



उत्तर रेलवे

प्रधान कार्यालय,
चिकित्सा विभाग
बडौदा हाउस,

पत्र संख्या: 139-Med/Covid-19/ Remb./ Policy/2020

Dated.02-06-2021

चिकित्सा निदेशक,
उत्तर रेलवे केंद्रीय चिकित्सालय,
नई दिल्ली

मुख्य चिकित्सा अधीक्षक,
दिल्ली, लखनऊ, फिरोजपुर, मुरादाबाद, अम्बाला।
उत्तर रेलवे वर्कशाप, जगाधरी।

विषय:- Reimbursement of cost of 'Pulse Oximeter' Rs 1200/- towards of Oximeter purchased by Railway Medical beneficiaries suffering from COVID-19.

संदर्भ:- (1) Railway Board's letter No. 2020/H-17/3, dated 13.08.2020 & MoHFW, s OM No. 1-2/2020/CGHS/ ADHQ/29, dated 16.06.2020.
(2) This office letter No. even dated 18.08.2020.

In reference to above, copy of letter issued by Director, Health, Railway Board, Ministry of Railway, New Delhi regarding Reimbursement of up to Rs.1200/- towards cost of Oximeter purchased by Railway Medical beneficiaries suffering from COVID-19 was circulated to all concerned on date 18.08.2020,. but no claim performa was circulated as none was received from RB.

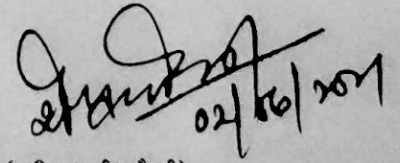
As many railway beneficiaries are facing difficulties in claiming Reimbursement of up to Rs.1200/- towards cost of Oximeter purchased by Railway Medical beneficiaries suffering from COVID-19 as no claim performa is available for the same.

Herewith enclosed Performa for claiming reimbursement of up to Rs.1200/- towards cost of Oximeter purchased by Railway Medical beneficiaries suffering from COVID-19 as approved by PCMD.

You are requested to kindly take the necessary action in this regard and process the cases for reimbursement of up to Rs.1200/- towards cost of Oximeter purchased by Railway Medical beneficiaries suffering from COVID-19 accordingly.

This issues with the approval of PCMD.

DA/As above.


02/06/2021

(डा० एस. पी. चौधरी)

अपर मुख्य चिकित्सा निदेशक / एम.एस.

Copy to:

1. PFA/NR HQ , Baroda House for kind information & Necessary Action Please.
2. DRM/ DELHI, MB, UMB , LKO, FZR, & CWM/ JUDW for information and necessary action please

PULSE OXIMETER के लिए प्रतिपूर्ति दावा फार्म /REIMBURSEMENT CLAIM FORM FOR PULSE OXIMETER
कोविड- 19 के मद्देनजर विशेष स्वीकृति/SPECIAL SANCTION IN VIEW OF COVID -19

रेलवे बोर्ड का दिनांक 13.08.2020 का पत्र सं. 1/17, एच-1/7/3 और उत्तर रेलवे, प्र.क., बड़ीका हाऊस का दिनांक 18.08.2020 का पत्र सं.139-मेड/ Covid-19/Reimb/Policy/2020
 Railway Board's letter No. 2020/H-1/7/3 dated 13.8.2020 & NRIHQ/ BH's letter No.43- Med/ Covid-19/Reimb/Policy/2020, dated 18.08.2020

