Class I, while stationed in or passing through the State of Madras, will, with effect from the 1st April, 1951, be entitled to medical attendance and treatment from the Civil Assistant Surgeons. The Medical Officers of the State Government will, however, continue to receive fees from the above mentioned categories of the Central Government servants for medical attendance according to their income groups, as detailed below, and not in accordance with the ranks of the medical officers examining the case, as was being done hitherto.

Pay of Govt. servant	First consultation	Subsequent consultation
	Rs.	Rs.
Rs. 150 and below	3	2
Rs. 151 to Rs. 499 p.m. (excluding Class I Officers)	5	3

[Ministry of Health O.M. No. F.18(B)-18/51-P, dated the 1st October, 1951.]

Government of India decision No. 2.—It has been brought to the notice of the Government of India that many of the Medical Officers-in-charge of the Local Fund and Municipal Institutions in the Madras State are holding G.C.I.M. (Graduate of the College of Integrated Medicine) or L.I.M. (Licentiate in Indian Medicine) qualifications and as such medical officers are not at present recognised as authorised medical attendants under C.S. (M.A.) Rules, 1944. Central Government servants stationed at places, where there are no institutions of modern medicine but only institutions of indigenous medicine exist, experience considerable difficulty. As these medical officers are recognised by the State Government for medical attendance and treatment of the State Government servants it has been decided that at places where there is no recognised hospital/dispensary with an authorised medical attendant of the modern system of medicine, such medical officers with G.C.I.M. and L.I.M. qualifications in charge of Government or local fund dispensaries as recognised by the Government of Madras should also be regarded as authorised medical attendants of all classes of Central Government servants and their families, irrespective of their status. The reimbursement of the cost of medicines will, however, be limited to only in respect of modern medicines. The fees payable to such medical officers will be regulated by the rates prescribed by the Government of Madras for the various categories of such medical officers.

[Ministry of Health O.M. No. 17(II)-12/57-HI, dated the 14th August, 1957.]

MADHYA PRADESH

Government of India decision.—The Government of India have decided that their employees stationed in or passing through the State of Madhya Pradesh should receive attendance from medical officers employed under the State Government on payment of fees at the rates laid down in Appendix VI. The Medical Officers of the State Government shall also be eligible for travelling allowance at tour rates for journeys, beyond a radius of 5 miles from their headquarters undertaken to attend an employee of the Central Government.

2. As regards hospital treatment the employees of the Central Government will be admitted in State or State-aided hospitals in Madhya Pradesh in common with other members of the general public and charged for by the hospital authorities according to the ordinary scales prescribed by them.

[Late E.H. and L. Deptt., O.M. No. 16-18/38-H, dated the 10th December, 1941 read with Ministry of Health letter No. F.6(III)-2/50-MII, dated the 18th January, 1951.]

3. The arrangements sanctioned above will continue on a permanent basis.

[Ministry of Health O.M. No. F.8(X)-61/56-HII, dated the 12th September, 1956.]

MAHARASHTRA

Government of India decision.—The Government of Bombay (now Maharashtra) have agreed to the arrangements for medical attendance and treatment of Central Government servants stationed in or passing through the mofussil towns of the Bombay Presidency being made applicable to the Central Government servants stationed in the cities of Bombay and Poona also. It has, however, been decided that the fees for medical attendance on Central Government servants by officers of Bombay Medical Service, Class II, should be at the rate of Rs. 5 for the first visit and Rs. 3 for each subsequent visit in respect of the same case.

[Ministry of Health O.M. No. F.6-16/48-MII, dated the 12th August, 1949.]

Facilities in hospitals maintained by local authorities.—The orders contained in the Ministry of Health O.M. No. F.28-41/59-HI, dated the 18th February, 1961, (reproduced as item (d) under 'Bombay' in Section IV of the compilation) are applicable to Central Government servants and members of their families residing in the Poona City and its suburbs (and also the Mofussil areas of Maharashtra).

[Ministry of Health O.M. No. F.28-41/59-HI, dated the 3rd October, 1961.]

UTTAR PRADESH

The Government of Uttar Pradesh have accepted the arrangements proposed by the Government of India subject to the following modifications, viz.:—

- (a) that a State Medical Service Officer should be paid a fee of Rs. 4 per visit for the first consultation with regard to medical attendance and Rs. 3 per visit for subsequent consultation in respect of the same case;

- (b) that the fees for visits at night shall be double of that prescribed in the schedule, as now amended; and
- (c) that Central Government servants should themselves pay the charges of hospital treatment and later claim reimbursement from their Departments of the portion of the expenses to which they are entitled, on the authority of the certificate granted by the hospital authorities.

These modifications have been accepted by the Government of India so far as the medical treatment of Central Government servants in Uttar Pradesh is concerned.

[Late E.H.L. Deptt., O.M. No. F.16-2/38-H, dated the 7th July, 1944.]

WEST BENGAL (*Other than Calcutta*)

Government of India decision.—The Government of India have decided that as an experimental measure their employees stationed in or passing through the places in Bengal, other than Calcutta, should receive medical attendance from Medical Officers employed under the State Government on payment of fees at the rates laid down in Appendix VI. The Medical Officers of the State Government shall also be eligible for travelling allowance at the rate of 4 annas per mile or at the rates at which they may be entitled, under the rules of the State Government, whichever is less, for journeys beyond a radius of 5 miles from their headquarters undertaken to pay second and subsequent visits to attend employees of the Central Government at their residence. The travelling allowance charged at the rate of 4 annas per mile shall be paid by the officers of the Central Government themselves in the first instance and the necessary refund obtained from the Government later.

2. As regards hospital treatment the employees of the Central Government will be admitted in State or State-aided hospitals in common with other members of the general public and charged for by hospital authorities according to the ordinary scales prescribed by them. Payments on account of hospital charges should, in the first instance, be made by the Government servant concerned to the hospital authorities and the refund claimed from Government to the extent admissible under the rules.

3. The above arrangements will also apply to the staff of the Government of India Representative stationed in Bengal at places other than Calcutta.

[Late E.H. and L. Deptt., F.16-32/40-H, dated the 4th February, 1942 and Ministry of Health letter No. F.6(III)-2/50-MII, dated the 18th January, 1951.]

4. The arrangements sanctioned above will continue until further orders.

FEES FOR INJECTIONS

Government of India decision No. 1.—The Government of India have decided that the fees prescribed below should apply to State Medical Officers in all States (including Delhi and other Centrally Administered areas), except the States of West Bengal and Madras, in

the case of injections given to Central Government servants and/or members of their families. As regards West Bengal and Madras please refer to Government of India decision No. 2 below :

Injections	For Civil Surgeons per injection	For Asstt. Surgeons per injection	For Sub-Asstt. Surgeons per injection
	Rs.	Rs.	Rs.
Intra-venous	5	3	2
Intra-muscular	3	3	2
Subcutaneous	2	2	2

NOTE.—In Delhi and other Centrally Administered areas fees for administration of injections are leviable *only* from members of families of the Central Government servants.

[Ministry of Health O.M. No. F.6-111/48-MII, dated the 21st September, 1948, 17th September, 1950, 27th December, 1950, 11th July, 1952 and 13th November, 1953.]

NOTE.—Please also see Note (4) below Rule 2(e) in Section I.

Government of India decision No. 2.—With regard to levy of fees for administering injections by Medical Officers employed under the Government of West Bengal and Madras, the following decisions have been arrived at:—

West Bengal.—The Government of West Bengal have agreed that in the case of injections administered to Central Government servants the fees prescribed below should apply to medical officers, other than Presidency Surgeons in Calcutta, employed under that Government:

Injections	Civil Surgeon	Assistant Surgeon	Sub-Assistant Surgeon
	Rs.	Rs.	Rs.
Intra-venous	5	3	2
Intra-muscular	3	2	2
Subcutaneous	2	2	2

NOTE.—Since the Presidency Surgeons generally function as Consultants and they rarely administer injections, the services of the medical officers below the rank of Presidency Surgeons should be utilised by the Central Government Servants for getting injections. In cases where a Government servant or a member of his family desires to have injections administered by a Presidency Surgeon at

Calcutta, the difference between the fee paid to him and the fee prescribed for the medical officers of lower rank should be borne by the Government servant concerned.

[Ministry of Health O.M. No. F.6-111/48-MII(HII), dated the 29th March, 1955.]

Madras.—As a result of the amalgamation of Classes I and II of Civil Assistant Surgeons in the State of Madras it has been decided that fees for administering injections to Central Government servant *should be on the basis of the income* of the Central Government servant and not on the basis of the rank of the Medical Officer, as shown below. The Civil Surgeons employed under the Government of Madras will, however, continue to charge fees prescribed in this Ministry's O.M. No. F.6-111/48-MII, dated the 21st September, 1948 (reproduced as Government of India decision No. 1 above):

Pay of Govt. servant	Intra-venous	Intra-muscular	Subcutaneous
	Rs.	Rs.	Rs.
Rs. 150 and below	2	2	2
Rs. 151 to 499 p.m. (excluding Class I Officers)	3	3	2

[Ministry of Health O.M. No. F.6-111/48-MII, dated the 11th July, 1952.]

Govt. of India decision No. 3.—After reorganisation the Governments of Andhra Pradesh, Kerala and Mysore have adopted the scales of fees, as applicable to Madras, for their Medical Officers in connection with medical attendance on Central Govt. servants and members of their families. The fees for administration of injections, as for Madras, given below, will, therefore, apply in the case of the Medical Officers in Andhra Pradesh, Kerala and Mysore:

Injection	For Civil Surgeons	For Govt. servants drawing pay of Rs. 151 p.m. to Rs. 499 p.m. (excluding Class I Officers)	For Govt. servants drawing pay of Rs. 150 p.m. and below
	(per injection)	(per injection)	(per injection)
	Rs.	Rs.	Rs.
Intra-venous	5	3	2
Intra-muscular	3	3	2
Subcutaneous	2	2	2

2. The existing rates of fees shown below will remain in force in so far as the Medical Officers in the remaining States and Union Territories are concerned:

All other remaining States (except West Bengal and Rajasthan), and Union Territories (only in case of families)

Injection	For Civil Surgeons (per injection)	For Asstt. Surgeons (per injection)	For Sub-Asstt. Surgeons (per injection)
	Rs.	Rs.	Rs.
Intra-venous	5	3	2
Intra-muscular	3	3	2
Subcutaneous	2	2	2

WEST BENGAL

Injection	Civil Surgeons (per injection)	Asstt. Surgeons (per injection)	Sub-Assistant Surgeons (per injection)
	Rs.	Rs.	Rs.
Intra-venous	5	3	2
Intra-muscular	3	2	2
Subcutaneous	2	2	2

NOTE.—In the States/Union Territories where a unified cadre of Assistant Surgeon has been introduced in place of the different classes/grades of Assistant Surgeons, the rates of fees as for Assistant Surgeons shown above will apply.

NOTE.—The question of fixing rates of injection fees in Rajasthan is under consideration in consultation with the Government of Rajasthan.

3. Pending cases may be disposed of in the light of these orders; past cases which have already been decided otherwise need not be reopened.

[Ministry of Health O.M. No. F.28-47/60-HI, dated the 7th March, 1963.]

N.B.—Regarding charging of professional fees by Medical Officers in the Centrally Administered areas, please see Note (4) below Rule 2(e) in section I.

FEES FOR SPECIALISTS

Government of India decision No. 1.—It has been decided that in the case of consultation with Government specialists the fees prescribed below should be charged by medical officers (Government specialists) in all States (including Centrally *Administered Areas in the case of families only):

	For first consultation	For each subse- quent consulta- tion in respect of the same case
	Rs.	Rs.
(a) For a specialist not below the rank of a Civil Surgeon	16	10
(b) For a specialist of the rank of Civil Assistant Surgeon, Class I	5	3
(c) For a specialist of the rank of Civil Assistant Surgeon, Class II	3	2

NOTE.—As Civil Assistant Surgeons, Classes I and II, employed under the Government of Madras have been amalgamated into a single cadre of Assistant Surgeons, the scale of fees prescribed for Civil Assistant Surgeons, Class II above should not be deemed as operative so far as the State of Madras is concerned and that the scale of fees for Assistant Surgeons employed under the Government of Madras will be those specified for Civil Assistant Surgeons, Class I viz. Rs. 5 for the first consultation and Rs. 3 for each subsequent consultation in respect of the same case.

[Ministry of Health letter No. F.16-2/38-H, dated the 4th January, 1951 and O.M. of even number dated the 5th November, 1952, 26th December, 1952 and 9th July, 1953.]

Government of India decision No. 2.—The Government of India have had under consideration for some time past the question whether the fees paid to the Honorary Specialists attached to Government Hospitals in the State of Bombay (now Maharashtra) for consultations with them in their private consulting rooms should be reimbursed to Central Government servants under the Central Services (Medical Attendance) Rules. It has been decided that since there are no Government specialists in the State of Bombay, the Honorary Specialists attached to Government Hospitals should be regarded as Government Specialists for the purpose of Medical Attendance Rules and the fees paid to them for consultations in their private consulting rooms may be reimbursed to Government servants

*[Please see Note (4) below Rule 2(e) in Section I also.]

in accordance with the rates prescribed for Government Specialists in Government of India decision No. 1 above. Such Specialists should however, be consulted on the advice of the authorised medical attendant and with the prior approval of the Surgeon General with the Government of Bombay. The consultation with the Honorary Specialists at their private consulting rooms will be *permissible only in emergent cases* and that in all other cases, such consultations should be had at the hospitals without payment of any fees.

[Ministry of Health O.M. No. F.8(IV)-112/55-HII, dated the 13th October, 1955.]

SECTION IV

**ARRANGEMENTS FOR THE MEDICAL ATTENDANCE AND/OR
TREATMENT OF CENTRAL GOVERNMENT SERVANTS AND
MEMBERS OF THEIR FAMILIES STATIONED IN OR PASSING
THROUGH CERTAIN STATIONS IN INDIA**

SECTION IV

ARRANGEMENTS FOR THE MEDICAL ATTENDANCE AND/OR TREATMENT OF CENTRAL GOVERNMENT SERVANTS AND MEMBERS OF THEIR FAMILIES STATIONED IN OR PASSING THROUGH CERTAIN STATIONS IN INDIA

(1) BOMBAY

(a) *Authorised Medical Attendants*

The following Medical Officers will be regarded as the Authorised Medical Attendants of various classes of Central Government servants and members of their families stationed in or passing through Bombay :

Class of Government servants	Designation of the Authorised Medical Attendants
(i) <i>Bombay City</i>	
(a) Government servants belonging to a Central Service, Class I, or whose pay is not less than Rs. 500 p.m. and members of their families.	The Presidency Surgeon (B.M.S. Class I), Bombay.
(b) Government servants not belonging to a Central Service, Class I, whose pay is less than Rs. 500 p.m. but more than Rs. 150 p.m. and members of their families.	The Assistant Presidency Surgeon (B.M.S. Class II), Bombay.
(c) Any other Government servant and members of his family.	The Resident Medical Officers (B.M.S. Class II) of the St. George's Hospital, the J. J. Group of Hospitals and the G. T. Hospital, Bombay.
(ii) <i>Bombay Suburbs</i>	
(a) Government servants not belonging to a Central Service, Class I, whose pay is less than Rs. 500 p.m. but more than Rs. 150 p.m. and members of their families.	Officers-in-Charge (B.M.S. Class II) of Municipal grant-in-aid dispensaries at Kurla and Bandra.
(iii) <i>Muland Colony and Ulhasnagar Township (Kalyan)</i>	
(a) Government servants whose pay is less than Rs. 500 but more than Rs. 150 p.m. and members of their families.	B.M.S. Class II Officers at the Displaced Persons Colonies at Muland and Ulhasnagar.
(b) Government servants whose pay is less than Rs. 150 p.m. and members of their families.	B.M.S. Class III Officers at the Displaced Persons Colonies at Muland and Ulhasnagar.

[Ministry of Health O.M. No. F.6-84/49-MII, dated the 21st November, 1949.]

[Ministry of Health O.M. No. F.17(II)-3/57-HI(MA) (No. 5), dated the 14th August, 1957.]

[Government of Bombay (L.S.G. & P.H. Department) Resolution No. MAG. 1158-S, dated the 16th May, 1959.]

(b) *Hospitals in Displaced Persons' Colonies in Bombay*

It has been decided that hospitals in the displaced persons' colonies in Bombay, which are maintained by the Government of Bombay but financed by the Central Government, should be regarded as Central Government hospitals for the purpose of Central Services (Medical Attendance) Rules, 1944 and that Central Government servants stationed in the displaced persons' Colonies in Bombay (including the Muland Colony) are entitled to receive medical attendance/treatment in these hospitals and claim reimbursement from Government.

[Ministry of Health O.M. No. 13-38/52-LSG(M), dated the 27th June, 1952.]

(c) *Treatment in St. George's Nursing Home, Bombay*

It has been decided by the Government of India that the Nursing Home at the St. George's Hospital, should be treated as a recognised institution for the purpose of medical attendance and treatment of Central Government servants drawing a total emolument of over Rs. 500 per month and members of their families. In view, however, of the fact that the charges levied by the Nursing Home for the professional services rendered by the attending doctors are high, it has been decided, that until further orders, reimbursement of charges incurred by Central Government servants on their own treatment and/or on the treatment of their families in the above Nursing Home will be allowed subject to the following conditions:

(1) Treatment should be received only at the hands of Government doctors of the Hospital and *not* at the hands of private doctors and private specialists who are allowed to treat patients at the Nursing Home. Treatment may also be received in St. George's Nursing Home, Bombay, at the hands of Government doctors/specialists including honorary specialists of all the Government Hospitals in the Bombay City on the advice of the medical officer-in-charge of the case at the hospital and with the approval of the Surgeon General with the Government of Bombay (which shall be obtained beforehand unless the delay involved entails danger to the health of the patient).

(2) Reimbursement of visiting fees of the doctors in the case of persons drawing a total emolument of over Rs. 1000 per month would be restricted to a maximum of Rs. 16 for the first visit and Rs. 10 for subsequent visits, which are the rates of fees prescribed in the case of Civil Surgeons under the Central Services (Medical Attendance) Rules.

(3) Reimbursement of Anaesthetist's charges would be restricted to a maximum of Rs. 50 for a minor operation and Rs. 100 for a major operation.

(4) Reimbursement of operation charges would be made in full at the rates prescribed by the Government of Bombay.

(5) Reimbursement of surgeon's charges would be restricted to a maximum of Rs. 500 in the case of a major operation and a maximum of Rs. 130 in the case of minor operation. The above will be in addition to the other usual hospital charges.

[Ministry of Health O.M. No. F.33-56/56-HI (No. 6), dated the 1st June, 1957 read with Corrigendum No. F.33-56/56-HI, dated the 27th June, 1959 and O.M. No. F.33-56/56-HI (Pt. II), dated the 1st January, 1960.]

(d) *Facilities in hospitals maintained by local authorities in the suburban areas of the City of Bombay*

Under the existing orders, treatment in a Municipal/Distt. Boards etc. Hospital can be received by the Central Government servants and members of their families on the advice of the authorised medical attendants, unless such a hospital happens to be a Women's hospital, *vide* this Ministry's O.M. No. 28-41/59-HI, dated 19th December, 1959 (reproduced as G.I. decision No. 2 below Rule 2(d) of the C.S. (M.A.) Rules, 1944). In relaxation of the aforesaid orders, it has been decided that the Central Government servants and members of their families residing in Greater Bombay excluding areas comprising Fort area, Byculla, Marine Lines and Santa Cruz Airport (and also the Mofussil areas of Maharashtra) may avail of treatment (both in-patients and out-patients) facilities in the Municipal/District Boards hospitals/dispensaries *without* consulting the authorised medical attendants subject to the following conditions:—

- (i) Treatment facilities to the extent available in such hospitals/dispensaries, both indoor and outdoor, may be availed of. Medical attendance/treatment at the private consulting rooms of the Medical Officers-in-charge of such Hospitals/Dispensaries is *not* permissible.
- (ii) Medical attendance/treatment is *not* permissible at the residence of the patient from the Medical Officers of such hospitals/dispensaries or from the private doctors on the advice of such Medical Officers. Such attendance/treatment should be received only from the authorised medical attendants to the extent and in the manner prescribed in the Central Services (M.A.) Rules, 1944, and orders issued thereunder.
- (iii) The bills in respect of expenditure incurred on this account may be allowed if these are signed by the Medical Officer-in-charge of such medical institutions/hospitals/dispensaries, without the countersignature of the Authorised Medical Attendants concerned.

[Ministry of Health O.M. No. 28-41/59-HI, dated the 18th February, 1961, read with O.M. No. F.28-41/59-HI, dated the 7th March, 1963.]

(e) *Port Health Organisation at Bombay*

The Government of India have no objection to the employees of the Port Health Organisation at Bombay consulting the Medical Officers of Seamen's Clinics attached to the aforesaid organisation during the working hours of these employees, without payment of any fees for the purpose and claiming reimbursement of the cost

of special medicines which are otherwise admissible under the Rules prescribed by these Medical Officers during those consultations. While on leave and out-side office hours, such staff will continue to be governed by the relevant Medical Attendance Rules.

[Ministry of Health letter No. F.34-18/58-HI, dated the 30th January, 1961.]

