



## EAST COAST RAILWAY

मुख्य कार्मिक अधिकारी का कार्यालय/  
Office of the Pr. Chief Personnel Officer  
Rail Sadan, IInd Floor, Bhubaneswar-751 017

स्थापना क्रमांक/ Estt. Srl. No. 175/2017

पूतरे/कार्मिक/आर/ECOR/Pers/R/Medical

Date: 06.12.2017

सेवा मे, सभी प्रमुख विभागाध्यक्षों/समन्वयक विभागाध्यक्षों, पू त रे/भुवनेश्वर  
मं. रे. प्र/व. मं. का. अधिकारी/मं. का. अधिकारी-खोरधारोड, बालातेरू, संबलपुर,  
मु; कारखाना प्रबंधक/कारखाना कार्मिक अधिकारी- मंचेश्वर, अतिरिक्त रजिस्ट्रार/रेल दावा अधिकरण,  
महा सचिव/इकोर थ्र. कां., महा सचिव/इकोर थ्र. यू.,  
महा सचिव/एआई ओ बी सी आर ई ए, महा सचिव/ ए आई एस सी एस टी आर ई ए

**Sub: Revision of Proforma of Reimbursement Medical Claim**

पूतरे के विषय क्रमांक/ECOR's Subject Serial No-MED-5/2017

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उपर्युक्त विषय पर बोर्ड पत्र सं 2005/H/6-4/Policy-I दिनांक 10.11.2017 की  
प्रतिलिपि सूचना, मार्गदर्शन एवं आवश्यक कार्रवाई हेतु अग्रेषित है।

A copy of the Board's Letter No 2005/H/6-4/Policy-I dated- 10.11.2017 on  
the above quoted subject is forwarded herewith for information, guidance and necessary  
action.

Encl: As above,

(M. Ganga Bhawani)

Dy. Chief Personnel Officer (IR&W)

For Pr. Chief Personnel Officer

प्रतिलिपि प्रेषित/Copy to :

- 16) महाप्रबंधक के सचिव/पूर्व तट रेलवे, भुवनेश्वर
- 17) मुकाधि/मुकाधि (प्रशा.), उप म. प्र, अध्यक्ष (रेलवे भर्ती प्रकोष्ठ)
- 18) उप मुख्य प्रबंधक (सू. प्रौ), उप मुकाधि (ओ. सं. एवं कल्याण), वकाधि (इंजी.)
- 19) वकाधि (मुख्या.), वकाधि (स्टाफ), वकाधि (राज. एवं न्याया.)
- 20) मुकाधि के निजी सचिव/सहा. कार्मिक अधि. (मुख्या.-1), सहा. कार्मिक अधि. (कल्याण),  
सहा. कार्मिक अधि. (बिल), सहा. कार्मिक अधि. (भर्ती)

RB-2789  
क.सं./Sl.No.  
दिनांक/Date 24/11/17  
अक्षर/Initial

1804  
27/11/17  
GOVERNMENT OF INDIA/भारत सरकार  
MINISTRY OF RAILWAYS/रेल मंत्रालय  
(RAILWAY BOARD/रेलवे बोर्ड)

प.अ.प.स.म.स.  
सचिव/Secretary  
स्वाक्षर/Initial  
दिनांक/Date  
CMD  
CPO  
24/11

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

New Delhi, Dated 10.11.2017

General Manager,  
All Indian Railways (Including PUs & RDSO).

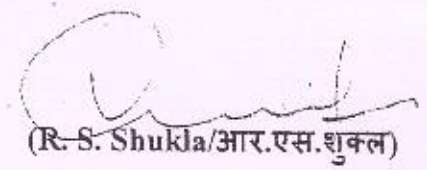
CORRIGENDUM

Sub/विषय:- NFIR PNM Item No. 41/2016: Revision of proforma of Reimbursement Medical Claim.

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The subject of Board's letter of even number dated 20.09.2017 (copy enclosed) may be read as under:-

"Sub: NFIR PNM Item No. 41/2016: Revision of proforma of Reimbursement Medical Claim."

