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## CHAPTER - I

### 1. TITLE AND COMMENCEMENT:

These Rules will be called "NEEPCO MEDICAL ATTENDANCE RULES" and come into force with effect from 1<sup>st</sup> May 1981.

### 2. SCOPE:

The NEEPCO MEDICAL ATTENDANCE RULES will apply to:-

- 2.1 All employees (Regular, Work-Charged and Trainees) and their family.
- 2.2 Apprentices (Not their Families).
- 2.3 Deputationist as per the terms and conditions of their deputation, or as per NEEPCO Medical Attendance Rules for which they will have to exercise options.
- 2.4 Casual/Daily rated employees directly engaged and employed by the Corporation (Not their family).
- 2.5 A Probationer.
- 2.6 Employees of schools financially assisted by the Corporation if there is contractual obligation on the part of the Corporation.
- 2.7 Employees engaged directly by NEEPCO on contract basis.

***Note:** These rules will be applicable to employees whether they are on duty or on leave of any kind or under suspension and in respect of families of the employees defined above whether located at the place of duty or elsewhere subject to other provisions of these rules.*

### 3. DEFINITIONS:

"Corporation" means North Eastern Electric Power Corporation Limited and includes Projects/Establishments/Investigation Units under its administrative control.


3.1 "Authorized Medical Attendant"(AMA) means:-

- (a) Any Doctor appointed by the Corporation who is its own employee.
- (b) Any registered Medical Practitioners attached to Authorized/Approved Hospital.
- (c) Any Registered Medical Practitioner appointed by the Corporation on either monthly retaining allowance or otherwise to attend on the employees of the Corporation.
- (d) Any Medical Practitioner approved by the Central Govt. Employees Welfare Co-ordination Committee in any particular State/Area or locality for the Central Govt. employees.

3.2 In places where there is no A.M.A. as defined under 3.2 (a), (b), (c) &, (d) above until such time A.M.A. is appointed, the controlling officer of the employee concerned will exercise the powers of A.M.A.

3.3 "**AUTHORISED HOSPITAL**" means any "**GOVERNMENT HOSPITAL**" which includes:-

- (a) A Hospital or Dispensary whether full time or part time established and run by a department of the Government or by the Corporation for Medical Attendance and treatment of its employees and members of their families.
- (b) A Military Hospital.
- (c) A hospital run and maintained by a Local Authority.
- (d) A Hospital run by Railway Administration and Public Sector Undertakings.
- (e) Any other Hospital with which arrangements have been made by the Central Government/State Government for the Medical Attendance and treatment of Govt. servants and their families.
- (f) Public Health Centers established by the State Govt.
- (g) Any Govt. Aided Hospitals, Trust Hospitals established on no profit or loss basis.

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- 3.4 “**APPROVED HOSPITAL**” means: —
- (a) Any Private Hospital which does not fall within the definition of Authorized Hospital but with which arrangement has been made by the Corporation for "Treatment" of its employees and their families with the approval of the Board.
- (b) Selected Hospitals/Nursing Homes providing specialized Treatment approved by the Board.
- 3.5 “**CORPORATION HOSPITAL AND DISPENSARY**” means Hospital and Dispensary established maintained by the Corporation for Medical Attendance and Treatment for its employees and their families.
- 3.6 “**EMPLOYEES**” Means a whole time employee of the Corporation including Work-charged Employees. Deputationists, Trainees, Apprentices, Casual Employees on daily rates, Probationers and contract Employees.
- 3.7 “**FAMILY**” means an employee's
- (i) Wife or Husband as the case may be.
  - (ii) Parents,
  - (iii) Children and Step Children (including legally adopted children) wholly dependent upon the employee,
  - \*(iv) Minor brothers and unmarried sisters, widowed sisters, widowed daughters wholly dependant upon the employees [Only for Supervisors and Workmen Category]
  - (v) Unmarried/Divorcee dependent daughter- Age Limit 30 years.
  - (vi) Physically handicapped Children - 35 years wholly dependent upon the employees.


***\*N.B: Minor brothers, unmarried sisters, widow sisters and widow daughters are no longer in the definition of Family in respect to Employees of Executive Cadre.***

#### **Explanation:**

- (a) The term 'family' does not include any other dependent relations such as major brother etc. the term 'parents' does not include step parents.
- (b) The term 'children' will include children adopted legally. It will also include children taken as wards by the employees under the "Guardians and Wards Act, 1890", provided such a ward lives with the employee and is treated as a member of the family and provided the employee through a 'special will' has given such a ward the same status as that of a natural born child.
- (c) The term 'wife' includes more than one wife.
- (d) A 'family member' is deemed to be dependent if his/her monthly income does not exceed Rs 3000/- (Rs. Three thousand only/-). “The parents will be considered as wholly dependent on Employee only if the monthly income from all the sources exclusive of Pension amount received of either of the parents or their combine income doesn’t exceed Rs.6000/- (Rupees Six Thousand) only”  
(Clause 3.7 and 3.7(d) stands modified w.e.f. 22.06.2012)

#### **3.7.1 "DECLARATION OF DEPENDANTS"**

- a) Every employee on appointment shall declare about members of his/her family dependant on him/her in the prescribed FORM -A. (Annexure-1) at the time of joining to the reporting officer.

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- b) (i) The existing Employees shall do so within a month of publication of the administrative orders.
- (ii) The declaration regarding the income and the residence of parents should be furnished by the employee concerned once in the beginning of every calendar year in case of any change.
- (iii) Lump sum non-recurring income, e.g. Contributory Provident Fund benefits, Govt. Of India Prize Bonds, Gratuity, Commuted Gratuity, Insurance Benefits, etc shall not be regarded as 'Income' for the purpose of this rule. Recurring monthly income from sources such as houses, land holding, etc. shall however be taken into account for the purpose of assessing income.
- (iv) A copy of the declaration shall be kept in the personal file of the employee and entry about Dependent family members shall also be made in the Service Book.

### 3.7.2 “EXTENSION TO PARENTS-IN-LAW OF FEMALE EMPLOYEES”

When a female employee is married to a Govt. /Public sector Enterprises /Autonomous Bodies/Non-Govt. employee she will be given the choice to include either her parents, or her parents-in-law, for the purpose of availing of the benefits under these rules subject to the conditions of dependency and residence as stipulated in Rule 3.7 above.

**Note:**


*Every female employee should immediately after her marriage give a declaration as to whether she should like to include her parents or parents-in-law for the purpose of availing of the benefits of medical concessions under these rules. She can change her option only once during the entire period of her service.*

### 3.7.3 WHEN BOTH HUSBAND AND WIFE ARE EMPLOYED:

- (i) When both husband and wife are employees of the Corporation, benefits under these rules to self and members of his family will be admissible only according to the entitlement of one of them, at their discretion. For this purpose, they shall furnish to their controlling officers a joint declaration as to who will prefer the claim for reimbursement of medical expenses in respect of wife/ husband and other family members in the prescribed FORM-B. Annexure-II.

The Above declaration should be submitted in duplicate and a copy of each shall be kept as record in the personal file of each of them in their respective offices. 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 concession shall be availed of by the wife and the children according to the status of the husband.

- (ii) When wife and husband are employed in two different establishments of which one is not under the control of the Corporation, the husband or wife, as the case may be, whether employed in a Central/State Govt. or in the Defence/Railway services or Corporation/Bodies financed partly or wholly by the Central or State Govt., Local bodies and Private Organizations, which provides medical services, would be entitled to choose for self and family members either the facilities under the rules of the

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corporation or the medical facilities provided by the organization in which he/she is employed and for this purpose they will have to give a joint declaration in the manner as stipulated in Rule (i) above.

(iii) Further, in case of spouses are employed in different Organization providing different medical facilities and stationed and residing in different places separately at their respective duty stations, the employee concerned can avail medical facilities under this rules in respect of himself/herself, as the case may be and the family members residing with him/her and covered under the rules provided:

- (a) His/her spouse-employed in other organizations is not in receipt of fixed monthly medical allowance, and
- (b) He/she produces a certificate from employer of his/her spouse that he/she is not claiming medical facilities in respect of his/ her spouse and their family members.

3.8 **"PATIENT"** means Corporation employees or a member of his/her family to whom these rules apply and who has fallen ill requiring medical attention.

3.9 **"MEDICAL ATTENDANCE"** means attendance at the out-patient department of "Authorized Hospital"/"Approved Hospital" or at the consulting room of the Authorized Medical Attendant including such pathological, bacteriological, radiological or other methods or examination for the purpose of diagnosis as are available at the Corporation/Authorized/Approved Hospital/Laboratory /or failing that any Private Laboratory/Clinic as considered necessary by the A.M.A.

**Explanation:**

However, if the tests are conducted at any Private Hospital/Laboratory, the reimbursement of such expenditure shall be made up to the limit of what would have been admissible had the tests been carried out in any Authorized/Approved Hospital/Laboratory. For this purpose, the rates applicable in the nearest Authorized/Approved Hospital will be taken as the basis.

In all matters-of doubt the approving authority will obtain the opinion from the Corporation's C.M.O/ Sr. M.O. /M.O. and will decide the matter accordingly.


3.10 **"PAY"** for purpose of these rules will be the amount drawn monthly by an employee as basic pay which has been sanctioned for the post held by him. It will also include Deputation (duty) Allowance, Special pay, Personal pay or such other emoluments e.g. non-practicing allowance for Medical Officer specially classified under the rules as "Pay". In the case of Trainees and Apprentices, pay would mean the actual stipend drawn.

*Note: Stagnation increment will be treated as pay for this purpose.*

3.11 **"TREATMENT"** means use of all medical and surgical facilities essential to the recovery or for prevention of deterioration in the condition of the patient and includes the employment of such pathological, bacteriological, radiological or other methods, as are considered necessary by the A.M.A.

**Note:**


(i) The expenses incurred in connection with physiotherapeutic and occupational therapeutic treatment may be treated as reimbursable to the extent these facilities are available in Authorized/Approved Hospitals provided that the treatment is obtained to recoup certain physical weakness/defect which may have occurred as a result of some

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*disease. No reimbursement will, however, be admissible if such treatment is obtained (a) to improve general physical fitness/stamina, (b) for cosmetic purpose and (c) to improve figure etc.*

*(ii) The refund of the cost of preparations which are not medicines but are primarily foot-tonics, toilet preparation or disinfectants is not admissible under the rules. Prescription of expensive drugs, tonics, laxatives and other elegant and proprietary preparations for the use of employees and member of their families when drugs of equal therapeutic value are available in the hospital and dispensaries is prohibited. For this purpose the details contained in Central M.A. Rules and as amended therein from time to time will be applicable.*

- 3.12 **"SPECIALISTS"**: Specialist means any registered medical practitioner with a post graduate degree/diploma in any approved hospital as specialist or declared as specialist for Central Govt. employees in a particular State, area or locality by the Central Govt. Employees Welfare Co-ordination Committee or appointed as specialist by the Corporation.
- 3.13 **"CONTROLLING OFFICER"** means the authority declared by Competent Authority to be the controlling officer for each category of employees.
- 3.14 **"COMPETENT AUTHORITY"** means the Chairman &, Managing Director, NEEPCO Limited.

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## CHAPTER - II OUT DOOR TREATMENT

### 4. MEDICAL RE-IMBURSEMENT FOR OUTDOOR TREATMENT

4.1 (i) Where the Corporation has its own Hospital/Dispensary the employees shall receive treatment as outdoor patient in such Hospital/ Dispensary only and no reimbursement shall be allowed. In case, sufficient facilities for outdoor/Indoor treatment in such Hospital/Dispensary is not available, the specialist doctor/Medical in-charge of such Hospital/Dispensary would refer cases to other Approved/Authorized Hospitals keeping in view the nature of ailment and in such cases reimbursement for outdoor/indoor treatment shall be allowed as per provisions of these rules.

(ii) Employee, his/her spouse, dependent parents and two children who gets outdoor treatment under any Registered Medical Practitioner / Specialist shall be entitled to reimbursement of Charges in respect of Registration fees, Consultation fees and cost of medicine on actual basis subject to a maximum of Rs. 50,000/- (Rupees Fifty Thousand only) per annum. The other expenditure for clinical tests and treatment of special diseases shall continue, and, the limit of Rs. 50,000/- per annum shall not apply for clinical tests and treatment of special diseases. This shall be further subject to the following –

- a) The Reimbursement claims are to be submitted on a quarterly basis to the respective M&HS Wing for verification and thereafter to Finance Wing for payments.
- b) The relevant provisions of the Income Tax Act 1961 will be applicable for reimbursements beyond Rs.15,000/- (Rupees Fifteen thousand only) in a financial year.


*(Clause 4.1(ii) stands amended w.e.f. 08.04.2017)*

(iii) However, in case of special diseases like T.B., Cancer and acute ailments where outdoor treatment is advised, the C.M.D. or any officer authorized by him shall be empowered to allow reimbursement beyond above mentioned limits as a special case.

**Clarification: vide O.M. issued vide No. Pers/25/56/790-801 dtd.15.05.06:** Medical expenses incurred with outdoor treatment of special diseases like Cancer, Mental diseases, T.B., Diabetes, V.D. and AIDS may be reimbursed, outside the ceiling of reimbursement of medical expenses on outdoor treatment if such treatment is recommended by AMA and subject to the provisions contained in Chapter VII of Medical Attendance Rules.

(iv) Similarly all expenses incurred as outdoor patient on Pathological, Bacteriological, Radiological and other methods of Examinations if considered essential for the purpose of diagnosis by the A.M.A. subject to stipulations mentioned in Rule 3.9; shall be reimbursable and same will be out-side the ceiling imposed on outdoor treatment as mentioned in Rule 4.1(ii)

4.2 Consultation fees and pushing charges paid to the Authorized Medical Attendant and specialist during the Authorized period of treatment will be reimbursed according to the following tables. However, such reimbursement will be within the prescribed ceiling in respect of cases falling under Rule 4.1(ii).

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## OUT PATIENT TREATMENT

### (I) CONSULTATION CHARGES

Type Of Doctor	Consultation Fees	
	For the Clinics	For Domiciliary Visit
(a)M.B.B.S/B.D.S or equivalent in other systems of medicines.	Up to Rs15/- for the first consultation & Rs 10/- for each subsequent consultation. (Up to maximum of 3 consultations for the same ailment.)	Up to Rs 40/- for first visit and Rs 30/- for subsequent visit.
(b)Specialist	Up to Rs 60/- for the first consultation & Rs 40/- for each subsequent consultation. (Up to maximum of 3 consultations for the same ailment.)	Up to Rs 80/- for first visit and Rs 60/- for subsequent visit.