(f) *Santa Cruz Airport, Bombay*

(a) A Central Government dispensary has been established at the Santa Cruz Airport, Bombay. It has been decided that the Medical Officer-in-charge of this dispensary, who is of the status of Assistant Surgeon, Grade I, may be regarded as the authorised medical attendant of all Central Government servants and members of their families, stationed at the Airport. The Presidency Surgeon, Bombay, will cease to be the authorised medical attendant for Central Government servants drawing a pay of Rs. 500 p.m. and above, including Class I Officers, and members of their families stationed at the Airport.

[Ministry of Health O.M. No. F.8(X)-8/55-HII, dated the 26th July, 1955 read with O.M. No. F.8(X)-8/55-HII(HI), dated the 12th October, 1960.]

(b) In partial modification of this Ministry's Office Memorandum No. F.8(X)-8/55-HII(HI), dated the 12th October, 1960 (reproduced above), it has been decided that the Medical Officer-in-charge of the Dispensary may be regarded as an *additional* authorised medical attendant of Central Government employees drawing a pay of Rs. 500 p.m. and above including Class I officers and members of their families stationed at the Airport, *in addition* to the Presidency Surgeon, Bombay.

2. It has further been decided that the Medical Officer-in-charge of the Dispensary may also be regarded as an authorised medical attendant of all the P. & T. Officials and members of their families stationed at Sahar.

3. These orders are effective from the date of issue, and will be in force for a period of one year for the present.

[Ministry of Health O.M. No. F.21-49/63-H, dated the 1st September, 1963.]

(2) CALCUTTA

(a) *Dum Dum Airport*

The Medical Officer-in-charge of the Airport Dispensary, Calcutta Airport, Dum Dum, who is of the status of Assistant Surgeon, Grade I, should be regarded as the authorised medical attendant of *all* Central Government servants, including Class I Officers and those drawing a pay of more than Rs. 500 p.m. and members of their families, stationed at the Airport.

[Ministry of Health O.M. No. F.17(VIII)-60/57-HI(M.A.) (No. 5), dated the 10th May, 1958.]

(b) *Port Health Organisation at Calcutta*

The Government of India have no objection to the employees of the Port Health Organisation at Calcutta consulting the Medical Officers of the Seamen's Clinics attached to the aforesaid organisation during the working hours of these employees, without payment of any fees for the purpose and claiming reimbursement of the cost of special medicines which are otherwise admissible under the rules prescribed by these Medical Officers during those consultations. While on leave and outside office hours, such staff will continue to be governed by the relevant Medical Attendance Rules.

[Ministry of Health letter No. F.34-18/58-HI, dated the 30th January, 1961.]

(3) CHIREKHANI RANGE AND OTHER PLACES IN THAT AREA

At present there are no arrangements for medical attendance and treatment of Central Government servants and their families stationed at Chirekhani Range, and other places in that area. The nearest hospital/dispensary is the Rural dispensary and Maternity Home at village Angadi, Tal, Karwar. To enable the Central Government servants and their families stationed at Chirekhani Range and other places at that area, to obtain medical attendance and/or treatment, it has been decided by the Government of India that the Rural dispensary and Maternity Home at village Angadi, Tal, Karwar may be treated as a recognised hospital for the purpose of Rule 2(d) of the Central Services (Medical Attendance) Rules, 1944, and that the Medical Officer-in-charge of the dispensary may be treated as their authorised medical attendant, provided that there is no Government hospital in the locality nearer than this dispensary.

[Ministry of Health O.M. No. F.5(X)-53/56-HII(HI) (No. 4), dated the 20th May, 1957.]

(4) FARIDABAD (PUNJAB)

It has been decided that Badshah Khan Hospital, Faridabad, New Industrial Township, may be treated as a recognised Hospital for the purpose of Rule 2(d) of the Central Services (Medical Attendance) Rules, 1944, and Central Government servants and their families stationed at or passing through Faridabad may receive medical treatment both as an in-patient or out-patient in the above Hospital. No domiciliary visits from the Medical Officers of the hospital will be admissible.

[Ministry of Health O.M. No. F.17(VI)-13/57-HI(M.A.), dated the 15th March, 1958.]

(5) HOSPET (ANDHRA)

Class I Officers of the Central Government stationed at Tungabhadra Project, Hospet, find it inconvenient to avail themselves of the services of their authorised medical attendant who is the District Medical Officer at Ballary, Andhra State, the distance between the two places being about 40 miles. In order to remove this difficulty it has been decided that the Civil Assistant Surgeon, attached to the

Government Hospital at Hospet Dam site may be regarded as the authorised medical attendant of Class I Officers of the Central Government stationed at the Tungabhadra Project, Hospet, for the purpose of the C.S. (M.A.) Rules.

[Ministry of Health O.M. No. 2135-HII/54, dated the 29th December, 1954.]

(6) JULLUNDUR CANTONMENT

There are no adequate arrangements for medical attendance and treatment of Central Government servants and their families stationed at Jullundur Cantonment. The only Civil Hospital *viz.* the Provincial Armed Police Hospital, Jullundur Cantonment, where the Central Government servants and their families are at present entitled to receive treatment does not provide adequate medical facilities for indoor treatment. It has, therefore, been decided that the Cantonment General Hospital, Jullundur Cantonment, may be treated as a recognised hospital for purposes of Rules 2(d) of the C.S. (M.A.) Rules, 1944 and Central Government servants and their families may receive treatment in this hospital subject to the conditions regarding reimbursement on account of consultation fees and hospital stoppages etc. stipulated in Government of India decision No. 1 thereunder.

[Ministry of Health O.M. No. F.8(VIII)-12/55-HII, dated the 31st July, 1956.]

(7) KANDLA PORT

It has been brought to the notice of the Government of India that at present there are no arrangements for medical treatment of Central Government servants and their families stationed at the Kandla Port. It has, therefore, been decided that the Jubilee Hospital, Bhuj, may be treated as a recognised Government hospital for the purpose of Rule 2(d) of the Central Services (Medical Attendance) Rules, 1944, and Central Government Servants and their families stationed at Kandla Port may receive treatment in this hospital on the advice of the Medical Officer-in-charge, Kandla Port Dispensary.

[Ministry of Health O.M. No. F.4-17/52-LSG(M), dated the 22nd August, 1952.]

2. It has been decided that the Port Hospital-*cum*-Health Centre, Gopalpuri and the Port Outdoor Dispensary at New Kandla which are run by the Kandla Port Project, Gandhidham (Kutch), may be regarded as recognised institutions for the purpose of medical attendance and treatment of Central Government servants and members of their families stationed at Kandla under Rule 2(d) of the Central Services (Medical Attendance) Rules, 1944.

It has also been decided that the medical attendance and treatment may be received by the aforesaid Central Government servants and members of their families in those institutions direct and without the advice of the authorised medical attendant on payment of charges prescribed in the Schedule given below on the conditions specified therein.

NOTE.—No attendance and treatment will be given at residence by the Medical Officers of the Health Centre or the Dispensary. No charges will be leviable for consultations at the hospital consultation room.

NOTE (2).—At present there is no arrangement for treatment of the in-patients either at the Health Centre at Gopalpuri or at the Dispensary at New Kandla.

SCHEDULE

S. No.	Description	Rate at which charges will be recovered from Central Government servants by the Port Organisation.
1	Mixture	0·25nP. per dose.
2	Pills	Cost + 10%
3	(a) Powders (ordinary)	0·12 nP.
	(b) Powders (costly)	Cost + 10%
4	Gargles	0·12 nP.
5	Eye, Ear, or Nose Drops	0·25 nP.
6	Lotions 1 pint.	0·50 nP.
7	Liniments	0·25 nP.
8	Ointments	0·25 nP.
9	Throat Paints	0·25 nP.
10	Local applications	0·25 nP.
11	Injections	Cost + 10%
12	Antibiotics	Cost + 10%
13	Dressing	0·25 nP.
14	Bandages	0·25 nP.
15	Plaster of Paris	Cost + 10%

[Ministry of Health O.M. No. F.29-17/60-HI, dated the 2nd February, 1961.]

(8) KHARAGPUR

The Central Government servants stationed at Kharagpur are having difficulty in taking out-patient treatment at the Government Thana Health Centre, in Hijli. It has been decided that the Government servants and their families stationed at Kharagpur will be entitled to receive medical attendance/treatment at the Indian Institute of Technology Dispensary, the Medical Officer-in-charge of that dispensary being regarded as their authorised medical attendant. In the cases of hospitalisation they should, on the advice of the authorised medical attendant, avail themselves of the necessary treatment

at the Government Thana Health Centre, Hijli, and only in cases of *extreme emergency*, at the B.N. Railway Hospital, Kharagpur. Out-patient treatment at both these hospitals would not be admissible to them.

Reimbursement on account of charges for medical facilities availed of at the B.N. Railway Hospital during in-patient treatment in cases of *extreme emergency*, should be regulated as indicated below:

(i) Gazetted Government servants . . .	} Special ward at Rs. 15/- per diem per bed exclusive of diet charges.
(ii) Non-gazetted Officers whose pay is not less than Rs. 500 p.m.	
(iii) Non-gazetted Government servants other than (ii) above.	General ward at Rs. 5/- per diem per bed exclusive of diet charges.

[Ministry of Health O.M. No. F.8(X)-1/55-HII, dated the 15th April, 1955 read with Ministry of Health O.M. Nos. F.15-1/52-LSG(M), dated the 10th September, 1952 and 14th December, 1953.]

(9) MANAPAD AND KULASEKARAPATNAM

It has been brought to the notice of the Government of India that the Central Government servants stationed at Manapad and Kulasekarapatnam in Tinnevely District of Madras State, find it inconvenient to avail of the services of their present authorised medical attendant at Tiruchendur, considering the distance separating Manapad and Kulasekarapatnam from Tiruchendur. To remove this difficulty it has been decided that the Medical Officer-in-charge, Local Fund Dispensary, Kulasekarapatnam, may be regarded as the authorised medical attendant of the Central Government employees stationed at Manapad and Kulasekarapatnam for the purpose of the Central Services (Medical Attendance) Rules, 1944.

[Ministry of Health O.M. No. F.13-80/52-LSG(M), dated the 3rd February, 1953.]

(10) MEENAMBAKKAM (MADRAS AIR PORT)

It has been decided, as a special case, that the employees of the Indian Meteorological Department stationed at Meenambakkam (Madras Air Port) and their families may receive indoor treatment at any of the Government hospitals in the Madras City proper.

[Ministry of Health O.M. No. 17(VI)-10/57-HI(MA), dated the 23rd August, 1957.]

(11) MUSSOORIE

(a) The Medical Officer-in-charge attached to the Municipal Dispensary of the Mussoorie City Board at Library Bazar, Mussoorie, may be deemed to be an additional authorised medical attendant in respect of *all* the Central Government servants and members of their families stationed in Mussoorie for the purpose of the relevant Medical Attendance Rules.

[Ministry of Health O.M. No. F.34-19/58-HI, dated the 24th March, 1961.]

(b) With the establishment of another State Hospital viz. the St. Mary's Hospital at Mussoorie, in addition to the Civil Hospital, the difficulties of Central Government employees and members of their families in Mussoorie in respect of medical attendance/treatment would be mitigated. After consultation with the Government of U.P., it has therefore been decided that the concessions contained in this Ministry's O.M. No. F.34-19/58-HI, dated 24-3-1961, referred to above should be treated as *cancelled with effect from the 15th May, 1963.*

[Ministry of Health O.M. No. F.34-19/58-HI, dated the 3rd May, 1963.]

(12) NAGPUR

In view of the facilities already available in Nagpur, it has been decided that with effect from 1-5-1958 the Central Government servants and members of their families may receive treatment at the Mure Memorial Hospital, Nagpur, only as in-patients provided the patient is referred to that hospital by his/her authorised medical attendant due to non-availability of accommodation in other Government hospitals.

[Ministry of Health O.M. No. F.33-27/56-HI(MA), dated the 8th February, 1958, read with Ministry of Health O.M. No. F. 33-27/56-HI(MA) (No. 13), dated the 11th July, 1958.]

(13) NAJAFGARH (DELHI)

It has been decided that the Primary Health Centre, Najafgarh, Delhi, may be treated as a recognised hospital for the purpose of Rule 2(d) of the Central Services (Medical Attendance) Rules, 1944, and Central Government servants and their families residing at Najafgarh may receive medical attendance and treatment in the Health Centre.

[Ministry of Health O.M. No. F.17(IV)-8/57-HI(MA), dated the 13th August, 1957.]

(14) NIPANI

At present there are no arrangements for medical treatment of Central Government servants and their families stationed at Nipani. The nearest Government hospital is at Belgaum which is at a distance of 48 miles and Central Government servants and their families at Nipani are, therefore, unable to take advantage of that hospital. It has, therefore, been decided that the Lafayette Hospital, Nipani, may be treated as a recognised hospital for purposes of Rule 2(d) of the Central Services (Medical Attendance) Rules, 1944 and Central Government servants and their families *stationed* at Nipani may receive treatment in this hospital.

[Ministry of Health O.M. No. F.8(IV)-55/HII-55, dated the 6th July, 1955 and 1st October, 1955.]

(15) SHILLONG

(a) *Laban Area*

The Central Government servants drawing pay of Rs. 150 or above but below Rs. 500 who reside in Laban area of Shillong Town and are entitled to the services of the Assistant Surgeon I (Senior) attached to the Civil Hospital, Shillong are often obliged to get treatment in emergent cases at the Laban Dispensary which is nearer to them and thus deprived of the facilities provided under the medical attendance rules. To obviate this hardship it has been decided that such Central Government servants and their families may in *emergent cases* receive medical attendance and/or treatment from the Assistant Surgeon I (Junior) attached to the Laban Dispensary and claim reimbursement provided a certificate from the attending doctor is produced to the effect that consultation with the authorised medical attendant, i.e., the Assistant Surgeon I (Senior), attached to the Civil Hospital, Shillong, could not be had for genuine reasons.

[Ministry of Health O.M. No. F.8(II)-5/55-HII, dated the 4th May, 1956.]

(b) *Welsh Mission Hospital*

In view of the facilities already available in Shillong it has been decided that Central Government servants and their families may receive treatment at the Welsh Mission Hospital, Shillong, only as an in-patient provided the patient is referred to that hospital by his/her authorised medical attendant due to non-availability of accommodation in other Government hospitals.

It has also been decided that in the matter of accommodation in the aforesaid hospital the I.A. & A.S. Officers will also be entitled to the same privilege which is allowed to All India Services Officers.

[Ministry of Health O.M. No. F.8(X)-32/55-HII, dated the 9th April, 1956.]

(c) *Happy Valley, Shillong*

An Assistant Surgeon, Grade II, who is attached to Assam Rifles T.B. Ward at Happy Valley, Shillong, is himself an employee of the Assam Rifles and it is very convenient to the Civilian Central Government servants of the Assam Rifles who are entitled to the services of Assistant Surgeon, Grade II to get medical attendance and treatment from the above medical officer instead of their present authorised medical attendant who is attached to the Civil Hospital, Shillong. It has, therefore, been decided that the above mentioned category of Government servants and their families may receive medical attendance at the hands of the Assistant Surgeon, Grade II, Assam Rifles T.B. Ward, Happy Valley, who should be regarded as their authorised medical attendant in place of the Assistant Surgeon, Grade II, attached to the Civil Hospital, Shillong.

[Ministry of Health O.M. No. F.8(X)-76/55-HI] dated the 25th June, 1956.]

(16) SIMLA

The Assistant Surgeon of the Civil and Military Dispensary, Simla, the Medical Officer-in-charge of the Himachal Pradesh Secretariat Dispensary, Simla and the Medical Officer-in-charge of the

Dhar Dispensary, Phagli, Simla, will be regarded as the Authorised Medical Attendants for all Central Government servants and members of their families stationed in or passing through Simla for the purpose of medical attendance rules and Central Government servants and members of their families may receive medical attendance and treatment at these dispensaries.

The Central Government servants and members of their families may, in addition to the medical facilities available at the above mentioned dispensaries, avail themselves of the facilities at the Himachal Pradesh Hospital (generally known as Snowdon Hospital), Simla. The Medical Officer *viz.* the Civil Surgeon, the Assistant Surgeon and the Sub-Assistant Surgeon appointed by the Himachal Pradesh Government for the Himachal Pradesh Hospital, Simla, will also be deemed as the Authorised Medical Attendants for the purpose of Rule 2(a) of the Central Services (Medical Attendance) Rules, 1944.

The Civil Surgeon, Ripon Hospital, Simla, who is an employee of the Punjab Government, will be deemed to be an additional Authorised Medical Attendant, for purposes of Rule 2(a) of the Central Services (Medical Attendance) Rules, 1944, in so far as medical attendance and treatment of the families of Class I Officers and other Central Government servants drawing Rs. 500 p.m. and over and residing in Simla (East or West) is concerned.

NOTE.—Hospital treatment for Central Government servants and members of their families at the Ripon Hospital, Simla, can be had only on the advice of the Authorised Medical Attendant.

[Ministry of Health Office Memoranda Nos. F.2-18/52-LSG(M), dated the 31st October, 1952, 23rd July, 1953, 18th September, 1953 and 25th June, 1954; F.31-7/60-HI, dated the 22nd March, 1961; and F.31-2/61-HI, dated the 9th November, 1961.]

(17) SINDRI (BIHAR)

It has been decided that the Sindri Fertilizers and Chemicals Ltd. Hospital may be treated as a Government hospital for purposes of Rule 2(d) of the Central Services (Medical Attendance) Rules, 1944 and Central Government servants and their families stationed at and passing through Sindri may receive treatment in this hospital. The following Medical Officers will be treated as the authorised medical attendants of Central Government servants belonging to various categories:—

Sl.No. Designation of the Medical Officer	Category of Government servants for whom to be treated as the authorised medical attendant.
1. Chief Medical Officer . . .	Government servants who belong to Central Service Class I or whose pay is Rs. 500 or more p.m.
2. Deputy Chief Medical Officer . . .	Government servants getting a pay less than Rs. 500 p.m. (excluding Class I Officers but including Class IV).

[Ministry of Health O.M. No. F.5(X)-24/56-HII, dated the 2nd August, 1956.]

(18) VAPI (DISTRICT SURAT)

The Primary Health Unit, Vapi, should be treated as a recognised medical institution for the purpose of medical attendance and/or treatment of Central Government servants and members of their families at Vapi. The Medical Officer-in-charge of the Unit should also be treated as the authorised medical attendant of Central Government servants and members of their families who will be provided the facilities available at the Unit as members of the general public.

[Government of Gujarat, Health and Industries Department letter No. PHD-4558/47761/B-II, dated the 30th December, 1961 in file No. F.31-4/59-HI.]

(19) YAMUNA NAGAR (PUNJAB)

It has been decided that the Gujjarmal Co-operative Health Bureau, Yamuna Nagar, Punjab, should be treated as a recognised hospital for the outdoor treatment of the Central Government servants and their families and that the Medical Officer-in-charge of the Bureau should be treated as the authorised medical attendant in respect of all classes of Central Government servants and their families stationed at or passing through Yamuna Nagar subject to the following conditions:—

- (i) Medicines ordinarily stocked in hospital should be supplied free to Central Government servants and their families by the Health Bureau ;
- (ii) No consultation fees should be charged at the Bureau ; and
- (iii) Cases of hospitalisation should be referred to the Civil Hospital, Jagadhri, Punjab.

[Ministry of Health O.M. No. F.17(VI)-6/57-HI(MA), dated the 11th June, 1957.]

(20) JABALPUR (Madhya Pradesh)

It has been decided that the Dispensary of the Madhya Pradesh Electricity Board, Rampur Colony, Jabalpur, Madhya Pradesh, may be treated as a recognised dispensary for the purpose of medical attendance and treatment of all Central Government employees and members of their families residing in Rampur Colony, Jabalpur, Madhya Pradesh, the Medical Officer-in-charge thereof being treated as their authorised medical attendant under the Central Services (Medical Attendance) Rules, 1944.

[Ministry of Health O.M. No. F.31-3/62-HI, dated the 5th April, 1963.]

SECTION V

**CONCESSIONS REGARDING TREATMENT OF CENTRAL
GOVERNMENT SERVANTS AND THEIR FAMILIES SUFFERING
FROM SPECIAL DISEASES, E.G. CANCER, DIABETES, MENTAL
DISEASES, POLIOMIELITIS AND TUBERCULAR DISEASES**

SECTION V

CONCESSIONS REGARDING TREATMENT OF CENTRAL GOVERNMENT SERVANTS AND THEIR FAMILIES SUFFERING FROM SPECIAL DISEASES, E.G. CANCER, DIABETES, MENTAL DISEASES, POLIOMIELITIS AND TUBERCULAR DISEASES

I. CANCER

A Central Government servant or a member of his family may receive treatment for Cancer, at the nearest recognised hospital providing such treatment, subject to the condition that such treatment is recommended by the authorised medical attendant.

2. If the Medical Superintendent of the recognised hospital to whom the patient was sent for treatment by his/her authorised medical attendant recommends that special treatment at the Tata Memorial Hospital, Bombay or at the Cancer Institute, Madras, is necessary, such patient may also receive treatment at the Tata Memorial Hospital, Bombay or at the Cancer Institute, Madras, as the case may be.

3. A list of the hospitals where specialised treatment for Cancer is available and which should be deemed to be recognised for the purpose is given in Appendix III.

NOTE.—Cancer includes Hodgkin's disease and 'Leukaemias' and the concessions allowed to Government servants and members of their families for treatment of Cancer should also be deemed to be applicable in the case of these diseases.

