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6. **THE ALL INDIA SERVICES (MEDICAL ATTENDANCE) RULES, 1954**

In exercise of the powers conferred by sub-section (1) of section 3 of the All India Services Act, 1951 (LXI of 1951), the Central Government, after consultation, with the Government of the States concerned, hereby makes the following rules, namely:

1. **Short title and application**—

   1(1) These rules may be called the All India Services (Medical Attendance) Rules, 1954.

   1(2) They shall apply to members of the Service while they are on duty or on leave or under suspension, within India.

2. **Definitions.**—In these rules, unless the context otherwise requires—

   2(a) “authorised medical attendant” means the principal medical officer appointed by the Government to attend to its officers in the station or district [where the member of the Service falls ill] and includes a medical officer who, in rank, is equal or immediately junior to such principal medical officer and who is attached to any hospital or dispensary in the station where such principal medical officer is posted:

   Provided that if there is no principal medical officer appointed by the Government for the station at which or the district in which the member of the Service falls ill, the principal medical officer shall be the officer appointed by the Government of the State in which the station or district is situated;

   2(b) “Contributory Health Service Scheme” means any approved scheme of free medical attendance and treatment of servants of the Government and the members of their family in return for such monthly contribution by every Servant of the Government as may, from time to time, be determined by the Government.

   2(c) “family” means—

   (i) Husband or wife as the case may be, of the member of the Service; and

   (ii) The parents, sisters, widowed sisters, widowed daughters, minor brothers, children and step-children wholly dependent upon the member of the Service and are normally residing with such member including dependent brothers, dependent divorces/separated daughters and step-mother.

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* The principal rule was notified vide Notification No.6/1/54-AIS-III (GSR No.158E dt. 14.09.1954)

1 Substituted vide DOPT Notification No. 31/7/72—AIS(III) dated 22.05.1973

2 The words ‘Provided that these rules shall cease to apply to such members as soon as the Contributory Health Service Scheme is introduced in stations to which they are for the time being posted’ deleted vide MHA Notification No. 13/8/57—AIS(III), dated 17.03.1958

3 Amended vide MHA Notification No. 6/4/1959—AIS(III), dated 19.08.1959 (GSR No. 983 dt. 29.08.1959)

4 Substituted for the words “to which the member of the service is posted” vide MHA Notification No. 6/2/58—AIS(III), dated 21.03.1958 (GSR No. 192 dt. 29.03.1958)

5 Substituted vide MHA Notification No. 7/18/64—AIS(III), dated 24.05.1967 (GSR No. 824 dt. 03.06.1967)

6 Amended vide MHA Notification No. 7/15/60—AIS(III), dated 03.10.1961 (GSR No. 1245 dt. 14.10.1961)

Explanation I—For the purposes of clause 2(a), the members of the family shall be regarded as "wholly dependent" upon the member of the Service if they ordinarily reside with the said member and their total monthly income does not exceed Rs. 1500/-.

Explanation II—Omitted.

Explanation III—In the case of the member of the Service, whose personal law recognises adoption as a mode of filiation and who has been adopted, the adoptive parents, and not the real parents, shall be treated as parents.

2(d) "Government" means in the case of a member of the Service serving in connection with the affairs of the Union, the Central Government, and in the case of a member of the Service serving in connection with the affairs of a State, the Government of that State:

Provided that a member of the Service serving in connection with the affairs of a State falls ill in some other State the Government of that other State shall be deemed to be the Government for the purpose of clause (a);

2(e) "Government hospital" includes a military hospital, any railway hospital notified in this behalf by the Central Government, a hospital maintained by a local authority and any other hospital with which arrangements have been made by the Government for the treatment of its officers;

2(f) "medical attendance" means attendance in a Government hospital or at the residence of a member of the Service or at the consulting room maintained by the authorised medical attendant by arrangement with him and includes:

(i) such pathological, bacteriological, radiological or other methods of examination for the purposes of diagnosis as are available in any Government hospital or laboratory [12] and are considered necessary by the authorised medical attendant, and

(ii) such consultation with any other medical officer or specialist in the service of (the Central Government or any State Government) as the authorised medical attendant certifies to be necessary to such extent and in such manner as the medical officer or the specialist may, in consultation with the authorised medical attendant, determine;

2(g) "member of the Service" means a member of an All-India Services as defined in section 2 of the All India Services Act, 1951, (61 of 1951);

2(h) "nurse" means a qualified nurse holding a certificate or a diploma recognised by the Chief Administrative Medical Officer of the State or a registered nurse in a State in which there is statutory provision for the registration of nurses;

2(i) "patient" means a member of the Service who requires medical attendance and treatment;

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[12] The words 'in the State' omitted and () substituted by MHA Notification No. 13/15/57-AIS(lll) dated 15.03.1960 (GSR No. 322 dt 19.07.1968)
"State" means the State in which a member of the Service falls ill.

"treatment" means the use of all Medical and surgical facilities available at the Government hospital in which a patient is treated, and includes—

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

(ii) dental treatment including extraction of teeth, scaling and gum treatment, filling of teeth (other than cost of denture) and root canal treatment;

Explanation (deleted)

(iii) the supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in Government hospitals in the State but excluding—

(a) such preparations which are not medicines but are primarily used as food, tonic, toilet or disinfectant, and

(b) such expensive drugs, tonics, laxatives and other elegant and proprietary preparations (for which drugs of equal therapeutic value are available) as may be notified by the Central Government.

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

(v) such accommodation as is ordinarily provided in the hospital to which the patient is admitted and is suited to his status;

(vi) the services of such nurses as are ordinarily employed by the hospital to which the patient is admitted;

(vii) such special nursing as the authorised medical attendant may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient having regard to the nature of the disease; and

(viii) the medical attendance described in sub-clause (ii) of clause (f); but does not include diet, or provision at the request of the patient of accommodation superior to that described in sub-clause (v)

3. Medical Attendance by authorised medical attendant—

(1) A member of the Service shall be entitled to free of charge to medical attendance by the authorised medical attendant.

(2) Where a member of the Service is entitled under sub-rule (1), free of charge to medical attendance, any amount paid by him on account of

14 Substituted vide Notification No. 11023/19/77—AS(III) dated 18.07.1981 (GSR No. 706 dt 01.08.1981)
such medical attendance shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be reimbursed to the member of the Service by the Government:

Provided that the Government shall reject any claim if it is not satisfied with its genuineness on facts and circumstances of each case, after giving an opportunity to the claimant of being heard in the matter, while doing so, the Government shall communicate to him the reasons, in brief, rejecting the claim; and the claimant may submit an appeal to the Central Government within a period of forty-five days of the date of communication of the order rejecting this claim.

4. Medical Attendance and treatment of families of members of the Services—

4(1) The members of the family of a member of the Service shall be entitled at Government cost to medical attendance and treatment at a government hospital or at the residence or at the consulting room maintained by the authorised medical attendant by arrangement with him, and to travelling allowance on the scale and conditions allowed to the member of the Service himself under these rules.

4(2) Medical attendance and treatment referred to in sub-rule (1), shall include confinement in a hospital and pre-natal and post-natal treatment of the wife of the member of the Service.

5. Travelling Allowances.—

5(1) When the place at which a patient falls ill is not the headquarters of the authorised medical attendant:—

(a) the patient shall be entitled to travelling allowance for journey to and from such headquarters; or

(b) if, the patient is too ill to travel, the authorised medical attendant shall be entitled to travelling allowance for the journey to and from the place where the patient is:

Provided that a patient shall not be entitled to travelling allowance for a journey for attendance by a dentist or an oculist.

5(2) An application for travelling allowance under sub-rule (1) shall be accompanied by a certificate in writing by the authorised medical attendant stating that medical attendance was necessary and, if the application is under clause (b) of that sub-rule, that the patient was too ill to travel.

6. Medical attendance by person other than authorised medical attendant—

6(1) If the authorised medical attendant is of the opinion that the case of a patient is of such a serious or special nature as to require medical attendance by some person other than himself he may, with the approval of the Chief Administrative Medical Officer of the State (which shall be obtained beforehand unless the delay involved entails danger to the health of the patient)—

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17 Substituted vide DP&AR Bo.11023/6/77—AIS(III) dated 14.05.1979 (GSR No. 713 dt 26.05.1979)
18 Amended vide MHA Notification No. 715/61—AIS(III) dated 10.08.1962 (GSR No. 1094 dt 25.08.1962)
(a) send the patient to the nearest specialist or other medical officer 19 as provided for in clause (f) of rule 2, by whom, in his opinion, medical attendance is required for the patient; or

(b) if the patient is too ill to travel, summon such specialist or other medical officer to attend upon the patient.

6(2) Where a patient is sent to a specialist or other medical officer under clause (a) of sub-rule (1), he shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be entitled to travelling allowance for the journey to and from the headquarters of the specialist or other medical officer.

6(3) A specialist or other medical officer summoned under clause (b) of sub-rule (1) shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be entitled to travelling allowance for the journey to and from the place where the patient is.

7. Hospital at which treatment may be received and reimbursement therefor.—

7(1) Every member of the Service shall be entitled free of charge, to treatment—

(a) in such Government hospital in the station or district where he falls ill as can in the opinion of the authorised medical attendant, provide the necessary and suitable treatment; or

(b) if there is no such hospital as is referred to in clause (a), in such hospital other than a Government hospital in that station or district as may, in the opinion of the authorised medical attendant, provide the necessary and suitable treatment; or

(c) if there is no such hospital referred to in clauses (a) and (b) in such hospital in the State as may, in the opinion of the authorised medical attendant, provide the necessary and suitable treatment:

Provided that where in any exceptional case the authorised medical attendant is of opinion that the necessary and suitable treatment is available only in a hospital outside the State (but within India), he may, with the approval of the Chief Administrative Medical Officer of the State (which shall be obtained beforehand unless the delay involved entails danger to the health of the patient) send the patient for treatment in such hospital.

7(2) Where a member of the Service is entitled under sub-rule (1), free of charge, to treatment in a hospital, any amount paid by him on account of such treatment shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be reimbursed to the member of the Service by the Government.

Provided that where special nursing forms a part of such treatment, the amount to be reimbursed in respect of such special nursing shall be limited to the amount which is excess of 25 per cent of the pay of the member of the Service for the period of a special nursing:

19 The word ‘in the State’ deleted by MHA notification No. 13/45/57—AIS(III), dated 15.03.1960 (GSR No.322 dt. 19.03.1960)
Provided that the Government shall reject any claim if it is not satisfied with the genuineness on facts and circumstances of each case, after giving an opportunity to the claimant of being heard in the matter; while doing so, the Govt. shall communicate to him the reasons, in brief, rejecting the claim, and the claimant may submit an appeal to the Central Govt. within a period of forty-five days of the date of communication of the order rejecting his claim.

7 (3) If the patient has to proceed to a station other than at which he falls ill for the purpose of treatment under sub-rule (1), he shall, on production of a certificate in writing from the authorised medical attendant in this behalf, be entitled to travelling allowance for the journey to and from the place at which such treatment is received. Such travelling allowance shall also be admissible for an attendant, if the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompany the patient to the place of treatment and back.

8. Treatment at residence.—

8(1) If the authorised medical attendant is of opinion that owing to the absence or remoteness of a suitable hospital or to the severity of the illness a member of the Service cannot be given treatment as provided in sub-rule (1) of rule 7, he may receive treatment at his residence.

8(2) Where a member of the Service is receiving treatment at his residence under sub-rule (1) he shall be entitled to receive towards the cost of the treatment incurred by him a sum equivalent to the cost of such treatment as he would have been entitled to receive free of charge, under these rules if he had not been treated at his residence.

8(3) A claim for any amount admissible under sub-rule (2) shall be accompanied by a certificate in writing by the authorised medical attendant,

(a) his reasons for the opinion referred to in sub-rule (1);

(b) the amount of the cost of similar treatment referred to in sub-rule (2)

9. Charges for services other than medical attendance to be paid—

9(1) Any charge for services rendered in connection with, but not included in, medical attendance on, or treatment of, a patient entitled, free of charge, to medical attendance or treatment under these rules, shall be determined by the authorised medical attendant and paid by the patient.

9(2) If any question arises as to whether any service is included in medical attendance or treatment, it shall be referred to the Government whose decision thereon shall be final.

10. Countersignature of certificate for reimbursement of travelling allowance.—The Government may by general or special order direct that any certificate required by these rules to be given by the authorised medical attendant and the controlling officer for the purpose of travelling allowance of a patient shall be countersigned by the Chief Administrative Medical Officer of the State.

20 Substituted vide DP & AR Notification No. 11023/8/77—AIS(III), dated 14.05.1979 (GSR No. 713 dt. 26.05.1979)

21 Amended vide MHA Notification No. 7/16/61—AIS(III), dated the 10.08.1962 (GSR No. 1094, dt. 25.08.1962)
11. Transfer to foreign service.—No member of the Service shall be transferred to foreign service unless the foreign employer undertakes to afford to him, so far as may be, privileges not inferior to these to which he would be entitled under these rules if he had been employed in the service of the Government.

Provided that this rule shall not apply in the case of a transfer of a member of the Service at his own request or when the member of the Service makes a specific request in writing that the provisions of this rule need not apply in his case.

22 11 A. Deputation to Government Organisations having separate Medical Attendance Rules.—A member of the Service deputed to serve under a Government organisation having a separate set of rules for the grant of medical facilities to its employees may, at his option, elect to be governed by the rules of that organisation during the period of such deputation.

Explanation.—The expression “Government Organisation” in this rule includes Railways or other similar Organisation whose expenditure is debitable to the consolidated Fund of India or of the State.

12. Injuries due to civil disturbances.—

12(1) A member of the Service serving in a disturbed area shall be deemed as being on duty continuously and any injury received by him as a result of the disturbances shall be deemed as having been received in the course of such duty, unless the facts of the case give a clear indication to the contrary.

12(2) When a member of the Service receives any injury while on duty in connection with the disturbance, he shall be entitled to medical attendance and treatment specified in clauses (f) and (k) of rule 2 free of charge.

12(3) A member of the Service on leave in a disturbed area is also entitled to the concessions outlined in sub-rule (2) above, if it is established that he was attacked and injured because of his being a Government servant.

23 12 A. Application of the Contributory Health Service Scheme—Notwithstanding anything contained in these rules, they shall not apply to a member of the Service during any period in which he is on deputation to the Central Government at a station, where the contributory Health Service Scheme, is in operation, and the said scheme, as for the time being in force, shall apply to such member during the said period, as it applied to Central Government Servant Class I.

24 13. Interpretation.—If any question arises as to the interpretation of these rules, the Central Government shall decide the same.

14. Saving.—Nothing in these rules shall be deemed to—

i) entitle a member of the Service to reimbursement of any cost incurred in respect of medical services obtained by him, or to travelling allowance for any journey performed by him otherwise than as expressly provided in these rules, or
(i-a) entitle a member of the Service to reimbursement of any cost incurred in respect of —

(a) such preparations which are not medicines but are primarily used as food, tonic, toilet or disinfectant, and

(b) such expensive drugs, tonics, laxatives and other elegant and proprietary preparations (for which drugs of equal therapeutic value are available) as may be notified by the Central Government.

(ii) prevent the Government from granting to a member of the Service, or to a member of the family of a member of the Service any concession relating to medical treatment or attendance for travelling allowance for any journey performed by him which is not authorised by these rules.

25 Inserted vide MHA Notification No. 8/8/69—AIS(III) dated 02.01.1975 (GSR No. 1632 dt 29.10.1966)

26 Circulated to State Govts vide letter No. 4/11/73—AIS(III) dated 06.08.1974 & 26.9.74 and notified vide Notification No. 4/11/73—AIS(III) dated 27.06.1975 (GSR No. 2501 dated 11.10.1975.)

27 Substituted vide Department of Personnel Notification No. 8/407—AIS(III) dated 18.03.1972 (GSR No. 419 dt 06.04.1972)
GOVERNMENT OF INDIA’S DECISIONS ON AIS (MA) RULES
GOVERNMENT OF INDIA'S DECISIONS

GOVERNMENT OF INDIA'S ORDERS UNDER RULE 1

1. Members of the family of the AIS officers, serving with the affairs of the Union and on ex-India deputation or leave, may avail medical facilities under the AIS (MA) Rules: - The Government of India have decided that members of families in India of All India Services Officers serving in connection with the affairs of the Union proceeding ex-India on deputation or leave, including study leave and deputation-cum-special leave under the various training and fellowship schemes may avail themselves of the medical facilities as admissible under these Rules. If the family members left behind in India are resident in an area covered by the Contributory Health Service Scheme, the grant of medical facilities to them under the Scheme will be conditional on the Government servant concerned paying the prescribed contributions.

2. The State Governments may extend these concessions to members of the Service serving in connection with the affairs of the State.

[G.I M.H.A. letter No. 7/10/60—AIS (III), dated 30-7-1960]

2. AIS officers whose headquarter is not in Delhi, shall get medical facilities under these rules while in Delhi and not under Contributory Health Service Scheme: - All India Services Officers whose headquarters are elsewhere than in Delhi/New Delhi and who visit Delhi/New Delhi on leave or on tour shall get medical facilities not under the Contributory Health Service Scheme but under the All India Services (Medical Attendance) Rules, 1954. The authorised medical attendants for these officers will be the medical officers designated as such by the Delhi Administration for their employees.


GOVERNMENT OF INDIA'S ORDERS UNDER RULE 2

1. Authorised Medical Attendant is determined at the place where the moS falls ill; treatment of kidney stone can be taken at the place first noticed; and reimbursement will be admissible to the moS o rto his wife if they go outside his/her ordinary place of residence: - The Govt. of India have held that under rule 2(a)—

(i) The authorised medical attendant of a member of the Service is determined with reference to the place where he falls ill and not where he takes treatment, etc.

(ii) Treatment for stones in kidney can be taken at the place where the stones are first noticed or at the place where the trouble suddenly occurs.

(iii) Reimbursement of medical expenses will be admissible if the member of the All India Service or his wife goes outside the ordinary place of her/his duty/residence for the purpose of confinement.

2. In order to ensure genuineness of the claims relating to cases of confinement at a place other than the ordinary place of duty/residence, it would be desirable to obtain a declaration from the member of the Service of her/his intention of going herself or sending out his wife to a particular station for the purpose.

[G. I. MHA letter No. 7/18/62—AIS (III), dt. 5-4-83 read with DP & AR letter No. 7/23/77/AIS (III) date 10-10-1977.]
2. It is not binding that only Class I Medical Officers should be declared as Authorised Medical Attendants:— Under rule 2(a), it is not binding that only class I Medical Officers working in a particular place should be declared as Authorised Medical Attendants. The phrase “Principal Medical Officer” used therein refers to the “Principal Medical Officer” in charge of each independent Hospital/Dispensary in that place. Under the provisions of General Clauses Act, 1978 the words in the singular shall include the plural and vice-versa. Accordingly, “Principal Medical Officer” means “Principal Medical Officers.”

[GL MHA letter No. 7/14/65—AIS (III), dated 29-11-1965]

3. State Governments are competent to appoint any govt. doctor working as Principal Medical Officer to act as an Authorised Medical Attendant:— Under Clause (a) read with clause (d), the State Governments are themselves competent to appoint any Government doctor working in any place in the State as Principal Medical Officer to act as an Authorised Medical Attendant for All India Services officers.

[G.I. MHA letter No. 7/14/62—AIS(III), dated 30-10-1962 and No. 7/1/64—AIS (III), dated 9-1-1964]

4. State Governments are competent to declare “Hony. Medical Officers” as Authorised Medical Attendants:— The Govt. of India have held that the practice followed in the case of Central Civil Services employees according to which “Honorary Medical Officers” outside the hospital precincts are treated just like private medical practitioners is not applicable to All India Service Officers serving in connection with the affairs of the State.

2. Under rule 2(a) read with rule 2(d), the State Governments are competent to declare “Hony. Medical Officers” as Authorised Medical Attendants for the purposes of medical attendance of the members of the Service and the members of their families.

[G.I. MHA letter No. 7/5/63—AIS (III), dated 15-3-1965.]