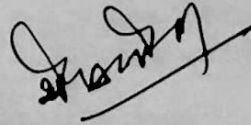
1. रेल कर्मचारी/ सेवानिवृत्त कर्मचारी का नाम (साफ- साफ अक्षरों में) Name of the Railway/ Retired Employee (In Block Letters)	
2. रेल कर्मचारी/ सेवानिवृत्त कर्मचारी का पदनाम Designation of the Railway/Retired Employee	
3. कार्यालय और नियुक्ति का स्टेशन Office of the Station of Employment	
4. रेल कर्मचारी/ सेवानिवृत्त कर्मचारी का बोनस सहित वेतन/अंतिम वेतन Pay/Last Pay of the Railway/Retired Employee Including Grade pay	
5. निवास का पता. Residential Address	
फोन नं Phone No	
क) चिकित्सा पहचान पत्र/ आरईएलएचएस नं और जारीकर्ता प्राधिकारी (a) Medical I. Card/RELHS No and Issuing Authority	
(ख) यूएमआईडी आईडी नं b) UMID No	
(ग) यूएमआईडी / चिकित्सा पहचान पत्र/ आरईएलएचएस किस हेल्थ यूनिट/ अस्पताल में पंजीकृत है (c) UMID/Medical I. Card/RELHS registered at Health Unit/Hospital	
(क) रोगी का नाम और आयु (A) Name of the Patient.....Age..... Years	
(ख) रेल कर्मचारी/सेवानिवृत्त रेल कर्मचारी के साथ रोगी का संबंध . (B) Patient's relationship of the Rly./Retd. Employee	
दावाकर्ता द्वारा खरीदी गई PULSE OXIMETER का विवरण Details of the Pulse Oximeter purchased by claimant:	
PULSE OXIMETER के बिलों की कुल राशि (a) Amount of Total bills of Pulse Oximeter.	
क्या इलाज रेलवे अस्पताल में करवाया गया था या रेलवे से इतर, यदि रेलवे से इतर अस्पताल में करवाया गया है तो कृपया विवरण दें Whether Treatment was taken in at Rly. Establishment or Non-Rly, if so give details	
कुल दावा राशि /Total Amount Claimed	
प्रतिपूर्ति की राशि जिस बैंक खाते में अदा की जानी है उसका विवरण (क) बैंक का नाम (Name of the Bank) (ख) खाता सं. (Account No) (ग) शाखा का एमआईसीआर कोड. (Branch MICR) (घ) आईएफएससी कोड. (IFSC Code)	
(ड) सेवारत कर्मचारीयों/ अधिकारियों के लिए/For working Staff/Officers: बिल यूनिट नं/Bill Unit No भविष्य निधि खाता/एन.पी.एस.सं/PF No./NPS No	

(च) सेवानिवृत्त कर्मचारियों / अधिकारियों के लिए/ (f) For Retd Staff /
Officers:
पीपीओ सं/ PPO No
पैन नं / Pan No

VI. संलग्नकों की सूची (कृपया संलग्न किए गए दस्तावेज को टेक करें और अन्य का विवरण लिखें):

List of enclosures (Please Tick the documents attached and write additional documents)

1. चिकित्सा पहचान पत्र/ आरईएलएचएस कार्ड/ यूएमआईडी कार्ड की स्वसत्यापित प्रति ।
Photocopy of Medical I. Card/RELHS Card/UMID Card duly self- attested.
2. घोषणापत्र प्रमाणपत्र / Declaration Certificate.
3. मूल बिल और विधिवत् रूप से स्वसत्यापित डाक्टर की पर्ची की प्रति।/ Original Bills & Photocopy of prescription duly self-attested.
4. विधिवत् रूप से स्वसत्यापित PULSE OXIMETER के नकद वाउचर्स / Original Cash Vouchers of Pulse-Oximeter duly self-attested.
5. ECS (ई.सी.एस.)फार्म संलग्न करें तथा अन्य कोई संलग्नक (कई संलग्नक होने के मामले में यहां संलग्नकों की संख्या लिखें और कागज पर विवरण संलग्न करें) / Enclose ECS Form and Any other enclosure (In cash of many enclosures, write number of additional enclosures here and attach a separate sheet with details).
6. Copy of the Covid-19 Test Report



रेल कर्मचारी द्वारा हस्ताक्षर किया जाने वाला घोषणापत्र
DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

मैं एतदद्वारा घोषणा करता हूँ कि इस आवेदन में दिया गया विवरण मेरी जानकारी के अनुसार सत्य है और जिस व्यक्ति के लिए चिकित्सा किया गया है वह पूर्ण रूप से मुझ पर अवश्रित है और रेलवे में इलाज के लिए पात्र है। मुझे मालूम है कि चिकित्सा सुविधाओं का दुरुपयोग या किसी प्रकार की मिथ्या प्रस्तुति से मेरे विरुद्ध एमआईसी/आरईएलएचएस कार्ड/ यूएमआईडी कार्ड रद्द करने सहित दंडात्मक कार्रवाई हो सकती है। मैं एतदद्वारा घोषणा करता हूँ कि इस इलाज की अवधि के लिए यह मेरा अंतिम दावा है और मैं भविष्य में रेलवे या किसी चिकित्सा स्कीम से किसी प्रकार का दावा नहीं करूंगा। मैं एतदद्वारा यह भी घोषणा करता हूँ कि मैंने इस अवधि के लिए भारत में किसी भी रेलवे चिकित्सा यूनिट से PULSE OXIMETER नहीं ली है।

I hereby declare that the statements in this applications 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 & entitled for treatment in Railway. I am aware that misuse of medical facilities or misrepresentation of any kind can attract penal action including cancellation of MIC/RELHS Card/UMID Card. I hereby declare that this is my final claim and I shall not make any claim in future to Railway or any Health Scheme in respect to this treatment period. I do hereby declare that I have not taken any Pulse-Oximeter from any Railway Health Establishment anywhere in India.