[Ministry of Health O.M. No. F.1-7/52-LSG(M), dated the 7th July, 1952, 12th December, 1952, 9th January, 1953, 29th August, 1955 and 11th September, 1958 read with O.M. No. 301-HII/54, dated the 20th January, 1955, O.M. No. F.33-2/60-HI, dated the 22nd August, 1960 and O.M. No. F.34-17/61-HI, dated 13th November, 1961.]

II. DIABETES

In the case of patients suffering from Diabetes, reimbursement in respect of the cost of any anti-Diabetic drugs, *viz.* Insulin, Nadisan, Tablet Talbutamide etc., and expenditure incurred on administration thereof, will not be allowed except in cases (i) where *they are prescribed in the initial stages of the disease* or (ii) *when the patient develops some complications and is hospitalised*. In such cases the certificate of the authorised medical attendant in the form given below should be accepted, as final.

2. A case of Diabetes within a period of 3 months after detection should be deemed to be in the 'initial stage' of the disease and claims relating to the treatment for the first three months after the first detection of Diabetes may be admitted by the Ministry/Office concerned on the strength of the certificate issued by the authorised

medical attendant. The Government servant concerned may also be required to indicate in his claim the date of the first detection of the disease. Cases of treatment (other than hospitalisation) for recurrence of the disease beyond the initial stage should be referred to the Directorate General of Health Services, New Delhi, direct for advice and decision in regard to the admissibility or otherwise of reimbursement of the additional expenses involved and the extent thereof.

FORM OF CERTIFICATE

Certified that Mr.....
 employed in the.....Mrs./Mr./Miss.....wife/son/
 daughter of Mr.....employed in the
has been under my treatment for diabetes
at my consulting room and that 'Insulin'/Nadisan etc. prescribed
hospital
 by me was for treatment during the initial stages of the disease
in the hospital during the period from
extending over the period from..... to.....
 the patient having developed complications necessitating hospitalisation.

The disease was detected on the.....19

Authorised Medical Attendant.

dated.....
*Medical Officer-in-charge
 of the case at hospital.*

[Ministry of Health O.M. No. F.18(A)-2/51-P, dated the 23rd August, 1951, 10th August, 1953, 28th December, 1953 and O.M. No. F.28-3/62-HI, dated the 9th April, 1962.]

EXPLANATION.—Diabetes cases are treated by drugs, such as Insulin and Rastinon. Indefinite and indiscriminate use of Rastinon besides the prohibitive cost is not advisable for long periods where blood sugar is not tested. It is therefore considered that claims for reimbursement when put in for periods beyond 3 months of initial discovery of the disease should be accompanied by a fasting blood sugar report and blood sugar test report taken within an hour after a full meal. Such claims with the reports should be forwarded to the Directorate General of Health Services, New Delhi for consideration.

[Ministry of Health Endorsement No. F.28-5/62-HI, dated the 18th May, 1962.]

III. MENTAL DISEASES

Under the Medical Attendance Rules treatment for mental diseases is admissible only to the extent it is available in Government hospitals or other recognised general hospitals.

2. It has been decided that a Central Government servant suffering from mental diseases may also receive consultation and/or treatment in *any* (not necessarily the nearest) Government recognised Mental Hospital on the advice of the authorised medical attendant

and with the prior approval of the Chief Administrative Medical Officer of the State subject to the condition that the duration of the treatment for which reimbursement of medical expenses will be admissible to the Government servant concerned should not exceed six months, unless the Medical Superintendent of the Mental Hospital concerned certifies that treatment for a reasonable period upto six months, beyond the six months limit, is likely to lead to complete recovery of the patient. A list of recognised mental hospitals is given in Appendix V. Departmental arrangements for admission of patients can be had only with these hospitals.

3. The following concessions will also be admissible to the Central Government servants suffering from mental diseases:

- (i) Reimbursement of diet charges will be allowed in full to Central Government servants who are in receipt of pay not exceeding:
 - (a) Rs. 380 p.m. in the case of those who have elected the revised scales of pay under the Central Civil Services (Revised Pay) Rules, 1960 ;
 - (b) Rs. 300 p.m. in the case of those who have not elected the revised scales of pay under the aforesaid rules.

In the case of others, 20% of the Hospitalisation charges *will be reckoned as diet charges and will not be reimbursed to them.*

- (ii) Reimbursement of charges for an *Attendant/Attendants* will be admissible only in cases where it is certified by the hospital authorities that the engagement of the Attendant/Attendants formed part of treatment under the hospital rules and that the Attendant/Attendants was/were not engaged in lieu of 'Special Nursing'.
- (iii) Reimbursement of 'Capitation fees', where levied in Mental Hospitals, is *not* admissible.

NOTE.—The term 'Capitation fee' normally means the charges which are payable by patients hailing from States other than that by which the hospital concerned is run. Generally this charge is leviable over and above the normal charges recoverable from patients who are residents of that State.

4. These orders apply to all Central Government servants and members of their families including those who are stationed in or passing through Calcutta, and also those governed by the Central Government Health Scheme. In the case of Calcutta, a Government specialist at the hospital will take the place of the Authorised Medical Attendant. In the case of Delhi/New Delhi, covered by the Central Government Health Scheme, the approval of the Director General of Health Services will be necessary before referring a patient to a Mental Hospital/Specialist.

[Ministry of Health O.M. No. F.28-23/59-HI(20), dated the 6th October, 1958 as amended by Addendum of even number dated the 29th September, 1961, O.M. No. F.28-46/60-HI, dated the 3rd June, 1961, O.M. No. F.32-2/62-HI, dated the 7th March, 1962 and letter No. F.28-46/60-HI, dated the 3rd May, 1962.]

Reservation of beds for Central Government servants and members of their families at the Hospital for Mental Diseases, Ranchi.

Government of India decision.—The Government of India have decided to reserve ten beds at the Hospital for Mental Diseases, Ranchi as Central Government quota beds for admission of Central Government servants and members of their families.

2. Charges to be recovered from the Central Govt. servants and members of their families for Central Government quota beds will be the same as for the State quota beds, i.e., Class I beds Rs. 350 p.m., Class II beds Rs. 200 p.m., Intermediate Class beds Rs. 100 p.m., Class III beds Rs. 50 p.m.

[Ministry of Health letters No. F.10-41/61-Instt., dated the 16th October, 1961 and 6th January, 1962 to the Director-General of Health Services.]

IV. POLIOMIELITIS

It has been decided that a Central Government servant, or a member of his family, may receive treatment for poliomyelitis at the nearest recognised hospital providing such treatment, subject to the conditions that such treatment is recommended by the authorised medical attendant and that the prior approval of the State Administrative Medical Officer concerned is obtained.

2. A list of the hospitals where specialised treatment for poliomyelitis is available and which should be deemed to be recognised for the purpose is given in Appendix IV.

3. The Government of India have also decided to recognise the Children's Orthopaedic Hospital, Bombay for the purpose of treatment of advanced cases of Poliomyelitis requiring specialised treatment. But a Central Government servant or a member of his family suffering from 'Poliomyelitis' should invariably in the first instance, receive treatment at the nearest recognised hospital and if the Medical Superintendent of that hospital recommends that specialised treatment at the Children's Orthopaedic Hospital, Bombay is necessary, then only he/she will be entitled to receive treatment there at Government expense.

NOTE.—The concessions allowed to Government servants and members of their families for treatment of Poliomyelitis should also be deemed to be applicable in the case of 'Cerebral Palsy' and "Spastics".

[Ministry of Health O.M. No. F.13-85/52-LSG(M), dated the 8th September, 1953, 31st December, 1953, 15th March, 1958 and O.M. No. F.8(VI)-1/55-HII, dated the 28th June, 1956.]

V. TUBERCULAR DISEASES

The treatment of Central Government servants for Tuberculous diseases is covered by the Central Services (Medical Attendance) Rules, 1944, to the extent it is available in the hospitals coming within the scope of Rule 6 thereof.

2. The following concessions have also been allowed to the Government servants:

(a) *Consultation with a Specialist in Tuberculous diseases on the advice of the authorised medical attendant*

If a Government specialist in Tuberculous diseases is not available, consultation on the advice of the authorised medical attendant with a Specialist in T.B. diseases recognised as such by the State Administrative Medical Officer concerned will be admissible.

Government of India decision No. 1.—A question has been raised whether approval of the State Administrative Medical Officer is necessary when the authorised medical attendant proposes to advise a Government servant to consult a Specialist in Tuberculous diseases. It has been decided that such approval is *not* necessary. The authorised medical attendant may refer all cases of suspected T.B. to the Government/recognised T.B. Specialist direct.

It has further been decided that the Specialist to be consulted should, as far as possible, be a medical officer equal in status to the authorised medical attendant and that if such a Specialist is a Government Specialist, he should charge fees at the following rates:

	For the first consultation	For each subsequent consultation in respect of the same case
	Rs.	Rs.
(i) For a Specialist not below the rank of Civil Surgeon.	16	10
(ii) For a Specialist of the rank of Civil Assistant Surgeon, Grade I.	5	3
(iii) For a Specialist of the rank of Civil Assistant Surgeon, Grade II.	3	2

In respect of consultations with Specialists who are not in the service of the Government, the fees paid to them for consultations should be reimbursed to the Government servants concerned to the extent of the rates indicated above.

[Ministry of Health O.M. No. F.6(D)-12/50-MII, dated the 22nd May, 1950 read with O.M. No. F.6-2/54-LSG(M), dated the 11th August, 1954.]

(b) *Treatment in a Sanatorium*

If the Specialist in Tuberculous diseases certifies that treatment in a T.B. Sanatorium is necessary, the Government servant concerned will be entitled to receive treatment in *any recognised sanatorium/T.B. institution irrespective of its place of location*, which can, in the opinion of the T.B. Specialist, provide the necessary and suitable treatment and where accommodation for him is available. A list of T.B. institutions recognised for the purpose is given in Appendix II.

Government of India decision.—It has been decided that all institutions/hospitals/clinics etc. providing facilities for treatment of tuberculosis, which are directly administered by the State Governments should be deemed to be recognised under the Central Services (M.A.) Rules, 1944, for the purpose of treatment of Central Government employees and members of their families suffering from tubercular diseases.

[Ministry of Health O.M. No. F.33-10/60-HI, dated the 4th January, 1963.]

NOTE.—There are at present 20 beds reserved at the Lady Linlithgow Sanatorium, Kasauli, for the treatment of Central Government servants of the civil departments suffering from Tuberculosis. Admission to these beds will be limited to Central Government servants serving in Delhi, Uttar Pradesh, Punjab, Himachal Pradesh, Rajasthan, Madhya Pradesh (parts of former Bhopal and Madhya Bharat only) and Jammu and Kashmir. A Central Government servant serving in these States requiring sanatorium treatment can receive treatment elsewhere than the Lady Linlithgow Sanatorium, Kasauli, *only* if it is certified by the Directorate General of Health Services, New Delhi, that a bed for him is not available at the Lady Linlithgow Sanatorium, Kasauli. Central Government servants serving in other States may receive treatment in any recognised sanatorium/T.B. institution without obtaining a certificate of 'No accommodation' from the Directorate General of Health Services. These arrangements will remain in force until further orders.

(c) *Treatment at the Out-patient Department or at the consulting room of the Authorised Medical Attendant/T.B. Specialist*

Central Government servants (and their families) suffering from tubercular diseases, *who fail to get accommodation* in a recognised T.B. institution or *for whom treatment as an in-patient* in a Government hospital and/or a recognised T.B. institution is *not considered necessary*, may be allowed to receive treatment—

- (i) at the out-patient department of a Government hospital and/or a recognised T.B. institution at or near the place where they fall ill ;
- (ii) at the consulting room of the authorised medical attendant ; and
- (iii) if the authorised medical attendant is of opinion that treatment by a T.B. Specialist is necessary at the consulting room of a T.B. Specialist.

The grant of the above mentioned concessions will, however, be subject to the following conditions:—

- (i) that treatment at the out-patient department of a Government hospital and/or a recognised T.B. institution or at the consulting room of the T.B. Specialist will be taken only on the advice of the authorised medical attendant ;

- (ii) that a certificate signed by the authorised medical attendant or by the T.B. Specialist is submitted to the effect that the patient was advised to receive treatment as an out-door patient/at the consulting room of the T.B. Specialist as he/she failed to get necessary accommodation at the recognised T.B. institution or treatment as an in-patient in a recognised T.B. institution was not considered necessary;
- (iii) that a certificate from the authorised medical attendant and/or the Government recognised T.B. Specialist is submitted to the effect that the patient had reasonable chances of recovery if treated otherwise than as an in-patient in a recognised T.B. institution; and
- (iv) that reimbursement of consultation fees paid to the authorised medical attendant and/or a Government recognised T.B. Specialist for treatment at his consulting room will be allowed in full for the first consultation the amount of fee in every case being limited to the scale prescribed in Ministry of Health Office Memorandum No. F.6(D)12/50-MII, dated the 22nd May, 1950, given as Government of India decision No. 1 *ibid*.

NOTE.—The cost of medicines will be reimbursable in full if otherwise admissible under the rules. The cost of medicines will include the cost of drugs injected, but not the professional fees for administering the injections.

3. In the case of temporary Government servants these concessions will be admissible only to those who have been in continuous Government service for a period exceeding one year.

[Ministry of Health O.M. No. F.6-234/47-MII, dated the 11th August, 1949, 11th August, 1952 read with O.M. No. F.23-1/51-P(M), dated the 7th June, 1951, O.M. No. F.8(IV)-108/55-HII, dated the 7th October, 1955 and O.M. No. F.34-12/60-HI, dated the 24th January, 1961.]

REIMBURSEMENT OF DIET CHARGES

Government of India decision No. 2.—It has been decided that diet charges paid to hospitals and T.B. Sanatoria etc. by Central Government servants and members of their families during the course of their treatment for T.B. as indoor patients should be reimbursed in full in cases where the pay of the Government servants concerned, who have elected the revised scale of pay, is not more than Rs. 380 p.m. In the case of those who have not elected the revised scale of pay the pay limit is Rs. 300 (inclusive).

[Ministry of Health O.M. No. F.5(V)-10/56-HII, dated the 7th June, 1956, read with O.M. No. F.33-6/60-HI, dated the 11th July, 1961.]

REIMBURSEMENT OF CHARGES FOR ACCOMMODATION

Government of India decision No. 3.—It has been decided that if a Class IV Government servant fails to get a reserved bed at the Lady Linlithgow Sanatorium, Kasauli or general or free ward accommodation in any other recognised sanatorium as recommended by

the T.B. Specialist, he may, subject to the production of a necessary certificate in this respect from the Medical Superintendent of the sanatorium concerned, be allowed reimbursement of expenses in the lowest class of paying ward available in such an institution.

[Ministry of Health Office Memo. No. F.23(D)-4/51-P, dated the 22nd March, 1952.]

Government of India decision No. 4.—It has been decided that in a case where a Government servant is offered Government of India's 'reserved' bed in the Lady Linlithgow Sanatorium, Kasauli, but he desires to be admitted in a 'special' Ward or room of that Sanatorium then he should bear half the additional cost resulting from such special treatment, the remaining half being borne by the Government. By additional cost is meant the rent only for the special ward or room but the reimbursement of the cost of X-ray, medicines etc. will be allowed to the same extent and on the same scale as it would have been reimbursable for treatment had the patient been admitted to a 'reserved' bed of the Sanatorium.

[Ministry of Health O.M. No. F.6-17/53-LSG(M), dated the 23rd February, 1954.]

POST-TREATMENT CHECK-UP

Government of India decision No. 5.—It has been decided that in cases where a Government servant, or a member of his family, who has undergone treatment in a recognised sanatorium, is advised by the Medical Superintendent of the sanatorium to continue certain treatment or check-ups after his/her discharge from the sanatorium or when he/she gets relapse, he/she may be allowed to consult and receive treatment *directly* from a Government and/or a recognised T.B. Specialist, without consulting the authorised medical attendant and obtaining prior approval of the State Administrative Medical Officer concerned.

[Ministry of Health O.M. No. F.6-17/53-LSG(M), dated the 14th May, 1954.]

Government of India decision No. 6.—A Government servant who has suffered from Tuberculosis (or Leprosy) and who has obtained treatment in accordance with the relevant rules and orders, will be entitled to reimbursement of fees for obtaining the certificates of fitness for return to duty. If he is also required to undergo post-treatment check-up with a T.B. Specialist, he will also be entitled to reimbursement of fees for medical examinations during such periodical check-up as well as travelling allowance from his place of duty to the headquarters of the Specialist and back.

[Ministry of Health O.M. No. F.8(I)-1/54-HII, dated the 12th August, 1955.]

Government of India decision No. 7.—Government servants, who are advised at the time of discharge from the sanatorium to report for periodical check-up, should in their own interest and in the interest of those with whom they are associated, report themselves for a primary check-up within the first two months of their resuming duty and thereafter at regular intervals as may be advised by a T.B.

Specialist. The post-treatment follow-up should be done by a recognised T.B. Specialist/Institution, stationed at or near the place of duty of the ex-T.B. patient. The Specialist, if necessary, may call for the complete records of the ex-patient from the institution where he was treated originally.

[Ministry of Health O.M. No. F.5-33/55-MII, dated the 28th November, 1955 read with O.M. No. F.10-33/57-HI, dated the 14th January, 1958.]

Government of India decision No. 8.—In accordance with the orders contained in paragraph I (viii) of this Ministry's Office Memorandum No. F.8(1)-1/54-HII, dated the 12th August, 1955, a Government servant who has suffered from Tuberculosis and who has obtained treatment in accordance with the relevant rules and orders, will *inter alia* be entitled to reimbursement of fees for medical examination in connection with periodical post-treatment check up with a specialist. A question has been raised whether the restriction regarding the admissibility of consultation fees and professional fees for administering injections for treatment of T.B. otherwise than as an in-patient in a recognised T.B. Institution and/or a Government Hospital, should be applied in such cases, or whether the cost may be reimbursed in full without any restriction.

2. It is hereby clarified that in T.B. cases, the follow-up/treatment given to a patient is to be regarded as part of a continuous course of treatment and not merely as a check-up. The reimbursement of medical expenses incurred by Government servants for such follow-up treatment may, therefore, be allowed in the same manner and subject to the same general conditions/restrictions prescribed for treatment of tuberculosis otherwise than as an in-patient.

3. Reimbursement of medical expenses incurred on further treatment for T.B. either as an in-patient or as an out-patient or at the consulting room of the authorised medical attendant/specialist, would also be admissible, provided such further treatment has been advised during the course of follow-up treatment referred to in paragraph 2 above and received by the patient in accordance with the orders in force regarding treatment of tuberculosis, to the extent and subject to the conditions laid down in these orders.

4. These orders are also applicable to Central Govt. employees and members of their families stationed in or passing through Calcutta.

[O.M. No. F.21-26/63-H, dated the 30th September, 1963.]

Concessions for Central Government servants and their families in Calcutta

It has been decided that non-gazetted Central Government servants and gazetted Central Government servants, other than Class I, drawing pay less than Rs. 500 p.m. and members of their families

stationed in or passing through Calcutta should be eligible for the following concessions in respect of their medical attendance and/or treatment for tubercular diseases:—

(i) MEDICAL ATTENDANCE

They may receive medical attendance, *as distinct from medical treatment* from private registered medical practitioners of their choice at their residence, the residence of the doctor or at the consulting room of the doctor in the same manner as they receive medical attendance for non-tubercular diseases.

(ii) HOSPITAL TREATMENT

They will be admitted to State or State-aided hospitals in common with other members of the general public on the advice of their doctors. While under treatment at such hospitals they will be entitled at Government expense to all the facilities allowed to them for treatment for non-tubercular diseases.

The following concessions have also been allowed:—

(a) *Consultation with a Specialist in Tubercular Diseases*

They will be entitled to consult, on the advice of the private registered medical practitioners or if the patient concerned is already receiving treatment in a State or State-aided hospital, on the advice of the Medical Officer-in-charge of the case at the hospital, a Government Specialist in tubercular diseases and, if a Government Specialist is not available, a Specialist in tubercular diseases recognised as such by the Director of Health Services, West Bengal. The private registered medical practitioners or the Medical Officers-in-charge may refer all cases of suspected T.B. to the Government/recognised T.B. Specialist direct without obtaining the approval of the Director of Health Services, West Bengal.

(b) *Treatment in a Sanatorium*

If the Specialist in tubercular diseases certifies that treatment in a T.B. Sanatorium is necessary, the patient concerned will be entitled to treatment *in any recognised sanatorium/T.B. institution irrespective of its place of location* which can, in the opinion of the T.B. Specialist, provide the necessary and suitable treatment and where accommodation for him/her is available. A list of the T.B. institutions recognised for the purpose is given in Appendix II. In other cases in which, in the opinion of the T.B. Specialist, the patient concerned does not require treatment in a tuberculosis sanatorium, he/she will be entitled to receive treatment in a State or State-aided hospital in Calcutta which can provide the necessary treatment.

(c) *Treatment at the out-patient department or at the consulting room of a T.B. Specialist*

Central Government servants and their families suffering from tubercular diseases, who fail to get accommodation in a recognised T.B. institution or for whom treatment as an in-patient in a

Government hospital and/or a recognised T.B. institution is *not* considered necessary, may be allowed to receive treatment:—

- (i) at the out-patient department of a State or State-aided hospital and/or a recognised T.B. institution in Calcutta; and
- (ii) if the authorised medical attendant or the Medical Officer in the out-patient department of a State or State-aided hospital is of the opinion that treatment by a T.B. Specialist is necessary, at the consulting room of a T.B. Specialist.