5. Reimbursement of medical expenditure is admissible to widowed/divorced daughter wholly dependent on the moS:— The Govt. of India have held that sub-rule 2(c) (ii) stipulates, that the children (including step children) are included in the family, provided they are wholly dependent on the member of the Service. The fact of marriage, divorce, widow-hood, or the age of the child is not relevant. If the circumstances of the case so warrant and the officer certifies that the widowed/divorced daughter is wholly dependent on the member of the Service and the controlling authority is satisfied, claim for reimbursement of the medical expenditure is admissible.

[G.I. MHA letter No. 7/16/64—AIS (III), dated 15-2-1965.]

6. Fees prescribed in Central Service (Medical Attendance) Rules, 1944 are applicable to the AIS offices serving in connection with the affairs of the Union. The State Governments are to prescribe fees for AIS officers working with the affairs of the States:— The Govt. of India have held that the schedule of fee prescribed in the Central Service (Medical Attendance) Rule, 1944, is also applicable to All India Services Officers serving in connection with the affairs of the Union under rule 2(a) of the All India Services (Conditions of Service—Residuary Matters) Rules, 1960. So far as the All India Services Officers serving in connection with the affairs of the States are concerned it is for the State Government to prescribe, under rule 2(d) read with rule 2(a) of the A.I.S. (Medical Attendance) Rules, 1954, fees for medical attendance and treatment to be rendered by the Authorised Medical Attendance to such officers. If no specific rates of fees are prescribed by the State Government for such officers, the rates of fees, etc. prescribed for Class I officers of the State concerned will apply in respect of
A.I.S. Officers serving in connection with affairs of the State under rule 2(b) of the All India Services (Conduct of Service—Residuary Matters) Rules, 1950. If the State Government has not prescribed the rates of fees etc. for Class I officers of the State, they may by issue of suitable orders, adopt the rates of fees etc. prescribed for Central Services in respect of All India Services Officers serving in connection with the affairs of the State.


7. A member of the family of the moS is entitled to medical attendance if he/she falls ill in a State which is not the State of allotment of the moS:- The Govt. of India have held that a member of family of the member of the Service is entitled to medical attendance and treatment in the State in which he or she falls ill though the State may not be the State of allotment of the member of the Service. The facility will be subject to the provisions of the M.A. Rules. Such cases could be covered straight away by the proviso to rule 2(d) read with rule 7(1) (a) or rule 4 and 7(1) (a) of these rules and no special sanction of the State Government to cover such cases under rule 14 or otherwise would be necessary.

[G.I. MHA letter No. 7/26/62—AIS(III), dated the 10th January, 1963.]

8. All Police Hospitals and Dispensaries are recognised for the purpose of medical attendance and treatment of Indian Police Service officers and members of their families: - The Government of India have decided that, for the purpose of these rules:

(i) all Police Hospitals and Dispensaries may be deemed as recognised for the purpose of medical attendance and treatment of Indian Police Service officers, and members of their families; and

(ii) the medical officers in charge of Police Hospitals/Dispensaries shall be regarded as the authorised medical attendants of Indian Police Service officers, so long as they receive treatment in these Hospitals/Dispensaries.

2. As far as possible, Indian Police Service officers should avail themselves of the facilities provided at the Police Hospitals/Dispensaries. If, in any particular case, any facility which is not available in a Police Hospital/Dispensary, is essentially required the same may be had at the nearest Government recognised hospital on the advice of the appropriate authorised medical attendant under the provisions of these Rules. In such cases, the medical officer in charge of the Police Hospital/Dispensary should certify that the necessary facilities required for the treatment are not available in the Police Hospital/Dispensary.

[G.I. MHA letter No. 6/3/58—AIS (III), dated 22-11-1958]

9. It is not mandatory for IPS officers and their members of the family to receive medical treatment only from police hospitals/dispensaries, they can avail treatment from Authorised Medical Attendants under these rules:- The Government of India's decision (8) above enables Indian Police Service officers to receive, as far as possible, treatment from Police Hospitals/Dispensaries, as that is considered more convenient for them. It is not to be interpreted as meaning that Indian Police Service officers must necessarily consult police medical officers in the first instance and receive treatment, only in Police Hospital/Dispensaries. They are entitled to receive treatment, if they so desire, from the authorised medical attendants under this rule without first consulting the police medical officers. The certificate referred to in the concluding sentence of the said decision is necessary in a case where the patient has started receiving medical attendance/treatment from the Medical Officer of the Police
Hospital/Dispensary or at the Police Hospital/Dispensary and needs further facilities which are not available there and have to be obtained elsewhere.

[G.I. MHA letter No. 6/1/59—AIS(III), dated 2-11-1959.]

10. **State Govts may declare any hospital other than a Railway Hospital as a recognised hospital for the purpose of treatment:** - The Government of India have decided that, under this rule, it is for the State Government to declare any hospital other than a Railway Hospital as a recognised hospital for the treatment of members of the Service serving in connection with the affairs of State.

[G.I. MHA letter No. 7/6/60—AIS (III), dated 4-4-1960]

11. **State Govts are competent to recognise Unani or Ayurvedic Hospitals for the purpose of treatment:** - Under clause (e), the State Governments are competent to recognise Unani or Ayurvedic Hospitals for the purpose of treatment of All India Services officers serving in connection with the affairs of the State.


12. **Fee for consulting in consulting room and the cost of medicine is reimbursable:** - Under rules 2(f), 3 and 2(k) (iv), medical attendance includes medical attendance in the consulting room maintained by the authorised medical attendant. Any fee for consultation in consulting room and the cost of medicines prescribed in consulting room will be reimbursable.

[G.I. MHA letter No. 7/3/63—AIS(III), dated 11-4-63.]

13. **A moS appointed to Public Service Commission is not covered under this rule:** - Members of the Service, on appointment to Public Service Commissions, shall be governed in all respects by the rules regulating the conditions of service of Members of Public Service Commissions framed by the President/Governors. Such regulations may, however, be amended to include any facilities that may be available to the members of the All India Service.

[G.I. MHA letter No. 6/11/58—AIS (III), dated 6-10-1958.]

14. **The word “Patient” under the rule includes a member of the family of the moS:** - Under rule 2(i) read with rule 4, the word 'patient' includes a member of the family of the member of the Service, for the purposes of benefits admissible under the A.I.S. (Medical Attendance) Rules, 1954, except when treatment is taken in a non-government hospital or by a non-government specialist.


15. **Dental treatment is not permissible unless it indicates that teeth are the real source of disturbance:** - Under rule 2(k) (ii), dental treatment, even when it is obtained at a Government hospital under the advice of the authorised medical attendant, is not permissible unless the diagnosis of the physiological or other disability from which a member of the Service is suffering indicates that teeth are the real source of disturbance. It does not include sealing of teeth or free supply of artificial dentures, or treatment from private Dentist, or outside the hospital even on the advice of the authorised medical attendant.

[G.I. MHA letter No. 7/2/64—AIS(III), dated 10-2-1964. G.I. MHA letter No. 7/13/64—AIS (III), dated 20-1-1964.]
16. Reimbursement of the cost of medicine prescribed by AMA is permitted if a certificate is given by him under the rule:- A member of the Service is entitled to reimbursement of cost of the medicine prescribed by the Authorised Medical Attendant if a certificate is given by him as required under rule 2(k)(iv).

[G.I. MHA letter No. 7/16/62—AIS (III), dated 20-1-1964]

17. Reimbursement of electricity and furniture charges is allowed:- Electricity and furniture are regarded as part of accommodation referred to in clause (k) (iv). Members of the Service may, therefore, be allowed reimbursement of electric and furniture charges, if they are otherwise entitled to reimbursement of charges on account of accommodation.

[G.I. MHA letter No. 32/10/60—AIS (III), dated 24-9-1960—File No. 7/24/60-AIS(III)]

18. mos is entitled to accommodation as per his status:- Under rule 2(k) (v), the All India Services officers are, as a part of their treatment, entitled to such accommodation as is ordinarily provided in the hospital to which the patient, is admitted and is suited his status. If the Authorised Medical Attendant is satisfied that any particular hospital does not provide suitable accommodation he can refer the case to some other hospital having suitable accommodation under rule 7(c).

[G.I. MHA letter No. 7/7/61—AIS (III), dated 26-4-1961]

19. Reimbursement of charges to private nurses/nurses provided by the hospital is allowed:- The term 'special nursing' referred to in clause (k)(vii) relates both to private nurses and the nurses provided by the hospital for this purpose; and reimbursement of charges on this account is to be allowed as laid down in the proviso to rule 7(2) whether the treatment is taken at the hospital or at the residence, if the claim is supported by a certificate of the authorised medical attendant as provided under clause (k)(vii).

[G.I. MHA letter No. 7/2/60—AIS(III), dated 7-4-1961]

20. AIS officers belonging to one State falling ill in another State should be treated at par with the officers of that State.- The State Governments have been requested to issue instruction to the Hospitals etc, under their control, that in the case of an All India Services officer belonging to one State, falling ill in another State, he should be treated at par with the officers serving in connection with the affairs of the latter State in the matter of charging fees, etc.

[G.I. MHA letter No. 7/4/65—AIS (III), dated 8-7-1965]

21. Sons and married daughters, who are employed otherwise than on a part time basis shall not be treated as wholly dependent on the mos:- A question has been raised whether children, who are gainfully employed but are otherwise dependent on the parents, can be deemed to be wholly dependent on the All India Service Officers.

2. It has been decided that, for the purpose of reimbursement under the AIS (Medical Attendance) Rules, 1954, sons and married daughters, who are employed otherwise than on a part time basis shall not be treated as wholly dependent on the members of the All India Service.


22. See Annexure I (letter No. 8/8/66—AIS (III), dated 14-7-66 placed at Sl.No.9 under the Heading Miscellaneous Executive Instructions issued under these rules)
23. **Inadmissible medicines specified in the Central Services Medical Attendance Rules are also applicable to AIS officers:** - The list of inadmissible medicines specified in Schedule I and II of the Central Services (Medical Attendance) Rules are also applicable to members of the All India Services under rule 2(k) (iii) of the A.I.S. (Medical Attendance) Rules, 1954.

2. Ministry of Health have now clarified that the list of items of allopathic medicines specified in schedule I and II may be treated as illustrative only indicating ineligible medicines/preparation or expensive drugs. The Authorised Medical Attendant may take a decision whether a particular new medicine or preparation falls under any of the broad categories specified in schedule I or schedule II and shall so certify whereupon the cost of such medicines may be reimbursed. A copy of the Ministry of Health and Family Welfare OM No. S 14025/67/84—MS dated 24.10.1986 is enclosed for ready reference.

24. **AMA may take a decision regarding admissibility/inadmissibility of the medicines specified in the Central Service Medical Attendance Rules:** The undersigned is directed to invite attention to Rule 2(h) (iii) of the CS(MA) Rules, 1944 whereunder the guidelines regarding prescription and reimbursement of essential medicines for the recovery of prevention of serious deterioration in the condition of a Government servant or his family member have been laid down. This matter has been further considered and it has now been decided that the list of items of allopathic medicines specified in Schedule I and Schedule II of the Rules may be treated as illustrative only indicating ineligible medicines/preparations or expensive drugs. The Authorised Medical Attendant may take a decision whether a particular new Medicine or preparation falls under any of the broad categories specified in Schedule I or Schedule II and shall so certify whereupon the cost of such medicines may be reimbursed. No references as to the admissibility or otherwise of medicines will be entertained by the Ministry of Health.

2. All Ministries/Departments are requested to bring the contents of this O.M. to the notice of the concerned, particularly of the Authorised Medical Attendants appointed by them.

(Deptt. of Pers. & Trg. Circular No. 11023/6/87—AIS (III) dt.8-3-1988.)

25. **Instructions on:** (i) Definition of family, (ii) If both the husband or wife are employed, one in AIS and the other in different Service, they are free to choose medical attendance under the AIS(MA) Rules or the facilities provided by the other Service ((iii) if husband and wife both are AIS officers, prior declaration may be given as to who will prefer the claim of reimbursement:** The following instructions may be observed for the purpose of deciding cases of reimbursement of medical expenses due to the revised definition of the term ‘family’:

(a) (1) The term ‘family’ does not include any other dependent relations such as brother, sister, widowed sister etc.

(2) The term ‘children’ will include children adopted legally.

(3) The term ‘wife’ includes more than one wife.

(b) The husband or wife of the Government servant, as the case may be, if employed in a Service other than the All India Service which provides medical facilities of its own would be entitled to choose the medical facilities either of the All India Services (Medical Attendance) Rules, 1954, or of the Service of which he/she is employed.
(c) In a case where both husband and wife are All India Service Officers they as well as the eligible dependents may be allowed to avail of the medical concessions according to his/her status under the All India Service (Medical Attendance), Rules, 1954. For this purpose, they should furnish to their respective administrative authorities a joint declaration as to who will prefer the claim for reimbursement of medical expenses incurred for the medical attendance and treatment in respect of wife/husband and the children. The above declaration shall be submitted in duplicate and a copy of each shall be recorded in the personal file of each of them in their respective offices. A copy of such joint declaration should also be forwarded to the Accountant General concerned. This declaration shall remain in force till such time as it is revised on the express request in writing by both the husband and the wife.

In the absence of such a joint declaration, the medical concessions shall be availed of by the wife and the children according to the status of the husband.

[G.I. M HA letter No. 7/20/60—AIS (III), dated 7-12-1961]

GOVERNMENT OF INDIA'S ORDERS UNDER RULE 3

1. No ceiling limit on consultation fixed for AMAs in respect of AIS officers serving with the affairs with the Union. However, the State Governments may prescribe such limits for the AIS officers serving with them:- Under this Rule, the Government of India have not prescribed any ceiling limits on consultations etc. with authorised medical attendants in respect of members of the Service serving in connection with the affairs of the Union. It is however for the State Government to prescribe such limits if they consider necessary for members of the Service serving in connection with the affairs of the State.

[G.I. MHA letter No. 7/23/60—AIS (III), dated 26-9-1960]

2. No restriction on the AIS officers serving with the affairs of the Union under AIS(DCRB) Rules, 1960 of consultation and injections, (including injectibles) under the order issued by the Ministry of Health in their O.M. No. F. 28-12-66/hl. dated the 6th March 1962, in respect of the members of the Central Service Class I:- on The Government of India have held that rules 3, 4 and 7 provide for free medical treatment and attendance to the members of the Service and the members of their families without restriction. In view of this, it is not permissible to invoke rule 2 of the A.I.S. (Conditions of Service-Residuary Matters) Rules, 1960, and restrict the number of consultation and injections, (including injectibles) under the order issued by the Ministry of Health in their O.M. No. F. 28-12-66/hl. dated the 6th March 1962, in respect of the members of the Central Service Class I.

[G.I. MHA letter No. 7/14/63—AIS (III), dated 12-5-1964]

GOVERNMENT OF INDIA'S ORDERS UNDER RULE 4

1. Reimbursement of expenses entitled for the treatment availed at any place where an officer or his family fall ill:- A question arose whether an officer was entitled to reimbursement of expenses incurred on the treatment of his wife or delivery even though she was treated at a place outside the State of his posting.
2. According to rule 7(1) (a) read with rule 4, an officer and members of his family are entitled to medical attendance and treatment at any place where they fall ill irrespective of the consideration whether that place is within or outside the State in which the officer is posted. The officer is therefore, entitled to reimbursement of the expenses, if it is otherwise admissible.

[G.I. MHA letter No. 7/1/60—AIS (III), dated 5-3-1960.]

2. Medical attendance and treatment at any Government hospital at a station other than his AMA is attached, is permitted:— It will not be inconsistent with this rule, if an officer is permitted to have medical attendance and treatment of the members of his family at any Government hospital at a station other than that in which his authorised medical attendant is attached. In such cases, it would only be necessary that the medical officer of the other hospital is also declared by the State Government as authorised medical attendant under rule 2(a).

[G.I. MHA letter No. 7/12/60—AIS (III), dated 14-7-1960.]

3. Reimbursement on ‘Confinement’ in a hospital on account of abortion is admissible:— ‘Confinement’ in a hospital on account of abortion is to be treated as confinement on account of child-birth under sub-rule (3) and as such reimbursement of medical charges is admissible in connection with the treatment of the wife of a member of the Service on that account.

[G.I. MHA letter No. 7/26/60—AIS (III), dated 27-10-1960.]

4. Reimbursement of prescription made by AMA during his visit to the officer’s residence or on social call:— A question arose, whether, in case, where the authorised medical attendant prescribes medicines, for the member of an officer’s family during the course of visit to the officer’s residence on his way to the hospital or on social call, reimbursement of the expenses could be permitted, even though the conditions in proviso to sub-rule (1) were not satisfied.

2. Rule 2(k), read with this rule cannot be interpreted to mean that an authorised medical attendant cannot prescribe medicines at any place other than at a Government hospital or his consulting room, if he chooses to do so. There should, therefore, be no objection to the reimbursement of the expenses.


5. Members of the family of an AIS officer are entitled medical attendance at government cost on the scale and conditions allowed to the moS if treatment is taken in any Government Hospital only, though the moS is entitled to treatment in any private hospital:— Under sub-rule (1) the members of the family of an All India Service Officers are entitled to medical attendance and treatment at Government cost on the scale and conditions allowed to the members of the Service provided the treatment in such cases is taken in a Government hospital. Accordingly, reimbursement of medical expenses will be admissible if a member of the family of an All India Service officer is sent for treatment in a Government hospital only, outside the State under the proviso to rule 7(1) (c). The members of the Service themselves are, however, entitled to treatment in any hospital private or Government outside the State under the above-mentioned proviso.

2. In accordance with the provisions of sub-rule (1), the provisions of rule 14 are also applicable to the members of the family of an All India Service Officers.

[G.I. MHA letter No. 7/26/61—AIS(III), dated 23-12-1961.]
6. Travelling allowance to the attendant of a family member of a MoS will be the actual single railway fare by which the patient travels of a lower class the attendant actually travels. Under this rule read with rule 7(3), travelling allowance will be admissible to the attendant accompanying a member of the family of an All India Service officer also provided that such patient travels to consult a specialist in a Government Hospital only.

2. The travelling allowance admissible to the attendant accompanying the patient will be the actual single railway fare of the appropriate class by which the patient travels or of a lower class by which the attendant actually travels for the rail journey and actual cost of transit not exceeding the travelling allowance admissible to the member concerned for the journey by road.

[G.I. MHA letter No. 7/10/62—AIS(III), dated 17-11-1962.]

7. Presence of the MoS is not necessary at the place of the ordinary residence of his/her members of the family for their treatment or claim. Under sub-rule (1), a member of the Service is entitled to claim reimbursement of medical charges incurred by him for medical attendance and treatment given to the member of his family at the place of their ordinary residence, which is different from his headquarters. The presence of the member of the Service at such a place either on leave or on duty is not necessary.

[G.I. MHA letter No. 7/11/62—AIS(III), dated 16-10-1963.]

8. No limit on the amount of reimbursement by the controlling officer has been prescribed. The Government of India have held that no limit has been prescribed for the amount up to which the controlling officer can allow reimbursement either under the All India Service (Medical Attendance) Rules, 1954, or under the Central Service (Medical attendance) Rules, 1944. However, sanction of the Government will be necessary if the claim is admitted in term of rule 14(4) of the AIS (M.A.) Rule 1954.

[G.I. MHA letter No. 7/2/65—AIS(IIII), dated 20-4-1965.]

GOVERNMENT OF INDIA'S ORDERS UNDER RULE 6

1. Approval of Chief Administrative Medical Officer is not necessary if he is satisfied that treatment other than AMA is necessary, of permission in this regard is obtained: Under this rule, it is immaterial whether the approval of the Chief Administrative Medical Officer is obtained by the member of the Service or the authorised medical attendant so long as the Chief Administrative Medical Officer is satisfied that treatment other than by an authorised medical attendant is necessary. The member of the Service may obtain such permission on the suggestion of the Authorised medical attendant or the Chief Administrative Medical Officer may give such permission after consultation with the authorised medical attendant.

[G.I. MHA letter No. 31/6/56—AIS (II), dated 27-7-1956.]