For visits between 10 P. M. and 6 A.M. the charges are 1<sup>1/2</sup> times the normal charges. A certificate is also required to be furnished to the effect that the domiciliary visit was in the interest of the health of the patient. For out-patient treatment obtained in approved hospital, the consultation charged by the approved hospital concerned is reimbursable.

### (II) PUSHING CHARGES:

#### Injection fees etc., Doctor (Gen /Spl.)

Injection type	MBBS/Gen	Spl/Med PG
Intravenous	Rs. 8/-	Rs 10/-
Intra-muscular	Rs. 5/-	Rs 5/-
Subcutaneous	Rs. 5/-	Rs 5/-



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### CHAPTER - III INDOOR TREATMENT

#### 5 TREATMENT AS INDOOR PATIENT IN ABSENCE OF CORPORATION HOSPITAL

**5.1** Where at the station of duty of employees of the Corporation or at any outstation where a Corporation employee may be on tour or on leave or his family may be residing either permanently or temporarily, a Corporation hospital does not exist, expenses incurred in all cases of "Medical Treatment" requiring hospitalization will be reimbursed and the patient will be entitled to all the facilities as provided for in Rule 3.11 provided the following conditions are fulfilled:-

- (a) Employee or the members of his family to whom these Medical Attendance Rules apply must be hospitalized in an Authorized/Approved hospital of the Corporation except in the circumstances mentioned in Rule 5.3.
- (b) Hospitalization must be certified by the Authorized Medical Attendant.

#### 5.2 ENTITLEMENT OF ACCOMMODATION:

GRADE	TYPE OF ACCOMMODATION
Up to W-5	General Ward
W-6 to E-1	Semi-paying Ward
E-2 to E-4	Private room
E-5 to E-7	Private AC room
E-8(GM) & Above	Private Deluxe AC room

\* The range of pay illustrated earlier in clause 5.2 had been converted to Grade for convenience sake.


**Note:**

- (a) The reimbursement of accommodation charges in Authorized/ Approved Hospital shall be made as per entitlement based on categorization and type of accommodation mentioned in Rule 5.2 above.
- (b) If however, the accommodation as per entitlement is not available in such hospital and the employee concerned is accommodated in the lower category of accommodation then reimbursement will be restricted to the accommodation provided by the hospital.
- (c) If however, the Medical Superintendent of the Hospital certifies that the accommodation suited to the status of the employee is not available and that the admission of the patient to the hospital could not be delayed without danger to the life of the patient, accommodation of higher class may be allowed. But if such higher accommodation is allotted only on request of the employee, he will himself have to pay the additional expenses.
- (d) Electric lighting charges and fan charges form part of accommodation charges and hence pre reimburse able under the rules.

#### 5.3 RE-IMBURSEMENT OF EXPENDITURE ON TREATMENT TAKEN IN PRIVATE HOSPITALS

In emergent cases involving accidents, serious nature of disease etc., the person/persons on the spot may use their discretion for taking the patient for treatment in Private Hospital in case no Authorized or Approved Hospital is available nearer than the Private Hospital. The controlling authority will decide on merits of each case whether it was a case of real emergency necessitating



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admission in a private institution. However, in such cases reimbursement of expenses may be restricted to the rates of the nearest Hospital, approved by the Corporation.

#### **5.4 RE-IMBURSEMENT OF CHARGES FOR SPECIAL NURSING:**

If during treatment in an authorized/approved hospital, special nursing becomes necessary, the employee or a member of his family shall be entitled to such special nursing as may be deemed essential for the recovery for the prevention of serious deterioration in the condition of the patient having regard to the nature or 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 form appended below.


I Certify that \_\_\_\_\_ employee in the \_\_\_\_\_ has been under treatment for \_\_\_\_\_ disease at the \_\_\_\_\_ hospital and that the services of the special nurse, for which an expenditure of Rs. \_\_\_\_\_ was incurred, vied bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Counter Signed Medical  
Superintendent \_\_\_\_\_ Hospital

Signature of the Medical Officer  
in-charge \_\_\_\_\_ of the case at the Hospital.

Dated \_\_\_\_\_

- 5.5** Ayah / special attendant charges will also be reimbursed subject to production of certificate from the competent authority of Hospital to the effect that engagement of ayah/special attendant was essential and such engagement has been made at his/her advice.
- 5.6** No Dhobi charges will be re-imbursable.
- 5.7** Ambulance charges will also be reimbursed subject to production of an emergency certificate from the hospital and will be regulated as per provision laid in Rule 34.

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## CHAPTER – IV

### OUTDOOR AND INDOOR TREATMENT AT CORPORATION HOSPITAL / DISPENSARY

#### 6. TREATMENT AT THE CORPORATION HOSPITAL / DISPENSARY

- 6.1** Where a Corporation Hospital / Dispensary exists at the station of duty of the employee, the employees and their families shall receive medical attendance and treatment at Corporation Hospital / Dispensary as stipulated in Rule 4.1 of Chapter II. Such attendance and treatment will be free.
- 6.2** In the case of medical attendance, the employees and their families will be entitled to the facilities as provided in Rule 3.4.
- 6.3** Patients requiring hospitalization will be admitted to the Corporation Hospital and will be entitled to the facilities as provided for in Rule 3.11.
- 6.4** In the case of severe illness Corporation's ambulance van, where available, can be utilized for conveyance of the patient as per discretion of AMA, and will be regulated as per provisions laid down under Rule 34.
- 6.5** Employees will be provided with free accommodation as per categorization and entitlement for accommodation mentioned in Rule 5.2 provided such facilities exists, otherwise, they will be suitably accommodated by the Hospital In charge as per availability keeping in view the status of the patient.
- 6.6** Where arrangement for requisite medical attendance and treatment does not exist in the Corporation Hospital for any particular ailment, the Hospital In-charge of the Corporation Hospital may refer the case to the nearest authorized/approved hospital for admission and treatment. Provisions of Rule 3.9, 3.11 and 5 will be applicable in such cases.
- 6.7 NEEPCO CONTRIBUTORY SCHEME FOR POST-RETIREMENT MEDICAL FACILITIES:-**  
This rule shall apply to all the superannuated employees of the Corporation and this benefit shall be effective from 1-12-97.


##### **6.7.1.0 COVERAGE**

The Scheme is framed with a view to provide medical benefits to the employees of NEEPCO and their spouses subsequent to their retirement, on contributory basis, subject to the provisions as detailed Here under.

##### **6.7.2.0 ELIGIBILITY**

**6.7.2.1** The Scheme will apply to the following categories of NEEPCO employees:

- (i) Employees who separate from the Company on account of retirement on attaining the age of Superannuation or are separated from the Company on medical grounds, provided that the Concerned employees have completed a minimum qualifying period of ten years of continuous Service in Central/State Government/ Public Sector Undertakings (including Central Govt. Undertakings

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in Cooperative Sector), out of which a minimum of 5 years shall be in NEEPCO Limited.

- (ii) Board level appointees, on completion of their tenure/ attaining the age of superannuation or on separation on medical grounds.

**6.7.2.2** In case of death of the retired/separated employee who has been availing of the benefits under the Scheme, his/her spouse will continue to avail the benefits under the Scheme subject to his/her continuing to meet the terms and conditions of the scheme.

**6.7.2.3** The benefits under the Scheme would be available to the concerned employee only the employee concerned and his/her spouse is not availing any medical facilities from or through the Central/State Government/Public Sector Undertaking/Quasi-Government Body.

**6.7.2.4** The benefits under the Scheme shall cover the spouse of an employee who dies while in Service of the organization.

#### **6.7.3.0 BENEFITS**

The medical benefits to the retired/separated employees and their spouses under the scheme will be admissible for the treatment taken only in India and shall be as under:

**6.7.3.1** The retired/separated employees residing at places where NEEPCO has its Empanelled hospitals would be allowed medical treatment facilities, including medicines as available in such hospitals.

**6.7.3.2** In respect of such retired/separated employees who reside at places where NEEPCO does not have its own empanelled hospitals/full-fledged dispensaries, reimbursement of medical expenses incurred shall be regulated as under:


##### **6.7.3.2.1 Indoor Treatment**

Reimbursement of medical expenses incurred for indoor treatment will be allowed restricted to the rates of nearest authorized / approved hospital.

##### **6.7.3.2.2 Out-patient/Domiciliary Treatment**

- a) For out-patient treatment/domiciliary treatment taken in empanelled hospitals wherever available, reimbursement may be allowed for the purpose of clinical tests and examinations as in case of regular employees. Further, the cost of medicines and other OPD expenses may be reimbursed as per actual subject to a ceiling of maximum of last basic of retired / separated employee, per annum, whichever is less.
- b) In case of outpatient treatment/domiciliary treatment taken in other than empanelled hospitals, the reimbursement may be allowed subject to the ceilings as mentioned at above.
- c) The expenditure on medicines purchased against the prescriptions of Authorized Medical Attendant may be reimbursed subject to the annual ceiling stipulated at (a) above.

The entitlement of medical benefits for the retired/separated employees, as above, shall be the same as admissible to serving employees of equivalent status/rank and shall be allowed as per NEEPCO Medical Attendance Rules as applicable for serving employees within India.

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#### **6.7.4.0 CONTRIBUTION**


- 6.7.4.1** Eligible retired/separated employees who intend to avail of benefits under the Scheme shall be required to pay a onetime contribution of 2000/-. This is subject to revision from time to time. Eligible retired/separated employee who joins the scheme at any later date, shall pay full amount of 2000/-. In the event of death of the employee after retirement, the spouse may continue to avail the facility.
- 6.7.4.2** The contribution once paid shall not be refundable even if the benefits under the scheme are not availed by the beneficiary or in the event of death of beneficiary/beneficiaries.
- 6.7.4.3** Where a retired/separated employee joins scheme at later date and pays his Contribution, he/she can seek advantage under the scheme from date of his joining the scheme by payment of one time contribution of 2000/-.

#### **6.7.5.0 PROCEDURE**

- 6.7.5.1** An eligible retired/separated employee who intends to avail of the medical benefits under the scheme shall apply for this purpose to the TBS Cell, HR Department, Corporate HQ giving his residential address and 3(three) passport size photographs of self & spouse.
- 6.7.5.2** The TBS Cell, HR Department, Corporate HQ shall after scrutiny of the application and verification of the eligibility conditions as mentioned in Para 2.0 above, issue an office order permitting the beneficiary/beneficiaries to avail the benefits with copy to the Finance Department of Corporate HQ.
- 6.7.5.3** The TBS Cell, HR Department, Corporate HQ shall duly register the retired/separated employee concerned and issue a Medical Card to him in the form prescribed at Annexure-I, after receipt of the prescribed amount of contribution from the retired/separated employee. The contribution amount will be payable by Cheque or Demand Draft in favor of NEEPCO drawn on any scheduled bank at Shillong, Meghalaya. A copy of the medical card shall also be sent to the concerned Finance and Accounts Department.
- 6.7.5.4** The Medical Card will be valid for life time of eligible retired/separated employee and/ or his/her spouse.


#### **6.7.6.0 CLAIM**

- 6.7.6.1** For claiming reimbursement of medical expenditure incurred by the beneficiaries covered under Para 6.7.3.2 above, the retired/separated employee shall prefer claim not more than once in a month to the TBS Cell, HR Department, Corporate HQ in the form prescribed at Annexure-II.
- 6.7.6.2** The claim will be processed and reimbursed to the retired/separated employee by The Finance Department of Corporate HQ after verifying the Medical Card and the Benefits admissible to the retired/separated employee concerned under the scheme.

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#### **6.7.7.0 GENERAL**

- 6.7.7.1** In case any doubt arises regarding the genuineness or otherwise of the claims preferred by the retired/separated employee, the Corporation reserves the right to direct the beneficiary to present himself before a Medical Board and that no reimbursement will be made till the recommendations of the Medical Board are received in this regard.
- 6.7.7.2** If, on reasonable belief or on the basis of recommendations of the Medical Board, it is found that there is misuse of the benefits under the Scheme by any beneficiary, he may be summarily debarred from the benefits under the Scheme.
- 6.7.7.3** The Company reserves the right to amend, modify or discontinue the Scheme, in part or full.
- 6.7.7.4** In respect of any matter not covered herein, specific reference will be considered by Corporate HR Deptt. and decision of CMD shall be final.

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## ANNEXURE-I

### MEDICAL CARD

(Under Contributory scheme for Post-retirement Medical Facilities)

Registration No. \_\_\_\_\_

(To be filled in by TBS Cell, HR Department, and Corporate HQ)

1. Name of the retired/separated employee and employee number: \_\_\_\_\_
2. Date of retirement: \_\_\_\_\_
3. Designation at the time of retirement: \_\_\_\_\_
4. Scale of pay and basic pay as on the date of Retirement: \_\_\_\_\_
5. Office/Project from which retired/Separated: \_\_\_\_\_
6. Permanent Address: \_\_\_\_\_
7. Present address: \_\_\_\_\_
8. Validity period of the card: \_\_\_\_\_


Name of the beneficiaries:

(i)..... (Retired/Separated employee)..... (Age)

(ii)..... (Spouse)..... (Age)

\_\_\_\_\_  
Specimen Signature of the issuing officer of  
Retired/separated employee

\_\_\_\_\_  
Specimen signature of the spouse of  
Retired/separated employee

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## ANNEXURE-II

### Claim form for Reimbursement of Medical Expenses incurred by the Retired/Separated Employee/Spouse of Expired Employee while in service

(Under Contributory scheme for post retirement medical facilities) (Outdoor/Indoor Treatment)

Medical Card Number : \_\_\_\_\_  
Name & grade of the retired/separated/expired employee (in block letters): \_\_\_\_\_  
Employee No. : \_\_\_\_\_  
Last Pay Drawn : \_\_\_\_\_  
Medical Card valid up to : \_\_\_\_\_  
Present address at which the Cheque/DD is to be sent : \_\_\_\_\_  
1. Name of the patient : \_\_\_\_\_  
2. Relationship with the retired/separated/expired employee : \_\_\_\_\_  
3. Place at which patient fell ill : \_\_\_\_\_  
4. If treatments taken at place other than the place : \_\_\_\_\_  
of residence, give reasons  
5. Name of the doctor or hospital from where treatment taken : \_\_\_\_\_  
\_\_\_\_\_

Received rupees (in figures)..... (In words).....