The grant of the above mentioned concession will, however, be subject to the following conditions:—

- (i) that treatment at the out-patient department of a State or State-aided hospital and/or a recognised T.B. institution in Calcutta or at the consulting room of the T.B. Specialist will be taken only on the advice of the authorised medical attendant;
- (ii) that a certificate signed by the authorised medical attendant or by the Medical Officer in the out-patient department of a State or State-aided hospital or by the T.B. Specialist is submitted to the effect that the patient was advised to receive treatment as an out-patient/at the consulting room of the T.B. Specialist as he/she failed to get accommodation at the recognised T.B. institution or treatment as an in-patient in a recognised T.B. institution was not considered necessary;
- (iii) that a certificate from the authorised medical attendant or the Medical Officer at the Out-patient Department of a State or State-aided hospital and/or the T.B. Specialist is submitted to the effect that the patient had reasonable chances of recovery if treated otherwise than as in-patient in a recognised T.B. institution; and
- (iv) that reimbursement of consultation fees paid to the authorised medical attendant and/or a T.B. Specialist for treatment at his consulting room will be allowed in full for the first consultation and at two-thirds for each subsequent consultation; the amount of fees in every case being limited to the scale prescribed in the Ministry of Health Office Memorandum No. F.6(D)12/50-MII, dated the 22nd May, 1950 (c.f. Govt. of India decision No. 1 *ibid.*).

NOTE.—The cost of medicines will be reimbursable in full if otherwise admissible under the Rules. The cost of medicines will include the cost of drugs injected, but not the professional fees for administering the injections.

3. In the case of temporary Government servants (and members of their families) these concessions will be admissible only to those who have been in continuous service for a period exceeding one year.

[Ministry of Health O.M. No. F.6(D)-36/50-MII, dated the 27th September, 1950 and 27th August, 1953, read with O.M. No. F.8(IX)-7/55-HII, dated the 26th August, 1955 and O.M. No. F.32-3/58-HI, dated the 16th September, 1960 and O.M. No. F.34-12/60-HI, dated the 24th January, 1961.]

SECTION VI

**CONCESSIONS TO CENTRAL GOVERNMENT SERVANTS AND
THEIR FAMILIES REGARDING TRAVELLING ALLOWANCE IN
CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREAT-
MENT**



SECTION VI

CONCESSIONS TO CENTRAL GOVERNMENT SERVANTS AND THEIR FAMILIES REGARDING TRAVELLING ALLOWANCE IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT

Government of India decision No. 1.—The admissibility of travelling allowance under the various Medical Attendance Rules *viz.* Central Services (Medical Attendance) Rules, 1944 and the Central Govt. Health Scheme, had been under consideration of the Government of India for some time.

2. It has now been decided in supersession of all previous orders and the provisions made in the Supplementary Rules or orders issued thereunder that Central Government servants and members of their families will be entitled to travelling allowance at the rates and under the conditions specified below for journeys undertaken by them to obtain appropriate medical attendance and treatment to which they are entitled under the aforesaid rules and orders issued thereunder:—

(i) *Journey by rail:*

- (a) *For the Government servants:* Fare of the entitled class, or of the lower class by which they actually travel, plus incidentals as for the journey on tour under the rules in force (but without halting allowance) ;
- (b) *For the members of their families:* Fare of the class by which the Government servant is entitled to travel on tour under the rules in force or the lower class by which they actually travel.

NOTE.—The facility of travel by air-conditioned accommodation at Government expense is not admissible for journeys performed for receiving medical attendance and treatment.

(ii) *Journey by road:*

- (a) *For the Government servants:* For the road portion of the journey or for journeys between stations connected by road only, actual fare paid for the journey by bus or other public conveyance, or road mileage as on tour admissible under the rules in force, whichever is less ;
- (b) *For the members of their families:* Actual fare paid for the journey by bus or other public conveyance, or mileage allowance at half the rate of road mileage admissible to Government servants, whichever is less.

(iii) *Journey by steamer:*

For Government servants and members of their families: Single steamer fare of the class by which the Government servant is entitled to travel by a steamer on tour or transfer under the T.A. rules in force or of the lower class by which a patient actually travels.

3. *Journey by Air:*

Travelling allowance by air is not admissible for the journeys undertaken to receive medical attendance and treatment authorised by the Medical Attendance Rules referred to in paragraph 1 of these orders, irrespective of whether or not the officer concerned is otherwise entitled to travel by air at his discretion on official duty. However, Government may consider refund of air fare paid in individual cases on merits provided they are satisfied that air travel was absolutely essential and that travel by any other means, i.e. by rail or road etc. would have definitely endangered the life of the patient or involved a risk of serious aggravation of his/her condition. In any case a Government servant or a member of his family travelling by air for the purpose at his/her discretion is entitled to claim travelling allowance to the extent provided in para 2 of these orders.

4. *Journey by other means of conveyance:*

If the patient travels by means of conveyance other than those specified in these orders or by his/her private conveyance, travelling allowance would be admissible to the extent otherwise admissible under these orders.

5. *Certificate required to claim T.A. under para. 2 above:*

Travelling allowance at the rates specified in paragraph 2 of these orders will be admissible only when:

- (a) the journey undertaken is outside the limits of the same city—Municipal or Corporation area, Military Station, Cantonment Board area etc.—and exceeds 8 kilometres each way, and
- (b) it is certified in writing by the Authorised Medical Attendant or by the Specialist to whom the patient was referred by the Authorised Medical Attendant or by a competent medical officer attached to the hospital to which the patient was referred by the Authorised Medical Attendant for medical attendance and treatment, that the journey was unavoidably necessary to obtain appropriate medical attendance and treatment under the relevant Medical Attendance Rules and orders.

6. *Conveyance Charges:*

Where the journey is undertaken within the same city—Municipal or Corporation area, Military Station and Cantonment Board area etc.—and the distance travelled is more than 8 kilometres each way, Central Government servants and members of their families will be entitled to conveyance allowance only at the following rates provided it is certified by the medical authorities mentioned in the preceding para in writing that it was necessary for the Government servant or members of his/her family to travel by a conveyance:—

- (a) *For the Government servants:* Actual conveyance charges limited to mileage allowance at four rates under the rules in force (without daily allowance).

- (b) *For the members of their families:* Actual conveyance charges limited to half the mileage allowance at tour rates (without daily allowance) admissible to Government servants themselves under the rules in force.

NOTE.—The concession in paragraph 6 above will not be admissible to C.H.S. (since renamed as C.G.H.S.) beneficiaries for the present when they are referred to Specialists/Hospitals for medical attendance and treatment by doctors in C.G.H.S. Dispensaries.

7. *Reimbursement of Ambulance charges:*

Central Government servants will be entitled to reimbursement of charges paid for an ambulance used for their conveyance or the conveyance of members of their families subject to the following conditions:—

- (i) if it is certified in writing by the medical authorities mentioned in paragraph 5 of these orders that conveyance of the patient by any other means of conveyance would definitely endanger the life of the patient or grossly aggravate the conditions of his/her health;
- (ii) if the ambulance is used to convey a patient to a place of treatment or to convey a patient from one hospital to another for purposes of certain medical examinations etc.;
- (iii) if the ambulance used belonged to Government or local fund, or a social service organisation such as the Red Cross Society, etc., and
- (iv) if the ambulance is used within the same city—Municipal or Corporation area, Military Station and Cantonment Board area etc.

8. *T.A. for an attendant/escort:*

An attendant/escort will be entitled to travelling allowance both ways at the rates admissible under these orders to a member of family of the Government servant concerned provided it is certified in writing by the medical authorities mentioned in paragraph 5 of these orders that it is unsafe for the patient to travel unattended and that an attendant/escort is necessary to accompany him/her to the place of treatment. Similarly travelling allowance will also be admissible if it becomes necessary for an attendant/escort to travel again to fetch the patient on production of the necessary certificate mentioned above.

9. *Continuance of Railway concessions:*

The orders contained in Government of India, Ministry of Health Office Memorandum (see Government of India decision No. 2 below) No. F.28-48/60-HI, dated the 15th October, 1960 regarding regulation of T.A. bills as a result of rail concessions granted by the Ministry of Railways (Railway Board) to T.B. and Cancer patients will remain in force.

10. *Points of commencement and termination of journeys:*

The journey for the purpose of these orders should be deemed to have commenced from the place from which the patient actually travels to the place of treatment and the return journey to have ended at the place to which the patient actually travels or at the headquarters of the Government servant concerned, whichever is nearer. For the purpose of conveyance charges as admissible *vide* paragraph 6, the return journey should be deemed to have ended at the residence of the Government servant concerned.

11. *Presentation of claims:*

Travelling allowance claims should be countersigned by the Controlling authorities in all cases before they are presented for payment.

12. *Advance of T.A.:*

(i) Advance of travelling allowance to the extent admissible under these orders may be granted to Government servants at the discretion of the authority competent to sanction advance of T.A. on tour on production of a certificate in writing from the medical authorities mentioned in paragraph 5 of these orders to the effect that the Government servant or a member of his/her family has been advised medical attendance and treatment outside the station (name of the station at which the patient has been recommended medical attendance and treatment to be specified) in accordance with the relevant Medical Attendance Rules and orders.

(ii) The advance of T.A. for medical attendance and treatment should, unless otherwise specified, be treated as an advance on tour. Accordingly, the following instructions should be followed regarding the grant of such advance to Government servants.

- (a) In the case of temporary Government servants, the advance would be subject to the production of surety from a permanent Government servant.
- (b) Authorities competent to sanction advance of T.A. may under these orders sanction such advances for themselves also, if otherwise admissible.
- (c) The amount of advance granted should be adjusted against the subsequent claim for T.A. on completion of journey or on 31st March whichever is earlier.
- (d) The amount of advance should be debited as a final charge under the service head concerned and the sanctioning authority would be primarily responsible for watching the adjustment of the advance.
- (e) A second advance will not be admissible under these orders until an account has been given of the first advance.

Government of India decision No. 2.—In so far as T.A. bills in respect of T.B. and Cancer patients covered by the Central Services (Medical Attendance) Rules, 1944 are concerned, the same will be regulated *vide* O.M. No. TC.II/2183/59, dated the 6th November, 1959, from the Ministry of Railways (Railway Board) to the Director General of Health Services, New Delhi, (reproduced below).

2. Central Government servants should avail of the concessions granted by the Ministry of Railways in the appropriate class of accommodation or lower accommodation and the T.A. bills should be regulated to the extent admissible under the above orders.

3. These orders will take effect from the 1st December, 1960.

[Ministry of Health O.M. No. F.28-48/60-HI, dated the 15th October, 1960.]

Copy of O.M. No. TC.11/2183/59, dated the 6th November, 1959, from the Ministry of Railways (Railway Board) to the Director General of Health Services, New Delhi.

SUBJECT:—Rail concession to T.B. and Cancer Patients.

The undersigned is directed to refer to the Directorate-General of Health Services, letter No. 2-13/56-CHS-II(IV), dated the 27th October 1959 and to state that all T.B. and Cancer patients are granted the following concessions for admission to or on discharge from a hospital/Sanatorium/Institute/Clinic in connection with their re-examination or periodical check-up:

For whom available	Nature of concession
(i) Patient travelling accompanied by an attendant.	A combined blank paper ticket for the journey of the patient and his attendant on payment of single journey fares for the patient in the class occupied.
(ii) Patient travelling alone	Single journey ticket on payment of $\frac{1}{4}$ th of the normal fare due.

Full details of the concession and the procedure for availing of it are given in the serial numbers 10A and 10B of the annexure to Rule 118 of the I.R.C.A. Coaching Tariff No. 17, a copy of which is available at all Railway stations and can also be had, on payment, from the General Secretary, Indian Railway Conference Association, Chelmsford Road, New Delhi.

2. Ministry of Railways have not issued any special instructions for the grant of rail concession to the Government servants suffering from T.B. and Cancer. They can, however, avail of the facility of the above concession by following the prescribed procedure.

SECTION VII
MISCELLANEOUS IMPORTANT DECISIONS

SECTION VII

MISCELLANEOUS IMPORTANT DECISIONS

1. *Consolidated form of certificates to be used by authorised medical attendants*

Government of India decision.—The Government of India have been considering the question of simplifying the procedure in regard to the certificate prescribed in the Medical Attendance Rules which are required to be signed by the Authorised Medical Attendant to enable the Government servant to obtain reimbursement of the expenses incurred on medical attendance and/or treatment. With a view to save time and labour of the Medical Attendant, all the certificates required under the rules have been brought together in one form so that only such certificate(s) as may be applicable to the case need be used. The Authorised Medical Attendant/Medical Officer-in-charge of the case at the hospital should, however, continue to countersign in addition various bills, vouchers etc., pertaining to the medical treatment of the Government servant or a member of his family, as required under the Rules. A copy of the consolidated form of Certificates (generally termed as Essentiality Certificates) is given at Appendix VIII.

[Ministry of Health O.M. No. F.1-17/52-LSG(M), dated the 29th May, 1953.]

2. *Issue of Receipts for Consultation fee etc. by authorised medical attendants etc.*

Government of India decision.—The authorised medical attendants of Central Government servants and members of their families are required to issue receipts for consultation fees etc., received from them in printed and serially numbered form Med. 96. It has been represented that printed receipts are not issued in a large number of cases due to one reason or another, thus causing hardship to Government servants in getting reimbursement. It has therefore been decided that the above requirement may be dispensed with and that it will be sufficient if the words 'and received' are added by the Medical Officers concerned after the word 'charged' occurring in clauses (a) and (b) of the Certificate 'Form A'. The above certificates as amended (*vide* Appendix VIII) may be deemed to be regular receipts for the payments received by the Medical Officers, who will be required to affix a revenue stamp on the Essentiality Certificate itself when the payment exceeds Rs. 20. Separate receipts (stamped where necessary) should however continue to be issued by the Specialists who do not sign the Essentiality Certificates.

[Ministry of Health O.M. No. F.28-8/60-HI, dated 30th January, 1961.]

3. *Refund of fees for the issue of Essentiality Certificates in the case of hospitals under the control of the Bombay Municipal Corporation.*

Government of India decision.—It has been decided that the fees for the issue of Essentiality Certificates for refund of medical charges to Central Government servants levied by the Bombay

Municipal Corporation at the enhanced rate of Rs. 2 per certificate with effect from the 1st June, 1960 in the case of the K.E.M. Hospital, Bombay, and from 1st September, 1960 in the case of all other hospitals under the control of the Bombay Municipal Corporation may be reimbursed to Central Government Servants.

[Ministry of Health O.M. No. F.8(IV)-118/55-HII, dated the 6th March, 1961.]

4. *Refund in relaxation of the Medical Attendance Rules*

Government of India decision.—In order to ensure that every sanction in relaxation of the rules and orders is issued with the concurrence of the Ministries of Health and Finance, it has been decided that the sanctioning authorities should indicate in the endorsement portion of the sanction, and *not* the body of the sanction, which is issued in the name of the President, that the Ministries of Health and Finance have been consulted and also mention the number and dates of references under which those Ministries have accorded their approval.

[Ministry of Health O.M. No. D.1436-LSG(M), dated the 8th July, 1952, and O.M. No. F.13-46/52-LSG, dated the 8th December, 1953.]

5. *Delegation of powers to Ministries and Heads of Departments to allow refund of medical expenses in relaxation of Medical Attendance Rules*

Government of India decision No. 1.—At present, all cases where Central Government servants and members of their families receive medical attendance/treatment in emergent circumstances from sources other than those from whom it is permissible under the relevant Medical Attendance Rules, are referred to the Ministries of Finance/Health for allowing reimbursement of the medical expenses by special sanction. Such cases are referred to the Ministries of Finance/Health irrespective of the amount involved. In the past it has been noticed that in the majority of such cases medical attendance and/or treatment were received either from Railways/Military/Factory/Local Boards (District and Municipal Boards, Local Funds and Panchayats) hospitals or from doctors attached thereto, or from private practitioners, due to the non-existence of any Government/recognised hospital within a reasonable distance from the place where the patient fell ill. With a view to cutting out delays in the settlement of such cases caused by frequent references to the Ministries of Finance and Health, the President has been pleased to delegate, powers to all Ministries/Heads of Departments to allow refund of medical expenses upto a maximum limit of Rs. 50 in each case where they are satisfied that although refund is not permissible under the strict application of the various Medical Attendance Rules, the circumstances of the case warranted medical attendance/treatment being had from hospitals and doctors mentioned above, in the absence of Government/recognised hospital or doctor within a reasonable distance from the place where the patient fell ill. The reasonableness of the distance may be determined with reference to the nature and severity of the ailment in each case. Further, refunds as above may be allowed only to the extent admissible under the relevant Medical Attendance Rules, and subject to the general spirit of those Rules being observed. Doubtful cases should continue to be referred to the Ministries of Finance and Health.

[Ministry of Finance O.M. No. F.49(15)-EV/59, dated the 21st May, 1959.]

Government of India decision No. 2.—In modification of the orders contained in this Ministry's Office Memorandum No. F.49(15)-EV/59, dated the 21st May, 1959 (Government of India decision No. 1 above), the President has been pleased to decide that the existing limit of Rs. 50 laid down in the above orders shall be raised to Rs. 100 in each case.

2. Ministries and Heads of Deptts. may henceforth allow refund of medical expenses upto Rs. 100 in each case in relaxation of the relevant Medical Attendance Rules subject to the considerations and conditions set out in the aforesaid orders.

3. The powers referred to above may also be exercised in cases where medical attendance and treatment is received in a private hospital, as a result of serious accident, or on the advice of the Authorised Medical Attendant.

4. These powers can also be exercised in cases where medical attendance and treatment is received from Government doctors other than the Authorised Medical Attendant, or in Government recognised hospitals or institutions without following the prescribed procedure of obtaining prior approval of the Authorised Medical Attendant, Chief Administrative Medical Officer of the State etc. and in cases where medical tests like X-Ray, Blood examination etc. are got done in private clinics due to absence of facilities in Government hospitals/institutions or due to severity of ailment which confines the patient to bed.

5. Doubtful cases should, however, be referred to the Ministry of Health for their advice, who would consult the Ministry of Finance if necessary.

6. It has also been decided that in the types of cases referred to above, where the amount exceeds Rs. 100 refund may be allowed by the Ministries and Heads of Departments in relaxation of various Medical Attendance Rules and orders issued thereunder in consultation with the Ministry of Health only. (That Ministry will be free to consult the Ministry of Finance in cases of doubt.)

7. It has further been decided that:

(a) in cases where medical attendance/treatment is received in a State/State-aided hospital in Calcutta, which has not been specifically recognised by the Government of India for medical attendance/treatment of Central Government employees and members of their families, i.e. in respect of which Schedule of Charges has not been published by the Ministry of Health, reimbursement of medical expenses to the extent otherwise admissible may be allowed by the Ministries/Heads of Departments, where necessary and justified, in direct consultation with the Director of Health Services, West Bengal, Calcutta. The Director of Health Services, West Bengal, will be deemed to be the final authority to decide whether the charges on account of accommodation and other expenses recovered from a Central Government employee in such a hospital are reasonable and suited to the status of the Government servant concerned. The same procedure

may be adopted in the case of hospitals in respect of which the Schedules of Charges have been published by the Government of India but such Schedules have undergone changes, till such changes are communicated to all concerned by the Government of India, Ministry of Health.

Such cases need not be referred to the Ministries of Health and Finance.

(b) in cases where artificial appliances have to be purchased (e.g. for diseases like polio., T.B., etc. or in cases requiring surgical operations etc.), reimbursement of expenses incurred in connection with the procurement of such artificial appliances (e.g. travelling expenses, hospitalisation charges etc. if any) including the actual cost of the appliance, may, where necessary and justified, be allowed by the Ministries/Heads of Departments, in consultation with the Ministry of Health direct. Such cases need not be referred to the Ministry of Finance.

8. The powers referred to in these orders shall not be exercised by the Heads of the Departments in their own cases. In such cases sanction of the higher authority should be obtained.

9. These orders also apply to Central Government employees who are beneficiaries of the Central Government Health Scheme *mutatis mutandis*.

[Ministry of Finance O.M. No. F.21(2)-EV(B)/62, dated the 17th April, 1963.]

6. Recognition of Police Hospitals and Dispensaries

Government of India decision.—The Government of India have had under consideration the question whether Police Hospitals/Dispensaries intended exclusively for the use of the Police personnel may also be recognised for purposes of the Central Services (Medical Attendance) Rules, 1944. After careful consideration of the question, it has been decided that—

- (i) all Police Hospitals and Dispensaries may be deemed recognised for the purpose of medical attendance and treatment of Police personnel to whom the Central Services (M.A.) Rules apply and members of their families ;
- (ii) the medical officers incharge of Police Hospitals/Dispensaries should be regarded as the 'authorised medical attendants' of the Police personnel concerned so long as they receive treatment in those Hospitals/Dispensaries ;
- (iii) as far as possible, the Police personnel should avail themselves of the facilities provided at the Police Hospitals/Dispensaries. If in any particular case, any facility, which is not available in that Police Hospital/Dispensary, is essentially required, the same may be had at the nearest Government recognised hospital on the advice of the appropriate Authorised Medical Attendant under the provisions of the Central Services (Medical Attendance) Rules. In such cases, the medical officer incharge of the Police Hospital/Dispensary should certify that the necessary facilities for the requisite treatment were not available in the Police Hospital/Dispensary ; and

- (iv) in cases where the Railway Police personnel, are allowed to avail themselves of medical facilities in Railway Hospitals/Dispensaries, they may also in addition be allowed medical concession under the Central Services (Medical Attendance) Rules on the general terms and conditions applicable in the case of Police Hospitals/Dispensaries as outlined above.