2. State governments may take into consideration to facilities available within the State while referring the patients outside the State for treatment of special and malignant diseases: Though this rule as amended permits All India Service officers and members of their families to get medical attendance/treatment outside the State for all diseases the actual intention in amending the rule is that the facilities for such treatment should, as far as possible be restricted to cases of special and malignant diseases like tuberculosis, cancer and polio or in respect of officer posted to underdeveloped areas like Manipur and Tripura where reasonable and adequate facilities for treatment may not be available at a hospital within the State and where treatment at a
hospital in an adjoining State might be recommended. The State Government may bring
this fact to notice of their medical authorities so that they might bear it in mind while
recommending medical attendance/treatment in hospital outside the State.

2. The State Government may, however, at their discretion, permit officers in deserving
cases to have treatment outside their State or other districts where the medical
authorities are of opinion that there is immediate danger to life and that treatment
outside the State is absolutely necessary.

[G.I. MHA letter No. 7/7/60—AIS(III), dated 3-6-1960.]

3. MoS can get medical treatment from doctors other than AMA: - Member of the
Service can get medical treatment from doctors other than their authorised medical
attendants (including doctors equal or immediately junior to the authorised medical
attendants in the same hospital) only on the prior advice of their authorised medical
attendants, who will further get the approval of the Chief Administrative Medical Officer
of the State. The State Government can, however, allow the All India Service officers
and the members of their families to get medical treatment from any government doctor
stationed in the place where they are serving, if they declare principal medical officers of
all separate hospitals to be the authorised medical attendants for them under rule 2(a)
read with rule 2(d).

[G.I. MHA letter No. 7/8/60—AIS (III), dated 9-11-1960.]

4. Members of the family of the MoS are also entitled to treatment by a
Government specialist: - The Government of India have held that the provisions of the
rule 6(1) are also applicable to a member of the family of the member of the Service and
he/she may be entitled to treatment by a specialist provided the specialist is Government
specialist.

[G.I. MHA letter No. 7/3/64—AIS (III), dated 28-1-1965.]

GOVERNMENT OF INDIA’S ORDERS UNDER RULE 8

1. AMA could allow a MoS for treatment at his residence if suitable facilities
consistent with his/her status are not available at the govt. hospital: - Under rule
2(k)(v), treatment is defined to include ‘such’ accommodation as is ordinarily provided
in the hospital to which the patient is admitted and is suited to his status. If, therefore,
the authorised medical attendant is of the view that suitable facilities consistent with
the status of the member of the Service are not available at the Government hospital, he
could, under sub-rule (1), allow the member of the Service to receive medical treatment
at his residence.

[G.I. MHA letter No. 7/16/60—AIS (III), dated 4-3-1961.]

2. It is the discretion of the AMA to decide the remoteness of a hospital
considering the condition of the patient and distance of the hospital from the
residence of the patient: - As ‘remoteness’ has not been defined in the rule, a doubt
was raised as to whether any criteria, which should guide authorised medical attendants,
in determining whether, in a particular case, a hospital was remote or not, had been
prescribed.

2. It is not practicable to prescribe any absolute definition of remoteness in respect of
any particular hospital merely with reference to its location, i.e. physical distance. A
hospital may be at a considerable distance from the residence of a patient; but the
condition of the patient may be such that he could safely be asked to get treatment in
that hospital. On the other hand, there may be a patient whose condition is such that he
may not be able to attend the same hospital or even a hospital, which is nearer, but may have to be given treatment at his residence. Thus a hospital, which is not remote, for one case may have to be considered as remote for certain other cases. That is why, in this, as in number of other matters under these rules, complete discretion has been vested in the authorised medical attendant. He is trusted to decide each case on its merits after taking into consideration the location of the hospital, the condition of the patient and the severity of illness. Any certificate issued by him may, therefore, be accepted by audit authorities without question.

[G.I. MHA letter No. 7/2/61—AIS (III), dated 19-4-1961.]

3. Members of the family of a MoS are entitled to received treatment at their residence if certified by AMA: - Under rule 8 read with rule 4, the family of a member of the Service is entitled to receive treatment at their residence only if certificates prescribed in sub-rule (3) of Rules are furnished by the Authorised Medical Attendant.

[G.I. MHA letter No. 7/9/64—AIS (III), dated 17-7-1964.]

4.1 MoS and his/her members of the family are entitled to received treatment at their residence if certified by AMA and claim reimbursement thereon: - The Government of India have held that if the Authorised Medical Attendant is of the opinion that suitable facilities for hospitalisation are not available, or the condition of the patient is such that he cannot be shifted to the hospital without risk of deterioration in his health, he may give treatment to the member of the Service (or the member of family) at his residence. In case where illness is not severe or the disease is of a chronic nature, the patient should consult the Authorised Medical Attendant, either at his consulting room (if it has been so maintained) or in the hospital as an out-door patient.

4.2 However, if an Authorised Medical Attendant, of his own free will, examines a patient at his/her residence and prescribes medicines, there is no objection if the State Government permits reimbursement of the cost of the medicines.

G.I. MHA letter No. 7/7/64—AIS(III), dated Feb. 1965).

GOVERNMENT OF INDIA’S ORDERS UNDER RULE 9

1. Fees paid to compounders for administering injection and nurses for attending patients at the residence is not admissible: - It has been decided that the fees paid to compounders for administering injections and to nurses for attending to a member of the Service/members of the family of the member of the Service at their residence are not admissible.

[G.I. MHA letter No. 7/20/61—AIS (III), dated 25-4-1962.]

GOVERNMENT OF INDIA’S ORDERS UNDER RULE 14

1. Government has inherent power to grant any concession in deserving cases which are otherwise not provided in these rules: - The effect of clause (i), as far as the member of the Service is concerned, is that he is not entitled to reimbursement of any cost ‘otherwise’ than as expressly provided in these rules. But, so far as the Government is concerned, its inherent power to grant, in suitable and deserving cases, ‘any’ concession relating to medical treatment or attendance not authorised by the rules is expressly saved by clause (ii). The expression not authorised must be construed to mean ‘not sanctioned’ or ‘not justified’ by these Rules.

[G.I. MHA letter No. 7/10/61—AIS (III), dated 10-7-1961.]
2. Reimbursement of expenditure other than a Government hospital can be granted in exceptional circumstances by the State Government: - Clause (ii) can be invoked by the State Government for granting to a member of the Service reimbursement of expenditure incurred by him for the treatment of a member of his family in a hospital other than a Government hospital outside the State provided very exceptional circumstances justify such action.

[G.I. MHA letter No. 7/13/62—AIS (III), dated 1-2-1962.]

3.1. Additional concession can be granted by the State Government in individual, deserving and suitable cases for treatment abroad: - Clause (ii) does not empower the Government to grant to the members of the All India Services general additional concessions not covered by the rules. But they can grant in individual, deserving and suitable cases any concession within or outside the framework of the rules. Accordingly the State Government can under this rule, permit reimbursement of the cost of medical treatment and attendance taken abroad in a suitable and deserving case, even though it is outside the scope of the rules as laid down in rule 1(2). In such cases, however, the Government of India do not, as a matter of principle, accept any liability, though, in very special cases, they make payment equivalent to what proper treatment would have cost in India itself.

2. The powers under clause (ii) can be exercised by the State Government without any limitations. Rule 13 of these rules does not control the action of the State Govt. in such cases. It is also not necessary for them to consult the Central Government in this regard.

[G.I. MHA File No. 8/62/62—AIS (III), dated 29-8-62.]

4. Guidelines to be adopted in dealing with cases relating to Medical Treatment abroad: - The question of reimbursement of expenses incurred over treatment abroad for Central Government employees has been further considered and it has now been decided that the guidelines as in the annexure to Department of Personnel and A.R. letter No. 11023/7/83—AIS (III), dated 7th November 1983 (reproduced below) should be adopted in dealing with the cases relating to request for medical treatment abroad.

2. The above decision also applies to members of the All India Service serving at the Centre.

3. The State Government have been requested to consider adopting the same policy in respect of the members of All India Services working in connection with the affairs of the State as well as the State Government employees.

[G.I., DP&AR letter No. 11023/7/83—AIS (III), dated the 7th November 1983.]

Guidelines to be adopted in dealing with cases relating to Medical Treatment abroad.

(i) As a rule, reimbursement of cost of medical treatment incurred abroad should not be allowed.

(ii) In exceptional cases necessitating treatment of a kind yet to be widely established in the country, where Government servants on medical advise choose to go on their own for treatment abroad, reimbursement could be authorised by the Director General of Health Services but should be limited to the expenditure that would have been incurred had such treatment been received in India in a Government Hospital or in a private hospital or nursing home specially recognised and accepted by the
Director General of Health Service. The question of reimbursement of air passage in such cases should not arise at all.

(iii) Foreign exchange may be released to Government servants for purpose of treatment abroad to the same extent as is permissible to private citizens.

(iv) Hospitals and clinics indicated in paragraph 3 below have facilities for specialist treatment for which requests are generally received for treatment abroad and in ordinary of which treatment facilities in ordinary Government hospitals are still inadequate. The services provided by these hospitals may be availed by eligible Government servants. In such cases reimbursement should be allowed subject to D. G. H. S. being satisfied about the reasonableness of the claim.

(v) Pending cases of reimbursement claims may be dealt with on the basis of the guidelines indicated in (i) to (iv) above.

NOTE.— Only those cases which may have been brought up for consideration on or after 9th February, 1982 and not finally decided by that date would be deemed to be pending cases to qualify for such consideration.

2. The following ailments have been identified by the D. G. H. S. as being such for which facilities for treatment in India are not yet widely established.

(i) Cadaver Kidney Transplant.

(ii) Old operated by-pass surgery cases (in which the initial operation was done abroad) needing revascularization.

(iii) Bone Marrow transplant.

(iv) Operative correction for high myopia cases.

(v) Complex cyanote-Heart-Lesion and newly born infants suffering from heart diseases.

2.1 To consider cases of the above type, a Medical Board should be constituted at the State level by the State Director of Health Services. The Board should make specific recommendations and also give reasons for recommending treatment abroad. It should also certify that the treatment is not available in India. The certificate should be endorsed by the Director of Health Service, and sent to the Director General of Health Services, New Delhi, for his approval:

2.2 For purposes of reimbursement, as envisaged in these guidelines, the schedule of charges as applicable for private ward treatment at the All India Institute of Medical Sciences, New Delhi, in force from time to time should be adopted.

3. The following Institutions have been identified as having facilities for specialist treatment:

(a) Bye-pass coronary surgery:

   (i) Southern Railways Headquarters Hospitals, Perambur, Madras.

   (ii) Christian Medical College and Hospital, Vellore.

   (iii) K. E. M. Hospital, Bombay.

   (iv) Jaslok Hospital, Bombay.

   (v) Bombay Hospital, Bombay.
(vi) Kasturba Hospital, Bhopal.
(vii) Sree Chitra Tirunal Institute of Medical Sciences and Technology, Trivendrum.

(b) Kidney Transplant:
(i) Christian Medical College & Hospital, Vellore.
(ii) All India Institute Of Medical Sciences, New Delhi.
(iii) Post Graduate Institute, Chandigarh.
(iv) Jaslok Hospital, Bombay.

(c) Blood Cancer:
(i) Tata Memorial Hospital, Bombay.
(ii) Cancer Institute, Adayar, Madras.

(d) Complicated heart surgery cases:
(i) Southern Railway Hospital, Perambur, Madras.
(ii) Christian Medical College & Hospital, Vellore.
(iii) K. E. M. Hospital, Bombay.
(iv) All India Institute of Medical Science, New Delhi.
(v) Bombay Hospital, Bombay.
(vi) G. B. Pant Hospital, Delhi.
(vii) Sree Chitra Tirunal Institute of Medical Sciences and Technology, Trivendrum.
(viii) Post Graduate Institute, Chandigarh.
(ix) S. S. K. M. Hospital, Calcutta.
(x) Samaritan Hospital, Alwaye (Kerala).
(xi) Kasturba Hospital, Bhopal (BHEL).
(xii) N. M. Wadia Institute of Cardiology, Pune.

5. **State Governments can issue executive instructions under this rule granting general additional concessions under the residuary powers in respect of officers serving in connection with the affairs of the State:** - The Government of India have held that executive instructions giving general additional concessions in the matter of medical treatment and attendance to the members of the All India Service (Medical Attendances) Rules, 1954, can be issued by the State Government not under rule 14 (ii) of the said Rules but under the residuary powers resting with the State Governments in respect of officers serving in connection with the affairs of the States.

   [G.I. MHA letter No. 7/10/63—AIS(III), dated September, 1963.]

6. **reimbursement of the cost of medical treatment taken from a private practitioner can be allowed in exceptional cases if the State Governments are satisfied with the circumstances:** - The Govt. of India have held that ordinarily a member of the Service is expected to receive treatment from the 'Authorised Medical Attendant' which term includes 'the principal medical officer' appointed by the
Government to attend its officers, a medical officer equal in rank or immediately junior to such principal officer and attached to the same hospital or dispensary.

In exceptional cases, however, re-imbursement of the cost of medical treatment incurred on the advice of the private practitioner can be reimbursed by the State Government by invoking Rule 14(iii) of the A.I.S. (Medical Attendance) Rules, 1954, if the State Government are satisfied of the existence of special circumstances in which treatment could not be had through the Authorised Medical Attendant and the refusal to re-imbursement such cost, is likely to cause undue hardship to the officer. In so far as Central Government employees are concerned, their cases are regulated in terms of Ministry of Finance O.M. No. 2192—EV(5)/62. dated the 17th April, 1963.

7. No limit on the amount of reimbursement by the controlling officer has been prescribed: The Government of India have held that no limit has been prescribed for the amount up to which the controlling officer can allow re-imbursement either under the A.I.S. (Medical Attendance) Rules, 1954 or the Central Services (Medical Attendance) Rules, 1944. However, sanction of the Government will be necessary if the claim is admitted in terms of rule 14(ii) of the A.I.S. (Medical Attendance) Rules, 1954.

2. The State Government are the competent authority to regulate such procedural matters.

8. State Governments are competent to grant any additional concession and to allow reimbursement not authorised under this rule in deserving cases: - The Government of India have held that under rule 14(ii)—

(i) The State Governments are themselves competent to grant to an All India Service officer serving in connection with the affairs of the State any concession relating to medical attendance or treatment, which is not authorised under the A.I.S. (Medical Attendance) Rules 1954. The State Government can, therefore, grant 'Nursing Home' facilities to a member of the Service serving in connection with the affairs of the State under this rule.

(ii) It is open to the State Government to allow re-imbursement of expenses when treatment has been taken from a doctor other than the Authorised Medical Attendant in case of emergencies due to the non-existence of any Government/recognised hospital within a reasonable distance from the place where the patient fell ill.

MISCELLANEOUS EXECUTIVE INSTRUCTION/ORDERS ISSUED BY THE GOVERNMENT OF INDIA UNDER THE ALL INDIA SERVICES (MEDICAL ATTENDANCE) RULES, 1954

1. Claims for reimbursement of medical expenses:— Procedure for drawal of—The form of application and the various certificates prescribed for the Central Government servants under the Central Services (Medical Attendance) Rules, 1944, as amended by the Ministry of Health from time to time, shall, with necessary modifications, be used for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of members of the All India Services and their families.

[G.I., M.H.A. letter No.31/16/56—AIS (II), dated 17th November, 1956.]
2. Reimbursement of medical expenses—Preferring of claims—Fixing of time limits.—The Government of India have decided that claims for reimbursement of medical expenses of Central Government servants should invariably be preferred within six months from the date of completion of treatment as shown in the essentiality certificate of the authorised medical attendant/medical officer concerned. The bills for reimbursement of charges on account of medical attendance and treatment should be countersigned by the controlling authorities, who are empowered to countersign the travelling allowance bills of the officers concerned. In the case of members of the Service who are their own controlling officers regarding travelling allowance bills, medical bills concerning them and members of their families shall be countersigned by the members themselves. Specific sanction to the reimbursement of medical charges is not ordinarily necessary. If, however, a claim for reimbursement of medical charges is not countersigned and preferred, within six months/one year of the date of completion of treatment should be subject to investigation by the Accountant General in accordance with the provisions of rules 123 and 124 of the General Financial Rules, Volume I, respectively. If a special sanction is accorded for reimbursement of any charges in relation of the rules, that sanction should be deemed to be operative from the date of its issue and the period of six-months/one year will count from that date.

2. If the State Government has no objection, the same procedure and time limit may also be prescribed in the case of All India Service officers preferring claims under the All India Service (Medical Attendance) Rules, 1954.


4. Concessions regarding treatment of tuberculosis or leprosy.—In exercises of the powers conferred under clause (ii) of rule 14 of the All India Services (Medical Attendance) Rule, 1954, the administrative Ministry in respect of All India Services officers working in connection with the affairs of the Union and the State Government in respect of officers working in connection with the affairs of the States, may reimburse expenses incurred by the officers in the following cases:

(i) _Post treatment check up:_ a member of the Service who has suffered from tuberculosis or leprosy and who has obtained treatment in accordance with the relevant rules and orders, will be entitled to reimbursement of fee for obtaining the certificate of fitness for return to duty. If he is required to undergo post-treatment check-up with specialist, he will also be entitled to reimbursement of fees for medical examinations during such periodical check-up as well as travelling allowance from his place of duty to the headquarters of the specialist and back. Post-treatment follow-up should, however, be done by a recognised T.B specialist/institution, stationed at or nearest to the place of the ex-T.B. patient. The specialist if necessary, may call for the complete records of the ex-patient from the institution where he was treated originally.

(ii) _Ambulance charges:_ Reimbursement of ambulance charges will also be allowed even if the ambulance used belongs to a social service organisation such as the Red Cross Society.
5. Medical attendance and treatment in the St. George's Nursing Home Bombay—
Reimbursement of charges.—The Government of India have decided that the Nursing Home at the St. George's Hospital, Bombay should be treated as a recognised institution for purpose of medical attendance and treatment of the All India Service officers serving in connection with the affairs of the Union and stationed in Bombay State, who are in receipt of a pay of over Rs. 500 per mensem and the members of their families. In view, however, of the fact that the charges levied by the Nursing Home for the professional services rendered by the attending doctors are high, reimbursement of charges incurred by officers on their own treatment and/or on the treatment of members of their families in the Nursing Home, will be allowed subject to the following conditions.

(i) The treatment should be received only at the hands of Government doctors of the hospitals and not at the hands of private doctors and private specialists who are allowed to treat patients at the Nursing Home.

(ii) The reimbursement of visiting fees of the doctors in the case of persons drawing a pay of Rs. 1,000 per mensem would be restricted to a maximum of Rs. 16 for the first visit and Rs. 10 for subsequent visit.

(iii) The reimbursement of anaesthetist's charges would be restricted to a maximum of Rs. 50 for a minor operation and Rs. 100 for a major operation.

(iv) The reimbursement of operation charges would be made in full at the rates prescribed by the Government of Bombay.

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

(2) The Government of Bombay may extend the above concession to All India Services officers serving in connection with the affairs of the State in exercise of the powers vested in them by rule 2(d) and rule 14(ii) of the All India Services (Medical Attendance) Rule, 1954.

6. Reimbursement of fees paid to Honorary Specialists in the State of Bombay.—
The Government of India have decided that, since there are no Government specialists in the State of Bombay Honorary specialists attached to Government hospitals should be regarded as Government specialist in respect of All India Service Officers, serving in connection with the affairs of the Union and stationed in Bombay State, and the fees paid to them for consultations in their private consulting rooms reimbursed to the officers in accordance with the rates prescribed for Government specialists. The honorary specialists should, however, be consulted on the advise of the authorised medical attendant and with the prior approval of the Surgeon General with the Government of Bombay. The consultation with the honorary specialist at their private consulting rooms will be permissible only in emergent cases and in all other cases such consultation should be had at the hospitals without payment of any fees.

(2) The Government of Bombay may extend the above concessions to All India Services Officers serving in connection with the affairs of the State in exercise of the
powers vested in them by the rule 2(d) and rule 14(ii) of the All India Service (Medical Attendance) Rules, 1954.