दिनांक (Date)

स्थान (Place)

रेल कर्मचारी/दावाकर्ता के हस्ताक्षर

Signature of Railway Employee / Claimant

Certification by Medical Department

मैं प्रमाणित करता/करती हूँ कि श्री/श्रीमति/ कुमारीपत्नी /पुत्र/पुत्री /आश्रित संबंधी श्री /श्रीमति भारतीय रेल में के पद पर कार्यरत / सेवानिवृत्त हैं, ने में इलाज करवाया।

I certify that Shri/Smt./Kumari..... Wife/Son/Daughters/Dependent relative of Shri/Smt..... Employed/Retired in Indian Railway as..... has been under treatment at

वे से पीड़ित हैं। कर्मचारी को लिखी गई PULSE OXIMETER उचित और जरूरी हैं। दावा की गई अवधि के लिए इन्हें रेलवे से PULSE OXIMETER जारी नहीं की गई हैं।

He/She..... is..... suffering from The PULSE OXIMETER prescribed to the employee are appropriate & essential. He / She has not been issued PULSE OXIMETER from this Railway Establishment for the period claimed.

इलाज करने वाले डाक्टर के हस्ताक्षर
Signature of Treating Doctor:

अस्पताल प्रभारी या अधिकृत हस्ताक्षरकर्ता के मोहर सहित हस्ताक्षर
Signature of Hospital In-Charge or Authorized Signatory with Stamp Seal

दिनांक/ Date

स्थान/Place

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उत्तर रेलवे

Office of Principal Chief Medical Director,
Northern Railway Headquarter Office,
Baroda House, New Delhi-110001

No: 139-Med/COVID-19/Reimb./Policy/2020
Date : 18.08.2020.

Chief Medical Director,
Northern Railway Central Hospital,
New Delhi

Chief Medical Supdt
Northern Railway Divisional,
Delhi, Lucknow, Moradabad, Ferozpur, Ambala

Addl. Chief Medical Supdt.,
Extra Divisional Hospital, Northern Railway
JUDW



Sub : Reimbursement of upto Rs. 1200/- towards cost of Oximeter
purchased by Railway Medical beneficiaries suffering from COVID-19

Ref : Railway Board's letter No.2020/H-1/7/3, Dated 13.08.2020 &
MoHFW's OM No. 1-2/2020/CGHS/ADHQ/29 dated 16.06.2020

In reference to above, a copy of letter issued by Director, Health , Railway Board, Ministry of Railway, New Delhi regarding Reimbursement of up to Rs. 1200/- towards cost of Oximeter purchased by Railway Medical beneficiaries suffering from COVID-19 is being enclosed herewith for your information and necessary action please.

You are requested to kindly take the necessary action in this regard to wide publicity in your jurisdiction/units among railway beneficiaries.

(डा. शशि भूषण)

अपर मुख्य चिकित्सा निदेशक/एम. एस
कृते प्रमुख मुख्य चिकित्सा निदेशक

DA : As Above

33

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2020/H-1/7/3

New Delhi, Dated 13.08.2020

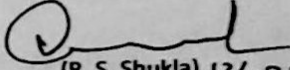
General Managers,
All Indian Railways,
(Including PUs, RDSO & NAIR).

**Sub: Reimbursement of upto Rs.1200/- towards cost of Oximeter purchased by
Railway Medical Beneficiaries suffering from COVID-19.**

Ref: Ministry of Health & Family Welfare's OM No.1-2/2020/CGHS/ADHQ/29 dated 16.06.2020.

A copy of Ministry of Health & Family Welfare's OM dated 16.06.2020 (cited under reference) is enclosed herewith. It has been decided by competent authority in the Ministry of Railways to adopt the provisions contained in OM mutatis-mutandis for railway medical beneficiaries also.