2. These orders will also apply *mutatis mutandis* to the personnel of the Assam Rifles, with regard to the facilities of medical attendance and treatment available at hospitals/dispensaries maintained for these persons by the authorities concerned.

[Ministry of Health O.M. No. F.13-10/53-LSG(M), dated the 18th March, 1954.]

7. *Extension of Central Services (Medical Attendance) Rules, 1944, etc. to civilians paid from the Defence Services Estimates and their families*

Government of India decision No. 1.—It has been decided to extend the Central Services (Medical Attendance) Rules, 1944, and other connected rules and orders incorporated in the Compilation of Medical Attendance Rules and Orders, as amended from time to time, to civilians of the Defence Services and their families.

2. (a) The Defence civilians and their families should normally receive medical attendance from the civil hospitals under the civil rules referred to above.

(b) However, in stations where no civil hospital exists they shall be given, free of cost, out-patient treatment in local M.I. Room/Sick bays/station sick quarters and Armed Forces Hospitals. In such station, they may also be admitted to Armed Forces Hospitals under the order of the O.C. Station in the same way as other non-entitled personnel, provided that accommodation is available. The charges for in-patient treatment will be as laid down in Rule 544 P & A Regs. Vol. II for the employees and at the rates laid down in Rule 545 *ibid* for the families.

(c) Even in station where a civil hospital exists, they may be admitted to the local Armed Forces Hospital in case accommodation is not available in the civil hospital, subject to the following conditions:—

- (i) They should produce a certificate from the civil hospital that accommodation is not available and that the admission of the patient cannot be delayed without danger to his/her health until accommodation becomes available.
- (ii) The admission will be regulated in the same manner and subject to the same conditions as for any other non-entitled personnel.
- (iii) No special nursing will be provided.
- (iv) Hospital stoppages shall be recovered at the same rates as those mentioned in para 2(b) above.

3. When admitted to Armed Forces Hospitals under the provisions of para 2 above they will be entitled to receive treatment only to the extent facilities are available from the service sources at the station. Hospital charges/stoppages will be recovered by Armed Forces Hospital direct from Government servants, who in turn will claim reimbursement from the Government as admissible under the CS(MA) Rules.

NOTE (1).—20% of the hospital stoppages will be reckoned as diet charges for the purpose of reimbursement under Central Services (Medical Attendance) Rules, 1944, as amended from time to time.

NOTE (2).—Medical Officer's fees laid down in Rule 545 Pay and Allowances Regulation, if recovered is also reimbursable under the Central Services (Medical Attendance) Rules, 1944, as amended from time to time.

4. The expenditure involved in reimbursement of medical claims is debitable to the head to which the pay and allowances of the individuals concerned are debited.

5. These orders do not apply to:—

- (i) industrial personnel ;
- (ii) the employees of Ordnance/Clothing Factories and associated TDEs as well as the Naval Armament Inspection Organisation attached to Ordnance Factories/TDEs.
- (iii) IN/IAF civilian personnel attached to TDEs associated with Ordnance Factories ; and
- (iv) the Defence civilians having their headquarters in Delhi and New Delhi who are entitled to medical benefits under the Contributory Health Service Scheme (since renamed as Central Govt. Health Scheme).

All these personnel will continue to be governed by the rules which have so far been applicable to them.

6. These orders will have effect from the 1st October, 1957.

[Ministry of Defence letter No. 9(4)54/8278/D(Civ-II), dated the 18th July, 1957, as amended by Corrigendum No. 9(4)54/11601/D (Civ. II), dated the 25th September, 1957.]

Government of India decision No. 2.—In partial relaxation of Para 5(i) of this Ministry's letter No. 9(4)54/8278/D(Civ. II), dated the 18th July, 1957 as amended by Corrigendum No. 9(4)/54/11061/D (Civ. II), dated the 25th September, 1957, the sanction of the President is hereby conveyed to the extension of the Central Services (Medical Attendance) Rules, 1944 and other connected rules and orders to the industrial personnel who have put in continuous service of *not less than one year* and their families.

2. These orders will have effect from the 1st July, 1963.

[Ministry of Defence letter No. 13(13)/63/3177/D (Civ. II), dated the 19th March, 1963 and Ministry of Health letter No. F.28-14/63-HI, dated the 6th April, 1963.]

8. *Grant of Advances for Medical Attendance and treatment*

Government of India decision No. 1.—It has been decided that heads of offices may grant advances to Central Government servants to enable them initially to meet expenditure on medical attendance and treatment for themselves and the members of their families on the terms and conditions mentioned below:—

- (i) The advance would be admissible when a Government servant or a member of his family is being treated—
 - (a) as an in-patient in a hospital under the provisions of the Central Services (Medical Attendance) Rules and orders ; or
 - (b) as an out-patient in cases of T.B. in accordance with Health Ministry's Office Memo. No. F.6-234/47-MII, dated the 11th August, 1952 (reproduced as para. 2(c) under item V Tubercular Diseases in Section V of the Compilation) and where conditions laid down therein are satisfied.
- (ii) The application for an advance should be supported by a certificate that the patient is being treated as an in-patient or in T.B. cases only as an out-patient at a hospital indicating the duration of such treatment and the anticipated cost thereof which would otherwise be admissible under the C.S. (M.A.) Rules/relevant orders, from the medical officer or Government/recognised T.B. Specialist incharge of the patient either in the hospital or at the O.P.D., as the case may be.
- (iii) The advance should not, in any circumstances, be allowed in a case where treatment is being obtained at the residence of the Government servant or at the consulting room of the authorised medical attendant or of the T.B. Specialist, or as an out-patient in cases other than T.B.
- (iv) The amount of advance will in each case be limited to four month's pay of the Government servant concerned or Rs. 500 or such other amount as the Medical Officer/T.B. Specialist incharge of the patient may recommend, whichever is the lowest.
- (v) Ordinarily not more than one advance should be granted in respect of the same illness or injury.

However, if the Medical Officer/T.B. Specialist incharge of the patient, on reconsideration, certifies that the estimated cost of the treatment would be much more than previously certified by him either due to longer duration of the treatment than previously anticipated or due to the fact that the patient requires costly treatment which was not in view at the time of issuing the original certificate, a second advance may be granted at the discretion of head of office provided the total amount of the advance already granted and applied for does not exceed Rs. 500 or four months pay of the Government servant concerned, whichever is less.

(vi) (a) Normally the amount of the advance should be adjusted against subsequent claim for reimbursement of the expenditure as admissible under the Central Services (Medical Attendance) Rules and Orders, and the balance, if any, recovered from the pay of the Government servant concerned in four equal monthly instalments starting from the pay bill for the month in which he/she draws duty pay and/or leave salary on average pay after the treatment is over.

(b) In cases requiring prolonged treatment, reimbursement of medical expenses may continue to be allowed to Government servants to the extent otherwise admissible under the rules and that the advances already sanctioned in such cases should not be adjusted for so long as a Certificate from the medical officer/T.B. specialist incharge of the patient is produced to the effect that the patient is required to continue treatment and that the anticipated cost of future treatment will not be less than the amount of the advance already granted to him/her by the Government.

In a case, however, where the anticipated cost of further treatment as certified by the Medical Officer/T.B. Specialist incharge of the patient, falls short of the amount of the advance, adjustment of the advance to the extent of the difference between the amount of the advance and the anticipated cost of further treatment, may be effected from the reimbursement claim of the officer. The balance amount, if any, may be recovered as at (a) above.

(vii) The advance under these orders will be admissible only to Government servants whose pay does not exceed Rs. 750 p.m. The term 'pay' for this purpose shall be as defined in Fundamental Rule 9(21).

(viii) In the case of temporary Government servants the grant of an advance under these orders would be subject to the production of surety from a permanent Central Government servant.

2. These advances should be treated as final charges under the service head concerned and the primary responsibility for watching the recoveries will be of the sanctioning authorities. The controlling officers should adjust such advances by submission of regular bills for amounts reimbursable by Government, as far as possible, before the close of the financial year.

3. Authorities competent to sanction advances under these orders may sanction such advances for themselves also, if otherwise admissible.

4. The advances under these orders are also admissible in cases where medical attendance and treatment is obtained in accordance with the relevant medical attendance rules and orders applicable in Calcutta.

Government of India decision No. 2.—In continuation of this Ministry's O.M. No. F.21(2)-EV(B)/61, dated the 12th July, 1961, it has further been decided that heads of offices may grant an advance not exceeding Rs. 30 in each case to Central Government servants drawing pay upto Rs. 100 to enable them initially to meet expenditure on post T.B. check-up treatment for themselves and members of their families, provided such check-up treatment has been advised by the competent medical authorities as required under the rules.

2. This advance will normally be adjusted against the medical bill to be preferred by the Government servant concerned and the balance amount, if any, will be recovered from the pay of the official concerned in the Pay bill in hand.

3. In case the Government servant concerned does not prefer the medical claim or if the claim preferred is not complete or involves relaxation of the normal rules, the total amount of advance should be recovered not later than from the Pay bill for the second month following the month in which advance was drawn i.e. if the advance was drawn in the month of January, necessary adjustment/recovery should be effected not later than in the pay bill for the month of March of that year.

[Ministry of Finance O.M. No. F.21(3)-EV(B)/62, dated the 8th January, 1963.]

9. *Medical facilities to families of Civil Government servants who take up military service during the present emergency*

It has been decided that the families of Civil Government servants, who take up military service during the present emergency, shall be entitled to medical facilities exactly on the same footing as families of officers who continue in comparable civil posts.

[Ministry of Health O.M. No. F.28-15/62-HI, dated the 5th December, 1962.]

10. *Medical treatment of the families of Central Government servants at the Lady Elgin Hospital, Jabalpur—Fixation of charges for reimbursement to Central Government servants*

The Lady Elgin Hospital, Jabalpur, has been taken over by the Government of Madhya Pradesh with effect from the 1st February, 1955. The Hospital is recognised for treatment of State Government employees and members of their families and the charges at the hospital have not been classified according to the pay ranges of the Government servants by the Government of Madhya Pradesh. Reimbursement on account of charges for accommodation, confinement fee etc. in respect of treatment of Central Government employees and members of their families in the Lady Elgin Hospital, Jabalpur, may, therefore, henceforward be regulated in accordance with the general principles enunciated in paragraph 1 of this Ministry's Office Memorandum No. F.13-76/52-LSG(M), dated the 22nd July, 1953 (reproduced as Govt. of India decision No. 6 below Rule 2 (d) in Section I).

[Ministry of Health O.M. No. F.21-16/63-H, dated the 2nd September, 1963.]

11. *Medical treatment at the Kamala Nehru Memorial Hospital, Allahabad—Fixation of charges for reimbursement to Central Government servants*

Kamala Nehru Memorial Hospital, Allahabad, is recognised for treatment of State Government employees and members of their families and the charges at the hospital have not been classified according to the pay ranges of the Government servants by the Government of Uttar Pradesh. Reimbursement on account of charges for accommodation, confinement fee etc. in respect of treatment of Central Government employees and members of their families in the Kamala Nehru Memorial Hospital, Allahabad, may, therefore, be henceforth regulated in accordance with the general principles enunciated in paragraph 1 of this Ministry's O.M. No. F.13-76/52-LSG(M), dated the 22nd July, 1953 (reproduced as Government of India decision No. 6, below Rule 2(d) in Section I).

[Ministry of Health O.M. No. F.21-37/63-H, dated the 2nd September, 1963.]

SECTION VIII

**SPECIAL ARRANGEMENTS FOR MEDICAL ATTENDANCE AND
TREATMENT OF CENTRAL GOVERNMENT SERVANTS AND
THEIR FAMILIES STATIONED IN OR PASSING THROUGH
CALCUTTA**

SECTION VIII

SPECIAL ARRANGEMENTS FOR MEDICAL ATTENDANCE AND TREATMENT OF CENTRAL GOVERNMENT SERVANTS AND THEIR FAMILIES STATIONED IN OR PASSING THROUGH CALCUTTA

1. Introduction.—The Government of Bengal did not agree to make necessary arrangements for the medical attendance and treatment of Central Government servants and their families stationed in, or passing through Calcutta, as contemplated in respect of other States of India. It, therefore, became necessary to make special arrangements for the purpose, for such Government servants and members of their families as specified in the paragraphs hereinafter.

2. These arrangements apply to :—

- (a) Gazetted Central Government servants, other than those belonging to Central Services Class I, drawing pay less than Rs. 500 p. m. and members of their families ;
- (b) all non-gazetted Central Government servants and members of their families ; and
- (c) all Class IV Central Government servants and members of their families ;

stationed (in other words, residing) in or passing through the limits of Calcutta.

[Late Deptt. of E.H. & L. O.M. No. F.16-6/39-H, dated the 18th March, 1944 read with Ministry of Health O.M. No. F.6-217/49-MII, dated the 9th September, 1949, No. F.7-20/53-LSG(M), dated the 24th February, 1954, F.32-1/59-HI (No. 16), dated the 22nd August, 1958 and No. F.32-3/58-HI, dated the 16th September, 1960.]

NOTE (1).—The *limits of Calcutta*, as specified in the Ministry of Finance O.M. No. F.5(16)-Est(Spl.)/48, dated the 12th July, 1948, were taken for having a demarcation line for purposes of special medical arrangements in Calcutta, as the Government of West Bengal did not agree to their medical officers attending on non-gazetted Central Government servants in that city, and as such have no relation to the grant of House Rent and Compensatory (city) allowances admissible to Government servants whose place of duty is in that city. The following localities are, therefore, included within the limits of Calcutta for the purpose of these arrangements :—

- 1. Calcutta Municipality.
- 2. Howrah Municipality.
- 3. Tollygunge Municipality.
- 4. South Dum Dum Municipality.
- 5. South Suburban Municipality.
- 6. Baranagar Municipality.
- 7. Garden Reach Municipality.
- 8. Lillooah.

9. Dum Dum (excluding South Dum Dum).
10. Dasnagar.
11. Ramrajaatolla.
12. Santragachi

[Ministry of Health files No. F.16-6/39-H and No. F.32-7/61-HI.]

NOTE (2).—The Central Government servants at Berhampore or at places other than Calcutta in West Bengal are, for purposes of medical attendance etc., governed by the Central Services (Medical Attendance) Rules, 1944, as in the case of Government servants in Mofussil Towns of West Bengal.

NOTE (3).—The Medical Officer-in-Charge of the Airport Dispensary, Dum Dum Airport, who is of the status of an Assistant Surgeon Grade I, is to be regarded as the authorised medical attendant of all Central Government servants and members of their families stationed at the Airport. Central Government servants stationed at the Airport will, therefore, be excluded from the purview of the special arrangements in Calcutta.

[Ministry of Health O.M. No. F.17(VIII)-60/57-HI, dated the 10th May, 1958.]

NOTE (4).—A Central Government servant during leave within the limits of Calcutta will be entitled to medical facilities under these arrangements.

3. These arrangements do not apply to gazetted Central Government servants drawing a pay of Rs. 500 p. m. and above and those belonging to the Central Service Class I and members of their families stationed in or passing through the limits of Calcutta. Such Government servants and members of their families will be entitled to receive medical attendance and treatment under the Central Services (Medical Attendance) Rules, 1944 and the orders issued thereunder from time to time.

NOTE (1).—The above category of Central Government servants and members of their families stationed in or passing through Calcutta will receive medical attendance or treatment from or through the Presidency Surgeons, Calcutta, who will be their authorised medical attendants within the meaning of Rule 2(a) (i) of the C.S. (M.A.) Rules, 1944. They will, therefore, not be entitled to receive medical attendance from private medical practitioners of their choice as in the case of those categories of Government servants and members of their families to whom these arrangements apply. The rates of fees to be charged by the Presidency Surgeons are given in Appendix VI.

NOTE (2).—In the case of the above category of Central Government servants, the State and State-aided hospitals in Calcutta shown in Appendix IX will be regarded as 'Government hospitals' for the purpose of Rule 2(d) of the C.S. (M.A.) Rules, 1944.

[Ministry of Health O.M. No. F.32-10/58-HI, dated the 16th September, 1960.]

NOTE (3).—In the matter of medical attendance and treatment of gazetted Central Government servants drawing a pay of Rs. 500 and above, or those belonging to Central Service, Class I and members of their families, stationed in or passing through Calcutta, the position of the Staff Surgeon, Fort William, Calcutta, is like Presidency Surgeons in Calcutta and he may charge his fees.

[Late Deptt. of E.H. & L. U.O. No. 1082 H(C)/45, dated the 27th April, 1945 and Ministry of Health O.M. No. F.8(IX)-28/55-HII, dated the 10th April, 1956.]

4. The Central Government servants and members of their families, stationed in, or passing through Calcutta, specified in para. 2 above, will be entitled to the following facilities for medical attendance and treatment:—

(a) Medical attendance from private registered medical practitioners and reimbursement of consultation fees

They are eligible to receive medical attendance from private registered medical practitioners of *their choice* at their residences, the residences of the doctors or their consulting rooms. They will also be eligible for reimbursement of the fees charges by the doctors at the maximum rate of Rs. 2 per visit in the case of non-gazetted Government servants (including Class IV) whose pay is not more than Rs. 150 p.m. and members of their families. In the case of gazetted officers (other than Class I), whose pay is less than Rs. 500 p.m. and non-gazetted Government servants whose pay is more than Rs. 150 p.m. but less than Rs. 500 p.m. and members of their families, the reimbursement of fees charged by the doctors should be limited to Rs. 4 per visit, if a medical graduate has been consulted, or Rs. 2 per visit if a medical licentiate has been consulted.

[Late Deptt. of E.H. & L. O.M. No. F.16-6/39-H, dated the 18th March, 1944, late Deptt. of Health O.M. No. F.6-82/46-MII, dated the 1st October, 1946, Ministry of Health O.M. No. F.7-20/53-LSG(M), dated the 24th February, 1954, O.M. No. F.32-1/58-HI (No. 16), dated the 22nd August, 1958 and O.M. No. F.32-3/58-HI, dated the 16th September, 1960.]

NOTE (1).—The private registered medical practitioners have been considered as the authorised medical attendants for the purpose of medical attendance of Government servants and members of their families specified in para. 2 above.

NOTE (2).—By 'private medical practitioners' is meant a registered medical practitioner qualified in the Western system of medicine and the term does not include practitioners of the Ayurvedic, Unani and Homoeopathic systems of medicines.

[Late E.H. & L. Deptt. O.M. No. F.16-6/39-H, dated the 9th April, 1945.]

NOTE (3).—The principles regulating the medical claims for reimbursement of expenditure on account of medical attendance and treatment (limited to administration of injections) as given in the Government of India decision No. 8 below rule 2(e) of the C.S. (M.A.) Rules, 1944, are applicable to Central Government servants and members of their families stationed in or passing through Calcutta also to the extent otherwise permissible under these arrangements.

Government of India decision No. 1.—The Government of India have decided that in the case of non-gazetted Government servants, stationed in or passing through Calcutta, whose pay is not less than Rs. 500 p.m., a fee at the rate of Rs. 16 for the first visit and Rs. 10 for each subsequent visit should be reimbursed to them and that the reimbursement of the fees prescribed above should be subject to the condition that the doctor consulted is of the status of a Civil Surgeon or Presidency Surgeon by virtue of his standing in the profession or of his post-graduate qualifications.

NOTE (1).—Gazetted Government servants in Calcutta whose pay is less than Rs. 500 p.m. are, however, *not* entitled to the services of a private medical practitioner of the status of a Civil Surgeon.

NOTE (2).—Ordinarily a medical graduate with about 14 years standing in his profession or possessing a post-graduate qualification, such as M.D., M.S., M.R.C.P., F.R.C.S., F.R.C.O.G., should be considered as equivalent to a Civil Surgeon. The consultation fees which the doctor usually charges, might also be taken into consideration when assessing his status and that in doubtful cases the Director of Health Services, West Bengal, Calcutta, may be consulted.

[Ministry of Health O.M. No. F.6-2/49-MII, dated the 16th February, 1949.]

Government of India decision No. 2.—It has been decided that reimbursement to Central Government servants stationed in or passing through Calcutta on account of injection charges paid by them to private medical practitioners should be allowed at the rates shown below:—

Injections	Government servants whose pay is not less than Rs. 500 p.m. (provided injections are administered by a doctor of the status of Civil Surgeon)	Government servants, other than Class I, whose pay is less than Rs. 500 p.m. (provided injections are administered by a medical graduate)	Government servants whose pay is upto Rs. 150 p.m. (or in cases where injections are administered by medical licentiates)
	Rs.	Rs.	Rs.
Intra-venous	5	3	2
Intra-muscular	3	2	2
Subcutaneous	2	2	2

[Ministry of Health O.M. No. F.6-111/48-MII, dated the 8th June, 1953.]

Government of India decision No. 3.—The Government of India have decided that the concession of medical attendance by private registered medical practitioners admissible to Central Government servants in Calcutta *does not include dental treatment.*

[Late Department of Health O.M. No. F.6-111/47-MII, dated the 12th May, 1947.]