6. Qualification of the doctor : \_\_\_\_\_

#### Note:

1. Doctor's prescription and cash memos in original should be attached
2. Receipts for amounts claimed should be enclosed
3. Separate claim should be prepared for each patient and each spell of treatment

(To be certified by the retired/separated employee/spouse of employee)

I hereby declare that:

- i) The statements made in the claim are true to the best of my knowledge and belief.
- ii) I am a member of Contributory Scheme for Post-retirement Medical Facilities
- iii) I continue to fulfill the conditions of eligibility for availing the benefits under the scheme.
- iv) The medical expenses were incurred for self/spouse.
- v) I fully understand that the Company may refuse/terminate my membership of the Scheme at any time without assigning any reasons.

Date:

Signature of the retired/ separated/spouse of  
Expired Employee while in service

(To be filled in by the Accounts Department)

Claim passed for payment Rupees (in words) \_\_\_\_\_  
(In figures) \_\_\_\_\_

1. Accountant


Sr. AO/AO

Dated: .....

Dated:

Signature of the retired/separated/spouse of expired  
Employee while in Service



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## CHAPTER – V

### 7. OTHER MEDICAL FACILITIES:

#### 7.1 REIMBURSEMENT OF COST OF VARIOUS ARTIFICIAL APPLIANCES:

Reimbursement of the cost of various artificial appliances including the cost of Heart Pace maker and replacement of the pulse generator, cost of replacement of diseased Heart Valves, Artificial Electronic Larynx, Artificial hearing Aid will be admissible to the employees of the Corporation and their dependent family members if prescribed by the Specialist in the line of authorized/approved hospital.

The power to sanction cost of various artificial appliances will vest in the C.M.D. of the Corporation or any other officer to whom the power is delegated by the C.M.D. The competent authority will make the payment to the supplying agency or to the Authorized/ Approved hospital as may be considered appropriate and payment will not be made directly to the employee concerned.

#### 7.2 SOURCE OF PURCHASE

(i) Purchase of hearing aid and other appliances which are generally not available with rehabilitation centers of the Govt. or their Govt. agencies can be made from the agencies supplying such instruments just like any other instrument after obtaining quotations as per the specification by the specialist.

Re-imburement of expenses or purchase/re-placement/ repair/ adjustment of artificial appliances shall be allowed only when these are certified as essential by a specialist in the concerned specialty in the Hospital


(ii) List of Artificial appliance for purchase/Repair etc.: -

The list of artificial appliances whose cost shall be re-imburseable to the employees and the entitled members of their families covered under these rules shall be same as admissible to the Central Govt. employees and as contained in Central Services (M.A.) Rules and as may be revised from time to time. (List of Artificial Appliances is enclosed as Annexure III)

### 8. COST OF LIFE SAVING DRUGS:

**8.1** As far as possible, the prescription of imported drugs shall be avoided by the A.M.A. during hospitalization. However, in cases where the A.M.A. considers that all possible medicines/drugs available in India have been tried out but have proved ineffective and the prescription of imported life saving drugs is imperative for saving the life of the patient, he may prescribe the drugs on the prescription itself and the employee may place the order directly with the foreign firm or otherwise. The cost of drugs thus imported is re-imburseable subject to the following conditions.

- (a) The authorized medical attendant should record a certificate that all possible medicines/drugs available in the market within India have proved ineffective and no substitutes having equal therapeutic value are available in the country.
- (b) The A.M.A./Medical Superintendent of the hospital, as the case may be, should countersign the claim and simultaneously record a certificate to the effect that he is satisfied that the import of the drugs is considered absolutely essential to save the life of the patient.

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(c) Only the cost of the drugs may be reimbursed in such cases - However, packing charges, customs duty, and freight charges, etc., will not be reimbursable.

**8.2** The A.M.A generally should not prescribed medicines for more than 10 days at a stretch on the first day of consultation so that medicines may not go waste.

## **9. COST OF BLOOD AND BLOOD TRANSFUSION:**

**9.1** Blood transfusion charges paid to a Govt. Institution or any local organization recognized by the Central / State Govt. for the supply of blood to patients in Hospitals / Approved Nursing Home shall be reimbursed. In case such institution or organizations do not exist or blood of the type required for the patient is not available with them, the blood plasma can be purchased from chemist/ Blood Bank (Regd.) or may be obtained from a private donor and the cost thereof shall be reimbursed to employee concerned provided the A.M.A. has certified to the Effect that the supply of blood required was not available from the local government or recognized institution and that price paid for the blood was reasonable.

**9.2** Where the Corporation Hospital does not exist at the station of duty of the employees, the employee and members of his family will be eligible for reimbursement of expenditure incurred on account of sterility under taken at authorized / approved hospital.

## **10. MEDICAL TERMINATION OF PREGNANCY:**

The expenditure incurred on medical termination of pregnancy shall be reimbursed provided the medical termination of pregnancy has been performed at Corporation/authorized/approved hospital or other hospital/institution approved under the Medical Termination of pregnancy Act. 1971.

## **11. CONFINEMENT:**


**11.1**In the case of female employee or female members of the family of employee, treatment including confinement and parental and post natal treatment at Hospital of the Corporation or at the Authorized/ Approved Hospital/Maternity Centre maintained by the Govt. or Local Bodies, hospitals or maternity centre approved by the Corporation or any private hospital subject to the condition that the reimbursement of charges at private hospital will be limited to what would have been admissible had the confinement been at the Authorized/Approved Hospital of the Corporation.

**11.2**The cost of confinement charges at residence will be reimbursed as in case of Indoor treatment provided that the delivery is conducted by the staff of Child Welfare and Maternity Centers maintained by Govt. or Local Bodies. Reimbursement in such cases will be admissible according to the scheduled rates of such centers. In the event of complications arising at the time of delivery requiring attendance by a specialist, the patient should be moved at once to the nearest Approved/Authorized hospitals of the Corporation or any Private hospital if the condition of the patient so warrants. However, reimbursement of expenses in such cases will be restricted to the schedule rates of nearest Authorized/Approved hospital.

## **12. DENTAL TREATMENT:**

Expenses incurred by an employee of the Corporation in connection with the following types of dental treatment obtained at Approved/ Authorized Hospital or from A.M.A. may be reimbursed

(a) Extraction

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- (b) Scaling and gum treatment Filling of teeth- except with gold (cost of denture will not be reimbursed)
- (c) Root canal treatment.
- (d) Treatment of Jaw bone disease and wholesale removal of teeth (if it indicates that the teeth are the real source of disturbance).

**Explanation:**

- (i) Surgical Operation needed for removal of Odontomes and impacted wisdom-teeth shall fall under the category of dental treatment of a major kind. 'Treatment of gum boils will come under oral surgery,' (surgery of the mouth) and shall be reimbursable under these rules.
- (ii) Orthodontal treatment other than for cosmetic purposes shall also fall under the category of dental treatment based on certificate of the A.M.A.

**13. EYESIGHT TESTING:**

Reimbursement for testing of eye sight for glasses once in every three years on the recommendation of the A.M.A. shall be admissible. The families of the employees shall not be entitled to this concession.

**14. TREATMENT FOR IMMUNISING AND PROPHYLACTIC PURPOSES:**

Reimbursement of charges incurred on treatment of the employees and their families for immunizing and prophylactic purposes in a Govt. recognized or Authorized/Approved hospital will be permissible in the case of communicable diseases only viz.

1. Cholera, 2. Typhoid group of fevers (TAB), 3. Plague 4. Diphtheria 5. Whooping Cough, 6. Tetanus and 7. Polio.

**15. VACCINATION / INOCULATIONS ETC:**

The cost of vaccinations, inoculations and injections taken by the employee, his family and servants for prophylactic and immunizing purposes to secure health certificate under international travel regulations before commencement of such travel will be reimbursed by the Corporation provided the journey is undertaken at the cost of Corporation.


**16. ANTI-RABIC TREATMENT**

Expenses for Anti-rabic treatment of employees or his family members based on recommendation of A.M.A. shall be reimbursable.

**17. POLIOMIELITIS', 'CEREBRAL PALSY' & 'SPASTICS'**

**17.1** Corporation employee, or a member of his family suffering from Poliomyelitis may receive treatment based on the advice of A.M.A. in the nearest Approved/Authorized hospital where such treatment facilities exist.

**17.2** The Corporation employee or a member of his family suffering from Poliomyelitis should, in the first instance, receive treatment at the nearest Authorized/Approved hospital. If the A.M.A./Medical superintendent of the hospital recommends that specialized treatment at the Children's Orthopedic Hospital, Bombay, which has been recognized by the Govt. of India for the purpose of treatment of advanced cases of Poliomyelitis then he/she will be entitle to receive treatment there at Corporation's expenses.

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- 17.3** The hospital where treatment for Poliomyelitis specialized is available and which are listed in the Central Medical Attendance Rules will be treated as Approved Hospital of the Corporation for treatment of its employees and their families. (A list of hospitals where specialized treatment of Poliomyelitis is available and which are deemed to be approved by the Corporation is enclosed as Annexure-IV).

***Note:** The concession allowed to the employee of the Corporation and their family members for treatment of Poliomyelitis would also be applicable in the case of Cerebral Palsy and Spastics.*

## **18. CAT SCAN**

Reimbursement of CAT SCAN charges for the treatment of Corporation employees and/or their family members if considered essential by Specialist will be allowed.

## **19. OPEN HEART SURGERY / KIDNEY TRANSPLANT**

For specialized surgeries treatment like open Heart Surgery/Kidney Transplant/Neuro Surgical Operation/Tympanic implantation etc. reimbursement of medical expenses will be permissible subject to the condition that such treatment are undertaken by an employee and /or his/her Family members in an approved/Authorized hospital or in absence of such facilities in Approved/Authorized Hospital in any other hospital where adequate facilities for such treatment exists. However, for such treatment prior approval of competent authority will be essential.

### **19.1 CHARGES FOR SURGERY, POST OPERATIVE CARE AND T.A. OF DONOR OF KIDNEY**


Corporation employees may be allowed reimbursement of expenses incurred on the surgery and post operative care of the donor of a kidney to them or a member of their family for transplantation. They will also be entitled to claim reimbursement of T.A. expenses of the donor in connection with the journey undertaken in this connection at the following rates :-

- (i) If the donor is private person, T.A. will be admissible at the rates applicable to the recipient employee; and
- (ii) If the donor is another Corporation employee or his family member, T.A. will be admissible at the rates applicable to the donor employee.

## **20. REIMBURSEMENT OF COST OF INTRA-OCULAR LENS IMPLANTATION CHARGES**


Reimbursement of cost of Intra-Ocular lens implantation undertaken by the employees and their dependent family members shall be allowed subject to the following conditions:-

- (a) The actual cost of Intra-Ocular lens implantation and treatment there to if undertaken in Authorized/Approved hospital and actual cost of Rs. 6,500/- (Rupees six thousand five hundred) whichever is less if the treatment is undertaken at Private hospital where such facilities are available. The cost of spectacles, if any, in such cases will not be admissible for reimbursement.
- (b) In the case of conventional operation for Cataract, the actual cost of spectacles for correction of distant/near vision, will be admissible, Replacement of such spectacles shall be admissible for reimbursement once in every three years provided the same is undertaken on the advice of the A.M.A./Specialist in the field.

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## 21. TREATMENT OUTSIDE INDIA

A Corporation employee (his/her family members) may be allowed by the competent authority to obtain medical treatment outside India, if certified by the Specialist in the line and recommended by the Medical board that such treatment facilities within the country is not available and in the interest of the patients life, He/she has to be sent abroad (country and place of treatment to be specified) for treatment and recovery. Expenses incurred for journey as well towards treatment will be reimbursable under these rules subjects to the condition that the employee concerned will observe all required formalities/approval as per G.O.I. and R.B.I. rules and regulation on the subject.


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## CHAPTER –VI

### MEDICAL ADVANCE / ADJUSTMENT AND REIMBURSEMENT CLAIM

#### 22. GRANT OF ADVANCE FOR MEDICAL ATTENDANCE & TREATMENT

- 22.1** (i) In order to assist an employee in case of special diseases or illness of the employee concerned or dependent members acute of his family requiring immediate medical attention as advised by the A.M.A. Medical advance to the extent of three months basic pay or actual as recommended by the A.M.A. subject to the maximum of Rs. 30,000/- (Rupees thirty thousand only), to be recovered in four equal monthly installments, may be given.
- (ii) However, in case of major illness like by-pass Surgery, Kidney Transplant etc. The advance may be granted to the extent of package deal wherever it exists or the amount demanded by the Hospital concerned based on estimate furnished by such Authorized/Approved Hospital or any other hospital where permission has been granted by the competent authority to receive – Treatment due to non-availability of such facilities in Authorized/Approved hospital of the Corporation.
- (iii) The adjustment of advance will be monitored by the Finance and Accounts Wings of concerned establishment from where pay and allowances are drawn by the employee concerned.
- 22.2** Normally not more than one advance shall be granted in respect of the same illness or injury. However, if the A.M.A. certifies that the estimated cost of the treatment would be much more than the amount previously certified by him either due to longer duration of 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 in such cases second advance may be allowed.
- 22.3** The amount of advance shall be recovered from the pay of the employee concerned in four equal monthly installments from the pay \*1 commencing from the 4th month of drawl of advance. However, in cases where employee concerned is hospitalized and the medical advance was drawn in connection with treatment of himself/herself, such an advance shall be recovered from the pay bill from the month in which he/she draws duty pay and/or leave salary on average pay after treatment is over. The medical claims for reimbursement of expenditure as admissible under M.A. Rules of the Corporation and for which the claims have been already submitted by the employee concerned shall be adjusted and the balance amount of advance shall be recovered in four equal monthly installments.
- 22.4** Advances, to wife or legal heir when the employee is unable to apply due to serious illness:  
Advances to an employee on personal account can also be drawn in exceptional circumstances in cases of serious illness/accident where the official is unable to apply for advance. The advance may be sanctioned on the basis of and application made in his/her behalf by the wife/husband, as the case may be, of the employee or the dependent of the employee concerned in writing. While issuing sanction, it should specify the person to whom the amount will be paid. Necessary watch will be kept for recovering the advances by the finance wing after the submission of medical reimbursement claim. Other terms-and conditions as noted in the foregoing paras will be applicable.