7. Concessions regarding treatment of members suffering from tuberculosis, cancer and poliomyelitis.—The Government of India have decided that the following concessions which are admissible to the Central Government servants under the Central Services (Medical Attendance) Rules, 1944, should be extended to members of the All India Services serving in connection with the affairs of the Union. The State Government may extend these concessions to members of the All India Service serving in connection with the affairs of the State also.

TUBERCULOSIS

(i) Consultation: If a Government specialist in tuberculosis diseases is not available, consultation on the advise of the authorised medical attendant with a specialist in T.B. diseases recognised as such by the State Administrative Medical Officers concerned will be admissible. Where the authorised medical attendant proposes to advise a member to consult a specialist in T.B. diseases, the approval of the Chief Administrative Medical Officer of the State concerned shall be obtained. The specialist consulted should, as far as possible, be a medical officer equal in status to the authorised medical attendant and if such a specialist is in Government service, he should charge fees at the following rates:—

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

(ii) Treatment in a Sanatorium: If the specialist in T.B. diseases certifies that treatment in a T.B. Santorium is necessary, the member concerned will be entitled to treatment at a recognised sanatorium, located at or nearest to the place of duty, which can, in the opinion of the T.B. specialist, provide the necessary and suitable treatment and where accommodation for him is available. A list of T.B. institutions recognised for the purpose is given in Appendix I. Where in the opinion of the T.B. Specialist, the member concerned does not require treatment in a T.B. Sanatorium, he will be entitled to receive treatment in a hospital in the State, which can provided the necessary treatment. These concessions are admissible to members of their families also.

Members of the Service and the members of their families, who fail to get accommodation in a recognised T.B. Institution or for whom treatment as an in-patient in a Government hospital and/or a recognised T.B. institution is not considered necessary, may, on the advise of the authorised medical attendant, be allowed to receive treatment at the outpatient department of a Government hospital and/or a recognised T.B. institution at or near the place where they fall ill or at the consulting room of a T.B. specialist, subject to the following conditions:—

(i) that a certificate signed by the authorised medical attendant or the government recognised specialist is submitted to the effect that the patient was advised to receive treatment as an out-door patient at the
consulting room of the T.B. Specialist, as they failed to get necessary accommodation at the recognised T.B. institution or treatment as in patient in a recognised T.B. institution was not considered necessary; and

(ii) that a certificate from the authorised medical attendant and/or the Government recognised T.B. specialist is submitted to the effect that the patient had reasonable chances of recovery if treated otherwise than as an inpatient in a recognised T.B. institution.

Reimbursement of consultation fees paid to the authorised medical attendant and for a Government recognised specialist for treatment at his consulting room will be allowed in full at the prescribed rates for the first consultation and at two-thirds for each subsequent consultation. The cost of medicines, which will include the cost of drugs injected but not with professional fees for administering the injections, will be reimbursable in full, if otherwise admissible under the Rules.

(iii) Travelling allowance: A member of the Service and the members of his family sent to a recognised sanatorium for treatment under the advice of the authorised medical attendant or the T.B. Specialist consulted, will be entitled to travelling allowance for the journeys performed by rail and road to and from the place of treatment. Travelling allowance will not be admissible for journeys performed by air. If the T.B. Specialist consulted certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompany him to the place of treatment, then the attendant may draw T.A. for the outward and return journeys.

A member of the Service will be entitled to travelling allowance at tour rate for the rail and road journey; but no halting allowance will be paid. A member of his family referred for treatment, will be entitled to the actual single railway fare for the class of accommodation to which the member of the Service is entitled, or of any lower class, by which the patient travels for the rail journey and actual cost of transit not exceeding the travelling allowance admissible to the member of the Service for journey by road. An attendant accompanying a patient will be granted actual single railway fare for the appropriate class in which the patient travels, or by a lower class, by which the attendant actually travels, for the rail journey, and actual cost of the transit not exceeding the travelling allowance admissible to the member concerned for journey by road.

The outward journey will be deemed to have commenced from the headquarters of the member of the Service or from the place, from which the patient actually travels, whichever is nearer to the sanatorium. Likewise, the return journey will be deemed to have ended at the headquarters or at the place, to which the patient actually travels, whichever is nearer.

For purpose of reimbursement of travelling allowance for the return journey, a certificate testifying to the actual performance of the journey from the Medical Superintendent of the sanatorium or any other doctor-in-charge of the case in the sanatorium, who for all
practical purposes is the authorised medical attendant of the patient while at the sanatorium, will be acceptable.

CANCER

(i) **Treatment:** A member of the Service or a member of his family may receive treatment for cancer at the nearest recognised hospitals providing such treatment, subject to the conditions that such treatment is recommended by the authorised medical attendant and that the prior approval of the State Administrative Medical officer concerned is obtained. A list of the hospitals recognised for this purpose is given in Appendix II. If the Medical Superintendent of the recognised hospital to whom the patient was sent for treatment by the authorised medical attendant considers that special treatment is necessary, he may refer the patient to the Tata Memorial Hospital, Bombay or the Cancer Institute, Madras.

(ii) **Travelling Allowance:** A member of the Service and the members of his family sent to a recognised hospital for treatment of cancer under the advise of the authorised medical attendant will be entitled to travelling allowance for the journeys performed by rail and road to and from the place of treatment. Travelling allowance will not be admissible for journeys performed by air or by Air-conditioned accommodation on trains. If the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattended and that attendant is necessary to accompany him to the place of treatment he may draw travelling allowance for the onward and return journeys.

A member of the Service will be entitled to travelling allowance at tour rates for the rail and road journey but no halting allowance will be paid. A member of his family, referred for treatment will be entitled to the actual single railway fare for the class of accommodation to which the member of the Service entitled, or of any lower class, by which the patient travels for the rail journey, and cost of transit not exceeding the travelling allowance admissible to the member of the Service for journey by road.

An attendant accompanying the patient will be granted actual single railway fare of the appropriate class by which the patient travels or by a lower class by which the attendant actually travels for the rail journey and actual cost of transit not exceeding the travelling allowance admissible to the member concerned for journey by road.

The outward journey will be deemed to have commenced from the headquarters of the Government servant or from the place, from which the patient actually travels, whichever is nearer to the hospital. Likewise, the return journey will be deemed to have ended at the headquarters at the place, to which the patient actually travels, whichever is nearer.

(iii) **Post-treatment check-up:** A member of the Service, who has suffered from cancer and who has obtained treatment in accordance with the relevant rules and orders, will be entitled to reimbursement of fees for obtaining the certificate of fitness for return to duty. If he is required to undergo post-treatment check-up with a specialist, he will be entitled to reimbursement of fees for medical examinations during such periodical check-up as well as travelling allowance by rail and road from his place of
duty to the headquarters of the specialist and back. Post treatment follow-up should however, be done by a recognised cancer specialist/institution stationed at or nearest to the place of duty of the ex-patient. The Specialist, if necessary, may call for the complete records of the ex-patient from the institution where he was treated originally.

(iv) Ambulance charges: Reimbursement of ambulance charges will also be allowed even if the ambulance used belongs to a social service organisation such as the Red Cross Society etc.

POLIOMYELITIS:

(i) Treatment: A member of the Service or a member of his family may receive treatment for poliomyelitis at the nearest recognised hospital providing such treatment, subject to the conditions that such treatment is recommended by the authorised medical attendant and that the prior approval of the State Administrative Medical Officer concerned is obtained. A list of hospitals recognised for this purpose is given in Appendix III.

(ii) Travelling Allowance: A member of the Service and the members of his family sent to a recognised hospital for treatment of poliomyelitis under the advise of the authorised medical attendant will be entitled to travelling allowance for the journeys performed by rail and road to and from the place of treatment. Travelling allowance will not be admissible for journeys performed by air or by Air-conditioned accommodation on trains. If the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompany him to the place of treatment, he may draw travelling allowance for the onward and return journey.

A member of the Service will be entitled to travelling allowance at tour rates for the rail and road journey, but no halting allowance will be paid. A member of his family, referred for treatment will be entitled to the actual single railway fare for the class of accommodation to which the member of the Service is entitled or of any lower class by which the patient travels, for the rail journey and actual cost of transit not exceeding the travelling allowance admissible to the member of the Service for journey by road. An attendant accompanying the patient will be granted actual single railway fare of the appropriate class by which the patient travels, or by a lower class, by which the attendant actually travels, for the rail travelling allowance admissible to the member concerned for journey by road.

The outward journey will be deemed to have commenced from the headquarters of the Government servant or from the place from which the patient actually travels whichever is nearer to the hospital. Likewise, the return journey will be deemed to have ended at the headquarters or at the place to which the patient actually travels, whichever is nearer.

MENTAL DISEASES:

(i) Treatment: A member of the Service may receive consultation and/or treatment for mental disease in the nearest Government Recognised Mental Hospital on the advise of the authorised medical attendant and with the prior approval of the Chief Administrative Medical Officer of the
State, subject to the condition that the duration of the treatment, for which reimbursement of medical expenses will be admissible to the member concerned, should not exceed six months unless the Medical Superintendent of the Mental Hospital concerned certifies that treatment for a reasonable period up to six months beyond the six-month limit is likely to lead to complete recovery of the patient. A list of recognised mental hospitals is given in Appendix IV.

(ii) **Travelling Allowance:** A member of the Service suffering from mental disease will be entitled to travelling allowance (by rail and road and not by air) for the outward and return journeys in the manner indicated below when sent for consultation/treatment in a Mental Hospital.

(a) for the rail journeys in question, actual fare for the entitled or lower, class by which the patient may actually travel; and

(b) for the road portion of the journey or for journeys between stations connected by road only travelling allowance at half the rate of the road mileage admissible under the All India Services (Travelling Allowance) Rules, 1954.

If the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompany him to the place of consultation/treatment, the attendant accompanying the patient will be entitled to actual single railway fare, both ways, of the appropriate class, in which the patient is entitled to travel or of a lower class, by which the attendant actually travels.

Journey by air or by Air-Conditioned accommodation on trains are not permissible.

The outward journey should be deemed to have commenced from the headquarters of the members of the Service or from the place, from which the patient actually travels, whichever is nearer to the place of consultation/treatment. Likewise, the return journey will be deemed to have ended at the headquarters or at the place, at which the patient actually travels, whichever is nearer.

For the road portion of the journey, the attendant will be allowed the actual cost of transit not exceeding the travelling allowance admissible to the member of the Service concerned:

(iii) The concessions mentioned in (i) and (ii) above will also be admissible to the members of the family of a member of the Service provided the treatment for such diseases is taken in a Government Mental Hospital.

8. **Reimbursement of expenses on purchase/replacement/repair/adjustment of Hearing Aid instrument:**—The undersigned is directed to invite attention to the Ministry's O.M. No. 14025/32/83—MS dated 5th March 1984 according to which the reimbursement of cost of Hearing Aid to Central Govt. Employees and members of their families is admissible on the recommendations of the Director General of Health Services. Representations are being received in this Ministry for the reimbursement of expenses for the purchase of Hearing Aid to the Central Govt. employees and members of their families under the CS (MA) Rules, 1944. After careful consideration, it has now been decided that the reimbursement of cost of Hearing Aid to Central Govt. employees and their family members, will be made on the recommendation of the ENT Specialist of Govt./recognized hospital and on the basis of the Audiogram given by him/her,
identifying the degree and the nature of the deafness. The payment would be made by the Administrative Authority direct to the Supplying Agency and not to the Govt. Servant concerned.

2. In view of the procedure indicated above, it is no more necessary to obtain the concurrence of the Director General of Health Services for the reimbursement of expenditure incurred by the Deptt./Office concerned for their employees.

3. This issues with the concurrence of the Deptt. of Pension & P.W. vide their U.O. PPW No. 570/87 P&PW dated 31.8.87.

4. In so far as persons serving in the Indian Audit and Accounts Departments are concerned, there orders issue after consultation with the Comptroller and Auditor General of India.

5. These orders also apply to the Central Govt. employees who are beneficiaries of Central Govt. Health Scheme. The payment will be made from the 'Service Head' of the beneficiary.

[M/o H&FW O.M. No. 14025/48/96—MS dated 20.11.87 read with DP&T Circular letter No.11023/6/92—AIS(II) dated 11.11.94.]

APPENDIX I

List of T.B. Institutions recognised for the purpose of Medical Treatment of Members of the All India Services and Members of their families suffering from Tubercular Diseases.

Andhra Pradesh:
1. T. B. Hospital, Iramnuma.
2. T. B. Sanatorium, Vikarabad (Anathgir).
3. T. B. Clinic, Dapirpura.
4. Government King George Hospital, Visakhapatanam.
5. Government Wellesley Tuberculosis Sanatorium, Bellary.

Assam:
1. Reid Provincial Chest Hospital, Shillong.

Bihar:
1. Itki Sanatorium, Itki.
2. Patna Medical College Hospital, Patna.
3. Ramakrishna Mission T.B. Sanatorium, Ranchi.

Bombay:
1. Bel, Air Sanatorium Dalkaith, Pachgani.
2. Hillside Sanatorium, Vengurla.
5. Salvation Army Hospital, Anand Distt., Kaira.
6. Talegaon General Hospital and Convalescent Home, Talegaon (Dabhada, Distt Poona.)
7. Padmavati Sanatorium, Baroda.
8. Hospital for the diseases of chest, Camp Aundh, Poona
9. Karnataka Health Institute Hospital and Sanatorium Ghattaprabha (Distt. Belgaum.)
10. Tuberculosis Clinic, Nagpur
11. K. J. Mehta T. B. Hospital, Amaragadh (via Songadh).
12. V. C. Nath T. B. Sanatorium, Bharapur.

Delhi:
1. Silver Jubilee Tuberculosis Hospital, Delhi.
2. Tuberculosis Clinic, Queens Road, Delhi.
3. New Delhi Tuberculosis Centre, New Delhi.
4. Rama Krishna Mission Free Tuberculosis Clinic, Karol Bagh, New Delhi.

Himachal Pradesh:
2. Government T. B. Clinic, Mandi.

Kerala:
1. Tuberculosis Hospital, Nagercoil.
2. Kerala Varma Sanatorium, Mulkunnathukavu.
3. T. B. Clinic and Demonstration Centre, Trivendrum.
4. T. B. Clinic Attached to the District Hospital, Kottayam.
5. T. B. Clinic, Palurathy.
6. Civil Hospital, Trichur.
7. Govt. Headquarters Hospital, Kozhikode.

Madhya Pradesh:
1. Tuberculosis Clinic, Jabalpur.
2. Tuberculosis Sanatorium, Pendra Road.
4. T. B. Wards, M. T. Hospital, Indore.
5. T. B. Sanatorium, Rao (Indore).

Madras:
1. Government T. B. Institute, Madras.
2. Government T. B. Hospital, Madras.
4. Government Headquarters Hospital, Coimbatore.
5. Government Headquarters Hospital, Tanjore.
6. Government Headquarters Hospital, Tiruchirapalli.
7. Government Erskine Hospital, Madurai.
8. Union Mission Tuberculosis Sanatorium Arogyavaram, Chittoor District.
10. Government General Hospital, Madras.
11. Santosh Memorial Tuberculosis Sanatorium, Tambaram, Madras.
12. Rajaji Tuberculosis Sanatorium, Tiruchirapalli.
13. Mahatma Gandhi Memorial Tuberculosis Sanatorium, Sengipatti (Tanjore District).

Mysore:

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1. P. K. Sanatorium, Mysore.
2. S. D. S. Sanatorium, Bangalore.
3. Government Tuberculosis Sanatorium, Bangalore

Orissa:
1. T.B. Clinic Attached to the A.C.B. Medical College Hospital, Cuttack

Punjab:
1. Lady Linlithgow Sanatorium, Kasauli.
2. Lady Irwin Sanatorium, Jubar.
4. Victoria, Jubilee Hospital, Amritsar.
5. R. B. Sir Gujjaromal Kesra Deve Sanatorium, Amritsar.
6. T. B. Clinic Patiala.
7. Hardlings Sanatorium Dharampore (Simla Hills)

Rajasthan:
1. T. B. Sanatorium, Jaipur.
2. G. G. J. T. B. Hospital, Bikaner.
3. T. B. Clinic, Jodhpur.
4. M. G. Hospital, Jodhpur.
5. Madar Union Sanatorium, Madar

Uttar Pradesh:
1. K. E. VII Sanatorium, Bhowali.
2. King George Medical College Hospital, Lucknow.
3. Kasturba T. B. clinic and Hospital, Lucknow.
4. Central T. B. Clinic, Kanpur.
5. T. B. Sanatorium, Dakpathar, Distt. Dehra dun.
6. T. B. Clinic, Allahabad

West Bengal:
1. Kanchrapara Tuberculosis Hospital.
2. Jadabpur Tuberculosis, Jadabpur.
3. S. B. Dey Sanatorium, Kurcesong.
4. T. B. Clinic Attached to the Calcutta Medical College, Calcutta.
5. M. R. Bangur T. B. Sanatorium, Bigri, Midnapur

APPENDIX II

List showing the Names of Hospitals recognised for the purpose of medical Treatment of Members of the All India Services and their families suffering from Cancer:

I. Hospitals for Men and Women (general):
1. District Civil Hospital, Simla.
2. Victoria Jubilee Hospital, Amritsar
3. Memorial Hospital, Ludhiana.
4. King George Hospital, Visakapattanam.
5. Government General Hospital, Madras.
6. Government Stanley Hospital, Madras.
7. Assam Medical College Hospital, Diburgarh.
8. Welsh Mission Hospital, Shillong.
9. Patna Medical College Hospital, Patna.
10. Medical College Hospital, Calcutta.
11. Chittaranjan Cancer Hospital, Calcutta.
12. R. C. B. Medical College Hospital, Cuttack.
13. Sarojini Naidu Hospital, Agra.
14. Tata Memorial Hospital, Bombay.
15. Miraj Medical Centre, Miraj (Bombay).
16. Seth Vedlal Sarabhai General Hospital, Ahmedabad.
17. Cancer Institute, Madras.
18. Irwin Hospital, New Delhi.

II. Hospitals for Women and Children only:
1. Lady Reading Hospital, Simla.
2. Government Hospital for Women and Children, Madras.
3. Chittaranjan Seva Sadan, Calcutta.
4. Lady Hardling Medical College Hospital, New Delhi.

III. Hospitals for Men, Women and Children:
1. General Hospital, Trivandrum.
2. S. M. S. Hospital, Jaipur.
3. M. G. Hospital, Jodhpur.
4. Osmania General Hospital, Hyderabad Deccan.
5. Sir Takhat Singh Hospital, Bhavanagar.
6. J. A. Hospital, Lashkar, (Gwalior)
7. M. T. Hospital, Indore.
8. Irwin Hospital, Jamnagar.

APPENDIX III

List showing the Names of Institutions recognised for the purpose of Medical Treatment of Members of the All India Services and their Families suffering from Poliomyelitis.

1. Government General Hospital, Madras
2. Government Stanley Hospital, Madras.
3. J. J. Hospital, Bombay.
4. B. J. Hospital for Children, Bombay.
6. Chittaranjan Seva Sadan, Calcutta.
7. Presidency General Hospital, Calcutta.
8. Nil Ratan Sarkar Medical College Hospital, Calcutta.
9. R. G. Kar Medical College Hospital, Calcutta.
10. Fraser Hospital, Burdwan.
11. Medical College Hospital, Calcutta.
12. Victoria Jubilee Hospital, Amritsar.
13. Medical College Hospital, Nagpur.
14. Sarojini Naidu Hospital, Agra.
15. G. M. and Association Hospital, Lucknow.
16. A. M. C. Hospital, Dibrugarh.
17. Medical College Hospital, Patna.
18. Medical College Hospital, Darbhanga.
19. J. A. Hospital, Lashkar (Gwalior).
APPENDIX IV

List of Hospitals recognised for the Treatment of Members of the All India Services suffering from Mental Diseases.