Government of India decision No. 4.—It has been decided that Central Government servants (including Class IV) may be allowed the facilities for *testing of eyesight for glasses, once in every three years*, on the recommendation of the authorised medical attendant. The testing of eyesight should be conducted *only in a State/State-aided hospital and not at the private consulting room of the specialist.* Normally no fees are levied for testing of eyes in a State/State-aided hospital. If, however, any fees are charged for such testing in accordance with the rules of any particular hospital, these will be reimbursed. The above concession does not include provision of spectacles at Government expense. A Government servant desirous of availing of this facility should produce a certificate from the controlling authority empowered to countersign the medical claim bill that he has not availed of the concession within the last three years.

NOTE.—The families of Central Government servants are not entitled to the concession of testing of eyesight for glasses.

[Ministry of Health O.M. No. F.17(VIII)-14/57-HI, dated the 23rd May, 1958 read with O.M. of even number dated the 28th April, 1959.]

Government of India decision No. 5.—*The treatment of eye diseases*, as distinct from testing of eyesight for glasses, unless the patient requires admission into a hospital, may be had from private registered medical practitioners under the general orders applicable to Calcutta.

EXPLANATION.—The intention is that only ordinary treatment of eye diseases, as distinct from the testing of the eyesight for glasses, should be admissible from private medical practitioners under the general orders applicable to Calcutta. Treatment by specialised registered practitioners requiring careful dressing, etc., is not covered by the rules.

[Late Department of Health O.M. No. F.6-111/47-MII, dated the 12th May, 1947.]

(b) Reimbursement of the cost of medicines

They are entitled to the reimbursement of the cost of such medicines, other than patent medicines, ordinarily stocked in Government hospitals, as are required for treatment. Bills for such medicines should be supported by the doctors attending on them.

NOTE.—Ayurvedic, Unani or Homoeopathic medicines are not reimbursable.

[Late Deptt. of E.H. & L. O.M. No. F.16-6/39-H, dated the 18th March, 1944, and 9th April, 1945.]

Government of India decision.—The Government of India have decided that Government servants (and members of their families) stationed in or passing through Calcutta should be reimbursed the cost of such medicines, vaccines, sera or other therapeutic substances not ordinarily stocked in Government hospitals, as the doctor consulted by them, may certify in writing to be essential for the recovery, or for the prevention of serious deterioration in the condition of the patient.

[Late Department of Health O.M. No. F.6-82/46-MII, dated the 1st October, 1946 and O.M. No. F.6-159/47-MII, dated the 18th July, 1947.]

NOTE (1).—The concession regarding reimbursement of the cost of special medicines applies also to Central Government servants and members of their families undergoing treatment in a State or State-aided hospital in Calcutta.

[Ministry of Health file No. F.7-8/52-LSG(M).]

NOTE (2).—Production of cash memos, and prescriptions in original should always be insisted upon before refund of expenses incurred on account of purchase of medicines is allowed.

(c) Consultation with Specialists and reimbursement of consultation fees

They may, without obtaining the prior approval of the Chief Administrative Medical Officer of the State, consult one of the Specialists attached to the State Government Hospitals in Calcutta on the advice of the private registered medical practitioner acting as authorised medical attendant. Reimbursement of fees charged by the Specialist will be restricted to a maximum of Rs. 16 for the first consultation and a maximum of Rs. 10 for subsequent consultation.

[Ministry of Health O.M. No. F.5(IX)-1/56-HII(HI) (No. 4), dated the 9th April, 1958.]

(d) Hospital treatment in State or State-aided Hospitals

They will be admitted to the State or State-aided hospitals in common with other members of the general public on the advice of their doctors. While under treatment at such hospitals they shall be entitled to the following facilities at Government expenses:—

- (i) the use of all medical and surgical facilities available at the State or State-aided hospital in which a patient is treated ;
- (ii) the employment of such pathological, bacteriological, radiological or other methods as are considered necessary by the hospital authorities.

NOTE.—A list of State and State-aided hospitals where treatment should be had is given in Appendix IX. Please also see para 7(a) of Government of India decision No. 2 at item 5 of Section VII.

Government of India decision.—The cost of pathological, bacteriological or radiological examinations employed on the advice of the medical attendant for purposes of diagnosis is to be allowed only if such examinations are conducted at Government hospital/laboratory or at recognised hospitals.

[Late Deptt. of E.H. & L. O.M. No F.16-6/39-H, dated the 9th April, 1945.]

- (iii) the supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in the hospital ;
- (iv) the supply of such medicines, vaccines, sera or other therapeutic substances not ordinarily stocked in Government hospitals as the doctor-in-charge of the case may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient ;
- (v) such accommodation as is ordinarily provided in the hospital suited to his/her status ;

NOTE.—Accommodation in the general or free wards in the hospital will be deemed to be suited to the status of a Class IV Government servant.

Government of India decision No. 1.—It has been decided that reimbursement on account of charges for accommodation in connection with the treatment of Central Government servants and their families at the State and State-aided hospitals in Calcutta will be regulated in accordance with the scales given in Appendix IX.

[Ministry of Health O.M. No. F.8(IX)-17/55-HII(HI), dated the 17th August, 1957.]

Government of India decision No. 2.—It has been decided that in the case of Central Government servants stationed in or passing through Calcutta, in the event of accommodation suited to the status of a Government servant concerned being not available, accommodation of a higher class may be allotted to the entitled patient, provided it can be certified by the Medical Superintendent of the Hospital :

- (a) that accommodation of the appropriate class was not available at the time of the admission of the patient ;
- (b) that in the case of illness other than confinement the admission of the patient into the hospital could not be delayed without danger to the health of the patient until accommodation of the appropriate class became available ; and
- (c) that in the case of confinement the accommodation was booked well in advance.

2. Reimbursement of diet charges paid to hospitals by the Central Government servants and their families receiving treatment as in-patients will be reimbursed in full if the pay of the Government servant concerned is not more than Rs. 180 p.m.

[Ministry of Health O.M. No. F.17(VII)-8/57-HI(M.A.), dated the 21st October, 1957 and 12th February, 1959 read with O.M. No. F.5(IV)-10/56-HII, dated the 7th June, 1956 and O.M. No. F.32-6/60-HI, dated the 11th July, 1961.]

- (vi) such consultation with a specialist as the hospital authorities consider necessary, and

[Late Deptt. of E.H. & L. O.M. No. F.16-6/39-H, dated the 18th March, 1944 and 9th April, 1945.]

- (vii) such nursing as is ordinarily provided to in-patients by the hospital.

Government of India decision.—If during treatment in a Government or recognised hospital *special nursing* becomes necessary a Central Government servant, or a member of his family, will be entitled to such special nursing as may be deemed essential for the recovery or for the prevention of serious deterioration in the condition of the patient having regard to the nature of the disease. For this purpose, a certificate from the Medical Officer-in-charge of the case in the hospital and countersigned by the Medical Superintendent of the hospital, should be produced in the prescribed form reproduced below. The amount to be reimbursed to a Government servant in respect of such special nursing shall be limited to the amount which is in excess of 25% of the pay of the Government servant concerned for the period for which special nursing was necessary.

CERTIFICATE FORM

I certify that.....
employed in the.....has been under
the treatment for disease
at the hospital
and that the services of the special nurses for which an expenditure
of Rs.was incurred *vide* bills and receipts
attached, were essential for the recovery/prevention of serious
deterioration in the condition of the patient.

Countersigned.

*Signature of the Medical
Officer-in-charge of the case
at the hospital.*

Medical Superintendent,

Date.....

.....Hospital.

[Ministry of Health O.M. No. F.8(X)-72/55-HII, dated the 12th March, 1956 and Corrigendum of even number, dated the 20th June, 1956.]

Pre-natal and Post-natal treatment

Government of India decision.—Reimbursement of expenditure incurred on pre-natal and post-natal treatment of the wife of a Government servant or a female Government servant will be allowed in the same way as treatment for any other disease, provided such treatment is received at a Government/recognised hospital.

2. It has been decided that reimbursement of expenses incurred on pre-natal and post-natal treatment of a *female non-gazetted Government servant* may also be allowed when such treatment is received from a private registered medical practitioner of her choice at his/her consulting room on payment of prescribed fees, provided hospitalisation in such cases is not considered necessary.

[Ministry of Health O.M. No. F.8(X)-72/55-HII, dated the 12th March, 1956 and 7th April, 1960.]

Reimbursement of confinement charges in the case of female Government servants and families of Government servants (including Class IV) at residence

Government of India decision.—It has been decided that in the case of female Government servants and families of Government servants (including Class IV), the cost of confinement charges at the residence of the Government servant concerned will be reimbursed, provided the delivery is conducted by the Staff of the Child Welfare and Maternity Centres maintained by Government or local bodies. Reimbursement in such cases will be admissible according to the scheduled rates of such Centres. In the event of complications, arising at the time of the delivery, requiring attendance by a specialist, the patient should be removed at once to the nearest Government/recognised hospital.

[Ministry of Health O.M. No. F.17(VII)-14/57-HI(9), dated the 23rd May, 1958.]

MISCELLANEOUS DECISIONS

Government of India decision No. 1.—Payments on account of hospital charges should in the first instance be made by the Government servants concerned to the hospital authorities and then refund claimed from Government to the extent admissible under the rules.

[Ministry of Health, letter No. F.6(III)-2/50-MII, dated the 18th January, 1951.]

Government of India decision No. 2.—As it is necessary to ensure that the rules are strictly followed, the Heads of Offices at Calcutta should satisfy themselves personally that the claims are in accordance with the rules before reimbursement is sanctioned. Points of doubt should be referred to the Ministry of Health for orders before reimbursement is allowed. In order to ensure strict compliance with the rules the Head of Office to which the Government servant belongs should attach a certificate in the following form to each bill for reimbursement:—

“Certified that the bills have been scrutinised and the claim is in order.”

[Late Department of Health O.M. No. F.6-32/46-MII, dated the 24th January, 1947 as amended by Ministry of Health Corrigendum No. F.32-3/61-HI, dated the 20th June 1961.]

Government of India decision No. 3.—At present Central Government servants in Calcutta are required to produce ‘essentiality certificate’ in respect of the supply of special medicines in the prescribed form irrespective of the fact that the medicines in question are purchased on the advice of Government doctors or private medical practitioners. As the private registered practitioners are not in a position to certify what medicines are or are not ordinarily stocked in a Government hospital, it has been decided that, in future ‘essentiality certificate’ in respect of the medicines purchased on the advice of the

private registered medical practitioners should be in the form given below:

I certify that Mr.....
employed in the.....
has been under my treatment at.....
and that the undermentioned medicines prescribed by me in this
connection were essential for the recovery/prevention of serious
deterioration in the condition of the patient. These medicines do not
include proprietary preparations for which cheaper substances of
equal therapeutic value are available, nor preparations which are
primarily foods, toilets or disinfectants.

*Signature of the doctor and
his medical qualifications.*
Registered No.
Medical Council with which
registered.....

Date.....

Names of the Medicines with their cost (to be given legibly).

[Ministry of Health O.M. No. F.7-17/52-LSG(M), dated the 3rd September, 1952.]

Submission of Cash Memos and prescriptions

Government of India decision No. 4.—Government servants should be required to submit alongwith their medical bills the Cash Memos. for the medicines purchased duly countersigned by the attending doctor and the *original prescriptions* by the private medical practitioners from whom medical attendance is received. The original prescriptions need not be sent to Audit alongwith the claim papers but may be returned to the Government servant concerned after cancelling them with 'CHECKED AND CANCELLED' stamp. The controlling authority should, however, endorse the essentiality certificate to the effect that the same has been checked with reference to the original prescriptions and found correct.

[Late Deptt. of E.H. & L. O.M. No. F.16-6/39-H, dated the 9th April, 1945 read with Ministry of Health O.M. No. F.1-17/52-LSG(M), dated the 18th December, 1952 and O.M. No. F.32-5/60-HI, dated the 29th April, 1960.]

Pre-audit of medical bills

Government of India decision No. 5.—It has been decided that medical claims of both gazetted and non-gazetted Government servants stationed in or passing through Calcutta, where medical attendance is received from private medical practitioners, should continue to be pre-audited by the audit authorities concerned (as contemplated in paragraph 2 of Ministry of Health Office Memorandum No. F.6-159/47-MIL, dated the 26th November, 1947). Claims from gazetted officers on account of medical attendance received from the Presidency Surgeons, Calcutta, employed by the Government of West Bengal need not, however, be pre-audited.

[Ministry of Health O.M. No. D.2162 P(M)/51, dated the 29th February, 1952.]

Government of India decision No. 6.—A question has been raised whether or not the sanction issued by the Government of India for reimbursement of medical expenses in relaxation of the rules, in respect of claims of Central Government servants residing in Calcutta or in cases in which treatment is received in the State or State-aided hospitals in Calcutta are subject to pre-audit. After careful examination of the question, it has been decided by the Government of India that *pre-audit is not necessary in such cases.*

[Ministry of Health O.M. No. F.8(IX)-24/55-HII, dated the 13th December, 1955.]

Government of India decision No. 7.—It has been decided that *members of families of gazetted officers (other than Class I) drawing a pay less than Rs. 500 per month and non-gazetted Central Government servants, stationed in or passing through Calcutta, may receive medical attendance and treatment in the same way as the Central Government servants themselves.*

2. With a view to ensure that the expenditure on account of medical attendance from private medical practitioners availed of by the Central Government servants in Calcutta in respect of themselves and members of their families may not tend to be unduly heavy, it has also been decided that individual ledgers in the proforma given below, in respect of each such Central Government servant should be maintained and a watch should be kept by the Controlling Officer concerned in respect of the expenditure incurred.

PROFORMA

Name of the Central Government servant	Name of the patient and his/her relationship to the Government servant	Name and duration of illness in respect of which a private medical practitioner was consulted	Amount reimbursed (in Rs.)	No. and other particulars of the bill through which amount was drawn	Total amount reimbursed during the financial year 19 -19	Remarks
1	2	3	4	5	6	7

[Ministry of Health O.M. No. F.32-3/58-HI, dated the 18th September, 1960.]

Government of India decision No. 8—Treatment at residence.— It has been decided that members of families of Central Government employees may receive treatment at residence on the same conditions as Central Government employees themselves as provided in Rule 7(1) of the Central Services (Medical Attendance) Rules, 1944. The claim for reimbursement of cost of such treatment shall be regulated under the provision of Rules 7(2) and 7(3) of the Central Services (Medical Attendance) Rules, 1944, and orders issued thereunder.

2. These orders are applicable to the families of gazetted Central Government employees drawing pay not less than Rs. 500 p.m. and Class I Officers stationed in or passing through Calcutta, who are governed by the Central Services (Medical Attendance) Rules, 1944. *However, as the facility of 'treatment' at residence from private doctors has not been extended to non-gazetted Central Government employees and gazetted Central Government employees other than Class I Officers drawing pay less than Rs. 500 p.m. stationed in or passing through Calcutta, these orders are not applicable to their families.*

[Ministry of Health O.M. No. F.21-72/63-Hosp., dated the 1st October, 1963.]

APPENDICES

APPENDIX I

List of hospitals recognised for the purpose of medical attendance and treatment of Central Government servants and members of their families

SCHEDULE A

For Central Government servants and also members of their families

1. *Throughout India.*
All State hospitals.
All hospitals recognised by a State Government for medical attendance and treatment of their employees and/or members of their families.
2. *Ahmedabad.*
Seth Vadilal Sarabhai Hospital.
3. *Nipani.*
Lafayette Hospital.
4. *Pilani.*
Birla Sarvajanic Hospital.
5. *Poona.*
K.E.M. Hospital.

SCHEDULE B

For members of families and female Central Government servants

1. *Throughout India.*
All Government hospitals for women.

At places where there are no State Government/Central Government recognised hospitals, all hospitals recognised by a State Government for medical attendance and treatment of families of their own employees.

All Maternity and Child Welfare Centres having facilities for in-door treatment and recognised by the State Government for medical treatment of female employees and female members of the families of their employees.

All Municipal Maternity Homes in West Bengal having facilities for in-door treatment.
2. *Akola.*
Lady Hardinge Hospital.
3. *Allahabad.*
Kamala Nehru Memorial Hospital.
4. *Ambala Cantt.*
Behari Lal Charitable Zanana Hospital.
5. *Amritsar.*
Lady Emerson Seth Chaturbhuj Hospital.
6. *Amraoti.*
Dufferin's Hospital.
7. *Bilaspur.*
Jackman Memorial Hospital.

8. *Bombay.*
 Bai Mattibai and Patit Hospitals.
 Cama and Albless Hospitals.
 Mohd. Haji Babu Sidik Maternity Home.
 Kamar Khanum Maternity Home.
9. *Calcutta.*
 Chetla Municipal Maternity Home, South.
 Baldeodas Municipal Maternity Home, North
 Kidderpore Municipal Maternity Home.
 Maniktala Municipal Maternity Home.
 Lady Dufferin Victoria Hospital for Females.
 Behala Maternity Home, Behala.
10. *Delhi.*
 Lady Hardinge Medical College Hospital.
 St. Stephens Mission Hospital.
 Mrs. Girdhari Lal Maternity Hospital. (For families of Govt. servants
 residing in Delhi Municipal limits only.)
 Maternity and Child Welfare Centre, Lodi Road Colony, New Delhi.
 Maternity and Child Welfare Centre, Rajinder Nagar, New Delhi.
 Maternity and Child Welfare Centre, Kingsway Refugee Colony, New
 Delhi.
11. *Farukhabad.*
 Farukhabad Memorial Hospital.
12. *Jabalpur.*
 Lady Elgin Hospital.
13. *Nagpur.*
 Muir Memorial Hospital.
14. *Nasirabad (Rajasthan).*
 Mission Hospital.
15. *Palwal.*
 Christian General Hospital, Palwal (till a women's section of the Civil
 Hospital starts functioning).
16. *Shillong.*
 Lady Kerr Maternity and Welfare Centre, Laban, Shillong (for maternity
 cases).

APPENDIX II

List of T.B. institutions recognised for the purpose of medical treatment of Central Government servants and members of their families suffering from tubercular diseases

STATES

Andhra Pradesh.

1. Government Welfare Fund T.B. Hospital, Nellore.
2. Government King George Hospital, Visakhapatnam.
3. Union Mission T.B. Sanatorium, Arogyavaram, Chittoor Distt.
4. Visranthipuram Sanatorium, Rajahmundry.
5. T.B. Hospital, Iramnuma.
6. T.B. Sanatorium, Vikarabad (Ananthgiri).
7. T.B. Clinic, Dibirpura.

Assam

1. Reid Provincial Chest Hospital, Shillong.
2. Lokapriya Gopinath Bardoloi Memorial T.B. Hospital, Gopinath Nagar, Gauhati.
3. Jorhat Christian Mission Hospital, Jorhat.
4. Burrows Memorial Hospital, Alipur, Silchar.
5. American Baptist Mission Hospital, Gauhati.

Bihar.

1. Itki Sanatorium, Itki.
2. Patna Medical College Hospital, Patna.
3. Ramakrishna Mission T.B. Sanatorium, Ranchi.
4. Mahadevi Birla T.B. Sanatorium, P.O. Namkum, near Ranchi.
5. Darbhanga Medical College Hospital, Darbhanga.
6. Tuberculosis Centre, Patna.

Gujarat.

1. V. C. Nath T.B. Sanatorium, Bharapur.
2. K. J. Mehta T.B. Hospital, Amargarh (via Songadh).
3. Padmavati Sanatorium, Baroda.
4. Salvation Army T.B. Hospital, Anand, Distt. Kaira.

Jammu and Kashmir.

1. C.D. Hospital, Jammu.
2. C.D. Hospital, Srinagar.

Kerala.

1. Kerala Varma Sanatorium, Mulakunna, Thunkavu.
2. T.B. Clinic & Demonstration Centre, Trivandrum.
3. T.B. Clinic attached to the District Hospital, Kottayam.
4. T.B. Clinic, Paluruthy.
5. Civil Hospital, Trichur.
6. Government Headquarters Hospital, Calicut.

Madras.

1. Government Tuberculosis Institute, Madras.
2. Government General Hospital, Madras.
3. Government Tuberculosis Sanatorium, Tambaram.
4. Santosham Memorial Tuberculosis Sanatorium, Tambaram.
5. Coimbatore T.B. Sanatorium, Peelamedu, P.O. Avanashi.
6. Government Headquarters Hospital, Coimbatore.
7. Coimbatore District Jubilee Tuberculosis Sanatorium, Perundurai, Coimbatore District.
8. Government Headquarters Hospital, Tanjore.
9. Mahatma Gandhi Memorial Tuberculosis Sanatorium, Sengipatti (Tanjore District).
10. Government Headquarters Hospital, Tiruchirapally.
11. Rajaji Tuberculosis Sanatorium, Tiruchirapally.
12. Government Erskine Hospital, Madurai.
13. Tuberculosis Hospital, Nagercoil.
14. Somanathapuram T.B. Sanatorium, Ramnad District.

Madhya Pradesh.

1. Tuberculosis Clinic, Jabalpur.
2. Tuberculosis Sanatorium, Pendra Road.
3. T.B. Ward J.A. Hospital, Gwalior.
4. T.B. Wards M.T. Hospitals, Indore.
5. T.B. Sanatorium, Rao (Indore).

Maharashtra.