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## 23. TIME LIMIT FOR PREFERRING MEDICAL CLAIMS

- 23.1** Maximum time limit for preferring medical reimbursement claims shall be 3 (three) months from the date of completion of treatment as indicated in the medical fitness certificate of the A.M.A./Competent medical authority.
- 23.2** However, belated claims may be admitted beyond 3(three) months but within the period of one year from the date of completion of the treatment provided that the controlling officer is satisfied in such cases that the delay in submission of the claim is for reasons beyond the employee's control and same will be recorded and countersigned by the controlling officer on the claim form.

## 24. CASH MEMO AND ESSENTIALITY CERTIFICATE

- 24.1** Cash Memos of purchase of medicines must be countersigned by the Doctor prescribing the medicines and the essentiality certificate must contain the names of all the medicines prescribed and the amount incurred in the purchase of each medicine.
- 24.2** Cash Memos need not be stamped and receipted. Designation & Degree of the Doctor should be indicated. Where medicines are supplied by the attending doctor from his own dispensary and charged for, the question of production of Cash Memos for the purchase of medicines would not arise and the receipt granted by the A.M.A. in token of supplying the medicines as included in the essentiality certificate to the patient may be accepted as valid substitute for Cash Memo.
- 24.3** Credit receipted bill duly countersigned by the A.M.A may also be accepted for the purpose of medical charges as provided under the C.S (MA) Rules. "Duplicate" Cash Memos submitted by the officials may also be accepted provided circumstances leading to the losses of the originals are fully and satisfactorily explained and justified and the 'Duplicate' Cash Memos are duly countersigned by the A.M.A.
- 25.** Corporation employees will prefer medical reimbursement claim for treatment in O.P.D in permissible cases under these rules and/or as indoor patient in respect of self and or family member in the prescribed 'Form C' enclosed as **Annexure-V**.



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## CHAPTER – VII

### TREATMENT OF SPECIAL DISEASES

#### 26. CANCER

- (i) An employee of this Corporation or a member of his family may receive treatment for cancer, at the nearest recognized hospital providing such treatment, subject to the condition that such treatment is recommended by the Authorized Medical Attendant.
- (ii) If the Medical Superintendent of the Authorised/Approved/Recognised hospital to whom the patient was sent for treatment by his/her A.M.A. 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.
- (iii) Post treatment check-up: - In cases where an employee or a member of his family, who has Undergone treatment in the Authorized/Approved/ Recognized Hospital for cancer, if advised by the Medical Superintendent of the hospital to continue certain treatment or checkup after his/her discharge from the hospital, he/she may be allowed to consult and receive medical treatment directly from the Authorized / Approved / Recognized Cancer hospital without consulting the A.M.A.


**Note:**

- (a) *Cancer includes Hodgkin's diseases and Leukemia's and the concessions allowed to the employees and member of their families for treatment of cancer should also be deemed to be applicable in the case of these diseases.*
- (b) *The hospital where specialized treatment for cancer is available and which are mentioned in the Central Medical Attendance Rules and which may be revised from time to time will be treated as Authorized hospital of the Corporation for treatment of its employees and their families. (List enclosed as Annexure-VI). In addition to above, other Trust or Private hospital/Nursing Homes having specialized facilities may also be approved for such specialized treatment by the Corporation for its employees and their family members.*

#### 27. MENTAL DISEASES:

An employee suffering from mental disease may receive consultation and/or treatment in any, (not necessarily the nearest) Authorized Medical Hospital on referral of the A.M.A. subject to the following conditions:-

- (i) The duration of treatment can be extended for a maximum period of three years.
- (ii) The patient should be allowed to receive Indoor treatment at the Corporation's cost for a period of six months to begin with. This period of six months may extended by a further period of one year in two more spells (i.e. six months at a time) on the Medical Superintendent of the Mental Hospital certifying that treatment for a reasonable period up to twelve months beyond the six months' period, is likely or lead to complete recovery of the patients.

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- (iii) After the period of one-and-a half years, approval for further treatment may be given for blocks of six months only up to a period of three years.
- (iv) The approval for extension should be decided on the psychiatric and medical grounds by the Medical Superintendent or a subordinate officer to whom he may delegate this responsibility.
- (v) The extension should only be considered if it is in the therapeutic interest of the patient. The extension would not to be given in the case of a hospitalized patient for more custodial care if the patient can be looked after at his/her usual residence. The extension should be in the interest of the patient and not for the convenience of the family.
- (vi) Reimbursement of expenditure to an employee for outdoor treatment at a Mental Hospital if advised by the Medical authorities of the Mental Hospital and allowed by the competent Authority under the M.A. Rules will be allowed.
- (vii) A list of Govt. Recognized Hospitals for treatment of mental diseases is enclosed as **Annexure-VII**. The list will be updated from time to time based on C.S.M.A. Rules.

## 28. TUBERCULAR DISEASES:


The following treatment facilities are extended to the employees and their family for tubercular diseases:

- (i) **Treatment in a Sanatorium:** - If the specialist in Tuberculosis diseases certifies that treatment in a T.B. Sanatorium is necessary, the employee concerned will be entitled to receive treatment in any recognized 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 Govt. recognized T.B. Sanatorium/Centre is enclosed as **Annexure-VIII**. The list will be updated from time to time based on C.S.M.A Rules.
- (ii) **Reimbursement of Diet charges:** - Diet charges paid to hospitals and T.B. Sanatorium etc. by the employees and members of their families during the course of their treatment for T.B. as in-door patients may be reimbursed in full.
- (iii) **Reimbursement of charges for accommodation:**  
If an employee fails to get a reserved bed at the general or free ward accommodation in any other recognized 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, if any appropriate class of paying ward considered essential by the Medical Superintendent of the Sanatorium available in such an institution.

### 28.1 DOMICILLARY TREATMENT

Employees and members of their families suffering from Tuberculosis for whom treatment as an in-patient in a Hospital/Sanatorium, etc. is not considered necessary by their respective medical attendant etc. or who fail to get accommodation for their treatment as in-patient in a recognized T.B. institution may receive domiciliary treatment or as an out-patient as follows:

- (i) At the Out-Patient Department of a Govt. Hospital and or a Recognized T.B. Institution at or near to the place where they fall ill.

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- (ii) At the consulting room of the authorized Medical Attendant.
- (iii) If the Authorized Medical Attendant is of the opinion that the treatment by a T.B. Specialist is necessary at the consulting room of a T.B. Specialist.


28.1.1 Treatment from the above mentioned sources will however, be subject to the following conditions:-

- (i) That the treatment will be taken only on the advice of the authorized medical attendant.
- (ii) That a certificate by the Authorized Medical Attendant or the T.B. specialist is submitted to the fact that the treatment as an in patient in a Hospital/Sanatorium was not considered necessary, or that the patient was advised to receive domiciliary treatment/out-patient basis as he/she failed to get necessary accommodation in a recognized T.B. Institution. In this connection, as far as possible the following categories for T.B. patients shall be treated on in-patient basis in a recognized T.B. Institution/Hospital. :
  - (a) When a patient's conditions is toxic or the patient is acute ill.
  - (b) When the patient is suffering from some complications or emergencies like massive haemoptysis (spitting of the blood) or rupture of lungs etc.
  - (c) When the patient requires surgical intervention.
  - (d) First line anti-T.B. drugs failure case.
  - (e) When the patient needs isolation as in-patient for socio-economic reasons.
  - (f) Till such time the admission of the above category of a patient in a recognized T.B. institution is arranged, the patient would be entitled to receive treatment on a domiciliary/out-patient basis from any of the sources as stipulated in the foregoing paras and the reimbursement of the expenses as under the rules shall be allowed.

## 28.2 DURATION OF TREATMENT:

The maximum period of treatment which may be allowed from the date of the detection of the disease for the purpose of reimbursement should be restricted to 24 months as certified by the T.B. Specialist/Medical Attendant etc. The said period of treatment for 24 months may, however, be computed separately for each occurrence of relapse in a patient, to be certified as such by the treating physician, medical attendant, etc. which may occur in a certain percentage of the T.B. cases irrespective of the fact that the patient had received treatment on a number of occasions earlier. A patient who had received treatment on an in-patient basis in a hospital/sanatorium and is discharged after a certain period of treatment should be allowed to take domiciliary/out-Patient treatment from any of the sources mentioned above in accordance with the advice of the sanatorium/hospital authorities at the time of their discharge.

**Note:** The treatment medical authorities -May, as far as possible refer the Corporation employees or the members of their families suffering from T.B. to the nearest recognized Government/Govt. aided T.B. Clinic/ T.B. Centre, where facilities for free domiciliary / out-patient treatment of the T.B. patients exist. While preferring a claim for reimbursement of treatment charges of the cost of drugs prescribed, it may be clearly certified by the concerned medical authorities that the drugs prescribed to the patient were not available for free supply to the patients in their respective institutions mentioned above from where the treatment was taken.

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### **28.3 REIMBURSEMENT OF EXPENSES INCURRED DURING TREATMENT SHOULD BE RESTRICTED AS FOLLOWS:**

For one complete spell of maximum permissible treatment for 24 months from the date to detection of the disease, fees for 15 consultations in the first 12 months of treatment from the date of detection/ relapse of the disease and 12 consultations the subsequent months of treatment. As far as possible, the consultation may be obtain at the rate of one consultation in a month except in the first 2 or 3 months when more than one consultation may be allowed for proper diagnosis and close follow-up of the case, or when the patient during the period of treatment develops some complications. If a patient leaves the treatment in between against medical advice, the number of consultations for which the fees would be reimbursable should not exceed the number as specified above, and the rate of reimbursable fees would be as for the subsequent consultations as may be approved by the Corporation.

### **28.4 POST-TREATMENT CHECK-UP:**

In case where an employee or a member of his family who has undergone treatment in recognized 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 Govt. or a Recognized T.B. Specialist without consulting the A.M.A./specialist.

## **29. LEPROSY**

The following concessions for treatment of Corporation employee and/ or his/her family members for Leprosy are allowed under this rule:


### **29.1 CONSULTATIONS WITH SPECIALIST:**

The AMA may refer all cases of suspected leprosy to the Govt. / recognized leprosy specialist directly. In respect of consultations with specialists who are, not authorized Medical Attendant of the Corporation the fees paid to them for consultations should be reimbursed to the employee concerned restricting to the extent of the rates indicated in Rule 4.2 of the M.A. Rules.

### **29.2 TREATMENT IN AN IN-PATIENT INSTITUTE:**

If the specialist in leprosy certifies that treatment in an in-patient leprosy institute is necessary, the Corporation employee concerned will be entitled to ' receive treatment in any recognized leprosy inpatient institute irrespective of its place of location which can, in the opinion of the leprosy specialist, provide the necessary and suitable treatment and where accommodation for him is available. A list of leprosy in-patient institutions recognized for the purpose is given in **Annexure IX**. This shall be updated from time to time based on CSMA Rules.

All institutions/hospitals/clinics, etc., providing facilities for treatment of leprosy, which are directly administered by the State or Central Govt. should be deemed to be recognized under this rule for- the purpose of treatment of Corporation employees and the members of their families suffering from leprosy.

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### **29.3 TREATMENT AT THE OUTDOOR DEPARTMENT OR AT THE CONSULTING ROOM OF THE AUTHORISED MEDICAL ATTENDANT/ LEPROSY SPECIALIST.**

Corporation employees or their families suffering from leprosy, who fail to get accommodation in recognized Leprosy institute or for whom, treatment as an in-patient in a Govt. Hospital/or a recognized leprosy institute is not considered necessary, may be allowed to receive treatment:

- (1) At the out-patient department of a Govt. hospital and/or a recognized leprosy institution at or near the place of his stay or where he falls ill.
- (2) At the consulting room of the Authorized Medical Attendant; and
- (3) If the authorized medical attendant is of opinion that treatment by leprosy specialist is necessary at the consulting room of a leprosy specialist.

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

- (i) That the treatment at the Out-Patient Department of a Govt. hospital and /or a recognized leprosy institution or at the consulting room of the specialist will be taken only on the advice of the Authorized Medical Attendant;
- (ii) That, a certificate signed by the Authorized Medical Attendant or by the leprosy specialist is submitted to the effect that the In-patient was advised to receive treatment as an outdoor patient/ at the consulting room of the leprosy specialist as he/she failed to get necessary accommodation at the recognized leprosy institution or his/her condition warrants outdoor or consulting room treatment privately;
- (iii) That certificate from the Authorized Medical Attendant and /or the Government recognized leprosy specialist is submitted to the effect that the patient had reasonable chances of recovery if treated otherwise than as an in-patient in a recognized leprosy institution; and
- (iv) Consulting room will be restricted to the extent of the rates indicated in RULE 4.2 of the M.A.Rules.

### **29.4 REIMBURSEMENT OF DIET CHARGES:**


The diet charges paid to hospitals and leprosy institutes etc., by Corporation employees and members of their families during the course of their treatment for leprosy as indoor patients would be reimbursable in full.

### **29.5 REIMBURSEMENT OF CHARGES FOR ACCOMMODATION:**

All grades of Corporation employees are also entitled for reimbursement of charges for accommodation for self or family members because of the prolonged course of treatment involving lot of expenditure to be incurred by the Corporation employee concerned and for safety of the community.

### **29.6 FOLLOW-UP TREATMENT AND POST-TREATMENT CHECK-UP:**

In case where a Corporation employee or member of his family who has undergone treatment in a recognized institution is advised by the Medical Superintendent of the institution to continue certain treatment or check-ups after his/her discharge from the institution or when he/she gets relapse, he/she may be allowed to consult and receive

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treatment directly from a Govt. and/or a recognized leprosy specialist, without consulting the Authorized Medical Attendant.

A Corporation employee who has suffered from 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/she -is also required to undergo post-treatment check-up with a leprosy specialist, he/she 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 which should always be nearest available one. Corporation employees, 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 interests 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 recognized leprosy specialist. The post treatment follow up should be done by a specialist/institution stationed at or near the place of duty of the ex-leprosy patient. The specialist, if necessary, may call for complete records of the ex-patient from the institution where he was treated originally.

Corporation employee who has suffered from leprosy 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.