  
(R. S. Shukla/आर.एस.शुक्ल)

Joint Director (Health)/संयुक्त निदेशक (स्वास्थ्य)  
Railway Board/रेलवे बोर्ड

Copy to:-

- (i) Pr. Chief Medical Directors/ Chief Medical Officers, All Indian Railways including PUs and RDSO.
- (ii) FA&CAOs, All Indian Railways (including PUs and RDSO).
- (iii) Senior Professor/ Medical National Academy Indian Railways (NAIR), Baroda, Gujarat.

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

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

New Delhi, Dated: 20.09.2017

General Manager  
All Indian Railways.  
(Including PUs and RDSO)

Sub: Clarification regarding addition of OPD-reg.  
Ref: This office letter of even number dated 01.06.2017.

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The Para III of reimbursement claim form (Copy enclosed) may be read as under:-

“Para III: Details of Indoor/OPD Treatment at Non-Railway Institute”



(R.S.Shukla) (आर. एस. शुक्ल)

Joint Director/Health (सं. नि. /स्वा.)

Railway Board (रेलवे बोर्ड)

Copy to:-

- I. Chief Medical Directors/ Chief Medical Officers of Indian Railways (including PUs and RDSO).
- II. FA & COs, All Indian Railways (including PUs and RDSO).
- III. Senior Professor/ Medical National Academy Indian Railways (NAIR), Baroda, Gujarat.

CPE

### REIMBURSEMENT CLAIM FORM

1. Name of the Railway/Retd. Employee (in BLOCK letters) .....
2. Designation of the Railway/Retd. Employee (in BLOCK letters) .....
3. Office and Station of employment .....
4. Pay/Last Pay of the Railway/Retd. Employee including garde pay .....
5. Residential address .....
6. MIC/RELHS no. and issuing Authority .....
7. MIC/RELHS registered at H Unit/Hospital .....

- I (A) Name and age of the patient .....
- II (B) Patient's relationship to the Rly/Retd. Employee .....

- III Details of Indoor/OPD Treatment at Non-Railway Institute
- A. Name of Hospital: .....
  - B. Date of Admission: .....
  - C. Date of Discharge: .....
  - D. Diagnosis: .....
  - E. Amount of Total Hospital Bill (Attach detailed bill): .....
  - F. Whether Treatment was taken in Emergency: .....
  - G. Are you a CTSE member (Y/N) .....

IV. Whether subscribing to any Health Insurance Policy<sup>1</sup> or covered under any other health scheme:  
 If yes, have you received any amount from insurance company for the treatment in question. Give details if any on separate sheet of paper.

V. Total Amount Claimed:

- VI: Details of Bank account where Reimbursement amount is to be paid:
- |                     |                |
|---------------------|----------------|
| a. Name of the Bank | b. Account No. |
| c. Branch MICR Code | d. IFSC Code   |

- VII. List of enclosures (Please Tick the documents attached and write additional documents)
- A. Photocopy of MIC/RELHS card
  - B. Essentiality cum Emergency Certificate by the Non Rly Hospital
  - C. Discharge Summary
  - D. Original Bills of Hospital
  - E. Original Cash vouchers of Drugs/consumables/implants etc. if relevant
  - F. Outer pouch of Stent, pacemaker, Implants etc.
  - G. Any other enclosure .....
- (In case of many enclosures, write number of additional enclosures here and attach a separate sheet with details)

### DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me. I am aware that misuse of medical facilities or misrepresentation of any kind can attract penal action including cancellation of MIC/RELHS Card. I hereby declare that this is my final claim and I shall not make any claim in future to Rly or any other health scheme in respect to this treatment episode.

Date .....

Place .....

.....  
 Signature of the Railway employee

<sup>1</sup> In case the beneficiary has medical insurance policy and intend to make claim for the treatment in question then he/she may make claim to insurance company first and then submit claim to Rly with documents, bills etc. attested by insurance company.