1. Bel-Air Sanatorium, Dalkeith, Panchgani.
2. Hillside Sanatorium, Vengurla.
3. Wanless Tuberculosis Sanatorium, Wanlesswadi, Distt. Satara.
4. Group of Hospitals for Tuberculosis, Bombay.
5. Telegaon General Hospitals & Convalescent Home, Telegaon (Dabhaoda, District Poona).
6. Hospital for the diseases of the Chest, Camp Aundh, Poona.
7. Maharashtra T.B. Sanatorium, Panchvati, Nasik.
8. Tuberculosis Clinic, Nagpur.
9. T.B. Wing of Evangeline Booth Hospital, Ahmednagar.
10. Tuberculosis Sanatorium, Buldana.

Mysore.

1. P.K. Sanatorium, Mysore.
2. S.D.S. Sanatorium, Bangalore.
3. Government Tuberculosis Sanatorium, Bangalore.
4. Karnatak Health Institute Hospital and Sanatorium, Ghattaprabha (District Belgaum).
5. Government Wellesley Tuberculosis Sanatorium, Bellary.

Orissa.

1. T.B. Clinic and T.B. Ward attached to the S.C.S. Medical College Hospital, Cuttack.
2. T.B. Hospital, Uditnarayanpur (near Bhowanipatna).
3. Basant Manjari Swasthya Nibas, Chandpur.

Punjab.

1. Lady Linlithgow Sanatorium, Kasauli.
2. Lady Irwin Sanatorium, Jubar.
3. King Edward Sanatorium, Dharampore.
4. Victoria Jubilee Hospital, Amritsar.
5. R.B. Sir Gujjarmal Kesra Deve Sanatorium, Amritsar.
6. T.B. Clinic, Patiala.
7. Hardinge Sanatorium, Dharampore (Simla Hills).
8. Gulab Devi Tuberculosis Hospital, Jullundur.

Rajasthan.

1. T.B. Sanatorium, Jaipur.
2. G.G.J. T.B. Hospital, Bikaner.
3. T.B. Clinic, Jodhpur.
4. M.G. Hospital, Jodhpur.
5. Madar Union Sanatorium, Madar.
6. P.M.B. General Hospital, Bikaner.

Uttar Pradesh.

1. K.E. VII Sanatorium. Bhowali.
2. King George Medical College Hospital, Lucknow.
3. Kasturba T.B. Clinic and Hospital, Lucknow.
4. Central T.B. Clinic, Kanpur.
5. T.B. Sanatorium, Dakpathar, Distt. Dehra Dun.
6. T.B. Clinic, Allahabad.
7. Brij Seva Samithi T.B. Sanatorium, Vrindavan (Mathura).

West Bengal.

1. Kanchrapara Tuberculosis Hospital.
2. Jadabpur Tuberculosis Hospital, Jadabpur.
3. S. B. Dey Sanatorium, Kurseong.
4. T.B. Clinic attached to the Calcutta Medical College, Calcutta.
5. M. R. Bangur T.B. Sanatorium, Digri, Midnapur.
6. Medical Ward (T.B.) attached to R. G. Kar Medical College Hospital, Calcutta.
7. Bhabendra Bala Debi Chest Clinic, Serampore.
8. Serampore T.B. Hospital, Serampore.

UNION TERRITORIES

Delhi.

1. Silver Jubilee Tuberculosis Hospital, Delhi.
2. Tuberculosis Clinic, Queens Road, Delhi.
3. New Delhi Tuberculosis Centre, New Delhi.
4. Ramakrishna Mission Free Tuberculosis Clinic, Karol Bagh, Delhi.
5. Lala Ram Sarup T.B. Hospital, Mehrauli, Delhi.

Himachal Pradesh.

1. Himachal Pradesh Sanatorium, Mandhodhar, near Dharampore.
2. Government T.B. Clinic, Mandi.
3. T.B. Clinic, Chamba.

NOTE.—It has been decided that all institutions/hospitals/clinics etc., providing facilities for treatment of tuberculosis, which are directly administered by the State Governments should be deemed to be recognised under the Central Services (Medical Attendance) Rules, 1944, for the purpose of treatment of Central Government employees and members of their families suffering from tubercular diseases.

[Ministry of Health, Office Memorandum No. F.33-10/60-HI, dated the 4th January, 1963.]

APPENDIX III

List of hospitals recognised for the purpose of medical treatment of Central Government servants and their families suffering from cancer

1. Sarojini Naidu Hospital, Agra.
2. Seth Vadilal Sarabhai General Hospital, Ahmedabad.
3. Victoria Hospital, Ajmer.
4. Victoria Jubilee Hospital, Amritsar.
5. Sir Takhtsinghji Hospital, Bhavnagar.
6. P.B.M. General Hospital, Bikaner.
7. Tata Memorial Hospital, Bombay (for special treatment only)
8. Medical College Hospital, Calcutta.
9. Chittaranjan Cancer Hospital, Calcutta.
10. Chittaranjan Seva Sadan, Calcutta.
11. R.C.B. Medical College Hospital, Cuttack.
12. Assam Medical College Hospital, Dibrugarh.
13. Osmania General Hospital, Hyderabad.
14. M.T. Hospital, Indore.
15. S.M.S. Hospital, Jaipur.
16. Irwin Hospital, Jamnagar.
17. M.G. Hospital, Jodhpur.
18. J.A. Hospital, Lashkar.
19. Memorial Hospital, Ludhiana.
20. Government General Hospital, Madras.
21. Government Stanley Hospital, Madras.
22. Government Hospital for Women and Children, Madras.
23. Cancer Institute, Madras (for special treatment only).
24. Miraj Medical Centre, Miraj.
25. Irwin Hospital, New Delhi.
26. Lady Hardinge Medical College Hospital, New Delhi.
27. Patna Medical College Hospital, Patna.
28. Welsh Mission Hospital, Shillong.
29. Himachal Pradesh (previously District Civil) Hospital, Snowdon, Simla.
30. Lady Reading Hospital, Simla.
31. General Hospital, Trivandrum.
32. King George Hospital, Visakhapatnam.

APPENDIX IV

List of institutions recognised for the purpose of medical treatment of Central Government servants and their families suffering from poliomyelitis

1. Sarojini Hospital, Agra.
2. Victoria Jubilee Hospital, Amritsar.
3. J.J. Hospital, Bombay.
4. B.J. Hospital for Children, Bombay.
5. Bai Jerbai Wadia Hospital for Children, Parel, Bombay.
6. Fraser Hospital, Burdwan.
7. Chittaranjan Seva Sadan, Calcutta.
8. Presidency General Hospital, Calcutta.
9. Nilratan Sarkar Medical College Hospital, Calcutta.
10. Medical College Hospital, Calcutta.
11. R. G. Kar Medical College Hospital, Calcutta.
12. B. C. Roy Polio Clinic Hospital, Calcutta.
13. Medical College Hospital, Darbhanga.
14. A.M.C. Hospital, Dibrugarh.
15. J.A. Hospital, Gwalior.
16. M.T. Hospital, Indore.
17. G.M. and Associated Hospital, Lucknow.
18. Government General Hospital, Madras.
19. Government Stanley Hospital, Madras.
20. Medical College Hospital, Nagpur.
21. Medical College Hospital, Patna.
22. Children's Orthopaedic Hospital, Bombay (for advanced cases of Polio requiring specialised treatment).

APPENDIX V

List of hospitals recognised for the purpose of medical treatment of Central Government servants and their families suffering from mental diseases

STATE	HOSPITAL
Andhra Pradesh	1. Mental Hospital, Erragadda, Hyderabad.
	2. Mental Hospital, Waltair.
Assam	3. Mental Hospital, Tezpur.
Bihar	4. Indian Mental Hospital, Ranchi.
	5. Hospital for Mental Diseases, Ranchi.
Gujarat	6. Mental Hospital, Ahmedabad.
	7. Mental Hospital, Baroda.
	8. Mental Hospital, Bhavnagar.
	9. Mental Hospital, Kutch.
Jammu & Kashmir	10. Mental Hospital, Srinagar.
Kerala	11. Mental Hospital, Calicut.
	12. Mental Hospital, Trivandrum.
	13. Mental Hospital, Trichur.
Madras	14. Government Mental Hospital, Madras.
Madhya Pradesh	15. Mental Hospital, Gwalior.
	16. Mental Hospital, Indore.
Maharashtra	17. N. M. Mental Hospital, Thana.
	18. Mental Hospital, Ratnagiri.
	19. Central Mental Hospital, Yeravada, Poona.
	20. Mental Hospital, Nagpur.
Mysore	21. Mental Hospital, Bangalore.
	22. Mental Hospital, Dharwar.
Punjab	23. Mental Hospital, Amritsar.
Rajasthan	24. Mental Hospital, Jaipur.
	25. Mental Hospital, Jodhpur.
	26. Mental Hospital, Udaipur.
Uttar Pradesh	27. Mental Hospital, Varanasi.
	28. Mental Hospital, Bareilly.
	29. Mental Hospital, Agra.
West Bengal	30. Mental Observation Ward, Ehowanipur, Calcutta.
	31. Bangiya Unmad Asram, Dum Dum.
	32. Lumbini Park Mental Hospital, Tiljala, Parganas.

Schedule of fees prescribed for medical attendance on Central Government employees and their families by Medical Officers of the various States at the residence of the patient or at the residence of the Medical Officer or consulting room

[illegible]

7. Madhya Pradesh	16	16	5	5	2	2	10	10	3	3	1.50	1.50
8. Madras												
(i) Officers drawing Rs. 500 p.m. and above and Class I Officers	16	16	..	..	..	..	10	10	..	..	..	..
(ii) Officers drawing Rs. 151 to Rs. 499 p.m. (excluding Class I Officers)	..	..	5	5	..	..	..	..	3	3	..	..
(iii) Officers drawing Rs. 150 and below . . . . .	..	..	3	3	..	..	..	..	2	2	..	..

NOTE.—The Government of Madras have unified the cadres of Civil Assistant Surgeons, Class I and II into a single cadre of Assistant Surgeons.

9. Maharashtra	16	16	5	5	2	2	10	10	3	3	1.50	1.50
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NOTE.—M.M.S. Class I, M.M.S. Class II and M.M.S. Class III in Maharashtra are equivalent to the status of Civil Surgeon/I.M.S. Officer, P.M.S./Assistant Surgeon, Class I and S.M.S./Assistant Surgeon, Class II, respectively.

10. Mysore	Same as for Madras.											
11. Orissa	16	16	4	4	..	..	10	10	2	2	..	..

NOTE.—The three grades of Assistant Surgeons viz. Grade I, Grade II and Grade III in Orissa have been amalgamated to form a new cadre of Assistant Surgeons with gazetted status with effect from 1st April, 1958.

12. Punjab	16	32	5	10	2	4	10	16	3	6	1.50	3
13. Rajasthan	16	32	5	10	..	..	10	16	3	6	..	..

NOTE.—The cadres of Civil Assistant Surgeon, Class I and II have been abolished and a uniform cadre of Assistant Surgeons has been introduced in Rajasthan.

1	2	3	4	5	6	7	8	9	10	11	12	13	14		
14. Uttar Pradesh	.	.	.	8	16	4	8	2	4	6	12	3	6	1.50	3
15. West Bengal (excluding Calcutta)	.	8	16	4	8	2	4	8	16	4	8	2	4		
*16. Delhi and others Centrally Adminis- tered Areas (for families only)	.	16	16	2	3	2	2	10	10	2	2	1.50	1.50		

*(Please see also Note 4 on next page.)

(Ministry of Health, O.M., No. F. 28-47/60-HI, dated the 18th September, 23rd October, and 1st December, 1962.)

NOTE (1).—For criteria that should be applied for purposes of determining whether a consultation should be regarded as a "First consultation" or a "Subsequent consultation," please see Government of India decision No. 10 below Rule 2(e) of the C.S. (M.A.) Rules, 1944.

NOTE (2).—The timings for 'Night Visits' for purposes of charging enhanced rates of consultation fees by the authorised medical attendants should be from 10 P.M. to 6 A.M. In cases of night visits involving enhanced rate of consultation fees the authorised medical attendants should furnish a certificate showing as to why the night consultation was necessary.

(Ministry of Health O.M. No. F. 28-57/60-HI, dated the 4th April, 1962.)

NOTE (3).—The rates of fees to be charged by the Presidency Surgeons in Calcutta in respect of attendance at their consulting room or residence or at the residence of the patient will be as follows:—

	Fees per visit for first consultation	Fees per visit for subsequent consultations in respect of the same case
Day visit	.	Rs. 16
Night visit	.	Rs. 32

(Ministry of Health O.M. No. F. 32-19/60-HI, dated the 29th September, 1962.)

NOTE (4).—A reference is invited to the Pay Commission's recommendation that doctors who are in whole time employment of the Central Government for providing medical attendance and treatment to Government servants should not be permitted private practice. Consequent on the implementation of this recommendation, non-practising allowance has been granted to medical officers to compensate for the loss of private practice. A question has arisen as to whether medical officers in receipt of non-practising allowance, can charge consultation and injection fees from the Central Government servants and members of their families for the treatment availed of by them under the Central Services (Medical Attendance) Rules and other relevant Medical Attendance rules, applicable to them. After careful consideration, it has been decided that no fees should be charged by the medical officers in receipt of a non-practising allowance for the professional service rendered to the Central Government servants and members of their families either before or during or after hospital hours.

2. As regards fees chargeable from persons other than the Government servants, under the hospital rules, it has been decided that the same should be credited to the Government revenues.

(Ministry of Health, letter No. F. 4(1)-22/60-HII, dated the 28th May, 1963 addressed to all Union Territories.)

APPENDIX VII

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government servants and their families

FORM MEDICAL 97

N.B.—Separate form should be used for each patient.

-
1. Name and designation of the Government servant.

(In block letters)

-
2. Office in which employed

-
3. Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments, which should be shown separately.

-
4. Place of Duty

-
5. Actual residential address

-
6. Name of the patient and his/her relationship to the Government servant.

N.B.—In the case of children, state age also.

-
7. Place at which the patient fell ill.

-
8. Details of the amount claimed.

I. MEDICAL ATTENDANCE—

- (i) Fees for consultation indicating:—

(a) the name and designation of the medical officer consulted and the hospital or dispensary to which attached.

(b) the number and dates of consultations and the fee paid for each consultation.

(c) the number and dates of injections and the fee paid for each injection.

(d) whether consultations and/or injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient.

(ii) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating:—

(a) the name of the hospital or laboratory where the tests were undertaken, and

(b) whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.

(iii) Cost of medicines purchased from the market.

(List of medicines, cash memos. and the essentiality certificates should be attached.)

II. HOSPITAL TREATMENT—

Charges for hospital treatment indicating separately the charges for—

(i) Accommodation—

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

(ii) Diet.

(iii) Surgical operation or medical treatment.

(vi) Pathological, bacteriological, radiological or other similar tests indicating—

(a) the name of the hospital or laboratory at which undertaken.

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

(v) Medicines.

(vi) Special medicines.

(List of medicines, cash memos. and the essentiality certificates should be attached.)

(vii) Ordinary nursing.

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

(ix) Ambulance charges.

(State the journey—to and from undertaken.)

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

NOTE 1.—If the treatment was received by the Government servant at his residence under Rule 8 of the Secretary of State's Services (M.A.) Rules, 1938 or Rule 7 of the C.S. (M.A.) Rules, 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these Rules.

NOTE 2.—If treatment was received at a hospital other than a Government hospital, necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

III. CONSULTATION WITH SPECIALIST—

Fees paid to a specialist or a medical officer other than the authorised medical attendant, indicating—

- (a) The name and designation of the specialist or medical officer consulted and the hospital to which attached.
- (b) Number and dates of consultations and the fee charged for each consultation.
- (c) Whether consultation was had at the hospital, at the consulting room of the specialist or medical officer, or at the residence of the patient.
- (d) Whether the specialist or medical officer was consulted on the advice of the authorised medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached.

9. Total amount claimed

10. Less advance taken on..... Rs.....

11. Net amount claimed Rs.....

12. List of enclosures

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date

*Signature of the Government servant
and Office to which attached.*

APPENDIX VIII

Form of Certificates A and B

Certificate granted to Mrs./Mr./Miss.....
wife/son/daughter of Mr.....

 employed in the

CERTIFICATE A

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

I Dr.hereby certify

(a) that I charged and received Rs. for..... con-
 sultations on at my consulting room.
 (dates to be given) at the residence of the patient.

(b) that I charged and received Rs. for administering
 intra-muscular injections on
 sub-cutaneous (date to be given)
at my consulting room.
 at the residence of the patient.

(c) that the injections administered were for immunising or prophylactic
were not purposes.

(d) that the patient has been under treatment at hospital
 my consulting room
 and that the undermentioned medicines prescribed by me in this con-
 nection were essential for the recovery/prevention of serious deterioration
 in the condition of the patient. The medicines are not stocked in the
 for supply to private patients and
 (name of the hospital)
 do not include proprietary preparations for which cheaper substances of
 equal therapeutic value are available nor preparations which are primarily
 foods, toilets or disinfectants.

Name of medicines

Price

- 1.
- 2.
- 3.
- 4.
- 5.

(e) that the patient is/was suffering from.....and is/was
 under my treatment from.....to.....

(f) that the patient is/was not given prenatal or post-natal treatment.

(g) that the X-ray, laboratory test, etc. for which an expenditure of Rs.
 was incurred were necessary and were undertaken on my advice at

 (Name of hospital or laboratory).

- (h) that I referred the patient to Dr.....for specialist consultation and that the necessary approval of the.....
 (Name of the Chief Administrative Medical Officer of the State) as required under the rules was obtained.

- (i) that the patient $\frac{\text{did not require}}{\text{required}}$ hospitalisation.

Dated.....

Signature & Designation of the Medical Officer and the hospital/ dispensary to which attached.

N.B.—Certificates not applicable should be struck off. Certificate (a) is compulsory and must be filled in by the Medical Officer in all cases.

—0—

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

CERTIFICATE B

(To be completed in the case of patients who are admitted to hospital for treatment)

PART A

(To be signed by the Medical Officer-in-charge of the case at the hospital)

I, Dr. hereby certify:

- (a) that the patient was admitted to hospital on my advice/the advice of
 (name of medical officer)
- (b) that the patient has been under treatment at and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the for supply to private patients and do not
 (name of hospital)
 include proprietary preparations for which cheaper substances of equal therapeutic value are available, nor preparations which are primarily foods, toilets or disinfectants.

Name of medicines

Price

- 1.
- 2.
- 3.
- 4.
- 5.

- (c) that the injections administered $\frac{\text{were}}{\text{were not}}$ for immunising or prophylactic purposes.
- (d) that the patient is/was suffering from and is/was under my treatment from to
- (e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs. was incurred were necessary and were undertaken on my advice at
 (name of the hospital or laboratory)

(f) that I called in Dr. for specialist consultation
 and that the necessary approval of the
 (Name of the Chief Administrative
as required under the rules was
 Medical Officer of the State)
 obtained.

*Signature and Designation of the
 Medical Officer-in-charge of the
 case at the hospital.*

PART B

I certify that the patient has been under treatment at the
 hospital and that the services of the special nurses, for which an expenditure
 of Rs. was incurred *vide* bills and receipts attached, were
 essential for the recovery/prevention of serious deterioration in the condition
 of the patient.

*Signature of the Medical Officer-
 in-charge of the case at the hospital.*

COUNTERSIGNED

*Medical Superintendent,
 Hospital.*

I certify that the patient has been under treatment at the
 hospital and that the facilities provided were the minimum which were essen-
 tial for the patient's treatment

Place.....
 Date.....

*Medical Superintendent,
Hospital.*

*N.B.—Certificates not applicable should be struck off. Certificate (d) is
 compulsory and must be filled in by the Medical Officer in all cases.*

APPENDIX IX

List of State and State-aided hospitals in Calcutta at which Central Government servants and their families are entitled to treatment and showing also the charges for accommodation etc.

Sl. No.	Name of Hospital	Pay of Govt. servant per month	Class of accommodation per day	Portion of accommodation charges which should be reckoned as diet charges and not refunded unless the pay of the Govt. servant is not more than Rs. 130 p.m. (in the old scales of pay) or Rs. 180 p.m. (in the revised scales of pay)
1	2	3	4	5
1	<i>Medical College Group of Hospitals :</i>			
	(i) Prince of Wales Hospital (for surgical cases).	For Gazetted staff drawing pay below Rs. 500 p.m. but excluding Class I Officers and also for non-Gazetted staff.	Rs. 3	20%
		For Gazetted staff drawing pay of Rs. 500 p.m. and above including Class I Officers.	Rs. 2	
	(ii) Medical College Hospital (for Medical & Surgical Cases).	For Gazetted staff only drawing pay of Rs. 500 p.m. and above including Class I Officers.	Rs. 2	
	(iii) Eden Hospital (for Gynaecological & Obstetrical cases).	(i) For Gazetted staff drawing pay above Rs. 1000 p.m.	Rs. 2	
		(ii) For Class I and Gazetted staff drawing pay Rs. 500 and above upto Rs. 1000 p.m.	Rs. 2	
		(iii) For Gazetted staff drawing pay below Rs. 500 p.m. but excluding Class I Officers and also for non-Gazetted.	Rs. 3	20%

APPENDIX IX—contd.