29.6.1 Reimbursement of medical expenses incurred of further treatment given for leprosy either as an in-patient or as an out-patient or at the consulting room of the Authorized 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 above and received by the patient in accordance with the orders in force regarding treatment of leprosy to the extent and subject to the conditions laid down in these rules.

## **29.7 REIMBURSEMENT FOR CORRECTION OF DEFORMITIES:**

Deformities caused by leprosy when certified by a Reconstructive or a Plastic Surgeon, or specialist in leprosy that it can be surgically corrected, a Corporation employee or members of family (Leprosy patient) can undergo surgical operation for correction for his/her deformities in any of these Institution/Medical College Hospitals where such operations are done according to the preference of the patient and availability of seat at the time of requirement. If the institution is located at a distance the cost of such operation will also include the to and fro journey to the institution by the patient for the purpose of the operation and fitting of the artificial limbs or any other prosthesis after the operation.


## **30. DIABETES**

The cost of anti-diabetic drugs including Insulin and Restinon shall be reimbursed based on the advice of the A.M.A.

## **31. TREATMENT OF VENEREAL DISEASE AND AIDS**

The expenses for treatment of "Venereal Diseases" and "Aids" are also reimbursable subject to the conditions that treatment is undertaken in the Authorized /Approved Hospital for the purpose.



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## CHAPTER – VIII

### MISCELLANEOUS PROVISIONS

#### 32. TREATMENT FROM PRIVATE MEDICAL PRACTITIONER

- 32.1 Private Registered Medical Practitioner means a registered medical practitioner qualified in the modern system of medicine holding a qualification recognized under the Indian Medical Council Act, 1956.
- 32.2 Where there is no Authorized/Approved Hospital or A.M.A. of the Corporation at the station of the duty of the employee or the employee is not residing in the township or is on leave or on tour at another stations, he/she and members of the family may receive medical attendance and treatment from private registered medical practitioner of their choice at doctors consulting room or at the residence of the doctor or at his own residence depending upon nature of illness necessity and circumstances for outdoor treatment and incorporated in rule.
- 32.3 However, the consultation fee etc. charged by the R.M.P.(Registered Medical Practitioner) will be reimbursed restricting to the ceilings prescribed under RULE 4.2 (I)

*Note: In the case of domiciliary visits, the employees will have to get a certificate from the Doctor to the effect that domiciliary visit was essential in the interest of the health of the patient.*


#### 33. TRAVELLING ALLOWANCE

- (i) Employees and their families will be entitled to the payment of travelling allowance in terms of T.A. Rules of the Corporation when referred by the A.M.A. for medical attendance to another M.O./ Specialist or hospital outside the station at which employee is posted. T.A. for the attendant/escort will also be allowed if it is certified by the A.M.A. that it is unsafe for the patient to travel unattended. The attendant / escort will be entitled to T.A. as per entitlement of concerned employee of the Corporation.
- (ii) Further, if medical authority certifies that conveyance of the patient by his/her entitled mode and class under T.A. Rules will not be advisable as it would endanger the life of the patient or grossly aggravate the condition of the patient and recommends the mode and the class for conveyance of the patient, in that situation, the competent authority may consider to allow travel by suitable mode and class along with escort or otherwise for outward journey. Return journey after treatment will be normally performed as per entitled mode and class, unless the competent authority of the hospital certifies in writing that the patient along with escort, if accompanied, should travel by any other mode and class than his/her entitlement under the rules. The mode and class should be specifically mentioned in such cases by the Medical Authority.


#### 34. AMBULANCE SERVICE

- (i) Ambulance service will be provided free of charge to persons eligible for free treatment requiring admission as in-patients only.
- (ii) Dangerously or seriously ill cases will be given preference, for providing ambulance facilities. Employees are requested to indicate, wherever feasible, the nature of the illness and its seriousness when requests for ambulance are made. Requests for ambulance will be complied with subject to availability and/or prior bookings and seriousness of cases.



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- (iii) In case of patients other than those requiring admission as in-door patients, ambulance service may be provided free of charge if in the opinion of the attending doctor, it is necessary to transport the patient by an ambulance on medical grounds, such as inability to walk on account of fracture on the leg or blindness or very old age or mental illness etc.
- (iv) If after arrival at the hospital/dispensary the doctor finds that the use of the ambulance was not warranted on any of the grounds mentioned in paras (ii) and (iii) above, the ambulance charges will be recovered from the employees.
- (v) Ambulance service will not be made available for dropping patients at their homes or at other places after out-patient treatment. They will be required to make their own arrangements for returning from the hospital/dispensary. However, in exceptional cases, non-ambulant patients will be permitted the use of the ambulance under instructions from the chief medical officer/Sr. M.O. or any medical officer of the hospital/dispensary authorized to detail ambulance.
- (vi) Ambulance service will be provided free of charge to drop the discharged in-patients at their residence within the project area, if same is considered essential by the doctor and beyond above limit by C.M.O. /Sr. M.O. or any Medical officer of the hospital/dispensary authorized to detail ambulance.
- (vii) Requests for ambulance to bring paying cases who are residing within the project area will be complied with, subject to availability and spare-ability of the ambulance. In other cases, the employees will have to make their own arrangements. The only exception will be cases arising out of accidents for which the doctor/hospital in-charge's approval will be required. After arriving at the hospital, if it is found that incorrect or misleading information has been furnished in addition to recovering the ambulance charge, disciplinary action may also be taken against the employee.
- (viii) Use of ambulance for medico-legal cases connected with employees or their dependent eligible for free treatment will be charged for except when in the opinion of the attending doctor, it is necessary to transport the patient by ambulance on medical ground.
- (ix) In cases of accidents while on duty, ambulance will be provided free of charge.
- (x) The user of the ambulance will ensure that:
  - (a) For incoming cases the doctor of the hospital certifies the use of the ambulance as free or paid.
  - (b) For outgoing cases an ambulance slip issued by the doctor, should be obtained and presented to the controlling officer.
- (xi) When a patient eligible for treatment is referred to other hospital, ambulance will be provided free of charge subject to availability and if a hospital in charge certifies that it is not safe for the patient to travel by any other transport.
- (xii) The charges for ambulance trip in paying cases will be as fixed by the management from time to time.
- (xiii) The ambulance will be used for transporting dead bodies.
- (xiv) In case, the ambulance is not available and separable or the Corporation does not have ambulance of its own in project area or at any other place where the Corporation does not have its own hospital/dispensary, Corporation employees will be entitled to reimbursement of

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Charges paid for an ambulance used for their conveyance or the conveyance of members of their families subject to the following conditions:-

- (a) 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.
- (b) 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 purpose of certain medical examinations etc.
- (c) If the ambulance used belongs to Govt. or local fund, or a social service Organization such as the Red Cross society etc; and
- (d) If the ambulance is used within the same city-Municipal or Corporation area, etc.

### 35. REIMBURSEMENT UNDER HOMEOPATHIC/ AYURVEDIC/ UNANI AND SIDDHA SYSTEMS OF MEDICINE

Employees and the member of their family may also receive treatment from the qualified Ayurvedic/ Homeopathic/Unani and siddha practitioners appointed by the Central/ State Govt. or registered qualified practitioner duly approved by the Corporation. Reimbursement of the maximum limit for the fees charged by the practitioner shall be as under:

Consultation charges (if medicines prescribed by Doctor)

(a) First consultation Rs. 20/-

(b) Subsequent consultations Rs. 10/-


(Maximum three consultations for the same ailment),

**35.1 MEDICINES:** Reimbursement of the cost of Medicines prescribed by A.M.A. will be entitled if otherwise admissible under these rules.

### 36. CHECKING OF MEDICAL REIMBURSEMENT CLAIMS

In order to ensure that the expenditure on account of medical attendance from private medical practitioner availed of in respect of employees and their families may not tend to be unduly heavy, a register in the following Performa shall be maintained in Accounts Wing and watch kept in respect of the expenditure incurred.

Name of Employee	Name of the patient and his / her relationship with the employee	Nature & duration of illness in respect of which a private practitioner consulted.	Amount reimbursed	No. & other particulars of the bill through which the Amt. was drawn	Total Amount reimbursed during the financial year	REMARKS
1	2	3	4	5	6	7

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### **37. MEDICAL TREATMENT TO OUTSIDERS AT THE CORPORATION HOSPITAL /DISPENSARY**

An outsider means any person who is not an employee of the Corporation or a member of the employee's family as defined in these rules. This term will include relatives and servant of the employee's contractors and their workers working in the premises of the Corporation, employees of the Banks, Police, Post office, School, Co-operative stores and clubs etc.

The treatment to the above categories of outsiders will be given by the Corporation hospital/dispensary against advance payment and recoveries regulated as per the rates prescribed for similar treatment in a nearby Approved/Authorized Hospitals including cost of medicines and a proper record will be maintained by the officials concerned in the hospital/dispensary and CMO/Sr. M.O. /M.O. will ensure that proper accounting and maintenance of register is made. This register will be an auditable document.

### **38. RELAXATION / INTERPRETATION**

Any doubt regarding interpretation or application relating to any of the rules and cases of relaxation, allowed under these rules will be referred to corporate H.R. department and in this regard the decision of the Competent Authority will be final.

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## CHAPTER – IX

### ADMINISTRATIVE INSTRUCTIONS

#### 39. FUNCTION OF THE CONTROLLING OFFICER

The controlling officer shall check-up the following points before bills are forwarded to Accounts Department for payment.

- (a) The claim is preferred on the standard form and time limit prescribed under the rule for the presentation of medical claims is strictly adhered to.
- (b) The claim is covered by the rules and it is supported by necessary cash memos, Certificates etc.
- (c) Excessive quantity of medicines are not prescribed by the medical officer.
- (d) Whether declaration of dependants under Rule 3.7.1 has been furnished by the employee.
- (e) If husband and wife are working, whether necessary declaration under Rule 3.7.2 has been furnished.
- (f) Certificate is signed by the A.M.A./Private practitioner with qualification and Registration number.
- (g) The certificate granted by the doctor contains name of disease and period of treatment.
- (h) Details of Laboratory tests and X-Rays are furnished along-with the receipts duly countersigned by the Doctor.
- (i) The fee paid for consultation and administering injections do not exceed the rates admissible under rules.
- (j) Having regard to the pay range of the Corporation employees, the accommodation occupied by him or a member of his family in the hospital was according to his status.
- (k) Issue of cash memo with back dates and countersignature of the same by the A.M.A is serious in regularity and hence may not be admitted.
- (l) It should also be checked up that medicines prescribed by the A.M.A. have been purchased from Chemist's/Druggist's licensed under the drugs and cosmetics act and rules framed there under.
- (m) The maintenance of control register prescribed for medical reimbursement claims should be ensured and periodical review of the register should be done by the officer immediately superior to the controlling officers and also whenever inspection of the office is undertaken, the controlling officer will be responsible for the proper and correct maintenance of the register. Performa of prescribed register is enclosed in **Annexure-X**.
- (n) Controlling officer should satisfy himself that the entries of serial numbers of cash memos have been duly made in the control register and he should not countersign the medical claims unless the registers are duly put up to him for his perusal.
- (o) Original bills are not to be returned to the claimant for reconciling discrepancies. The claimant should only be asked to settle the discrepancies by giving them all necessary particulars. If necessary, by forward copies of the documents, in case the Corporation employee for the original documents, they may be sent to the controlling officer where he works.
- (p) In case of doubtful nature of claims and continuous recurring claims by the same employee the claim will be referred to corporate H.R. Department and the competent Authority, if feels necessary, will get such claims verified by the vigilance wing of the Corporation or CBI may also be approached depending upon merit or the case.
- (q) Where special sanction is accorded in relaxation of the rules, it should be so mentioned in the body of the sanction order itself.
- (r) Filial medical claim bills will be countersigned by the officers who are competent to countersign T.A. Bills under NEEPCO T.A. Rules for each category of employees.


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#### 40. INSTRUCTIONS FOR CORPORATION EMPLOYEES

- (a) First, find out who is your authorized medical attendant. Your place of illness will determine your authorized medical attendant.
- (b) Whenever you need medical attendance and/or treatment for yourself or your family, please consult your authorized 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 medical attendance rules.
- (c) When you go to the hospital for admission of yourself or any member of your family as an in-patient, inform the authorized medical attendant of your being a NEEPCO employee and of your pay so as to enable the authorities of the hospital to allot to your accommodation suited to your status.
- (d) Once you are admitted as in-patient in a hospital you are bound by the procedure in that particular hospital. Rules and procedures vary from hospital to hospital.
- (e) At the time of leaving the hospital after treatment, please get the hospital bill and receipts, vouchers, essentiality certificate, etc., duly signed or countersigned by the authorized 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.
- (f) In the case of families, you need not consult your authorized medical attendant before admitting a female member of your family in any of the Women's hospitals recognized for the purpose.
- (g) In the case of treatment of families (female members) receiving treatment at the recognized Women's hospitals, 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 authorized medical attendant.
- (h) In emergent cases involving accidents, serious nature of diseases, etc, the patient can be admitted in a private hospital/clinic. In case, no Government or recognized hospital is available nearer than the private hospital/clinic and the case is one of real emergency necessitating such admission and treatment.
- (i) Prefer your claims for refund of medical expenses incurred, in the relevant application form, 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.
- (j) You can draw advance of money from Corporation 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 RULE 22.


#### 41. INSTRUCTIONS FOR DOCTORS

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:

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- a) Pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis should be normally carried out at an authorized/approved hospital/laboratory. However, if such facilities are not available in the Authorized/Approved Hospital/ Laboratory then in any other Laboratory/Clinic having appropriate facilities at -reasonable rates.
- b) A patient should not be referred to a private specialist, except where specifically provided for in Corporation rules.
- c) 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 recognized for the purpose of treatment under medical attendance rules of the Corporation.
- d) Dental treatment when it is obtained at a hospital under the advice of the authorized medical attendant is covered by the medical attendance rules.
- e) Utmost economy should be exercised while prescribing medicines. Where cheaper medicines of equal therapeutic value are available only those should be prescribed.
- f) Medicines should not be prescribed for all the 10 days at a stretch. The daily dosage should be indicated in the prescriptions.
- g) Prescription of phials towards the end of the 10 days period should be avoided, if possible.
- h) While signing medical bills never certify items of foods, tonics having more food value, disinfectants and other similar preparations as essential.
- i) Reimbursement of the cost of Ayurvedic Unani, Siddha and Homeopathic medicines is also admissible.
- j) Essentiality certificates in respect of medicines-should be granted in the prescribed form and should legibly show (preferably in block letters) the names of the medicines prescribed and the amount incurred on the purchase of each medicine. The vouchers or cash memos should also be countersigned.
- k) List of items of medicines for which refund is not admissible under the Medical attendance Rules are issued by the ministry of Health 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 Certificates. Their cost will not be reimbursed to Corporation employees even if prescribed by the authorized medical attendants. The list issued by the Ministry is illustrative only. The A.M.A will decide the admissibility of a new medicine/ preparation.
- l) Payments received from Corporation employees 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 Form 'C'.
- m) The designation and degree should be clearly indicated while signing the reimbursement papers.