ANDHRA PRADESH:
Mental Hospital, Eragadda, Hyderabad Dn.
Mental Hospital, Waltair.
Mental Hospital, Tezpur.
Indian Mental Hospital Ranchi.
Hospital for Mental Diseases, Ranchi.
N. M. Mental Hospital, Thana.
Mental Hospital, Ratnagiri.
Central Mental Hospital, Yeravada, Poona.
Mental Hospital, Ahmedabad.
Mental Hospital, Baroda.
Mental Hospital, Bhavnagar.
Mental Hospital, Nagpur.
Mental Hospital, Kutch.
Mental Hospital, Kozhikode.
Mental Hospital, Trivandrum.
Mental Hospital, Gwalior.
Mental Hospital, Indore.
Government Mental Hospital, Madras.
Mental Hospital, Bangalore.
Mental Hospital, Dharwar.
Mental Hospital, Amritsar.
Mental Hospital, Jaipur.
Mental Hospital Jodhpur.
Mental Hospital, Banaras.
Mental Hospital, Bareilly.
Mental Hospital, Agra.

WEST BENGAL:
Mental Observation Ward, Bhowanipur.


9. Instructions of the Ministry of Finance Govt. of India regarding reimbursement of medical claims of Central Government Officers in emergent circumstances not covered under the Central rules: Instruction to the State Government for adoption.- Instructions have been issued by M/O Finance vide OM. No. F. 49(15)—EV/59 dt. 21-5-59 and 21(2)—EV(B)/62, dt. 17-4-63 regarding reimbursement of medical expenses incurred by the Central Government servants and the All India Services Officers serving in connection with the affairs of the Union, on having medical attendance/treatment in emergent circumstances from sources other than those from when it is permissible under the relevant Medical Attendance Rules. The State Govt.
may adopt these orders in respect of All India Services Officers serving in connection with the affairs of State delegating the powers of allowing the State Govt. The medical attendance and treatment will include the cost of all facilities mentioned in clause (f) and (k) of rule 2 of the AIS (M. A) Rules, 1954 including cost of medicines, fees for administration of injections and visiting fees, charged by the Medical Officers and Private Practitioners who are not authorised Medical Attendants of the officers in question.

[No. 8/8/66—AIS (III), dated 14th July, 1966.]

(i) Copy of Min. of Finance (Exp.) O.M. No. F. 49(15)—EV/59, dated 21st May, 1959.

1. At present all cases where Central Government servants & members of their families receive medical attendance/treatment in emergent circumstances from sources other than those from whom it is permissible under the relevant Medical Attendance Rules, are referred to the Ministries of Finance/Health for allowing reimbursement of the Medical expenses by special sanction. Such cases are referred to the Ministries of Finance/ Health irrespective of the amount involved. In the past it has been noticed that in the majority of such cases medical attendance and/or treatment were received either from Railway/ Military/ Factory/ Local Board (District and Municipal Boards, Local Funds and Panchayats) hospital or from doctors attached thereto, or from private practitioners, due to the non-existence of any Government/recognised hospital within a reasonable distance from the place where the patient fell ill. With a view to cutting out delays in the settlement of such cases caused by frequent references to the Ministries of Finance and Health, the President has been pleased to delegate powers to all Ministries/Head of Departments to allow refund of medical expenses upto a maximum limit of Rs. 50/- in each case where they are satisfied that although refund is not permissible under the strict application of the various Medical Attendance Rules, the circumstances of the case warranted medical attendance/treatment being had from hospitals and doctors mentioned above, in the absence of Government/recognised hospital or doctors within a reasonable distance from the place where the patient fell ill. The reasonableness of the distance may be determined with reference to the nature and severity of the ailment in each case. Further, refunds as above may be allowed only to the extent admissible under the relevant Medical Attendance Rules and subject to the general spirit of those rules being observed. Doubtful cases should continue to be referred to the Ministries of Finance/Health.

(ii) Copy of Min. of Finance (Exp.) O.M.No. F. 21(2) EV (B)/62, dated 17th April, 1963.

1. In modification of the orders contained in this Ministry’s Office Memorandum No. F. 49 (15)—EV/59 dated 21st May, 1959 (Copy enclosed for ready reference) on the above subject, the President has been pleased to decided that the existing limit of Rs. 50/- laid down in the above orders shall be raised to Rs. 100/- in each case.

2. Ministries and Head of Departments may henceforth allow refund of medical expenses upto Rs. 100/- in each case in relaxation of the relevant Medical Attendance Rules subject to the consideration and conditions set out in the aforesaid orders.

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

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

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

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

7. It has further been decided that:

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

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

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

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

10. Pending cases may be decided in the light of these orders.
11. In their application to persons serving in the Indian Audit and Accounts Department, these orders issue after consultation with the Comptroller and Auditor General of India.

10. **Instructions of the Ministry of Finance Govt. of India regarding reimbursement of indoor medical treatment in private hospitals Central Government: Instruction to the State Government for adoption:** I am directed to refer to the Ministry of Home Affairs letter No. 8/8/66—AIS(III), dated the 14th July, 1966 and forward herewith a copy of a Ministry of Finance O.M. No. F. 26 (10)—EV(B)/74 dated the 16th July, 1974. It is requested that the State Government may adopt the orders contained therein in respect of members of the All India Services working under them.

**[DP & AR Letter No. 11023/5/75—AIS(III), dated 19th January, 1976.]**

(i) **Copy of Min. of Finance (Exp.) O.M.26(10)EV—B/74 of 16-7-74.**

1. The question of reimbursement of indoor medical treatment in private hospitals was raised by the staff in the National Council of the J.C.M. and on the basis of the decision taken in the National Council, the President is pleased to decide that in partial modification of the orders contained in Finance Ministry's Office Memorandum No. F. 21(2)E.V.(B) 62 dated the 17th April, 1963 the ceiling of Rs. 100/- up to which Ministries/Heads of departments were at present delegated powers for sanctioning reimbursement in each case where treatment was received in private hospitals as a result of serious accidents or on the advise of the authorised medical attendants mentioned therein, would be raised to Rs. 250/- where Ministries and Heads of departments consider claims in respect of their own staff and to Rs. 500/- where they consider claims in respect of the employees of their subordinate and lower formations. In other cases as at present, the claims in respect of reimbursement for treatment in private hospitals would be examined on merits by the Ministry of Health.

2. The other conditions mentioned in this Ministry’s Office Memorandum No. F. 49 (15)/59 dated 21st May, 1959 and Office Memorandum No. F. 21(2)—E.V.(B)/62 dated the 17th April, 1963 will, however, continue to be observed.

3. In their application to the persons serving in the Indian Audit and Accounts Department, these orders issue after consultation with Comptroller and Auditor General of India.

(ii) **Copy of DP & AR letter No. 11023/16/76—AIS(III), dated 14th December, 1977.**

1. I am directed to enclose a copy of the Ministry of Finance (Department of Expenditure) Office Memorandum No. 22(3)—EV(B)/78, dated the 16th June, 1976 regarding reimbursement of the cost of Heart Pace Maker and its replacement. In accordance with these orders, the reimbursement of the cost of Heart Pace Maker and the replacement of its pulse generator has been brought within the purview of the delegated powers in terms of their earlier Office Memorandum No. F. 21(2)—EV(B)/62 dated the 17th April, 1963.

2. Attention in this connection is invited to the Ministry of Home Affairs letter No. 8/8/66—AIS(III), dated the 14th July, 1966 (copy enclosed with its enclosures) under which the instructions contained in the Ministry of Finance (Deptt. of Exp.) O.M. dated 17th April, 1963 were adopted in respect of All India Services Officers serving in connection with Affairs of the State, directing further that powers allowing refund in such cases may be delegated to the Heads of Departments under the State Government.
3. It has also been decided that the orders contained in the Ministry of Finance (Department of Exp.) O.M. No. F.22(3)—EV(B)/76, dated the 18th June, 1976 may also be adopted in respect of the members of All India Services and the powers of reimbursement of the cost of Heart Pace Maker and the replacement of its pulse generator may also be delegated to the Heads of Departments of the State Government. The initial supply of the Heart Pace Maker as well as the replacement of the pulse generator will in all cases be made only on the recommendation of the Department of Health of the State concerned.

4. Wherever the supply is approved by the Department of Health of the State concerned, the administrative authority would make payment direct to the supplying agency and not direct to the member of the All India Service concerned.

5. These orders also apply to the members of the All India Services serving in connection with the affairs of the Union and who are beneficiaries of Central Government Health Scheme.

(iii) Copy of Ministry of Finance (Exp.) O.M. No. F. 22(3)—EV(B), dated 18th June, 1976.

1. The undersigned is directed to say that a question has been raised whether the reimbursement of the expenses incurred on the purchase of Heart Pace Maker or its replacement is covered by the power delegated to Ministries/Heads of Departments in terms of para 7(b) of this Ministry's Office Memorandum No. F.21(2)—EV(B)/62, dated 17th April, 1963. The matter has been considered carefully and the President has been pleased to decide that the reimbursement of the cost of Heart Pace Maker and the replacement of its pulse generator should also be brought within the purview of the delegated powers in terms of the above mentioned para 7(b). But the initial supply of the Heart Pace Maker as well as the replacement of the pulse generator will in all cases be made only on the recommendation of the Director General of Health Services and not as a matter of course.

2. Wherever the supply is approved by DGHS, the administrative authority would make the payment direct to the supplying agency and not direct to the Government servant concerned.

3. These orders also apply to Central Government employees who are beneficiaries of Central Government Health Scheme.

4. In so far as persons serving in the Indian Audit and Accounts Department are concerned, these orders have been issued after consultation with the Comptroller and Auditor General Of India.

11. Sanctioning authorities of medical reimbursement in respect of moS serving at the headquarters and places outside the headquarters in the State Government: -

A question was raised as to who would be the sanctioning authority for allowing medical reimbursement of Rs. 250/- and Rs. 500/- to members of the All India Services serving at the headquarters of the State Governments and those serving at places outside the State Governments Hqrs. The matter has been considered in consultation with the Ministry of Finance and the position is clarified as under:—

(i) In respect of All India Services officer serving at the headquarters in the Ministries/Departments of the State Governments viz., State Government's Capital such as Bombay, Calcutta, Lucknow etc., the Heads of Departments viz., Secretary, Special Secretary, Chairman, Board of Revenue, Commissioner and Secretary and the other officers of
equivalent status who are Heads of the Ministries/Departments would be
empowered to sanction amounts upto Rs. 250/- in each case; and

(ii) In respect of members of the All India Services serving outside the State
Government’s headquarters viz., outside the capital of the State
Governments the Heads of Departments viz., Secretary, Special
Secretary, Chairman, Board of Revenue, Commissioner and Secretary
and other officers of equivalent status who are Heads of
Ministries/Departments would be empowered to sanction amounts upto
Rs. 500/- in each case.

2. In case the amounts mentioned at (i) and (ii) above are exceeded, the matter shall be
decided by the cadre authority (e.g. Appointment department, Department of Personnel
etc.) in consultation with the Health Department of the State Government concerned.
(This disposes Government of Rajasthan letter No. 3/8/(1)—1/68, dated the 10th March,
1976).

[DP & AR letter No. 11023/5/76—AIS (III), dated 19th August 1976.]

12. Instructions of the Ministry of Finance Govt. of India regarding the
reimbursement of the cost of replacement of diseased heart valves: Delegation of
powers: Instruction to the State Government for adoption:—
I am directed to enclose
a copy of the Ministry of Finance (Department of Expenditure) O.M. No. F. 23(5)—
EV(B)/77 dated the 18th Sept., 1978, regarding the reimbursement of the cost of
replacement of diseased heart valves. In accordance with these orders, the
reimbursement of the cost of heart valves, has been brought within the purview of
the delegated powers of their earlier O.M. No. F. 21(2)—EV(B)/62 dated 17th April, 1963, a
copy of which is attached to this Department’s letter No. 11023/16/75—AIS(III), dated
14th December, 1977.

2. It has been decided that the orders contained in the Ministry of Finance O.M. No. F.
23(5)—EV(B)/77 dated 18th Sept., 1978 may be adopted in respect of member of All
India Services and the powers of reimbursement of the Cost of replacement of diseased
heart valves may be delegated to the Heads of Department of the State Government.
The initial supply of the heart valves will, however, in all cases be made only on the
recommendation of the Department of Health of the State concerned.

3. Wherever the supply is approved by the Deptt. of Health of the State concerned, the
administrative authority would make payment direct to the supplying agency and not
direct to the member of the All India Service, concerned. These orders also apply to the
members of the All India Services serving in connection with the affairs of the Union and
who are beneficiaries of the Central Government Health Scheme.

[DP & AR letter No. 11023/14/78—AIS(III), dated 6th January, 1979.]

(i) Copy of Ministry of Finance (Exp.) O.M. No. F.23(5)EV (B)/77. dated
18.09.1978.

1. The undersigned is directed to say that a question has been raised whether the
reimbursement of the cost of the replacement of diseased Heart Valves is covered by
the powers delegated to the Ministries/Heads of Departments in terms of para 7(b) of
this Ministry’s Office Memorandum No. F.21(2)EV(B)/62 dated the 17th April, 1963. The
matter has been considered carefully and the President has been pleased to decide that
the reimbursement of the cost of replacement of diseased Heart Valves should also be
brought within the purview of the delegated powers in terms of the above mentioned
para 7(b). The initial supply of the Heart Valves will, however, in all cases be made only on the recommendation of the Director General of Health Services.

2. Wherever the supply is approved by D.G.H.S. the Administrative authorities would make the payment direct to the supplying agency and not direct to the Government servant concerned.

3. These orders also apply to Central Government employees who are beneficiaries of Central Government Health Scheme.

4. In so far as persons serving in the Indian Audit and Accounts Department are concerned these orders have been issued after consultation with the Comptroller and Auditor General of India.


13. Instruction of the Ministry of Health, Govt. of India on the procedure to be followed regarding medical treatment under Indian System of Medicine and Homoeopathy in respect of Central Government servants: Instructions to the State Governments for adoption: - I am directed to say that in accordance with the Government of India decision No. 13 below Rule 2 of the All India Services (Medical Attendance) Rules, 1954, the State Governments are competent to recognise Unani or Ayurvedic Hospitals for the purpose of treatment of All India Services Officers serving in connection with the Affairs of the State. The Government of India (Ministry of Health and Family Planning) have issued orders/instructions regarding the procedure to be followed regarding medical treatment under Indian System of Medicine and Homoeopathy in respect of Central Government servants vide their O.M. No.29/16/71—MA dated 14-9-1972 (copy enclosed).

2. It has been decided that the provisions contained in the Deptt. of Health's O.M. referred to in para 1 above may also be adopted in respect of the members of All India Services.

3. The authorised Medical Attendant in respect of members of the AIS will have the same meaning as mentioned in para 2(i) (a) of the Ministry of Health and Family Planning O.M. No. 29—16/71—MA, dated 14-9-1972, referred to in para 1 above, and also under rule 2(a) of the AIS (Medical Attendance) Rules, 1954.

4. I am to request that the contents of this letter may be brought to the notice of the members of the Service working under the State Government.


1. Reference is invited to this Ministry's Office Memorandum No.F. 28—26/61—HI, dated the 6th November, 1961 reproduced as Government of India decision No. 5 at page 11 of the Compilation of Central Services (Medical Attendance) Rules, 1944 and orders (1964 edition). It was clarified under para 2 that under the Medical Attendance Rules, modern system of medicine only is recognised and other systems of medicines such as Ayurvedic, Unani, Homoeopathy amount covered by these rules, and that Ayurvedic etc., hospitals are not recognised for the purpose of aforesaid orders even though some of the State Governments have recognised such hospitals for the treatment of their own employees. This decision was based on the policy of Government according to which Allopathic (Modern) scientific medicine should continue to be the basis for the development of the National Health Services in the country. The above mentioned policy decision has recently undergone modification according to which the Union and State Governments have been directed that Allopathic, Indian and
Homoeopathic Systems of medicine should contribute towards the development of the National Health Services in the country.

2. The question of giving effect to the aforesaid revised policy decision in so far as medical attendance and treatment of Central Government servants and members of their families are concerned under the provisions of the Central Services (Medical Attendance) Rules have been under the consideration of the Government for some time past. It has now been decided as follows:

(i) Authorised medical attendant for the purposes of these orders within the meaning of Rule 2 of the Central Services (Medical Attendance) Rules, 1944, will mean—

(a) in respect of a Government servant who belongs to a Central Service Class I, or whose pay is not less than Rs. 500 per mensem, Class I officers belonging to Ayurveda, Unani, Sidha and Homoeopathic Medical Services of the State or Central Government or any other qualified medical officer, appointed by the Government, to attend its officers in the district;

(b) in respect of a Government servant not belonging to a Central Service, Class I whose pay is less than Rs. 500 per mensem, but more than Rs. 150/- per mensem, a Class II Gazetted Officer of the Department of Indian Medicine or Homoeopathy of a State or Central Government, or any other qualified Medical Officer, appointed by the Government to attend its officers in the station;

(c) in respect of any other Government servant, the physicians-in-charge of Government, Government aided Municipal and Panchayati dispensaries of Ayurveda, Sidha, Unani and Homoeopathic systems of medicines and/or any other qualified medical officer, similarly appointed.

N.B.: The term 'qualified' would mean in the case of Ayurveda, Unani and Sidha, persons possessing recognised medical qualifications as included in the II, III and IV Schedules of the Indian Medicines Central Council Act, 1970. As far as Homoeopathy is concerned, it would include the recognised medical qualifications as notified in the II Schedule of the Homoeopathy Central Council Bill, 1971.

(ii) Rates of fees for purposes of re-imbursement.

(a) Class I Officers belonging to Ayurveda, Unani, Sidha and Homoeopathic Medical Services of the State or Central Government or any other medical officers of equivalent status appointed by the Government..................Rs. 16

(b) Class II Officers of the Departments of Indian Medicine and Homoeopathy of a State or Central Government or any other medical officer of an equivalent status appointed by the Government............. Rs. 3.

(c) Others..................Rs 3.

Provided that in respect of medical officers of State Governments who are not allowed to receive any payment, no fees would be reimbursable.

NOTE:— The fees prescribed in clause (a) and (b) above will be payable for consultation at the consulting room of the authorised medical attendant or at the residence of the patient.

(iii) List of admissible medicines for the purpose of reimbursement: Ayurveda, Sidha, Unani and Homeopathy.
The list of medicines in these systems approved for the purposes of reimbursement with indication of maximum prices against each medicine is given in Annexure I. In this Annexure, lists of medicines have been drawn up in three categories viz.

(a) Costly medicines and treatment like panchakarma therapy which may be prescribed only by class I officers or a doctor of equivalent rank;
(b) General medicines which may be prescribed by all authorized medical attendants, and
(c) Restricted medicines which may be deemed to be medical tonics having curative properties which may be prescribed only by a Class I and Class II Officer or by a doctor of equivalent rank.

The cost of medicines will be reimbursed on the basis of the prices indicated in the catalogues of the pharmacies concerned.

The cost of medicines indicated in Annexure I will however, be applicable in the case of medicines manufactured by private practitioners, who may be nominated as authorized medical attendants for the propose of these rules.

3. Lists of approved pharmacists Druggists/Ayurveda, Unani, Siddha and Homoeopath, Central Government servants should purchase Ayurveda/Unani/Siddha/Homeopathic medicines prescribed by their Authorised Medical Intendancies from the pharmacies or concerns or their authorized dealers indicated in the list attached.

ANNEXURE-I

4. With a view to ensuring that the incidence of expenditure on medical reimbursement in the Indian system of medicine and Homoeopathy does not tend to be unduly heavy, it has further been decided that, all claims pertaining to restricted and costly medicines and cost on therapy like panchakarma preferred by the Central Government employees in these systems should be required to be countersigned by the State Directors/Officers-in-charge of Indian Systems of Medicine or Homeopathy Department of the State/Administrative or Central Government concerned. In cases where no Indian Systems of Medicine or Homoeopathy department exist, such claims may be countersigned by the Directors of Heath Services of the State concerned or by any other of Indian systems of Medicine/Homeopathy Branch in the Ministry of Health and Family Planning (Department of Health) as may be authorized for the purpose. In other cases, the Controlling authorized will be empowered to dispose of claims as provided in the Central Services (Medical Attendance) Rules in accordance with these orders.

5. These orders will take effect from the 15th October, 1972. These orders are also applicable to Central Government servants and member of their families stationed in or passing through Calcutta.

20.6 In so far as persons serving in the Indian Audit and Accounts Departments are concerned, these orders have been issued after consultation with the Comptroller and Auditor General of India.