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



(R. S. Shukla) 13/08/2020
Director, Health
Railway Board

No.2020/H-1/7/3

New Delhi, Dated 13.08.2020

Copy forwarded to:

1. PCMDs/CMOs of All Indian Railways including PUs, RDSO & NAIR.
2. PFAs of All Indian Railways including PUs, RDSO & NAIR.

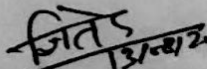

(R. S. Shukla) 13/08/2020
Director, Health
Railway Board

No.2020/H-1/7/3

New Delhi, Dated 13.08.2020

Copy to:

1. Principal Director of Audits, All Indian Railways including PUs, RDSO & NAIR.
2. Deputy Comptroller and Auditor General of India (Railways), Room No.224, Rail Bhawan,


13/08/20

For Financial Commissioner/Railways.

Copy to:

1. F(E) Spl. Branch/Railway Board.



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F.No. 1-2/2020/CGHS/ADHQ/29
Government of India
Ministry of Health & Family Welfare
Directorate General of CGHS

Nirman Bhawan, New Delhi
Dated the 16th June , 2020.

OFFICE MEMORANDUM


Sub: Reimbursement of cost of 'Pulse Oximeter' for the family of COVID-19 Positive CGHS Beneficiary under Home Care -

In view of the current Coronavirus Disease(COVID-19) Pandemic, all out efforts are being made by the Government to contain its impact by instituting measures at community as well as at individual level.

2. In this regard, an Advisory on the subject Tele Home Care of COVID positive CGHS beneficiaries has been issued by this Directorate. As measuring of oxygen saturation level is one of the most important parameters for monitoring the health of COVID 19 patients, it has been decided to reimburse the cost of pulse oximeter purchased by the beneficiaries as per the following conditions:

- i) CGHS beneficiaries, who have been tested positive for COVID-19 Infection are permitted to purchase one Pulse Oximeter per family. In other words, in case there are more than one COVID positive cases in a family of CGHS beneficiary, they can claim reimbursement only for one Pulse Oximeter;
 - ii) The reimbursement shall be claimed as per actual cost of Pulse Oximeter, subject to a ceiling of Rs. 1200/-;
 - iii) The claim for reimbursement of cost of such Pulse Oximeter shall be submitted as per prescribed norms enclosing therewith a copy of the COVID-19 Test report, to CGHS in case of Pensioners, ex-MPs, etc., and to Rajya Sabha Secretariat/Lok Sabha Secretariat as the case may be in respect of Hon'ble Members of Parliament; and
 - iv) In the case of serving beneficiaries, such claims shall be submitted to the concerned Ministry /Department and to concerned Autonomous Body in respect of beneficiaries of Autonomous Bodies.
3. This OM is applicable from date of Issue.

4. This issues with the concurrence of Integrated Finance Division, Min. of Health & Family Welfare vide Concurrence Diary No. 572 Dated 16/06/2020.


(Dr. Sanjay Jain)

Director, CGHS

To:

- 1 All Ministries / Departments, Government of India
- 2 Director, CGHS, Nirman Bhawan, New Delhi
- 3 Estt.I/ Estt.II/ Estt.III/ Estt.IV Sections, Ministry of Health & Family Welfare
- 4 Admn.I / Admn.II Sections of Dte.GHS
- 5 Addl. Director, CGHS(HQ) / Addl. Directors of CGHS Cities/ Zones
- 6 Rajya Sabha / Lok Sabha Secretariat
- 7 Registrar, Supreme Court of India / Punjab & Haryana High Court, Chandigarh
- 8 Under Secretary, U.P.S.C.
- 9 Under Secretary Finance Division
- 10 Deputy Secretary (Civil Service News), Department of Personnel & Training,
5th Floor, Sardar Patel Bhawan, New Delhi.
- 11 PPS to Secretary (H&FW)/ PPS to OSD(RB)(HFW), Ministry of Health & Family
Welfare
- 12 PPS to AS&MD, NRHM / AS (H) /DGHS
- 13 Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
- 14 All Staff Side Members of National Council (JCM) (as per list attached)
- 15 Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar
Marg, New Delhi
- 16 All Offices / Sections / Desks in the Ministry
- 17 UTI Infrastructure Technology And Services Limited, UTI-ITSL Tower, Plot No3
Sector -11, CBD Belapur, Navi Mumbai-400614
- 18 Nodal Officer, MCTC, CGHS with a request to upload a copy of OM on CGHS
Web-site
- 19 Office Order folder

Copy for information to

PS to Hon'ble HFM

PS to Hon'ble MOS