The following principles should be observed:

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- n) For the purpose of 'Medical Attendance' as distinct from 'Medical Treatment', there should be no need for repeating consultation which includes 'Repeat' prescriptions. In such cases up to 4 consultations at the rate of one consultation a day should be sufficient.
- o) Treatment in a consulting room should be limited to the administration of injections only.
- p) Cases requiring prolonged treatment should be admitted to hospitals unless hospitalization is definitely not necessary in any particular case.
- q) If Hospitalization 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 an Authorized/ Approved Hospital at the earliest.
- r) Hospitalization 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 concern should record a note to that effect while signing or countersigning the bills, certificates, etc; necessary to be produced by the Corporation employee for the purpose of claiming refund from Corporation. In such cases no refund would be admissible.



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**ANNEXURE – I**

**FORM – A**

**DECLARATION OF DEPENDENTS**

(See Rule 3.7.1)

Name of the Employee :

Designation :

Division/Department :

**DETAILS OF FAMILY MEMBERS**

Sl No.	Name	Age	Marital Status	Relationship with the Employee.	Whether wholly dependent or not, particulars of employment may be given.	Whether entitled to any other scheme of medical reimbursement (if so please give details).	R E M A R K S
1	2	3	4	5	6	7	8

I hereby certify that:


- (i) The monthly income of both my Father and/or Mother, whose names are given above, does not exceed Rs. 6000/- (Rupees six thousand) and they are wholly dependent on me.
- (ii) The family members, in respect of whom particulars are furnished above, except my parents, are dependent on me in terms of RULE 3.7 of NEEPCO M.A. Rules and monthly income of any of the above mentioned members does not exceed Rs. 6000/- P.M.

(STRIKE OFF WHICHEVER IS NOT APPLICABLE)

Dated:

Signature of the Employee.

(Countersignature of Controlling Officer with seal)

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**ANNEXURE – II**

**FORM – B**

**DECLARATION BY HUSBAND/WIFE FOR PREFERRING  
MEDICAL REIMBURSEMENT CLAIMS.**

(See Rule 3.7.3)

**Note: Wherever the word Husband/Wife appears inappropriate the same may be deleted.**

**A. DECLARATION BY HUSBAND/WIFE.**

(i) I am employed at (place) \_\_\_\_\_ as (designation) \_\_\_\_\_ in (Name of organisation) \_\_\_\_\_ which is a (please specify whether it is a Govt./Semi Govt. Undertaking/ Local self Govt./ Autonomous body/ Private organisation etc.) \_\_\_\_\_ Organisation.

(ii) My wife/Husband named \_\_\_\_\_ is employed at (place) \_\_\_\_\_ as (designation) \_\_\_\_\_ in (name of the organisation) \_\_\_\_\_ which is a (please specify whether it is a Govt./ Semi Govt. Undertaking/Local Self Govt./ Autonomous body Private Organisation etc.) \_\_\_\_\_.

(iii) For the purpose of availing of medical facilities for my family members and me including wife/husband I hereby declare that these benefits shall be claimed for her/ his/office/employer where she/he is working either for herself/himself or for myself or for any member of my family. For this purpose my wife/husband shall be treated as dependent upon me.

(iv) Declaration from wife/husband that she/he will not claim these benefits as an independent employee is given hereinafter.

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

(In block letters)

**Designation** \_\_\_\_\_

**B. DECLARATION BY WIFE/HUSBAND:**

I have read the above declaration given by my husband/wife named \_\_\_\_\_ and accordingly I Declare and undertake that I shall not prefer any claims for medical reimbursement in respect of any of my family members including self and my husband/wife from employer/office where I am working or may be working or from any other source, whatsoever.

Place \_\_\_\_\_

Signature \_\_\_\_\_


Date \_\_\_\_\_

Name \_\_\_\_\_

(In block letters)

Designation \_\_\_\_\_


(Countersignature of Employer with office seal).

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### **ANNEXURE – III**

#### **LIST OF ARTIFICIAL APPLIANCES**

1. Unilateral long brace without hip joint.
2. Hip joint with pelvic band.
3. Spinal Brace.
4. Unilateral short leg Brace.
5. Shoe or Boot-Protective or aiding to paralysed or weak legs.
6. Bilateral hip joint with pelvic band/weak leg.
7. Bilateral long leg brace without hip joint.
8. Bilateral short leg brace.
9. Lumbo-sacral or spinal support or back support.
10. Taylor's brace.
11. Milwaukee brace.
12. Mermaid splint.
13. Posterior slab.
14. Cervical brace four post.
15. Rigid cervical collar with head extension.
16. Cervical collar.
17. Dynamic splint (Aluminium).
18. Cock-up splint plain (Aluminium)
19. Cock-up splint (plastic) or long opponens.
20. Turn Buckle splint.
21. Nuckle bender splint.
22. Anterior knee guard splint.
23. Denss Brown splint.
24. Congenital Talipes Equino Varus/Valgus Splint.
25. Short Opponens P.V.C. (Plastic).
26. Knee cage.
27. Long Opponens with M.P. fl. Bar and finger.
28. Extension (Plastic) Dynamic.
29. Boot with C and E heel and arch support.
30. C and E heel.
31. Arch support.
32. M.T. pad.
33. M.T.E. Raising I"
34. T. Strap.
35. Sponge heel.
36. Wedge 1/8".
37. Universal raising 1".
38. Foot drop splint.
39. Below knee prosthetics (P.T.B. type prosthetics).
40. A.K. Prosthetics.
41. Aluminium adjustable above knee right splint.
42. Plastic shoulder abduction splint.
43. Plaster of Paris or Gypsona Cast.
44. Modified shoes.
45. Below Elbow Prosthetics.
46. Hooks.
47. Cosmetic hand.
48. Splint for C.D.H.
49. Splint for Elbow.

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50. Above Elbow and below elbow prosthetics.
51. Above Elbow and below elbow Orthotics.
52. Corset.
53. Wheel chair.
54. Protective shoes with microcellular rubber without nails often with additional gadgets like adjustable springs and rockets.
55. Crutches.
56. Walking iron with Plastic Casts.
57. Calipers.
58. Braces.
59. Artificial limbs.
60. Ileostomy kit.

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**ANNEXURE – IV**

**HOSPITALS RECOGNISED FOR  
TREATMENT OF 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. S.S.K.M. 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).
23. All India Institute of Physical Medicine and Rehabilitation, Mahalaxmi, Bombay.

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**ANNEXURE – V**  
**FORM – C**

**NORTH EASTERN ELECTRIC POWER CORPORATION LIMITED**  
**MEDICAL ATTENDANCE RULES.**


**FORM OF APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES  
INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND / OR TREATMENT OF  
CORPORATION EMPLOYEES AND THEIR FAMILIES FOR MEDICAL ATTENDANCE/  
TREATMENT TAKEN BOTH FROM AN AUTHORISED MEDICAL ATTENDANT AND A  
HOSPITAL OR PRIVATE MEDICAL PRACTITIONER.**

**PART – I**

1. Employee name & Designation :  
(in block letters)
2. Office in which employed :
3. Pay of the NEEPCO Employee 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 relation-Ship to the Corporation employee (N.B:- In the case of Children state age also) :
7. Place at which the patient fell ill :
8. Nature of illness and its duration :
9. Details of the amount claimed :

**10. MEDICAL ATTENDANCE –**

- (i) Fees for consultation including :
  - (a) The name & designation of the Medical officer consulted and the Hospital or dispensary to which attached. :
  - (b) The number and dates of consultation and the fee paid for each Consultation.  
(Bill & receipts should be attached) :
- (ii) Charges for pathological, bacteriological, radiological or other similar test under taken during diagnosis indicating.
  - (a) The name of the Hospital or Laboratory

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- where the test were conducted, and :
- (b) Whether the tests were undertaken on the advice of the authorized medical attendant, if so, a certificate to that effect should be attached. :
- (iii) Cost of medicine purchased from the market(list of medicines, Cash memos and essentiality certificate to be attached :
- (a) Whether consultation was held at the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient. :
- (b) Whether the specialist or medical officer was consulted on the advice of the authorized 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. :
11. Total amount claimed :
12. List of enclosures. :


#### **DECLARATION TO BE SIGNED BY THE EMPLOYEE**

I hereby declare that 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 employee.



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### ESSENTIALITY CERTIFICATE

Certificate granted to Mrs / Mr / Miss \_\_\_\_\_  
Wife / son / daughter of Mr. \_\_\_\_\_ employed in the  
\_\_\_\_\_.

### CERTIFICATE 'A'

I, Dr. .... hereby certify that


- (a) I charged and received Rs. .... for consultation on .....at my consulting Room/the residence of the patient.
- (b) I charged and received Rs. .... For administering scunacuuous / intra-muscular injection on .....at my consulting room/ at the residence of the patient.
- (c) The administered were/were not for immunising or prophylactic purposes.
- (d) The patient has been under treatment at Hospital/my consulting room ..... and that the under mentioned 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 ..... (Name of the hospital) for supply to private patients and do not include proprietary preparation for which the cheaper substance of equal therapeutic value are available not preparation which are primarily foods, toilets or disinfectionate.

<u>Sl. No.</u>	<u>Name of the medicines</u>	<u>Price.</u>
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- (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 treatment.
- (g) That the X Ray, Laboratory test etc. for which the expenditure of Rs. .... was incurred was necessary and were undertaken on my advice at .....  
.....
- (h) That I referred the patient to Dr. .... for specialist consultations and that the necessary approval as required under the rules was obtained.

Date:

Signature and designation of  
the Medical Officer and the/  
Dispensary to which attached.

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### CERTIFICATE 'B'

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

### PART 'A'

(To be signed by the Medical Officer in charge of the case at the hospital)

I, Dr. .... Hereby certify that .....

(a) The patient was admitted to the hospital on my advice/on the advice of Dr..... ( Name the Medical Officer)

(b) That the patient has been under treatment at ..... and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deteriorations in the condition of the patient. The medicines are not stocked in the .....(Name of hospital) for supply to private patient and do not include Proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparation which primarily foods, toilets or disinfectants.

<u>Sl.No.</u>	<u>Name of the Medicines</u>	<u>Price</u>
---------------	------------------------------	--------------

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

(c) That injection administered were/were not for immunising or prophylactic purpose.


(d) That the patient is/was suffering from ..... and is/was under my treatment from..... To .....

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

(f) That I called in Dr..... for specialist consultations and that the necessary approval as required under the rules was obtained.

Date:

Signature and designation of the Medical Officer and  
the /Dispensary to which attached.`

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### 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 bill and receipts attached, were essential for the recovery, prevention of serious deterioration in the condition of the patient.

Date:

Signature and designation of the Medical Officer and  
the /Dispensary to which attached.

### COUNTERSIGNED

I certify that the patient has been under treatment at the hospital and that the facilities provided were a minimum which were essential for the patient's treatment.


Place.....

Medical Superintendent

Date .....

Hospital

**Notes:** Certificate not applicable should be struck off certificate(s) is compulsory ` and must be filed in by the Medical Officer in all cases.


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## ANNEXURE - VI

### HOSPITALS RECOGNISED FOR TREATMENT OF CANCER

(Section 3 may also be referred to for certain hospitals recognised for special treatment at Bombay and Madras).

1. Sarojini Naidu Hospital, Agra.
2. Seth Vadila 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 Seva Sadan, Calcutta.
10. Chittaranjan Cancer Hospital, 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.
33. Shri M.P. Shah Cancer Hospital, Ahmedabad.
34. G.S.V. Medical College Hospital, Kanpur.
35. Safadarjang Hospital, New Delhi.

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## ANNEXURE – VII

### HOSPITAL RECOGNISED FOR TREATMENT OF MENTAL DISEASES

#### **ANDHRA PRADESH**

1. Mental Hospital, Erragadda, Hyderabad.
2. Mental Hospital, Waltair.

#### **ASSAM**

1. Mental Hospital, Tezpur.

#### **BIHAR**

1. Indian Mental Hospital, Ranchi.
2. Hospital for Mental Diseases, Ranchi.

#### **GUJARAT**

1. Mental Hospital, Ahmedabad.
2. Mental Hospital, Baroda.
3. Mental hospital, Bhavnagar.
4. Mental Hospital, Kutch.

#### **JAMMU AND KASHMIR**

1. Mental Hospital, Srinagar.

#### **KARNATAKA**

1. National Institute of Mental Health and Neuro Science, Bangalore.
2. Mental Hospital, Dharwar.

#### **KERALA**


1. Mental Hospital, Calicut.
2. Mental Hospital, Trivendrum.
3. Mental Hospital, Trichur.

#### **MADHYA PRADESH**

1. Mental Hospital, Gwalior.
2. Mental Hospital, Indore.

#### **MAHARASHTRA**

1. N.M. Mental Hospital, Thane.
2. Mental Hospital, Ratnagiri.
3. Central Mental Hospital, Yeravada, Pune.

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4. Mental Hospital, Nagpur.

#### **PUNJAB**

1. Mental hospital, Amritsar.

#### **RAJASTHAN**

1. Mental Hospital, Jaipur.
2. Mental Hospital, Jodhpur.
3. Mental Hospital, Udaipur.

#### **TAMILNADU**


1. Government Mental Hospital, Madras.

#### **UTTAR PRADESH**

1. Mental Hospital, Varanasi.
2. Mental Hospital, Bareilly.
3. Mental Hospital, Agra.

#### **WEST BENGAL.**

1. Mental Observation Ward, Bhowanipur, Calcutta.
2. Bangiya Unmad Asram, Dum Dum.
3. Lumbini Park Mental Hospital, Tijala, Parganas.
4. Hospital for Mental Diseases, Gobra, Calcutta – 46.