ANNEXURE—I

Lists of approved Ayurvedic, Unani and Siddha Pharmacies under the Reimbursement Scheme

2. Hamdard Dwakhana, Lal Kuan
4. Dawakhana Tibbia College, Muslim University, Aligarh
5. Chi Chi Pharmacy, Rani Talao, Surat.
7. Dabur (Dr. S.K. Burma) Private Ltd., Calcutta and Faridabad.
8. Aphaic Pharmaceutical Limited, Station Road, Amadnagar
9. Zandu Pharmaceutical Works Limited, Gokhale Road, South, Bombay-25
10. Ayurveda Reshala, Poona.
11. Sahana Aushadhalya (Dacca) (36, B.K. Paul Avenue, Calcutta)
13. The Arya Vaidya Pharmacy Limited, Trichy Road, Coimbatore
15. The Keralvarma Ayurvedic Co-operative Pharmacy Limited, Trichur.
16. Co-operative Drugs Factory, Ranikhet
17. Dhutapapeswer Industries(P) Limited, Panvel, Maharashtra.
18. Raka Laboratories, Relief Road, Ahmedabad—I
20. Laksamivilasam Vaidyasala, Trivandrum
21. Madhava Ayurvedic Pharmacy, Ernakulam (Kerala)
22. Arya Vaidyashala, Kotakkal (Kerala)
23. Dhanvantari Laboratories, Calcutta and Bangalore
24. Utkal Co-operative Ayurvedic Pharmacy, P.O. Berhampur (Orissa)
25. Navashakti Ayurvedic Pharmacy, Hussavil (Maharashtra)
27. D.A.V. College Pharmacy Jullunder
28. Petlad Mahal Ayurvedic Pharmacy Nadiad, Maharashtra
29. Ayurved Vikas Mandal Pharmacy, Junagadh, Gujarat
30. Siddha Pharmacy, Trivattiyur (Tamil Nadu)
31. All India States Ayurvedic Pharmacies in various States of India.
32. Any other Pharmacy or Individuals manufacturing medicines for the purpose of their patients notified by the Government of India.

ANNEXURE—II

List of homoeopathic pharmacists

1. M/s. L. R. Bhandari and Sons, Hanging Bridge, Darya Ganj Chowk, Delhi-6
2. M/s. Ramakrishna Pharmaceuticals, 2—3—647/125, Beg Anberpet, Hyderabad (Andhra Pradesh)
3. M/s Father Mullers Charitable Institutions, 17—804, Father Muller Road, Kankandy, Bangalore-3
4. M/s St. George’s Homoeopathic Pharmacy, 16—139—A Balanatta, Kankandy, Bangalore-2 (Mysore)
5. M/s Economic Homoeo Parnecy, 89 Netaji Subhas Road, (Ground Floor), Calcutta-1
7. M/s. M. Bharracharya and Company (P) Limited, 73, Netaji Shubhs Chandra Road, Calcutta-12
8. M/s. National Homoeo Laboratory, 110 Acharaya Jagdish Bose Road, Calcutta-1
9. M/s. Sunder Homoeo Sadan, 113, Netaji Subhas Road, Calcutta-1

FOREIGN PHARMACISTS
1. M/s. Willnar Schiwada (West Germany)
2. M/s. Boerioke and Tagel (U.S.A.)
3. M/s. Dr. Madaus and Company (West Germany)

14. **Instruction of the Ministry of Health, Govt. of India on reimbursement of expensed incurred in connection with the procurement of artificial appliances in respect of Central Government servants: Instructions to the State Governments for adoption:** The Govt. of India have decided to extend the provisions contained in the Ministry of Health and Family Welfare O.M. No. 14025/31/79—MS, dated 26-9-80 (copy reproduced below) regarding reimbursement of the cost of artificial appliances to the members of the All India Services serving in connection with the affairs of the Union. The State Govt. have been requested to adopt these orders in respect of the members of the All India Services, serving in connection with the affairs of the States.

[Govt. of India DP & AR No. 11023/14/80—AIS (III), Dt. 21st July 1981.]

(i) **Copy of the letter No. S. 14025/31/79—MS, dated the 26th September, 1980, from the Government of India, Ministry of Health & Family Welfare.**

1. The undersigned is directed to invite a reference to para 7(b) of the Ministry of Finance office Memorandum No. 21 (2)—EV(B)/62 dated the 17th April, 1963 (copy enclosed-placed at 9(i)) which provides for reimbursement of expenses incurred in connection with the procurement of artificial appliances where necessary and justified to those covered under the CS (MS) Rules 1944, by the Ministries/Heads of Department in consultation with the Department of Health. The question of rationalisation and streamlining of the existing procedure involved in the reimbursement, of the expenses incurred on artificial appliances, its replacement, repair and adjustment has been under consideration of the Government of India. The question of drawing up a list of such artificial appliances whose cost would be reimbursable to those covered under the CS (MA) Rules 1944, has also been under consideration of the Government of India and it has now been decided as under—

1. The list of artificial appliances whose cost would be reimbursable to the government officials and the entitled members of their families covered under the CS (MA) Rules, 1944 is enclosed.

2. The expenses incurred on the purchase, replacement, repair and adjustment of these appliances may be reimbursed to the government employees when these are certified essential by a specialist in the concerned specialty in the hospitals recognised under the CS (MA) Rules, 1944. The repairs and adjustments where necessitated under the advise of the medical specialist should be got done by the Rehabilitation Department of the Medical colleges and hospitals, Artificial Limb Centre, Pune and such other centres and
organisations recognised for this purpose by the Central or State Government. Where, however, under the advise of the Medical specialist the artificial appliance is to be repaired/adjusted, it has to be ensured that the cost of repairs/adjustment of appliance is less than the cost of replacement thereof.

2. It has also been decided by the Government to delegate power to all Ministries/Heads of Department to allow reimbursement of expenses incurred on the procurement/adjustment/repairs of these appliances subject to the condition that these have been done when they are certified as essential by a concerned specialists in the government/recognised hospitals under the CS (MA) Rules, 1944 and have been purchased/repaired from the Rehabilitation Department of the Medical Colleges and Hospitals, Artificial Limb Centre, Pune, and such other centres and organisations recognised for the purpose by the Central or State Government.

3. These orders will, however, not be applicable to the Artificial appliances which are covered under the specific orders of the Government of India e.g. Heart Pace Maker and replacement of its pulse generator and cost of replacement of diseased Heart valves vide Ministry of Finance O.M. No. 22(3) EV(B)/76, dated 18-6-76, O.M. No.22 (3)—EV(B)/77 dated 18-9-78 and Ministry of Health and F.W. No. S. 14025/58/78—MS, dated 18-8-1978.

4. These orders have been issued in consultation with the Department of Personnel & A.R.

List of Artificial Appliances Annexed to Memo No S—14025/31—79—MS, dated the 26th September, 1980.

S.No. Artificial Appliances
1. Unilateral long leg brace without hip joint.
2. Hip Joint with pelvic band.
4. Unilateral short leg brace.
5. Shoe or Boot—Protective or aiding to paralysed or weak leg.
7. Bilateral long leg Brace without hip joint.
9. Lumbe—Sacral or spinal support or Back support.
11. Milwaukee brace.
13. Posterior slab.
15. Rigid Cervical Collar with head extension.
17. Dynamic Splint (Aluminium).
18. Cock-up Splint (plain Aluminium).
19. Cock-up Splint (Plastic) or long opponets.
20. Turn Buckle Splint.
22. Anterior Knee Guard Splint.
23. Denis Brown Splint.
27. Long Oponens with M.P.F.I. bar and finger.
29. Boot with C and E heel and arch support.
30. C and E heel.
32. M.T. Pad.
33. M.T.E. Raising.
34. T. Strap.
35. Sponte 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 Prosthesis.
46. Hooks.
47. Cosmetic Hand.
48. Splint for C.D.H.
49. Splint for Elbow.
50. Above Elbow and below elbow Prosthetics.
51. Corset.
52. Wheel Chair.
53. Protective Shoes with microcellular rubber without nails of ten with additional gadgets like adjustable springs and rockers
54. Crutches.
55. Walking iron with Plaster Casts.
56. Calipers.
57. Braces.
58. Artificial limbs.


1. The undersigned is desired to say that the representations have been received in this Ministry that in the case of diseases like polio, an appliance is fitted to a child which has to be re-adjusted or replaced periodically as the child grows or the affected part improves. After careful consideration it has now been decided that reimbursement of cost of boot (shoe) prescribed in the case of patients should be allowed only after three years, for a maximum limit of three times, in respect of an individual, under Central Services (Medical Attendance) Rules, 1944. The re-imbursement cost of artificial appliances should be allowed only when these are certified as essential by a specialist in the concerned speciality in the hospitals and these are purchased from Rehabilitation
Department of Medical College/Hospitals, Artificial Limbs Centre, Pune and such other centres and organisations recognised for the purpose.

2. In so far as persons serving in the Indian Audit and Accounts Departments are concerned, these orders have been issued after consultation with the Comptroller and Auditor General of India.

3. This issues with concurrence of the Ministry of Finance vide their U.O. No. 3520/EV(B) 78, dated the 3rd July, 1978 and will take effect from the date of issue of this memorandum.

15. List of non reimbursable medicines of Central Services (Medical Attendance) Rules, 1944 shall be the applicable list for this rule:- In supersession of all previous orders on the subject, the Central Govt. have issued orders to the effect that the list of medicines included in Schedule I & II appended to Central Services (Medical Attendance) Rules, 1944, as amended from time to time, shall be the list of medicines not reimbursable to a member of the All India Service or a member of his/her family under the All India Services (Medical Attendance) Rules, 1954.

[Govt. of India DP & AR No. 4/11/73—AIS(III), dt. 27th Sept. 1975.]

16. Restrictions in respect of reimbursement of the cost of insulin under this rule:— I am directed to refer to this Department’s letter No.—8/10/70—AIS(—III), dated the 16th May, 1972, on the subject cited above. and to say that Audit has expressed the view that the words "a member of an All India Service is entitled to free medical attendance and treatment without restrictions" occurring therein creates an impression that it supersedes the provisions of the All India Services (Medical Attendance) Rules, 1954 and, in particular, the amendment thereto made in Notification No. 8/8/69—AIS(III), dated the 6th January, 1970, and the executive instructions contained in letter No. 6/11/58—AIS(III), dated the 2nd January, 1960, issued by the Ministry of Home Affairs.

2. The "Subject" of the letter of the 16th May, 1972, cited above, makes its scope very clear and the letter, read as a whole should not leave any doubt that it was intended to supersede only letter No. 7/3/65—AIS(III), dated the 12th March, 1965, issued by the Ministry of Home Affairs and not any other rule, order or instruction.

2.1 The provision of statutory rules cannot be superseded or modified by means of executive instructions. Accordingly, the instructions issued in the letter of the 16th May, 1972, cited above, do not supersede the provisions of the All India Service (Medical Attendance) Rule, 1954 (including the amendment thereto made through the Notification dated the 8th January, 1970.)

[Letter No. 4/1/73—AIS III dt. 23.4.1973]

17. List of expensive drugs the cost of which shall not be reimbursable to a moS circulated:— I am directed to refer to rules, 2(k)(iii) and 14(i-a)—of the All India Services (Medical Attendance) Rules, 1954 as revised vide this Department’s notification of even number dated the 11th July, 1974 and to forward herewith a list of expensive drugs etc., the cost of which shall not be reimbursable to a member of an All India Services or a member of his family. The list may be circulated among the authorized medical attendants for their information and guidance.


17. Delegation of powers to the heads of the Department to allow refund of medical expenses in relaxation of rules: forwarding a copy of the Ministry of Finance, Govt. of India’s O.M.No.F.26(10)-EV-(B)/74 dated 16.07.1974 to the State Governments for adoption:— I am directed to refer to the Ministry of Home Affairs’
letter No. 8/8/66—AlS(III) dated the 14th July, 1966 and to forward herewith a copy of a
Ministry of Finance O.M.No. F. 26(10)—EV(B)/74—dated the 16th July, 1974. It is
requested that the State Government may adopt the orders contained therein respect of
member of the All India Services working under them.


18. Instructions of the Ministry of Finance Govt. of India regarding the
reimbursement of the cost of replacement of diseased heart valves: Delegation of
powers: Instruction to the State Government for adoption:- I am directed to enclose
a copy of the Ministry of Finance (Department of Expenditure) O.M.No. F— 23(5)—
EV(B)/77 dated the 18th Sept., 1978, regarding the reimbursement of the cost of
replacement of diseased heart valves. In accordance with these orders, the
reimbursement of the cost of heart valve, has been brought within the purview of the
Elegised powers in terms of their earlier O.M.no F 21(2)—EW (B)/62 dated 17th April,
1963, a copy of which is attached to this Department’s letter No. 11023/16/76 dt. 14th

2. It has been decided that the orders contained in the Ministry of Finance O.M. No. F.
23(5)—EV (b)/77 dt. 18th Sept., 1978 may be adopted in respect of member of All India
Services and the powers of reimbursement of the Cost of replacement of diseased heart
valves may be delegated to the Heads of Department of the State Government. The
initial supply of the heart valves will, however, in all cases be made only on he
recommendation of the Department of Health of the State concerned.

3. Wherever the supply is approved by the Deptt. of Health of the State concerned, the
administrative authority would make payment direct to the supplying agency and not
direct to the member of the All India Service concerned. These orders also apply to the
members of the All India Services serving in connection with the affairs of the Union and
who are beneficiaries of the Central Government Health Scheme.

[DP&T letter no. 11023/14/78—AIS—III dated 6.1.1979]

(i)O.M.No.23(5)—EV/(B)/77 of Government of India/Ministry of Finance,
Department of Expenditure dated the 18th September, 1978.

1. The undersigned is directed to say that a question has been raised whether the
reimbursement of the cost of the replacement of the diseased Heart Valves is covered
by the powers delegated to the Ministries/Heads of Departments in terms of para 7 (b) of
this Ministry’s Office Memorandum No. F. 21(2)—EV(B)/62 dated the 17th April, 1963.
The matter has been considered carefully and the President has been pleased to decide
that the reimbursement of the cost of replacement of diseased Heart Valves should also
be brought within the purview of the delegated powers in terms of the above mentioned
para 7(b). The initial supply of the Heart Valves will, however, in all cases be made only
on a recommendation of the Director General of Health Services.

2. Wherever the supply is approved by D.G.H.S., the administrative authorities would be
making the payment direct to the supplying agency and not direct to the Government
servant concerned.

3. These orders also apply to Central Government employees who are beneficiaries of
Central Government Health Scheme.

4. In so far as persons serving in the Indian Audit and Accounts Department are
concerned, these orders have been issued after consultation with the Comptroller and
Auditor General of India.
19. **AMA may take a decision regarding admissibility/inadmissibility of the medicines specified in the Central Service Medical Attendance Rules:** I am directed to say that a list of inadmissible Medicines specified in Schedule I and II of the Central Service (Medical Attendance) Rules are also applicable to members of All India Services under rule 2(k) (iii) of the All India Services (Medical Attendance) Rules, 1954.

2. Ministry of Health have now clarified that the list of items of allopathic medicines specified in Schedule I and II may be treated as illustrative only, indicating ineligible medicines/preparation or expensive drugs. The authorized Medical Attendant may take a decision whether a particular new medicine or preparation falls under any of the broad categories specified in Schedule I or Schedule II and shall so certify whereupon the cost such medicines may be reimbursed. A copy of the Ministry of Health and Family Welfare O.M. No S. 1402/67/l—MS dated 24.10.1986 is enclosed for ready reference.

[Letter no. 11023/6/870—AIS III dated 5.3.1988.]
Executive Orders of State Government On AIS (MA) Rules, 1954
GOVERNMENT OF ANDHRA PRADESH

ABSTRACT

All India Services (Medical Attendance) Rules, 1954 – Reimbursement of Medical expenditure in respect of AIS Officers borne on the cadre of A.P. – Revised Orders – Issued

GENERAL ADMINISTRATION (SC.X) DEPARTMENT

G.O.Ms.No.171

Dated 06.04-2002.

Read the following:


ORDER:

In the Government Memo. 1st read above, instructions were issued limiting the medical claim of the officers of All India Services, obtained in Nizam’s Institute of Medical Sciences to a tune of Rs.50,000/- only.

2. The A.P. IPS Association, in their representation 2nd read above, while quoting the relevant rules of AIS (Medical Attendance) Rules, 1954 have requested the government (1) to issue necessary modification in Circular Memo.No.1607/SC.X/93-7, dt.6.6.1994 as well as in G.O.MS.No.175 dated 20.05.97 removing the monetary limit imposed on reimbursement where the medical treatment pertains to the AIS Officers or his family members (2) to revive, revise and communicate the list of authorized medical attendants as was done earlier (3) that all Police Medical Officers be declared as the authorized medical attendants under the All India Service (Medical Attendance) Rules, 1954 for officers of the Indian Police Service borne on the cadre of Andhra Pradesh and (4) to consider permitting the All India Service Officers to opt for Contributory health Service Scheme of Central Government wherever such facilities are available on the payment of prescribed monthly contribution.

3. Government after careful examination of the proposals and in super-session of the instructions issued in Govt. memo. 1st read above, hereby order:-

(i) that the medical claims of AIS officers are exempted from the purview of Director of Medical Education for scrutiny of bills:

(ii) that the government authorise the following Medical Officers to render Medical assistance as also to scrutinise medical bills and certify for reimbursement of admissible cost of medicines in respect of All India Service Officers borne on A.P. cadre without any monetary limit:

(a) In Hyderabad:

For IAS/IFS Officers, Secretariat Medical Officer will scrutinise the bills for reimbursement. For IPS Officers, the Police Medical Officer attached to the various Special Police Batallions.

(b) In the Districts:

For IAS/IFS Officers any serving Civil Surgeon on the headquarters hospital. For IPS Officers, the Police Medical Officer or if there is no Police Medical Officer, any serving Civil Surgeon of the headquarter hospital.
(iii) that the Pay & Accounts Officer / District Treasury Officer shall ensure pre-audit of the following three items before passing medical reimbursement claims:
(a) whether the officer submitting the bills is a cadre officer of All India Service or not;
(b) whether the bills have been certified by the authorized medical attendant; and
(c) whether an admissibility certificate of admissible medicines etc. enclosed is correct or not.

(iv) The Pay & Accounts Officer & Dist. Treasuries shall admit in audit all pending medical reimbursement claims as on the date of issue of this order on a one time basis without imposing any cut.

4. This order issues with the concurrence of Finance Department vide their U.O.No.1207/PFS/02, dated 5.3.2002.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)
GOVERNMENT OF ANDHRA PRADESH

ABSTRACT


GENERAL ADMINISTRATION (SC.X) DEPARTMENT

G.O. Ms. No.137     Dt.05.05.2003

Read :-


ORDER:

In the G.O. read above, certain instructions have been issued to streamline the procedure to be adopted in processing the medical reimbursement claims of AIS officers, borne on the cadre of A.P. However, there are certain omissions which need to be addressed for making the instructions consistent with All India (MA) Rules, 1954. Government after detailed examination of the various issues and in supersession of the orders read above, hereby order that:

1. The All India Service Officers working in connection with the affairs of the State of Andhra Pradesh shall be governed by the All India (MA) Rules, 1954.
2. The facility to secure treatment & medical attendance at the recognized private hospitals (as are recognised or will be recognised by Govt. of Andhra Pradesh for the State Government employees) shall be extended to AIS officers.
3. When the members of service and their family members go outside the State, they shall be allowed to secure treatment, when taken ill, at the Central or State Government Hospitals or any private hospital recognized by the respective State Governments for treatment of their own officers.
4. Reimbursement of medical expenses shall be allowed to All India Service Officers on production of a certificate from the authorised medical attendant.
5. Government hereby authorise all the Government Doctors of the rank of Civil Surgeon and above in the State including the Doctor-in-charge of the A.P. Secretariat Civil Dispensary, Doctors working at the Police Hospitals and Hospitals providing treatment under Indian Systems of Medicine viz., Homeopathy, Ayurvedic, Unani etc as “Authorised Medical Attendants”. The Authorised Medical Attendants, so recognised shall render medical Assistance, scrutinise the bills, recommend admissible amounts and issue essentiality certificates in regard to the medicines prescribed.