1	2	3	4	5
			Rs.	
	(iv) Eye Infirmary (for Ophthalmic cases)	For Gazetted staff drawing pay below Rs. 500 p.m. but excluding Class I Officers and also for non-gazetted staff.	3	20%
		For Class I Officers and gazetted staff drawing pay Rs. 500 and above.	12	Rs. 2
2	Nilratan Sircar Medical College Hospital (Campbell Hospital).	<i>For non-gazetted staff & also for gazetted staff drawing pay below Rs. 500 p.m. but excluding Class I Officers—</i>		
		For male patients	5	20%
		For female patients	4	20%
		For small-pox patients	7	20%
		<i>For Class I Officers & gazetted staff drawing pay Rs. 500 and above—</i>		
		For male patients	5	Rs. 2
		For female patients upto 5	Rs. 2	
		For small-pox patients	7	Rs. 2
3	Presidency General hospital (since renamed as Seth Sukhlal Karnani Memorial Hospital), Calcutta.	For non-gazetted staff & also for gazetted staff drawing pay below Rs. 500 but excluding Class I Officers.	3	20%
		For gazetted staff Rs. 500 and above upto Rs. 1000 including Class I Officers.	8	Rs. 2.50 nP.
		For Gazetted staff pay above Rs. 1000 p.m.	12	Rs. 3.75 nP. fixed

or at the rates fixed by the hospital authorities from time to time.

4	Sambhurnath Pandit Hospital	For non-gazetted staff and also for gazetted staff drawing pay below Rs. 500 p.m. but excluding Class I Officers.	3	20%
		For gazetted staff drawing pay Rs. 500 and above including Class I Officers.	4	Rs. 2
5	Marwari A. G. Hospital	There is no paying bed at this hospital.		
6	Lady Dufferin Victoria Hospital	Upto Rs. 150	3	20%
		Between Rs. 151 and Rs. 499	4	20%
		Between Rs. 500 and Rs. 999	7	Rs. 2
		Rs. 1000 and above	14	Rs. 2
7	Carnichael Hospital for Tropical Diseases	For non-gazetted staff and also for gazetted staff drawing pay below Rs. 500 but excluding Class I Officers.	2	20%
		For gazetted staff drawing pay of Rs. 500 and above upto Rs. 999 including Class I Officers.	8	20%
		For gazetted staff drawing pay of Rs. 1000 and above	10	20%
8	Mayo Hospital, 67/1, Strand Road	Upto Rs. 150	3	20%
		Between Rs. 151 and Rs. 499	6	20%
		Between Rs. 500 and above	8	20%
9	R. G. Kar Medical College Hospital, I, Belgachia Road.	For non-gazetted staff and also for gazetted staff drawing pay below Rs. 500 p.m. but excluding Class I Officers.	3	20%
	(i) Medical Ward	For gazetted staff drawing pay Rs. 500 and above upto Rs. 1000 including Class I Officers.	6	20%
	(ii) Medical Ward (T.B.)	For gazetted staff drawing pay above Rs. 1000 p.m.	7	20%
	(iii) Surgical Wards	For all classes of Govt. servants	3	20%
		For non-gazetted staff and also for gazetted staff drawing pay below Rs. 500 but excluding Class I Officers.	3	20%

APPENDIX IX—*contd.*

1	2	3	4	5
			Rs.	
		For gazetted staff drawing pay Rs. 500 and above upto Rs. 1000 including Class I Officers.	5	20%
		For gazetted staff drawing pay between Rs. 1001 and Rs. 1500 p.m.	6	20%
		For gazetted staff pay between Rs. 1501 and Rs. 2000	10	20%
		For gazetted staff pay above Rs. 2000	12	20%
	(iv) Ear, Nose & Throat, Ophthalmic, Obstetrical & Gynaecological Ward.	For non-gazetted staff and also for gazetted staff drawing pay below Rs. 500 but excluding Class I Officers.	3	20%
		For Gazetted staff drawing pay Rs. 500 and above including Class I Officers.	7	20%
10	Calcutta National Medical College Hospital, Sealdah.	Upto Rs. 150	2	20%
		Between Rs. 151 and Rs. 499	3	20%
		Between Rs. 500 and Rs. 999	6.50	20%
		Rs. 1000 and above	8.50	20%
11	Chittaranjan Hospital, Entally	For non-gazetted staff and also for gazetted staff drawing pay below Rs. 500 but excluding Class I Officers.	3	20%
		For Class I Officers and other gazetted staff drawing pay of Rs. 500 and above upto Rs. 1000.	6	20%
		For gazetted staff drawing pay above Rs. 1000	8.50	20%
12	Chittaranjan Seva Sadan, Kalighat	For non-gazetted staff and also for gazetted staff drawing pay below Rs. 500 but excluding class I Officers.	4	20%

(For only one cabin in the Cholera Ward.)

13	Islamia Hospital	For Glass I Officers and other gazetted staff drawing pay Rs. 500 and above.	10 to 12	20%
		For non-gazetted staff and also for gazetted staff drawing pay below Rs. 500 but excluding Class I Officers.	2	20%
		For Class I Officers and other gazetted staff drawing pay Rs. 500 and above up to Rs. 1000 p. m.	8	20%
		For gazetted staff pay above Rs. 1000 p. m.	10	20%
14	Rama Krishna Mission Shishu Mangal Pratishthan.	For non-gazetted staff and also for gazetted staff drawing pay below Rs. 500 but excluding Class I Officers.	5	20%
		For Class I Officers and other gazetted staff drawing pay of Rs. 500 and above upto 1000 p. m.	8	20%
		For gazetted staff pay above Rs. 1000 p. m.	10	20%
15	Howrah General Hospital	For Gazetted staff including class I Officers— Pay Rs. 500 to Rs. 1000	5	Rs. 2
		Pay above Rs. 1000	6	Rs. 2
		Maternity Ward	3	Rs. 2
		For gazetted staff drawing pay below Rs. 500 but excluding class I Officers and also for non-gazetted staff—		
		(i) Pay upto Rs. 150	3	20%
		(ii) Pay above Rs. 150	4	20%
		(iii) Maternity cases	3	20%

- 16 Chetla Municipal Maternity Home .
 17 Baldeodas Municipal Maternity Home
 18 Kidderpore Municipal Maternity Home
 19 Manicktala Municipal Maternity Home

There are no paying wards at these institutions.

APPENDIX IX—concl'd.

1	2	3	4	5
20	Behala Maternity Home	Pay upto Rs. 150	Third Class	Rs.
			Accommodation charges and delivery charges Rs. 10 for 5 days.	.. 20%
			For overstay, Rs. 2 per day . . . . .	.. 20%
		Pay from Rs. 151 to Rs. 499.	Second Class	
			Accommodation charges and delivery charges Rs. 25 for 7 days.	.. 20%
			For overstay Rs. 3 per day. . . . .	.. 20%
		Pay Rs. 500 and above	First Class	
			Accommodation charges and delivery charges Rs. 30 for 7 days.	.. 20%
			For overstay Rs. 4 per day . . . . .	.. 20%
21	M.R. Bangur Hospital at Tollygunge, Calcutta.	For non-gazetted staff and also for gazetted staff drawing pay below Rs. 500 but excluding class I officers.	2	20%
		For Class I Officers & other gazetted staff drawing pay of Rs. 500 and above.	5	Rs. 2

N.B.—Please also see Government of India decision No. 2 below serial 5 in section VII of the Compilation.

APPENDIX X

Certain simple instructions to be noted by the Government servants to whom the Medical Attendance Rules apply

1. First find out who is your authorised medical attendant. Your pay and place of illness will determine your authorised medical attendant.

2. Whenever you need medical attendance and/or treatment for yourself or your family, please consult your authorised medical attendant first. As the Medical Attendance Rules turn round him, you will not be entitled to any reimbursement unless you consult him and proceed in accordance with his advice. You should also strictly follow the instructions laid down in the Government of India decision No. 8 below Rule 2(e) of the C.S.(M.A.) Rules, 1944.

3. When you go to the hospital for admission of yourself or any member of your family as an in-patient, inform the authorised medical attendant of your being a Central Government servant and of your pay so as to enable the authorities of the hospital to allot to you accommodation suited to your status.

4. Once you are admitted as an in-patient in a hospital you are bound by the rules and procedure in that particular hospital. Rules and procedure vary from hospital to hospital.

5. At the time of leaving the hospital after treatment, please get the hospital bills and receipts, vouchers, essentiality certificate etc. duly signed or countersigned by the authorised medical attendant or the medical officer-in-charge of the patient in the hospital, as the case may be, for the purpose of claiming refund of expenses incurred. As regards the countersignature of hospital bills and receipts please refer to Government of India decision No. 7 below Rule 6(2) of the C.S. (M.A.) Rules.

6. In the case of families, you need not consult your authorised medical attendant before admitting a female member of your family in any of the Women's hospitals recognised for the purpose.

7. In the case of treatment of families (female members) receiving treatment at the recognised Women's hospitals, please get the hospital bills etc., countersigned by the Medical Superintendent of the hospital. In the case of male members of your family get such bills countersigned by the authorised medical attendant.

8. Prefer your claims for refund of medical expenses incurred, in the application form given at Appendix VII, giving full particulars called for therein and also attaching all the certificates required to be produced under the rules. This will avoid as far as possible any delay in settling your claims.

9. You can draw advance of money from Government in order to enable you initially to meet expenditure on medical attendance and treatment for yourself and members of your family on the terms and conditions specified in the Government of India decision at item (8) of Section VII of the Compilation.

10. If you are in Calcutta, please note the arrangements for the medical attendance and treatment at that place, as given in Section VIII of the Compilation. The special features of these arrangements are as follows:—

(i) These arrangements do not apply to Gazetted Government servants drawing a pay of Rs. 500 p.m. and above and those belonging to Class I and members of their families, who are governed by the Central Services (Medical Attendance) Rules, 1944, and the orders issued thereunder from time to time. The Presidency Surgeons, Calcutta, will be regarded as their authorised medical attendants.

(ii) The other Government servants (including Class IV) and members of their families, to whom these arrangements apply, will be entitled to receive medical attendance from private registered medical practitioners of their choice. They are entitled to 'medical treatment' as distinct from 'medical attendance' only at State or State-aided hospitals except to the extent indicated in Note (1) below para. 4 in Section VIII.

APPENDIX XI

Certain important points to be noted by the Authorised Medical Attendants appointed to attend on Central Government servants and their families

1. The provisions of the Medical Attendance Rules and orders issued from time to time should be strictly observed. The following points should be particularly noted:—

- (i) Pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis should be carried out at a Government hospital or laboratory.
- (ii) The approval of the Chief Administrative Medical Officer of the State should be obtained in cases where consultation with a specialist is necessary. A patient should not be referred to a private specialist, except where specifically provided for in Government orders and under no circumstances to a specialist or medical officer, Government or private, outside the State.
- (iii) A patient should not be admitted to a hospital or nursing home which does not come within the scope of the rules or which has not been recognised for the purpose of the rules.
- (iv) Dental treatment is not covered by the Medical Attendance Rules, except as provided for in Government of India decision No. 2 under Rule 2(h) of the C.S. (M.A.) Rules, 1944.
- (v) Utmost economy should be exercised while prescribing medicines. Where cheaper medicines of equal therapeutic value are available only those should be prescribed.
- (vi) While signing medical bills they should never certify as essential items of foods, tonics having more food value, disinfectants and other similar preparations.
- (vii) Reimbursement of the cost of Ayurvedic, Unani and Homeopathic medicines is not admissible.
- (viii) Essentiality certificate in respect of medicines should be granted in the prescribed form (*vide* Appendix VIII) and should show legibly (preferably in block letters) the names of medicines prescribed and the amount incurred on the purchase of each medicine. The vouchers or cash memos, should also be countersigned.
- (ix) Lists of items of medicines for which refund is not admissible under the Medical Attendance Rules are issued by the Director General of Health Services, New Delhi, from time to time. The items mentioned in these lists as well as foods, toilets, disinfectants, appliances or dressing should not be included in the Essentiality Certificate. Their cost will not be reimbursed to Government servants even if prescribed by the authorised medical attendants.
- (x) Payments received from Central Government servants or members of their families, on account of fees for consultation, administration of injections etc. should be indicated in the body of the Essentiality Certificate itself, *vide* clauses (a) and (b) of Form A. A revenue stamp should, however, be affixed on the Essentiality Certificate itself if the amount received exceeds Rs. 20. The requirement of issuing receipts by authorised medical attendants in printed and serially numbered form Med. 96 has been dispensed with.

2. The following principles should be observed by Medical Officers:—

- (i) For the purpose of 'medical attendance', as distinct from 'medical treatment', there should be no need for repeated consultations, which include 'repeat' prescriptions. In such cases upto 4 consultations at the rate of one consultation a day should be sufficient.

- (ii) Treatment at a consulting room should be limited to the administration of injections only.
- (iii) Cases requiring treatment should be admitted to hospital unless hospitalisation is definitely not necessary in any particular case.
- (iv) If hospitalisation is not considered necessary but the treatment is expected to be prolonged requiring many consultations and several injections spread over a period of more than 10 days the patient should be referred to the out-patient department of a Government/recognised hospital at the earliest.
- (v) Hospitalisation should be advised in cases where it is required, and if, in spite of the specific advice of the medical officer, a patient does not seek admission into hospital, the medical officer concerned should record a note to that effect while signing or countersigning the bills, certificates, etc., necessary to be produced by the Government servant for the purposes of claiming refund from Government. In such cases no refund would be admissible.
- (vi) In cases which are definitely not prolonged, treatment (limited to the administration of injections only), during medical attendance may be given spread over a period not exceeding 10 days. In such cases normally 10 injections in a period of 10 days should suffice. These limits may be exceeded slightly (not exceeding 5) viz. 15 injections spread over a period of 10 to 15 days (or even more days depending on the condition or ailment of the patient as in the opinion of the authorised medical attendant is essential for the recovery of the patient) at the discretion of the authorised medical attendant.

3. If a Central Government servant or a member of his family is not entitled to the services of the Medical Officer, whom the patient consults, he should direct the patient to the proper authorised medical attendant.

APPENDIX XII

Certain points for the guidance of various Ministries, etc., while dealing with claims of Government servants for reimbursement of medical expenses incurred by them on medical attendance and/or treatment for themselves and their families

1. All claims for reimbursement of medical expenses incurred by the Government servants on medical attendance and/or treatment for themselves and their families should be preferred on the standard form Med. 97 (vide Appendix VII) printed copies of which are obtainable from the Manager, Government of India Forms Store, Calcutta.

2. All claims should be scrutinised by the office or Ministry concerned. While examining these claims, it should *inter alia* be verified :—

- (i) that the Government servant or a member of his family consulted the authorised medical attendant, or another medical officer, who is either of equivalent rank or immediately junior in rank to his authorised medical attendant, and attached to any hospital/dispensary in the station in which the authorised medical attendants of various categories of Government servants appointed by the Government in terms of Rule 2(a) of the C.S. (M.A.) Rules, are posted in the station. The list of authorised medical attendants may be obtained from the State Administrative Medical Officer concerned ;
- (ii) that a Government servant drawing pay of Rs. 150 p.m. and less and members of his family received medical attendance and treatment from an Assistant Surgeon, Grade I, or a Medical Officer of equivalent rank, but attached to the same hospital/dispensary as the authorised medical attendant, *viz.*, an Assistant Surgeon, Grade II, only in the circumstances mentioned in the Government of India decision No. 6 below Rule 2(e) of the C.S. (M.A.) Rules, 1944 ;
- (iii) that the permission of the State Administrative Medical Officer of the State was obtained for consulting a specialist. If in any case the authorised medical attendant of a Government servant does not for any reason obtain the approval of the State Administrative Medical Officer the Government servant concerned should urge the authorised medical attendant to obtain such approval ;
- (iv) that in cases where a Specialist is attached to the same hospital (*i.e.* Central Govt. or State Govt. hospital only), as the authorised medical attendant the approval of the Medical Superintendent of the hospital for consultation with such specialist was obtained by the authorised medical attendant ;
- (v) that the fees paid to the authorised medical attendant or a specialist, for consultation or for administering injections are at the rates prescribed ;
- (vi) that having regard to the pay/emoluments of the Government servants, and the class of service to which he belongs, the accommodation occupied by him or a member of his family in the hospital was according to his status. Rules and Schedules of charges of the hospital concerned may be obtained from the State Administrative Medical Officer concerned ;
- (vii) that the claims for reimbursement of expenses, on account of medical attendance and treatment (limited to administration of injections) are in accordance with the principles enunciated in the Government of India decision No. 8 below Rule 2(e) of the C.S. (M.A.) Rules, 1944 ;
- (viii) that reimbursement of diet charges is not allowed, except in cases where the pay of the Government servants concerned is not more than :—
 - (a) For Government servants who have not elected the revised scales of pay :
 - (i) Rs. 130 p.m. (in the case of patients suffering from any disease other than T.B. and Mental diseases) ; and
 - (ii) Rs. 300 p.m. (in the case of patients suffering from T.B. and Mental diseases).

(b) For Government servants who have elected or may elect the revised scales of pay :

(i) Rs. 180 p.m. (in the case of patients suffering from any disease other than T.B. and Mental diseases); and

(ii) Rs. 380 p.m. (in the case of patients suffering from T.B. and Mental diseases);

(ix) that, except for T.B., Cancer, Polio and Mental diseases, for which separate orders exist, treatment for other diseases in Government/recognised hospitals outside the District/State, but *within* India, was obtained, subject to the fulfilment of the conditions specified in the Government of India decision No. 2 below Rule 6(1) of the C.S. (M.A.) Rules, 1944; and

(x) that medicines prescribed are admissible under the rules. Lists of items of medicines, for which refund is not admissible under the medical attendance rules, are issued by the D.G.H.S., from time to time.

3. The Controlling authorities may use their discretion in allowing reimbursement of injection fees paid to another Government or non-Government doctor (registered with the State Medical Council), other than the authorised medical attendant, in cases where they are satisfied that in the circumstances of the case there was no other alternative but to get the injections administered by such a doctor, or in cases where the patient is specifically advised by the authorised medical attendant to get the injections administered from outside. Reimbursement of fees for such injections should not, however, exceed the prescribed rates.

4. All Ministries/Heads of Departments have been delegated powers to allow refund of medical expenses upto a limit of Rs. 100 in each case when they are satisfied that although refund is not permissible under the strict application of the various Medical Attendance Rules, the circumstances of the case warranted medical attendance/treatment being had in the absence of Government/recognised hospitals or authorised medical officers within a reasonable distance from the place from where a patient fell ill, *vide* Ministry of Finance O.M. No. F.49(15)-EV/59, dated the 21st May, 1959 and Ministry of Finance O.M. No. F.21(2)-EV(B)/62, dated the 17th April, 1963 (reproduced as Government of India decisions Nos. 1 and 2 at item (5) of Section VII of the Compilation). Ministries and Departments may exercise these powers in the circumstances and on the conditions stated in those orders, and doubtful cases may be referred by them to the Ministries of Finance and Health.

5. Claims for reimbursement should be disposed of by the Office or Ministry concerned. All bills for charges, on account of medical attendance and treatment, should be countersigned by the Controlling authorities who are empowered to countersign Travelling Allowance Bills of Government servants concerned. Charges on account of medical attendance and treatment are debitable to the Sub-head "Allowances, Honoraria" in salary and establishment pay bills.

It is the duty of the Controlling Officers to scrutinise carefully before signing or countersigning a claim in respect of medical expenses that the claim is genuine and is covered by the rules and orders on the subject and that the charges claimed are supported by the necessary bills, receipts, certificates, etc. They are *empowered to disallow claims* which do not satisfy these conditions.

6. References should be made to the Ministry of Health only in respect of such cases as require clarification of doubts or interpretation or application of rules or subsidiary instructions or need special sanction in relaxation of the rules. Such references should be made to the Health Ministry in the form of a self-contained memorandum or note, forwarding also the necessary bills, documents etc. Where relaxation of rules is recommended, reasons in justification of the relaxation should be given keeping in view the basic principles underlying the rules. Such references should be routed through the administrative Ministry in the case of attached and subordinate offices. Matters which can be decided by the Ministries etc. in the light of the rules and the orders issued thereunder, from time to time, should *not* be referred to the Ministry of Health merely with a view to obtaining confirmation of the decisions proposed to be taken in regard to claims for reimbursement.

7. Where special sanction is accorded in relaxation of the rules it should be so mentioned in the body of the sanction order itself and issued in the name of the President. The sanctioning authorities should, however, indicate in the endorsement portion of the sanction that the Ministries of Health and Finance have been consulted and also mention the numbers and dates of the references under which these Ministries have accorded their approval.

8. References to the Directorate General of Health Services, should be made direct only in respect of the admissibility or otherwise of the cost of special medicines in the form of a U.O. Note appended to the Ministry of Health, Memorandum No. F.6(1)-4/51-M.II, dated the 2nd February, 1951, and in respect of cases where opinion is required as to whether hospitalisation of the patient was necessary or not.

9. Steps should be taken to ensure that Government servants are made fully aware of the names and designations of the authorised medical attendants, and a list of such authorised medical attendants may be obtained direct from the State Administrative Medical Officer concerned.

10. Orders and instructions issued from time to time regarding medical attendance and treatment should be brought to the notice of the Government servants promptly.

11. Un-official files containing the Government decisions regarding refund of expenses incurred by Govt. servants on account of medical attendance and treatment should not be shown to them. Where information has to be obtained from the officer concerned it should be done by an official communication and the final decision should also be communicated to him officially without assigning reasons therefor.