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## ANNEXURE – VIII

### INSTITUTIONS RECOGNISED FOR TREATMENT OF TUBERCULOSIS

#### ANDHRA PRADESH

1. Government Welfare Fund TB Hospital, Vellore.
2. Government King George Hospital, Visakhapatnam.
3. Union Mission TB Sanatorium Arogyavaram, Chittoor Distt.
4. Visranthipuram Sanatorium, Rajahmundry.
5. TB Hospital, Iramnuma.
6. TB Sanatorium, Vikarabad (Ananthgiri).
7. TB Clinic, Dibirpura.

#### ASSAM

1. Reid Provincial Chest Hospital, Shillong.
2. Lokapriya Gopinath Bardoloi Memorial TB Hospital, Gopinath Nagar, Guwahati.
3. Jorhat Christian Mission Hospital, Jorhat.
4. Burrows Memorial Hospital, Alipur, Silchar.
5. American Baptist Mission Hospital, Guwahati.

#### BIHAR

1. Itki Sanatorium, Itki.
2. Patna Medical College Hospital, Patna.
3. Ramakrishna Mission TB Sanatorium, PO Namkum, Near Ranchi.
4. Darbhanga Medical College Hospital, Darbhanga.
5. Tuberculosis Centre, Patna.

#### GUJARAT

1. VC Nath TB Sanatorium, Bharapur.
2. kJ Mehta TB Hospital, Amargarh (Via Songadh)
3. Padmavati Sanatorium, Baroda.
4. Salvation Army TB Hospital, Anand, Dist. Kaira.
5. Shri AV. Jasani TB Hospital, Kotharia.


#### JAMMU AND KASHMIR

1. C.D. Hospital, Jammu.
2. C.D. Hospital, Srinagar.

#### KERALA

1. Kerala Varma Sanatorium, Mulakunnathukavu.
2. TB Clinic and Demonstration centre, Trivandrum.
3. TB Clinic attached to the District Hospital, Kottayam.
4. TB Clinic, Paluruthy.
5. Civil Hospital, Trichur.
6. Government Headquarters Hospital, Kozhikode.



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### **KARNATAKA**

1. P.K. Sanatorium, Mysore.
2. S.D.S. Sanatorium, Bangalore.
3. Government Tuberculosis Sanatorium, Bangalore.
4. Karnataka Health Institute Hospital and Sonatorium, Ghattaprabha (District Belgium).
5. Government Wellesley Tuberculosis Sanatorium, Dellary).

### **MADHYA PRADESH**

1. Tuberculosis Clinic, Jabalpur.
2. Tuberculosis Sanatorium, Pendra Road.
3. TB Ward, J.A. Hospital, Gwalior.
4. TB Ward, M.T. Hospital, Indore.
5. TB Sanatorium, Rao (Indore).

### **MAHARASHTRA**

1. Bel-Air Sanatorium, Dalkeith, Panchgani.
2. Hillside Sanatorium, Vengurla.
3. Wanless Tuberculosis Sanatorium, Wanlesswadi, Satara Distt.
4. Group of hospitals for Tuberculosis, Bombay.
5. Telegaon General Hospital and Convalescent Home, Telegaon.
6. Hospital or Diseases of the Chest, Camp Aundh, Pune.
7. Maharashtra TB Sanatorium, Panchavati, Nasik.
8. Tuberculosis Clinic, Nagpur.
9. TB Wing of Evangeline Booth Hospital, Ahmednagar.

### **ORISSA**


1. TB Clinic and TB Ward attached to the S.C.S. Medical College Hospital, Cuttack.
2. TB Hospital, Uditnarayanpur (Near Bhowanipatna).
3. Basant Manjari Swasthya Nibas, Chandpur.

### **PUNJAB**

1. Lady Irwin Sanatorium, Jubar.
2. King Edward Sanatorium, Dharampore.
3. Victoria Jubilee Hospital, Amritsar.
4. R.B. Sir Gujjarmal Kesra Deve Sanatorium, Amritsar.
5. TB Clinic, Patiala.
6. Hardinge Sanatorium, Dharampore (Simla Hills).
7. Gulab Devi Tuberculosis Hospital, Jullunder.

### **RAJASTHAN**

1. TB Sanatorium, Jaipur.
2. C.G.J. TB Hospital, Bikaner.
3. TB Clinic, Jodhpur.
4. M.G.Hospital, Jodhpur.
5. Madar Union Sanatorium, Madar.

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6. P.M.B. General Hospital, Bikaner.

#### **TAMILNADU**

1. Government Tuberculosis Institute, Madras.
2. Government General Hospital, Madras.
3. General Tuberculosis Sanatorium, Tambaram.
4. Santosham Chest Hospital, Egmore.
5. Coimbatore TB Sanatorium, Peelamedu, PO, Avanashi.
6. Government Headquarters Hospital, Coimbatore.
7. Coimbatore District Jubilee Tuberculosis Sanatorium, Perundurai Coimbatore District.
8. Government Headquarters Hospital, Tiruchirappalli.
9. Mahatma Gandhi Memorial Tuberculosis Sanatorium, Sengipatti (Thanjavur District).
10. Government Headquarters Hospital, Tiruchirappalli.
11. Rajaji Tuberculosis Sanatorium, Tiruchirappalli.
12. Government Ershine Hospital, Madurai.
13. Tuberculosis Hospital, Nagercoil.
14. Somanathapuram TB Sanatorium, Ramanathapuram District.

#### **UTTAR PRADESH**


1. K.E. VII Sanatorium, Bhowali.
2. King George Medical College Hospital, Lucknow.
3. Kasturba TB Clinic and Hospital, Lucknow.
4. Central Chest Clinic Kanpur.
5. TB Sanatorium, Dakpathar, Dehra Dun Dist.
6. TB Clinic, Allahabad.
7. Brij Seva Samithi TB Sanatorium, Vrindavan (Mathura).

#### **WEST BENGAL**

1. Kanchrapara Tuberculosis Hospital.
2. Jadabpur Tuberculosis Hospital, Jadabpur.
3. S.B. Dey Sanatorium, Kurseong.
4. TB Clinic attached to the Calcutta Medical College, Calcutta.
5. M.R. Bangur TB Sanatorium, Digri, Midnapur.
6. Medical Ward (TB) attached to R.G. Kar Medical College Hospital.
7. Bhabendra Bala Devi Chest Clinic, Serampore.
8. Serampore TB Hospital, Serampore.

#### **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, New Delhi.
5. Lala Ram Sarup TB Hospital, Mehrauli, Delhi.


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### **HIMACHAL PRADESH**

1. Himachal Pradesh Sanatorium, Mandhodhar Near Dharampore.
2. Government TB Clinic, Mandi.
3. TB Clinic, Chamba.
4. Simla Sanatorium and Hospital, Simla.
5. TB Sanatorium, Mandodhar.
6. King Edward TB Sanatorium, Dharampur (TB Association).
7. Lady Linlithgow Sanatorium, Kasauli.
8. TB Sanatorium, Jubbon (Mission Private).

### **NOTE:**

*It has been decided that all institutions/hospitals, clinics, etc., providing facilities for treatment of Tuberculosis, which are directly administered by the state Government should be deemed to be recognised under this rules for the purpose of treatment of Corporation employees and members of their families suffering from tubercular diseases.*

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## ANNEXURE – IX

### LEPROSY INSTITUTIONS

#### G - GOVERNMENT

#### P – PRIVATE

#### 1. ANDHRA PRADESH

- (P) 1. Bethesda Leprosy Hospital, Narsapur, District West Godavari.
- (G) 2. The Salvation Army Leprosy Hospital, Bapatla, District Guntur.
- (G) 3. Leprosy Hospital, Kesrapalli, District Krishna.
- (P) 4. Leprosy Home, Vizianagaram, District Vizianagaram.
- 5. Leprosy Home & Hospital, Ramachandrapuram, District East Godavari.
- (P) 6. Leprosy Hospital, Salur, District Srikakulam.
- (P) 7. A.L.C. Mission Leprosy Hospital, Kadur.
- 8. Leprosy Hospital, Dichapalli.
- (G) 9. Leprosy Colony, Naraanpet.
- 10. Leprosy Colony, Zaherabad.
- 11. Government Leprosy Hospital, Akkrampalli, District Chittor.

#### 2. ASSAM

- (P) 1. Santipara Leprosy Colony, Bongaigaon, District Goalpara.
- (G) 2. Boko Leprosy Colony, District Kamrup.
- (P) 3. Christian Leprosy Colony, PO Barbheta, Jorhat.

#### 3. BIHAR

- (G) 1. Leprosy Research Institute, Bramby, District Ranchi.
- (P) 2. Saldoha Leprosy Colony, District Santhal Pargana.
- (G) 3. King Edward VII Memorial Leprosy Asylum, Gaya.
- (G) 4. Rajkumari Leprosy Asylum, Deoghar, District Santhal Pargana.
- (P) 5. Santhal Paharia Seva Mondal, Deoghar and Madhupur.

#### 4. GUJARAT

- (G) 1. Kagrabeth Leprosy Hospital, Ahmedabad.
- (G) 2. Leprosy Hospital, Junagadh.
- (P) 3. Shree Meghji Pethraj Kustha Nivaran Dham, Bhavnagar.
- (G) 4. Ansuya Leprosy Hospital, PO Zamad, District Baroda.

#### 5. HIMACHAL PRADESH

- 1. Leprosy Hospital, Sabathu.
- 2. Palampur Leprosy Home, District Kangra.

#### 6. JAMMU AND KASHMIR


- (G) 1. Leprosy Colony, Jammu.
- (G) 2. Leprosy Hospital, Srinagar.

#### 7. KERALA

- (G) 1. Leprosy Sanatorium, Noornad, District Alleppey.

#### 8. MADHYA PRADESH

- (G) 1. Government Leprosy Hospital, Sehore.
- (G) 2. Leprosy Home, Banganga, Indore.
- (G) 3. Leprosy Home, Ujjain.

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- (G) 4. Leprosy Home and Hospital, Rajgarh.  
(P) 5. Chandkhuri Leprosy Home and Hospital, PO Baitalpur, District Bilaspur.  
(P) 6. Bethesda Leprosy Asylum, Champa, District Durg.  
(P) 7. Shantipur Leprosy Asylum, PO Shantipur, District Raipur.  
(P) 8. Rajnandgaon Leprosy Home, District Durg.  
(G) 9. Government Leprosy Home and Hospital, Raipur.  
(G) 10. Leprosy Colony, Chitalanka, PO Dantwada, District Bastar.

#### **9. MAHARASTRA**

- (P) 1. The Acworth Leprosy Hospital, Wadala, Bombay – 31.  
2. The Leprosy Hospital, Sholapur.  
3. The Sasoon Hospital, Pune (Out-Patient Department).  
(P) 4. The Leprosy Hospital, Poladpur, District Kolaba.  
5. The Shenda Park Leprosy Colony, Kolhapur.  
(P) 6. Kothara Leprosy Home, PO Achalpur, District Amravati.  
7. Jagadama Kushta Niwas, Amravati.  
(P) 8. Dattapur Leprosy Colony, PO Nalwad, District Wardha.  
(P) 9. Maharogi Seva Mandal, PO Anandun, District Chanda.  
(G) 10. Beggars Home for Males, Chembur, Bombay – 71.  
(G) 11. The Tata Department of Plastic Surgery, J.J. Group of Hospital, Bombay.

#### **10. MYSORE**

- (G) 1. Government Leprosy Asylum, Magadi Road, Bangalore.  
(P) 2. Sankeshwar Mission Hospital and Silver Jubilee Leprosy Hospital, Sankeshwar, District Belgaum.

#### **11. MANIPUR**

- (P) 1. Leprosy Colony, Imphal.

#### **12. NAGALAND**

- (G) Leprosy Colony, Kohima.

#### **13. ORISSA**

- (G) 1. Leprosy Home and Hospital, Cuttack.  
(P) 2. Leprosy Colony, Baripada, District Mayurbhanj.  
(G) 3. Leprosy Colony, Puri.

#### **14. PUNJAB**


- (P) 1. Bharat Lachar Sevalal, Ludhiana.  
(P) 2. Christian Hospital, Jagadhari.  
(G) 3. Leprosy Patients Welfare Society, Patiala.  
(P) 4. Leprosy Home and Hospital, Taran-Taran, Amritsar.  
(P) 5. Leprosy Colony, Ferozepur.  
(P) 6. Leprosy Colony, Ludhiana.

#### **15. RAJASTHAN**

- (G) 1. Government Leprosy Asylum, Puranaghat, Agra Road, Jaipur.  
(G) 2. Leprosy Asylum PO Mandor, Jodhpur.  
(G) 3. S.M.A. Hospital (Skin and Venereal Department), Jaipur.

#### **16. TAMILNADU**

- (G) 1. Central Leprosy Teaching and Research Institute, Tirumani, Chingleput.

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- (G) 2. Government Gandhiji Leprosarium, PO Tolurpatty, District Tiruchirappalli.
- 3. Ethapur Silver Jubilee Clinic, Saispur.
- (G) 4. Erskine Hospital, Madurai – 13.
- (P) 5. Debenbdra Nath Mullick Leprosy Home, PO Tyangadurg District S.Arcot.
- (G) 6. Scudder Memorial Hospital, PO Ranipet, District, N. Arcot.
- (P) 7. St. Joseph Leprosy Hospital and Asylum, Kakukarady, District S.Arcot.
- (P) 8. Sacred Heart Leprosy Hospital, PO Sakkottai, District Thanjavur.
- (P) 9. Dayapuram Leprosy Hospital and Home, Manamadurai, District, Ramanathapuram.
- (P) 10. Kasturba Gandhi Kushta Nivaran Nilayam, Malvanthagao, district S.Arcot.
- 11. Cheshire Home, PO Vishranthillam, District N. Arcot.
- (G) 12. Government General Hospital (Leprosy Department), Madras.
- 13. Daya Sadan Home, Perambur Barracks, Madras – 12.
- (P) 14. Schiffelin Leprosy Research Sanatorium, PO Kanigiri (Via Katpadi), N.Arcot.
- (P) 15. Christian Medical College and Hospital, Vellore.