2. This order issues with the concurrence of Finance Department vide their U.O.No.1682/PFS/03, DT. 29.03.03.

(By Order and in the Name of the Governor of Andhra Pradesh)
GOVERNMENT OF ANDHRA PRADESH

ABSTRACT


GENERAL ADMINISTRATION (SC.X) DEPARTMENT

G.O.Ms. No. 174 Dated: 15.07.2004
Read:-
G.O.Ms. No.137, General Administration (SC.X) Department, dated 05.05.2003.

ORDER:

In continuation of the orders issued in the G.O read above, the Government, after careful consideration of the matter, further order as follows:

i. The Secretary to Government (Poll), General Administration Department shall process and sanction all medical reimbursement claims of the All India Service Officers borne on the cadre of Andhra Pradesh and their family members for the treatment obtained by them in Private hospitals recognised by the State Government as referral hospitals.

ii. Further, full reimbursement of the cost of treatment obtained as In-patient and Out-patient in private hospitals recognised by the State Government is allowed to the All India Service Officers borne on the cadre of Andhra Pradesh and their family members.

2. This order issues with the concurrence of Finance Department vide their U.O. No.775/PFS/77/A2/Exp. HM & FW.1/04, dated 10.2.2004.

(By Order and in the Name of the Governor of Andhra Pradesh)

MOHAN KANDA,
CHIEF SECRETARY TO GOVERNMENT

To
All All India Service Officers
The Director General & Inspector General of Police, A.P., Hyderabad.*
The Principal Chief Conservator of Forest, A.P, Hyderabad. *
(*with a request to send copy to all IPS/IFS Officers respectively)
All Departments of Secretariat.

Contd..2
All District Collectors/ Superintendents of Police /Treasury Officers of A.P.
The Director of Medical Education, A.P., Hyderabad
(with a request to instruct all District Head Quarter Hospitals.)
The Civil Surgeon, Secretariat Dispensary, Hyderabad
The Secretary to Government, Ministry of Health & Family Welfare, New Delhi.
The Accountant General, AP, Hyderabad.
The Pay and Accounts Officer, Hyderabad
The Deputy Pay and Accounts Officer, Secretariat Branch, Hyderabad
The IAS Officers Association, A.P., Hyderabad.
The General Administration(SC.IFs/ SC.F/Poll.C/O.P.1) Department.
The HM & FW (K) Department/The Finance (EBS.VIII) Department.
Copy to:-Stock File/Spare Copy.

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SECTION OFFICER(SC)
GOVERNMENT OF ANDHRA PRADESH

ABSTRACT

All India Services (Medical Attendance) Rules, 1954—Reimbursement of medical expenses in respect of All India Service Officers borne on the cadre of Andhra Pradesh and working in connection with the affairs of the State—Further orders—Issued.

GENERAL ADMINISTRATION (SC.X) DEPARTMENT

G.O.No.457

Dated: 31-12-2004

Read the following—

1. G.O.No.137, General Administration (SC.X) Dept., Dated 08.05.2003.

ORDER:

In the G.Os read above, instructions were issued allowing medical reimbursement to AIS Officers borne on the cadre of A.P and working in connection with the affairs of the state and their family members for the medical treatment secured in private hospitals recognised by the Govt. based on the scrutiny report of the Authorised Medical Attendant.

2. In order to further streamline the procedure of settlement of medical reimbursement claims of AIS Officers borne on the cadre at A.P and working in connection with the affairs of the state and their family members in pursuance of the residual powers resting with State Government in respect of AIS officers serving in connection with the affairs of the State, the following further instructions are issued—

1. Reimbursement of medical expenses shall be allowed to AIS Officers on production of a certificate from the medical consultant of private hospitals recognised by State Govt., from whom treatment is secured and there is no need to obtain the counter-signature of the authorised medical attendant as required under AIS (MA) Rules, 1954.

2. The AIS Officers shall be allowed to approach directly private hospitals recognised by Govt., without referral from authorised medical attendant and full reimbursement of medical expenses will be paid as certified by the authorised medical attendant in terms of AIS(MA) Rules, 1954.

3. The Secretary to Govt.(Poll) will process and sanction the medical reimbursement claims of AIS Officers borne on the cadre of A.P and working in connection with the affairs of the state and their family members to the extent admissible as certified by the authorised medical attendant for the treatment taken as In-patient and to an extent of Rs.10,000/- for the treatment taken as out-patient in private hospitals recognised by Govt., if no relaxation of rules are involved.

4. The Chief Secretary to Govt. will process and sanction the medical reimbursement claims of AIS Officers and their family members beyond Rs.10,000/- for the treatment taken as out-patient in the private hospitals recognised by Govt. if no relaxation of rules are required.

5. The District Collectors will process and sanction all the medical claims of the AIS Officers borne on the cadre of A.P and working in connection with the affairs of the state, and their family members, working in the respective districts for the treatment obtained in private recognised hospitals as per rules, where no relaxation of rules is involved.

6. All the medical reimbursement claims of AIS Officers and their family members involving relaxation of rules will be processed by the Govt. in General Administration (SC.X) Dept. and orders of Minister(Finance)/Chief Minister be taken in circulation.

3. All the officers noted in the address entry are requested to follow the above instructions scrupulously.

(P.T.O)

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

MOHAN KANDA,
CHIEF SECRETARY TO GOVERNMENT.

To:
All I.A.S. Officers.

The Hon' Secretary, IFS Officers Association, through D.G.P., Hyderabad.
The Hon' Secretary, IFS Officers Association, through Prf. CCF., Hyderabad.
The Pay and Accounts Officer, Andhra Pradesh, Hyderabad/Deputy PAO, Sectt. Branch.
The Accountant General, Andhra Pradesh, Hyderabad.
The Director of Medical Education, Hyderabad/The Commissioner, Family Welfare, Hyderabad (with a request to instruct all District Head Quarter Hospitals.)
The Commissioner, A.P. Vidyas Vidyan Parishad/Hyderabad
The Superintendent, Carmelite General Hospital/Gandhi Hospital.
The Director, Nizam's Institute of Medical Sciences, Hyderabad/Sri Venkateswara Institute of Medical Sciences, Tirupati.
The Director, A.P. Police Academy, Himayat Sagar, Hyderabad.
The Commissioner, Department of AYUSH, Secunderabad.
The Civil Surgeon, Secretariat Dispensary, Hyderabad.
The Secretary to Govt. of India, Min. of P.P.G. & P., D.P.T., New Delhi.
The Secretary to Govt. of India, Min. of Health & Family Welfare, New Delhi.
The Principal Secretary to Chief Minister/ The P.S. to Minister (Finance)
The P.S. to Chief Secretary to Govt./Principal Secretary to Govt., HM&FW Dpt., The Health, Medical & Family Welfare(K) Dpt./The Finance (EB.III) Dpt.
All Recognised Private Hospitals.
Stock File/Spare Copy.

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SECTION OFFICER(SC).
GOVERNMENT OF ANDHRA PRADESH  
GENERAL ADMINISTRATION (SC-X) DEPARTMENT

CIRCULAR MEMO NO. 2360/SCX/2005-3. DATED 27-04-2006,
Sub: All India Services (Medical Attendance) Rules 1954 (AIS(MA) Rules)/A.P.Integrated Medical Attendance Rules, 1972 (APIMA Rules) - No provision in the rules for sanction of medical reimbursement for the treatment taken by the All India Services (AIS) Officers and their family members and Retired AIS Officers and their family members In private Hospitals - Avoidance of taking treatment in the private hospitals/private doctors not recognized by Government - Regarding.


This is to inform that Rule 7 of the AIS (MA) Rules stipulates that the AIS Officers and their family members are eligible to secure medical treatment at Government hospitals, Teaching hospitals etc. and can claim medical reimbursement for the medical expenses incurred if any by them. Similarly, the AIS Officers who retired from service and opted for the State Government medical facilities are eligible for obtaining treatment for them and their family members under APIMA Rules, 1972. According to the said rules, the medical reimbursement is allowed for the medical treatment obtained by them and for their family members in the Government hospitals, Government teaching hospitals and can claim medical reimbursement.

2. In addition to the above, the State Government have recognized a number of private hospitals as referral hospitals from time to time for obtaining treatment for the State Government employees for severe diseases when there is no such facility available in the Government hospitals, Teaching hospitals and Government referral hospitals like Nizam's Institute of Medical Sciences, Hyderabad (NIMS) and Sri Venkateswara Institute of Medical Sciences, Tirupati (SVIMS), with the referral letter not below the rank of Civil Surgeon from the Government Hospital/Teaching Hospital/NIMS/SVIMS.

3. Government, in its orders first and second cited, have issued orders allowing the AIS Officers borne on the cadre of Andhra Pradesh and working in connection with the affairs of the State and their family members to obtain treatment in private hospitals recognized by Government without referral letter from the Government hospitals/Teaching hospitals/ Government referral hospitals like NIMS and SVIMS, subject to certain conditions and can claim reimbursement of the medical expenditure incurred by them subject to scrutiny of the Civil Surgeon, Civil Dispensary, Secretariat, Hyderabad/ the Director, Medical Education, Hyderabad, as per the claim, which is a benefit generously extended by the State Government to the AIS Officers borne on the cadre of A.P and working in connection with the affairs of the State Government. Thus there is no provision to claim medical reimbursement for the treatment obtained by the AIS Officers and their family members or for the retired AIS Officers and their family members for the treatment obtained with private doctors and private hospitals not recognized by Government and such claim can be straightway rejected by Government without any examination.

4. It is noticed that in many cases, the AIS Officers borne on the Cadre of A.P and working for the affairs of A.P and their family members are obtaining treatment in private hospitals and with private doctors not recognized by Government and submitting medical reimbursement claims requesting for sanction even by relaxation of rules. Similar is the case in respect of retired AIS Officers and their family members and the audit is objecting for relaxation of rules in huge number of cases. It has, therefore, been decided by the Government not to relax any rules in the medical reimbursement claims in favour of AIS Officers borne on the cadre of A.P and working in connection with the affairs of A.P and their family members / Retired AIS Officers and their family members who obtain treatment from the Private doctors/private hospitals not recognized by Government from now onwards and decided to reject such bills without any scrutiny/ examination.

5. A number of private hospitals in the State have been recognized as referral

(P.T.O)
hospitals and the AIS Officers born on the cadre of A.P and working in connection with the affairs of the State and their family members are allowed to obtain treatment in these hospitals direct without any referral letter and to claim medical reimbursement. The list of such private hospitals recognized by Government as referral hospitals is enclosed to this Memo. All the AIS Officers born on the cadre of A.P and their family members and all the retired AIS Officers aad their family members, who opted for the State Government medical benefits, are, therefore, advised to obtain treatment in Government Hospitals or the Private hospitals recognized by Government for claiming medical reimbursement.

6. All the AIS Officers are requested to follow the above instructions scrupulously.

7. The receipt of this Circular Memo may kindly be acknowledged.

T.K. DEWAN,
CHIEF SECRETARY TO GOVERNMENT.

To
All I.A.S. Officers/All Retired IAS Officers (W.E)
The Director General of Police, A.P., Hyderabad (W.E) (with a request to send copy to The Principal Chief Conservator of Forest)
All IPS/IFS Officers/Retired IPS/IFS Officers respectively
All Special Chief Secretaries/E.O. Special Chief Secretaries to Government
All Principal Secretaries/ E.O. Principal Secretaries to Government
All Secretaries/E.O. Secretaries to Government
All Departments of Secretariat
All District Collectors/ Superintendents of Police/Treasury Officers of A.P.
The IAS Officers Association, A.P. Branch, Hyderabad.
The Pay and Accounts Officer, Hyderabad.
The Accountant General, A.P., Hyderabad.
The Principal Secretary to Govt., Health, Medical & Family welfare Dept.
The Director of Medical Education, A.P., Hyderabad (with a request to instruct all District Head Quarter Hospitals.)
The Civil Surgeon, Civil Dispensary, Secretariat, Hyderabad
The Secretary to Government of India, Min. of P.P.G. & S., D.P & T, New Delhi.
The Secretary to Govt., Min. of Health & Family Welfare, New Delhi.
The Health, Medical & Family welfare (K) Department.
The Finance (EBS.VIII) Department.
The General Administration (SC.FSpl.ASC.G/SC.D/Pol./OOP.1) Deptt.
The Home (SC.A) Department
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SECTION OFFICER(SC).
<table>
<thead>
<tr>
<th>Sl No</th>
<th>Name of the Hospital</th>
<th>Date of Recognition/Renewal</th>
<th>Proceeding No.</th>
<th>Specialization for which recognized</th>
<th>Last Date for expiry of recognition</th>
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<td>Bhimavaram Hospital, J.P.Road, Bhimavaram.</td>
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<td>23-Oct-2008</td>
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<td>4</td>
<td>Satya Kidney Center, Street No.4, Himayathnagar, Hyderabad.</td>
<td>25-10-2005</td>
<td>18434/LC-B/2005</td>
<td>Multi</td>
<td>24-Oct-2008</td>
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<td>5</td>
<td>Lalitha Super Speciality Hospital, Heart &amp; Brain Centre, Gowtansarik Theatre Road, Kothapet, Guntur.</td>
<td>24-10-2005</td>
<td>1246/LC-B/2005</td>
<td>Multi</td>
<td>23-Oct-2008</td>
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<td>6</td>
<td>Krishna Institute of Medical Sciences, Minister Road, Begumpet, Hyderabad.</td>
<td>24-10-2005</td>
<td>5380/LC-B/2005</td>
<td>Multi</td>
<td>23-Oct-2008</td>
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<td>7</td>
<td>Poulomi Hospital, Rukminipuri Colony, Dr. A.S. Rao Nagar, Main Road, Secunderabad.</td>
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<td>24693/LC-B/2005</td>
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<td>Asha Hospitals, Court Road, Anantapur.</td>
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<td>Rukku’s save-in-smile Cosmetic and Dental Speciality Hospital, Basapura, Hyderabad.</td>
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<td>18469/LC-B/2005</td>
<td>Dental</td>
<td>15-Nov-2008</td>
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<td>New Life Hospital, Kamal Theatre Complex, Chenderhal, Hyderabad.</td>
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<td>18320/LC-B/2005</td>
<td>Multi</td>
<td>16-Nov-2008</td>
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<td>Raju Neuro &amp; Multispeciality Hospital, and Raju Emergency Hospital, 75-4-7, Gandhipuram-II, Rajahmundry.</td>
<td>5-Dec-2005</td>
<td>7387/LC-B/2005</td>
<td>Multi</td>
<td>4-Dec-2008</td>
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<td>Kalyani Dental Hospital Dentistry &amp; Implant Centre, Opp. Green Park Hotel, Begumpet, Hyderabad.</td>
<td>5-Dec-2005</td>
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<td>Dental</td>
<td>4-Dec-2008</td>
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<tr>
<td>13</td>
<td>Indo-American Cancer Institute &amp; Research Centre, Banjara Hills, Hyderabad.</td>
<td>5-Dec-2005</td>
<td>18434/LC-B/2005</td>
<td>Cancer</td>
<td>4-Dec-2008</td>
</tr>
<tr>
<td>14</td>
<td>Vithal Bharat Super Speciality Hospital, Gayatri Estates, Kurnool.</td>
<td>5-Dec-2005</td>
<td>18538/LC-B/2005</td>
<td>Multi</td>
<td>4-Dec-2008</td>
</tr>
<tr>
<td>15</td>
<td>Gowri Gopal Hospital Pvt. Ltd., Kurnool.</td>
<td>3-Jan-2006</td>
<td>19751/LC-B/2005</td>
<td>Multi</td>
<td>2-Jan-2009</td>
</tr>
<tr>
<td>16</td>
<td>Vajreshwara Hospitals, Kamuru, Vizianagaram.</td>
<td>3-Jan-2006</td>
<td>18474/LC-B/2005</td>
<td>Multi</td>
<td>2-Jan-2009</td>
</tr>
<tr>
<td>17</td>
<td>Hyderabad Kidney &amp; Laproscopic Centre, Judges Colony, Malkajpet, Hyderabad.</td>
<td>3-Jan-2006</td>
<td>26526/LC-B/2005</td>
<td>Multi</td>
<td>2-Jan-2009</td>
</tr>
<tr>
<td>18</td>
<td>Care Hospital, (A unit of Quality care India Ltd), Banjara Hills, Hyderabad.</td>
<td>3-Jan-2006</td>
<td>17353/LC-B/2005</td>
<td>Multi</td>
<td>2-Jan-2009</td>
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<td>19.</td>
<td>Yashoda Hospital, Secunderabad.</td>
<td>3-Jan-2006</td>
<td>17413/LC.B/2005</td>
<td>Multi</td>
<td>2-Jan-2009</td>
</tr>
<tr>
<td>20.</td>
<td>Lazarus Hospital, Waitav main road, Visakhapatnam.</td>
<td>3-Jan-2006</td>
<td>18528/LC.B/2005</td>
<td>Multi</td>
<td>2-Jan-2009</td>
</tr>
<tr>
<td>21.</td>
<td>Premier Hospital, Masab Tank, Harnayun Nagar, Mehdipatnam, Hyderabad.</td>
<td>3-Jan-2006</td>
<td>16475/LC.B/2005</td>
<td>Multi</td>
<td>2-Jan-2009</td>
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<tr>
<td>22.</td>
<td>Help Hospital, M.G.Road, Vijayawada.</td>
<td>3-Jan-2006</td>
<td>18470/LC.B/2005</td>
<td>Multi</td>
<td>2-Jan-2009</td>
</tr>
<tr>
<td>23.</td>
<td>Sri Sai Multi Speciality Hospital, Secunderabad.</td>
<td>3-Jan-2006</td>
<td>20526/LC.B/2005</td>
<td>Multi</td>
<td>2-Jan-2009</td>
</tr>
<tr>
<td>24.</td>
<td>Heritage Hospital, 6-3-507/2, Somajiguda, Hyderabad.</td>
<td>19-Jan-2006</td>
<td>22130/LC.B/2005</td>
<td>Multi</td>
<td>18-Jan-2009</td>
</tr>
<tr>
<td>27.</td>
<td>Usha Cardiac Centre, Ladoipet, M.G.Road, Vijayawada.</td>
<td>19-Jan-2006</td>
<td>18529/LC.B/2005</td>
<td>Multi</td>
<td>18-Jan-2009</td>
</tr>
<tr>
<td>29.</td>
<td>Kamini Hospital, L.B.Nagar, Hyderabad.</td>
<td>03-Feb-2006</td>
<td>21625/LC.B/2005</td>
<td>Multi</td>
<td>2-Feb-2009</td>
</tr>
<tr>
<td>33.</td>
<td>Sai Krishna Super Speciality Neuro &amp; Trauma Hospital, Kachiguda, Hyderabad.</td>
<td>03-Feb-2006</td>
<td>18496/LC.B/2005</td>
<td>Multi</td>
<td>2-Feb-2009</td>
</tr>
<tr>
<td>35.</td>
<td>Care Hospital, A unit of QualiCare India Ltd, Exhibition Road, Nampally, Hyderabad.</td>
<td>23-Feb-2006</td>
<td>25630/LC.B/2005</td>
<td>Multi</td>
<td>22-Feb-2009</td>
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<tr>
<td>S.No.</td>
<td>NAME OF THE HOSPITAL</td>
<td>SPECIALITY</td>
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<tr>
<td>36.</td>
<td>Apollo Hospital, Hyderabad.</td>
<td>Superspeciality</td>
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<tr>
<td>37.</td>
<td>Andhra Mahila Sabha, Hyderabad.</td>
<td>-do-</td>
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<tr>
<td>38.</td>
<td>Aditya Hospitals, Rail Road, Opp. Andhra Sansawthi Pathshat Hall, Hyderabad.</td>
<td>Multispeciality</td>
<td></td>
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<tr>
<td>39.</td>
<td>Apollo Hospital, Heart &amp; Kidney centre, Waltair Main Road, Visakhapatnam.</td>
<td>Superspeciality</td>
<td></td>
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<td>40.</td>
<td>A.P. Superspeciality Dental Hospital, Hyderabad.</td>
<td>Dental</td>
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<td>41.</td>
<td>Bibi Cancer Hospital, Hyderabad</td>
<td>Cancer</td>
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<td>42.</td>
<td>Solineni Ramanasah Memorial Hospitals, Nellore</td>
<td>Superspeciality</td>
<td></td>
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<tr>
<td>43.</td>
<td>C.D.R Hospital, Hyderabad</td>
<td>-do-</td>
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<td>44.</td>
<td>Citi Cardiac Centre, Visayawada</td>
<td>Cardiac</td>
<td></td>
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<tr>
<td>45.</td>
<td>Care Hospital (Vithal Hospital and Diagnostics Pvt. Ltd), Pallevi Hospital Complex, 15/52-B, Ghokhale Road, Maharanipeta, Visakhapatnam.</td>
<td>Multispeciality</td>
<td></td>
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<tr>
<td>46.</td>
<td>Charitasi Hospital, Vissayawada</td>
<td>-do-</td>
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<td></td>
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<tr>
<td>47.</td>
<td>Dr. Cows Dental Hospital 18, Dunga Enclave, Road No. 12, Barjara Hills, Hyderabad-34.</td>
<td>Dental</td>
<td></td>
<td></td>
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<tr>
<td>48.</td>
<td>F.M.S. Dental Hospital, Ayangar Plaza, Bank Street, Koti, Hyderabad</td>
<td>-do-</td>
<td></td>
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<tr>
<td>49.</td>
<td>Image Hospitals, Hyderabad.</td>
<td>Superspeciality</td>
<td></td>
<td></td>
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<tr>
<td>50.</td>
<td>Jaya Hospitals, Chowawhaha, Hanumkonda, Warangal</td>
<td>-do-</td>
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<td>51.</td>
<td>Ksmera Dental Hospital &amp; Implant Centre, Somajiguda, Hyderabad.</td>
<td>Dental</td>
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<tr>
<td>52.</td>
<td>L.V.Prasad Eye Institute, Hyderabad.</td>
<td>Eye Institute</td>
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<tr>
<td>53.</td>
<td>Mathir Hospital, Hyderabad</td>
<td>Multispeciality</td>
<td></td>
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<td>54.</td>
<td>Menhri Hospital, Hyderabad.</td>
<td>Superspeciality</td>
<td></td>
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<td>55.</td>
<td>Medici Hospital, Hyderabad.</td>
<td>-do-</td>
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<td>56.</td>
<td>Owali Hospital, Hyderabad.</td>
<td>-do-</td>
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<tr>
<td>57.</td>
<td>Postana Institute of Medical Sciences, Nagaon, Karimnagar District.</td>
<td>Multispeciality</td>
<td></td>
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<td>58.</td>
<td>Remedy Heart Institute, Library X Roads, Hira-jay Nager, Hyderabad-50.</td>
<td>Cardiac</td>
<td></td>
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<tr>
<td>59.</td>
<td>Rainbow Children's Hospital, 22, Road No. 4 (old Road No. 10), Barjara Hills, Hyderabad.</td>
<td>Pediatric</td>
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<tr>
<td>60.</td>
<td>Sri Padmavathi Orthopaedic &amp; Surgical Nursing Home, Hyderabad.</td>
<td>Orthopaedic</td>
<td></td>
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<tr>
<td>61.</td>
<td>Seven Hills Hospital, Visakhapatnam</td>
<td>Superspeciality</td>
<td></td>
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<tr>
<td>62.</td>
<td>Swasthantra Hospital, Rawalpindi</td>
<td>Multispeciality</td>
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<tr>
<td>63.</td>
<td>Sri Sai Kidney Centre, a unit of twin cities Kidney Centre Private Ltd., Near Lal bungalow, Ameerpet, Hyderabad.</td>
<td>Superspeciality</td>
<td></td>
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<tr>
<td>64.</td>
<td>SAI Vani Hospital (a unit of Lakshm Jaya Hospitals Limited), 1-2-365/36/4/37, Rama krishna Math Road, Indira Park, Domalaguda, Hyderabad.</td>
<td>Superspeciality</td>
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<tr>
<td>65.</td>
<td>Solline Dental Hospital, Ameerpet, Hyderabad.</td>
<td>Dental</td>
<td></td>
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<tr>
<td>66.</td>
<td>Solna Apollo Hospital, Solna Nagar at Tadpallli-52651, Near Visayawada.</td>
<td>Multispeciality</td>
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<td>67.</td>
<td>Yashoda Superspeciality Hospital, Malakpet, Hyderabad</td>
<td>Superspeciality</td>
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<td>68.</td>
<td>Yashoda Superspeciality Hospital, Somajiguda, Hyderabad.</td>
<td>Multispeciality</td>
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<tr>
<td>S.No.</td>
<td>NAME OF THE HOSPITAL</td>
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<tr>
<td>1.</td>
<td>Apollo Hospital, Chennai.</td>
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<td>2.</td>
<td>Aciyar Cancer Centre, Chennai.</td>
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<td>3.</td>
<td>AIIMS, New Delhi.</td>
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<td>4.</td>
<td>Apollo Hospital, New Delhi.</td>
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<td>5.</td>
<td>Apollo Millenium Hospital, New Delhi.</td>
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<td>6.</td>
<td>CMC, Vellore.</td>
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<td>7.</td>
<td>Escorts Hospital, New Delhi.</td>
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<td>8.</td>
<td>Janaki Das Memorial Hospital, New Delhi.</td>
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<td>9.</td>
<td>Kidwai Memorial Cancer Hospital, Bangalore.</td>
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<td>10.</td>
<td>NIMHANS, Bangalore.</td>
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<td>11.</td>
<td>Rajiv Gandhi Cancer Institute, New Delhi.</td>
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<td>13.</td>
<td>Sir Ganga Ram Hospital, New Delhi.</td>
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<td>14.</td>
<td>Shailam Bhartia Hospital, New Delhi.</td>
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<td>15.</td>
<td>St. Stephen Hospital, New Delhi.</td>
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<td>16.</td>
<td>Tata Memorial Cancer Hospital, Mumbai.</td>
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<td>17.</td>
<td>Vijaya Nursing Home, Chennai.</td>
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<td>18.</td>
<td>Wellington Hospital, New Delhi.</td>
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</tbody>
</table>
GOVERNMENT OF ANDHRA PRADESH
GENERAL ADMINISTRATION (SC.X) DEPARTMENT