#### 17. **TRIPURA**

- (G) 1. Leprosy Clinic attached to V.M. Hospital, Agartala (OPD).

#### 18. **UTTAR PRADESH**

- (P) 1. Naini Leprosy Hospital and Home, Allahabad.
- (G) 2. State Leprosy Home, Tethandi, Meerut.
- (G) 3. Leprosy Hospital, Nishatganj, Lucknow.
- (G) 4. Maularen Leprosy Hospital, Dehradun.
- (P) 5. Leprosy Home and Hospital, Almora.
- 6. Leprosy Home and Hospital Chandag.
- (P) 7. Leprosy Hospital, Agra.
- (P) 8. Leprosy Home and Hospital, Zamurtganj, Faizabad.
- (G) 9. Raja Kali Sanker Leprosy Asylum, Varanasi.
- (G) 10. State Leprosy Hospital, Braich.

#### 19. **WEST BENGAL**

- (G) 1. Gauripur Leprosy Colony, Bankura.
- (P) 2. Leprosy Home, Bankura.
- (P) 3. Asansol Leprosy Settlement, Asansol.
- (P) 4. Ranigunj Leprosy Home, District Burdwan.
- (G) 5. Krishnagar Leprosy Clinic, district Nadia.
- (G) 6. Leprosy Clinic, Howrah.
- (G) 7. Berhampur Leprosy Clinic, District Murshidabad.
- (G) 8. Kalimpong Leprosy Colony, District Darjeeling.
- (G) 9. School of Tropical Medical Medicine, Leprosy Research Department Calcutta.
- (G) 10. Leprosy Vagrant Home, 75, Beeleaghata Main Road, Calcutta.
- (P) 11. Leprosy Home and Hospital, Purulia.

#### 20. **ANDAMAN AND NICOBAR ISLANDS.**


- (G) 1. Bamboo Flat Hospital, Wimberlyging, Port Blair.

#### 21. **ARUNACHAL PRADESH**

- (G) 1. Hansen's Disease Sanatorium, Passighat.
- (G) 2. Hansen's Disease Sanatorium, PO Bomdila, District Kameng.
- (G) 3. Hansen's Disease Sanatorium, Along.

#### 21. **DELHI**

- (P) 1. Leprosy Home, Tahirpur, Shahadara, Delhi – 32.

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**23. GOA**

- (G) 1. Leprosaria Central Doutr Froline De Melo, PO Macasana.

**24. LACCADIVE**

- (G) 1. Androth Leprosy Colony.

**25. MEGHALAYA**

- (G) 1. Maibong Leprosy Colony, PO Maibong.  
2. Tura Leprosy Colony, PO Tura, Garo Hills.


- 26.** All the Government Leprosy Centre Units and SET Centres as well as voluntary SET Centres aided by the Government for routine treatment of Leprosy.

**ANNEXURE - X**

**Proforma of Register to be maintained  
by controlling officer.**

Name & Designation of Corporation employees	Name of the patient and his/ her relationship to the Corporation employee.	Nature and duration of illness.	Name and designation attending physician. (whether Authorised MA or private practitioner	Amount Claimed.	Total Amount reimburs ed.	Remarks.
1	2	3	4	5	6	7



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## ANNEXURE - XI

# LIST OF APPROVED HOSPITAL FOR TREATMENT OF NEEPCO EMPLOYEES AND THEIR DEPENDENT FAMILY MEMBERS

### **SHILLONG**

1. Khasi Jaintia Presbyterian Hospital, Shillong .
2. Nazareth Hospital, Shillong.
3. Bethany Hospital, Shillong.
4. Super Care Medical and Super Speciality Centre, Shillong.
5. Woodland Hospital , Dhankheti, Shillong.
6. Bawri Nethralaya, Cant. Bungalow No.40, Behind Shani Mandir, Shillong-793001.
7. Bansarsa Eye Care Centre,Laitumkhrah, Shillong.

### **GUWAHATI**


8. Down Town Hospital, Guwahati.
9. Guwahati Neurological Research Centre, Guwahati.
10. Sankar Deb Netralaya, Beltola , Guwahati.
11. Good Health Hospital. Dispur, Guwahati.
12. International Hospital, Guwahati.
13. Pratiksha Hospital,Barbari, Hengrabari , V.I.P. Road, Guwahati-3.
14. Sun Valley Diabetic Care & Research Centre, G.S. Road, Rukmini Nagar, Guwahati-781006,  
Assam
15. Ayursundra (One Stop Medical Centre ), Lachit Nagar, Guwahati.
16. Narayana Super Speciality Hospital, Amingaon, Guwahati.
17. Dispur Hospital, Ganeshguri,Guwahati.
18. Hayat Hospital, Guwahati,Assam.
19. Dispur Poly Clinic, Ganeshguri,Guwahati.
20. North East Cancer Hospital and Research Institute ,Jorabat, Guwahati.
21. Arya Hospital, (A unit of North Eastern Medical Research Institute Ltd.Opp. Apsara Cinema  
Hall A.M. Road , Rehabari ,Guwahati.
22. Nemcare, GMCH Road, Bhangagarh, Guwahati.

### **JORHAT**

23. Jorhat Christian Medical Centre,Jorhat.

### **DIBRUGARH**

24. Marwari Aroyya Bhawan Hospital, Dibrugarh,Assam.
25. Aditya Diagnostic & Hospital, Dibrugarh, Assam.

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26. Srishti Hospital and Research Centre (P) Ltd, Dibrugarh, Assam.
27. Srimanta Sankardeva Hospital and Research Institute, Dibrugarh, Assam.
28. Urovision Hopital, Dibrugarh, Assam.
29. Sanjivani Diagnostic & Hospital, Dibrugarh, Assam.
30. Archana Trauma & Orthopaedic Hospital & Research Centre, Dibrugarh, Assam.
31. J.J Memorial Diagnostics & Hospital(P) Ltd., Lokopriya Gopinath Bordoloi Avenue,Dibrugarh-786001. Assam.
32. Eye Care Home Drishti Netralaya, Dibrugarh.

#### **NORTH LAKHIMPUR**

33. Saumerpith Hospital, Lilabari Rad, North Lakhimpur , Assam.
34. Dr. Das Hospital & Diagnostic Centre, Nakari Nagar , North Lakhimpur, Assam.

#### **SILCHAR**

35. Green View Nursing Home, Silchar, Assam.
36. Sunlit Hospital, Silchar, Assam.
37. Valley Hoapital & Research Centre, Meherpur, Silchar-788015.
38. Mediland Hospital, Itkhola, Silchar-788002.

#### **TEZPUR**

39. Baptist Christian Hospital, Tezpur,Assam.
40. EMM Hospital and Research Centre, Tezpur.

#### **TINSUKIA**

41. St. Luke Hospital, Tinsukia, Assam.

#### **JIRIBAM**

42. Burrow Memorial Hospital, Near Jiribam.

#### **DIMAPUR**

43. Zion Hospital and Research Centre, Purana Bazar, Dimapur, Nagaland.
44. Faith Hospital, Old Sewak Road, Dimapur- 797112, Nagaland.

#### **KOHIMA**


45. Bethel Hospital, Kohima, Nagaland.

#### **ARUNACHAL PRADESH**

46. Ram Krishna Mission Hospital, Itanagar, Arunachal Pradesh.
47. Niba Hospital, Naharlagun, Papum pare, Arunachal Pradesh.

#### **MIZORAM**

48. The Presbyterian Church Synod Hospital, Durtlang, Aizawl.
49. Aizawl Hospital and Research Centre, Aizawl
50. New Life Hospital, Chandmari-796007, Aizawl.

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### TRIPURA


51. Tripura Medical College and Dr. B.R. Ambedkar Memorial Teaching Hospital, Agartala, Tripura.
52. ILS Hospitals, Agartala, Capital Complex, P.O.: -Kunjaban Pin- 799006.

### KOLKATA

53. Kolkata Hospital & Bellevue Nursing Home, Kolkata.
54. AMRI Hospitals, Salt Lake City & Dhakuria, Kolkata-700 098
55. Apollo Gleneagles Hospitals, Kolkata, 58, Canal Circular Road, Kolkata-700054
56. Rabindranath Tagore International Institute of Cardiac Sciences, 124, Mukundapur, E.M. Bypass, Kolkata-700099.
57. Sri Aurbindo Seva Kendra, 1H, Gariahat Road (S), Jodhpur Park Kolkata-700068.
58. Silver Line Eye Hospital, 396, Prince Anwar Shah Road, Kolkata-700045
59. B.M. Birla Heart Research Centre, 1/1 National Library Avenue, Kolkata-700027.

### NEW DELHI

60. Batra Hospital, New Delhi.
61. Ram Monohar Lohia Hospital, New Delhi.
62. Moolchand Khairatiram Hospital, New Delhi.
63. The Holy Family Hospital, New Delhi.
64. M.G.S. Hospital, West Punjab Barg. New Delhi 26.
65. Mohinder Hospital, New Delhi.
66. Indraprastha Apollo Hospital, Delhi.
67. Shri Balaji Action Medical Institute, Paschim Vihar, New Delhi.
68. Max Superspeciality Hospital, Press Enclave Road, Saket, New Delhi-110017.
69. Max Devki Devi Heart & Vascular Institute, New Delhi.
70. Max Balaji Hospital, 108, Indraprastha Extn. Pratapganj, Delhi-110092
71. Max Hospital, Wazirpur, District Centre, Near Tv Tower, Pitampura, New Delhi-110017
72. Max Medcentre, N110, Panchsheel Park, New Delhi-110017
73. Max Speciality Clinic (Eye care & Dental Care), S-347, Panchsheel Park, New Delhi-110017
74. Fortis Flt. Lt. Rajan Dhall Hospital, Sec-B, Pocket-1 Aruna Asif Ali Marg, Vasant Kunj, New Delhi-110025
75. Fortis Escorts Heart Institute and Research Centre Ltd, Okhla road, New Delhi-110025
76. Sir Ganga Ram Hospital, New Delhi.
77. Healing Touch Hospital, 7/5, Sarvapriya Vihar, New Delhi-110 016.
78. Venkateshwar Hospital, Section 18A, Dharka, New Delhi-110075
79. HOPE, A-22, Hauz Khas, New Delhi-110016.
80. Green Park Dental, H-4, Green Park Extension, New Delhi – 110016.

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#### **NOIDA, GURGAON, FARIDABAD**

81. Max Hospital, A-364, Sector-19, Noida-201301.
82. Max Hospital, Block –B Sushant Lok-1, Gurgaon-122001
83. Fortis Hospital-Noida, B-22, Sector-62, Noida-201301.
84. Fortis Escorts Hospital, Faridabad. Neelam Bata Road, Faridabad-121001
85. Medanta Hospital, Sector-38, Gurgaon, Haryana (for treatment of Heart ailment and related matters only).
86. Artemis Hospital, Sector-51, Gurgaon.

#### **MUMBAI**


87. Tata Memorial Hospital, Mumbai.

#### **HYDERABAD**

88. Medwin Hospital, Hyderabad.

#### **VELLORE, CHENNAI**

89. Christian Medical Hospital, Vellore.
90. Apollo Hospital, Chennai.

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**REFERENCES / AMENDMENTS / INCLUSIONS**

Clause	Board Approval	O/O and Circulated vide
<p>22.1 (Grant of Advance for medical attendance and treatment for workmen and supervisors)</p>	<p>As approved by Competent Authority</p>	<p>Office memorandum dtd Shillong the 5<sup>th</sup> July 2011 circulated vide Memo no. Pers/23/91/1939-88 O/O No. 48<sup>th</sup> dtd 5<sup>th</sup> July 2011 Shillong circulated vide Memo No. Pers/23/91/1989-2038</p>
<p>3.7, 3.7(d) (Family and Dependent)</p>	<p>Approved in the 187<sup>th</sup> Board meeting held on 22<sup>nd</sup> June 2012.</p>	<p>O/O NO.08 Dtd, Shillong 05/8/2014 circulated vide Memo No. Pers/25/66/457-97 O/O NO. 733 Dtd, Shillong 24/08/2012 circulated vide Memo No. Pers/25/57/9453-522</p>
<p>6.7 ( Neepeco contributory Scheme for Post Retirement Medical Benefits) 6.7.2.4 (coverage of benefits) 6.7.5.3 (Contribution Amount) 6.7.6.1 (Claim form)</p>	<p>As approved by the Board of Directors in its 201<sup>st</sup> meeting held on 5/12/2013</p>	<p>O/O No. 03, Dtd. 05/05/2014, Shillong, circulated vide Memo no. Pers/25/72/13-63</p>
<p>4.1(ii) (Medical Reimbursement for dependent of employee)</p>	<p>As approved in the 229<sup>th</sup> board meeting held on 8<sup>th</sup> April 2017.</p>	<p>O/O No.140 dtd. 18/5/17, Shillong circulated vide memo No. Pers/20/03/1567-1615.</p>
<p>Annexure XI (List of approved Hospitals)</p>	<p>Approved by competent authority</p>	<p>List of NEEPCO approved hospital as on 28/09/2016, O/O No. 1113 dtd. 23/01/2017 circulated vide Memo No.Pers / 17 / FL/35/14613-60, O/O No. 812 dtd. 11/10/2018 circulated vide Memo No.Pers / 17 / FL/35/7562-612, O/O No. 1145 dtd. 30/01/2019 circulated vide Memo No. Pers/17/FL/35/11,605-50</p>
<p>Existing E1 to E9 grades of Executives revised as approved by the Board of Directors in the 234<sup>th</sup> Board Meeting held on 14.11.2017</p>	<p>Office Order No. 889 dtd. 09.01.2018 and circulated vide Memo No. Pers / 23 /109/10,809-60 dtd. 09.01.2018</p>	
<p>Revision of Designation of Executives as per DPE Guidelines approved by the Board of Directors in the 251<sup>st</sup> Board Meeting held on 10.05.2019</p>	<p>Office Order No. 381 dtd. 31.05.2019 and circulated vide Memo No. Pers/25/72/9381-430 dtd. 31.05.2019.</p>	

PREPARED BY	REVIEWED BY	APPROVED BY
<p style="text-align: center;"><b>L. Y. KHUMAN</b> AM - HR</p>	<p style="text-align: center;"><b>N. K. MEITEI</b> DGM - HR</p>	<p style="text-align: center;"><b>P. S. BARTHAKUR</b> CGM - HR</p>