MEMO. NO. 1660/SC.X/2006-1, DATED 02-09-2006.

SUB: All India Services (Medical Attendance) Rules, 1954 - Medical Attendance - Issue of CGHS Cards to Central Government Pensioners before retirement - Copy communicated - Regarding.


A copy of the reference cited together with its enclosure is communicated to all the officers noted in the address entry for their information and future use.

C.R. BISWAL,
PRINCIPAL SECRETARY TO GOVT.(POLL)

To
All IAS Officers
The Director General of Police, A.P., Hyderabad (with a request to send copy to
The Principal Chief Conservator of Forests, A.P., all IPS/IFS Officers respectively)
Hyderabad.

Copy to:
The Health, Medical and Family Welfare (K1) Dept.
The Ministry of Health and Family Welfare, Govt. of India, Nirman Bhavan, New Delhi.
The Director of Medical Education, Andhra Pradesh, Hyderabad.
The Commissioner, A.P. Vaidya Vidhan Parishad, Hyderabad.
The Civil Surgeon, Civil Dispensary, Secretariat, Hyderabad.
The General Administration (Spl.A/SC.C/SC.IFS) Dept.

Stock File/Spare Copy.

//FORWARDED :: BY ORDER//

SECTION OFFICER(SC)
OFFICE MEMORANDUM

Sub: Issue of CGHS cards to the Central Government Pensioners before retirement.

In continuation of O.M. even no. dated 18th October, 1993, the undersigned is directed to reiterate that the matter relating to issue of CGHS cards to retiring government officials who settle in Delhi after retirement on the day of their retirement has been under consideration in this Ministry. In order to facilitate this it has now been decided to issue Pensioners CGHS cards in the following manner:

1. The Ministry/Department concerned will obtain the duly filled forms Application (copy enclosed) and other documents, viz, Joint Photograph of applicant and spouse, Bank draft/postal orders for the required amount, Last Pay Certificate or Pension Payment Order, etc. from the applicant and Blank token card from CGHS office and forward the same to the CGHS Pensioners Cell three months before the date of retirement of the official.

2. The application so received will be processed in the CGHS Pensioners Cell and the card would be issued to the concerned Ministry/Department 30 days before the date of retirement of the official.

3. The cornered Department/Ministry will obtain Bank Draft/Postal Order from the official concerned as per the rates mentioned below:

<table>
<thead>
<tr>
<th>Pay/Pension in the revised scale</th>
<th>Rate of Subscription per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Upto Rs. 3000/-</td>
<td>Rs. 15/- per month.</td>
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<tr>
<td>(b) Rs. 3001 to 6000/-</td>
<td>Rs. 40/- per month.</td>
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<tr>
<td>(c) Rs. 6001 to 10,000/-</td>
<td>Rs. 70/- per month.</td>
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<tr>
<td>(d) Rs. 10,001 to 15,000/-</td>
<td>Rs. 100/- per month.</td>
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<tr>
<td>Above Rs. 15,000/-</td>
<td>Rs. 150/- per month.</td>
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</tbody>
</table>

The bank draft/postal order has to be drawn in favour of Pay & Accounts Officer, CGHS, New Delhi.
5. If the official intends to get a CGHS card for whole life he should send the bank draft/postal order in an amount equivalent to the subscription for the period of ten years.

(Jai Prakash)

To,

Under Secretary to the Govt. India

1. All Ministries/Departments of the Government of India.
2. Director, CGHS (with 5 spare copies).
3. CMO (HQ)/Addl. Director, CGHS, Delhi/C&P Section, Nirman Bhawan, New Delhi.
4. Finance, Desk-Il.
6. All State Government Departments/Resident Commissioner Officers at Delhi. "As regard All India Services pensioners who retired from the offices of resident Commissioners/State Government Departments, the respective Resident Commissioners Officer and State Government office will issue the CGHS cards according to the procedure indicated in the body of the above office memorandum.
8. Copy for folder.
ONLY FOR CENTRAL GOVT. PENSIONERS

To,
The Additional Director (CGHS),
Room No. 526, 'D' Wing 5th Floor,
Nirman Bhawan New Delhi

Sub : Application for Central Government Health Scheme Pensioner Card.

Sir,
alongwith the members of my family whose particulars are given below may please be admitted to CGHS on payment of subscription on the basis of last pay drawn/pension.

1. Name of the Pensioner
2. Date of Retirement/Death
3. Residential Address
4. Telephone No., if any
5. Ministry / Department from which retired
6. Basic Pension
7. Whether in receipt of family pension (Yes/No)
8. Pension Payment order No.
9. Last Basic Pay drawn before retirement
10. Details of family according to the definition of the family.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship with the Applicant</th>
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<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

I shall abide by the rules and regulations and modification of the service which may be issued from time to time.

...........2/
I solemnly affirm that I and my dependents whose names are given on pre-page are residing with me at the address mentioned at Sl. No. 3 on pre-page.

I am depositing the contribution of Rs.__________________________ (Rupees ____________________________) for 10 years ("WHOLE LIFE") or for ____________ years in the form of Bank Draft No.__________________________ dt.__________________________

name of the bank ____________________________ for the month of ending period June/December for CGHS, card.

Date: ____________________________

Signature of the applicant

(Signature to be attested by "Notary Public" of Gazetted Officers)

I hereby undertake to contribute on the basis of my pension/last pay drawn to avail CGHS facilities and will not request for a change in future.

Signature of the applicant

Documents Required:
1. Attested copies of Pension Payment Order and Last Pay Certificates.
2. Group Photo in triplicate (whose name are to be included in the CHGS pensioner card (without attestation)
3. Dependant children (unmarried and unemployed irrespective of age).
4. All type of enquires / depositing / collecting of cards will be between 10.00 A.M. to 12.30 P.M. on all working days.
5. Payment could be made by Bank Draft of Nationalized Banks which should be payable in favour of "PAY & ACCOUNT OFFICER CGHS, NEW DELHI"
7. Photocopy of Residential Proof.
8. Pensioner should come personally to deposit the application form.

Sub: Medical Attendance –All India Service Pensioners – Certain instructions relating to reimbursement of medical expenses – Reg.


The Government of India in their O.M. cited have decided that AIS pensioners who retire while serving under the states will also be eligible for C.G.H.S. facilities in the cities in which the C.G.H.S. is functioning. The AIS pensioners irrespective of the fact as to whether they retire from Centre or State cadre will have the option to avail either C.G.H.S. facilities or post retirement medical facilities provided by the respective state Governments. It is observed that, while submitting applications for reimbursements, the retired AIS Officers are not clearly mentioning whether they are Members of C.G.H.S. or not.

2. The A.I.S. pensioners are therefore requested whenever they apply for reimbursement of medical expenses, they shall give an undertaking that they are not a Member of C.G.H.S. or they are not availing the C.G.H.S. facility and not seeking reimbursement under C.G.H.S. rules.

P. RAMAKANTH REDDY,
CHIEF SECRETARY TO GOVERNMENT.

To
The Secretary,
A.I.S. Pensioners Association,
Hyderabad,
(With a request to bring these
Instructions to the notice of AIS pensioners)
Copy to Director General of Police, A.P., Hyderabad,
Prl. Chief Conservator of Forests, A.P., Hyderabad,

// Forwarded : By Order //

SECTION OFFICER (SC).
No.3.I/0/1/87-CHS.D.1/CHS(P)

Government of India
Ministry of Health and Family Welfare

New Delhi, dated 1.1.88

OFFICE MEMORANDUM

Subject: Extension of CGHS facilities to all India Service Pensioners.

The undersigned is directed to refer to this Ministry's OM No.22(10)/P&PW/87, dated 23.12.87, regarding extension of CGHS facilities to all India Service Pensioners residing in Delhi/ New Delhi and to say that the question of extension of CGHS facilities to A.I.S. Pensioners who retire while serving under the states will also be eligible for CGHS facilities in the cities in which the CGHS is functioning viz., Delhi, Allahabad, Lucknow, Nagpur, Hyderabad, Pune, Madras, Kanpur, Meerut, Bhopal, Patna, Jaipur, Ahmedabad, Calcutta, Bombay on the same terms and conditions as are applicable to Central Government Pensioners. The A.I.S. Pensioners irrespective of the fact as to whether they retire from Centre or from State cadre will have the option to avail of the CGHS facilities at their most convenient location as decided by the respective State Governments. A.I.S. Pensioners even if they are not residing in the cities where CGHS is functioning will also have the option to get their names registered with the nearest dispensary in the city where CGHS is functioning by paying the usual contribution. However, in such cases they will neither be eligible for any domiciliary visit nor any medical care in case of short visits to other cities where CGHS is functioning. A.I.S. Pensioners can obtain a temporary permit from the DD/MD concerned for availing medical facilities under CGHS in the city they may visit.

This issues with the concurrence of Ministry of Personnel P&P & Pension vide their OM No.22(10)/P&PW/87, dated 23.12.87.

All State Governments are requested to give wide publicity to this OM amongst the retired and retiring A.I.S. Pensioners of the State.

Sd/- H.S. Bhakal

Under Secretary to the Government of India

1. All Secretaries of the States Uts.
2. All Heads of Departments of the Govt. of India
3. Uts G.R. with 50 spare copies
4. All Uts/Gts. under the CGHS
5. Shri Vaidya Prasad, Resident Commissioner, Jantar Mantar, New Delhi

[Signature]

SECTION OFFICER (SC)
GOVERNMENT OF ANDHRA PRADESH

ABSTRACT

Andhra Pradesh Integrated Medical Attendance Rules, 1972 - Extending certain medical benefits to Andhra Pradesh Cadre All India Service Pensioners, their dependents and to the All India Service Family pensioners – Orders issued.

GENERAL ADMINISTRATION (S.C – X) DEPARTMENT

G.O.Ms. No. 493

Read the following:-


ORDER:-

In his representation 9th read above, Dr. V.P. Jauhari, IAS, President, IAS Officers Association, A.P, has represented that the medical reimbursement, towards the out-patient treatment obtained in recognized corporate hospitals is not being provided to the All India Service pensioners, though the officers in service have this facility. Keeping in view that the pensioners need more attention because of ageing process and that they are not entitled to Medical facilities under AIS (MA) Rules, 1954, he has requested the Government to issue necessary modification to the existing orders to allow this facility for the pensioners for treatment as out-patients in the recognized corporate hospitals in the State. Sri S.P.K. Naidu, IAS, and Sri V. Raman Rao, IAS (Retd), Secretary, AIS Pensioners Association A.P have also represented for extending the medical facilities to the pensioners on par with the in service AIS Officers.

2. Certain medical facilities have been extended to the A.I.S. Officers vide G.Os. 2nd, 3rd and 6th read above under the All India Service (Medical Attendance) Rules, 1954.

3. In terms of the orders in the reference 1st read above, the AIS pensioners irrespective of the fact as to whether they retire from Centre or State cadre will have the option to avail either C.G.H.S. facilities or to avail post retirement medical facilities provided by the respective state Governments. As such, the A.I.S pensioners are not entitled to claim the medical reimbursement under A.I.S. (MA) Rules, 1954. The AIS pensioners, who are enrolled as members in Central Government Health Scheme (CGHS) under C.S. (MA) Rules, 1944, are not entitled to reimbursement under the A.P.I.M.A. Rules 1972.

4. Government after careful consideration of the request of the IAS Officers Association and others, hereby order that the medical facilities that are available to serving All India Service Officers borne on the cadre of Andhra Pradesh and their dependents, for the purpose of treatment and reimbursements, shall be extended to the All India Service pensioners, Andhra Pradesh cadre, their dependents and to the All India Service family pensioners, subject to the maximum ceilings communicated by the State Government from time to time under Andhra Pradesh Integrated Medical Attendance Rules, 1972.

5. The Heads of Secretariat Department ie., the Special Chief Secretary/ Principal Secretary/ Secretary of the Secretariat Department who are administratively concerned to the departments in which the I.A.S. Officers retired, are authorized to process and sanction of the admissible amount of the Bills pertaining to IAS Pensioners and their dependents and to the I.A.S. Family Pensioners, as reported by the Authorised Medical Attendant after scrutiny as specified in G.O.Ms. No. 74, HM & FW Deptt., dated 15.3.2005. With regard to I.P.S. / I.F.S. Pensioners, the Director General of Police / Principal Chief Conservator of Forests, respectively are authorized to process and sanction the admissible amount as reported by the Authorised Medical Attendant after scrutiny as specified above.

(P.T.O.)
6. The sanctioning authority at para 5 above are authorized to process and sanction the medical bills as per rules, (1) towards the O.P. treatment which does not exceed Rs.10,000/- and (2) all the in-patient treatments. The medical reimbursement claims involving relaxation of rules and (or) the O.P. treatment bills above Rs.10,000/-, shall be examined by the Department concerned and if it is found genuine and essential, then the proposal shall be sent to the General Administration (SC.X) Department, with specific recommendation justifying the relaxation of rules together with the scrutiny report for obtaining orders of Chief Minister, through Principal Secretary (Finance).


(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

P. RAMAKANTH REDDY,
CHIEF SECRETARY TO GOVERNMENT.

To
The I.A.S. Officers Association, A.P., Hyderabad
The A.I.S. Pensioners Association, Hyderabad,
All A.I.S. Officers
The Secretaries to Government / All Departments of Secretariat,
The Director General of Police, A.P., Hyderabad.
The Principal Chief Conservator of Forests, A.P., Hyderabad.
The Director of Treasuries and Accounts, A.P., Hyderabad.
The Pay & Accounts Officer, A.P., Hyderabad.
The Accountant General, A.P., Hyderabad.
The Director of Medical Education, A.P., Hyderabad.
The Secretary to Government of India,
The Secretary to Govt. of India, Ministry of Health and Family Welfare, New Delhi.
The Health, Medical and Family Welfare (K1) Department
The Finance ( Expr.M & H.I.) Department,
Stock File / Spare Copy.

// Forwarded : By Order //

SECTION OFFICER (SC).