



Rural Electrification Corporation Limited

A Government of India Enterprise

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Dated: 08.10.2012

OFFICE ORDER PART III NO.64 (PB)

Sub: - Revised REC Medical Attendance & Treatment Rules.

The Competent Authority has approved revised REC Medical attendance and Treatment Rules a copy whereof is enclosed at ANNEXURE-A.

2. The revised rules shall come into force with immediate effect.
3. This is issued with the approval of the Competent Authority.

(Rajesh Raj)
Chief Manager (HR)

Encl.: Annexure-A

Ref. Pers. /RR / iii (8) / 84 / 1457

Distribution:

1. DM/AM/Sr. Officer to CMD/Director (Fin.)/Director (Tech.) / CVO, REC Ltd.
2. All Executive Directors, REC Ltd.
3. All General Managers/Company Secretary, REC Ltd.
4. All Zonal Managers / CPMs / Addl. Director, CIRE / Incharge Sub-office, REC Ltd.
5. All AGMs / DGMS / Chief Managers, REC Ltd., Corporate office.
6. AGM (IT) with request to arrange for uploading the office order on the intranet.
7. Dy.Gen.Manager, Rajbhasha with request to arrange for Hindi version of the order.
8. Secretary General, REC Officer's Association.
9. General Secy., REC Employees Union.
10. General Secretary, REC Retired Officers Welfare Association , 6 Aravali Apartments , Alakhnanda (Kalkaji), New Delhi -19
11. Master file/ Folder/ Office copy.

REC LTD. (MEDICAL ATTENDANCE & TREATMENT) RULES

1.0 TITLE

These rules shall be called “REC Limited (Medical Attendance & Treatment) Rules”.

2.0 SCOPE

2.1 These rules shall apply to: -

- (i) Whole time employees and their families.
- (ii) Contract employees and trainees (including their families), if the terms of their respective appointment so provide.
- (iii) Deputationists and lien-holders (including their families) unless the deputation terms provide otherwise.
- (iv) Former employees who have retired on attaining the age of superannuation or on opting voluntary retirement as per provisions contained in REC (Service) Rules or otherwise cease to be in the services of the Corporation, as specified in the provisions contained in the REC Contributory Scheme for Post-Retirement Medical Facilities of the Corporation.

2.2 These Rules shall be applicable to employees, whether they are on duty or on leave of any kind or under suspension and to their families whether located at the place of duty or elsewhere, subject to other provisions of these Rules.

3.0 DEFINITION

3.1 In these Rules, unless there is anything repugnant to the subject or context:-

3.2 “Authorized Medical Attendant” (AMA) - means the Doctor appointed by the Corporation or any Registered Medical Practitioner or Medical Officer employed in a Hospital / Nursing Home / Dispensary having a degree in a recognized system of medicine (i.e. allopathic / homoeopathic / Ayurveda / unani / yoga and naturopathy system of medicine).

3.3 “Competent Authority” - means the Chairman and Managing Director (CMD) of the Corporation or any such other authority to whom the powers in respect of these Rules may be delegated by the CMD.

3.4 “Sanctioning Authority” - means the Officer in the Finance Wing at the Corporation’s Corporate Office / Zonal – Project Offices / CIRE (Hyderabad) to whom the Powers have been vested by the “Competent Authority” for passing & payment of medical bills of the employees.

3.5 “Corporation” - means Rural Electrification Corporation Ltd., including its Zonal / Project / Sub-Offices / CIRE, Hyderabad / Units / Establishments under its administrative control.

3.6 “Employee” - means whole-time employee of the Corporation and includes Deputationists / lien holders / probationers and trainees.

3.7 “Family” – means and includes :-

- (i) Self ;
- (ii) spouse (only one) ;

- (iii) two surviving children including step-children and legally adopted children -
Son – till starts earning or attains the age of 25 years, whichever is earlier and
Daughter– till starts earning or gets married or attains the age of 30 years, whichever is earlier ; and
- (iv) Parents;
subject to the condition that the members of family are wholly dependent upon the employee.

3.7.1 The restriction of two surviving children shall not apply in respect of:-

- (a) existing employees, as on 04.06.2001.
(b) multiple births in case of employees who had no child / one child thereby increasing the number of surviving children to more than two after 04.06.2001.

3.7.2 The restriction of age for dependent children will not be applicable for physically handicapped or mentally retarded children dependent on the employee provided income of such child, from all sources, is less than Rs.6,000/- p.m. The employee has to provide a Medical Certificate from a Government / Empanelled Hospital stating that the child is suffering from Total Permanent Disablement or is Mentally Disabled.

3.7.3 The criteria for judging the dependency or otherwise of a family member of an employee will be the monthly income of the concerned family member. A family member will be deemed to be dependent upon the employee if his / her income from all sources is not more than Rs.6,000/- p.m. In case of parents, they should be normally residing with the employee or other members of the family and the income of both father and mother jointly will be taken into account for this purpose. The amount of Pension drawn by the parents shall be ignored while computing the above limit of Rs.6,000/- p.m.

3.7.4 A female employee will have the choice to include either her parent(s) or her parent(s)-in-law (and not both), for the purpose of availing of the benefits of the medical concession under these rules, subject to the prescribed condition of dependency.

NOTE:

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

3.8 **“Hospital”** –includes the following -

3.8.1 Government Hospitals / Government aided Hospitals / Trust Hospitals established on ‘No Profit – No Loss’ basis or empanelled Hospitals notified from time to time. A list of empanelled Hospitals, as on 31.03.2012, is at **ANNEXURE – I**.

3.8.2 Other Private Hospitals or Nursing Homes / Clinics.

3.9 **“Medical Attendance”** - means attendance in hospital or in Authorized Medical Attendant’s consulting room / clinic or at the residence of the employee, including such pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis as are available in any “Hospital” / Laboratory and are considered necessary by the Authorized Medical Attendant and such consultation with a Specialist or other Medical Officer to the extent and in the manner, as Authorized Medical Attendant certifies to be necessary.

3.10 **“Patient”** - means employee or a member of his / her family, to whom these Rules apply and who has fallen ill requiring medical attention.

- 3.11 **"Pay"** - for the purpose of these rules will be the amount drawn monthly by an employee as Basic Pay which has been sanctioned for the post held by him / her. It will also include Deputation (Duty) Allowance, Special Pay, Personal Pay or such other emoluments, specially classified under the Rules as **"Pay"**. In the case of Trainees and Apprentices, pay would mean the actual stipend drawn.
- 3.12 **"Rules"** - means REC Limited (Medical Attendance & Treatment) Rules, wherever occurring, except where indicated otherwise.
- 3.13 **"Specialist"** - means any Registered Medical Practitioner of a recognized system of medicine with a Post Graduate or equivalent degree in any specialized branch of medicine / surgery or having one of the qualifications viz., M.R.C.P. (Edinburgh) ; M.R.C.O.G. ; F.R.C.S. ; F.R.C.P. ; F.A.M.S. ; F.R.A.C.S. ; etc.
- 3.14 **"Treatment"** - means use of all or any medical and surgical facilities essential for the recovery or for prevention of deterioration in the condition of the patient and includes:-
- 3.14.1 The employment of such pathological, bacteriological or other methods as may be considered necessary by the AMA.
- 3.14.2 The supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in Government or empanelled hospital.
- 3.14.3 Physiotherapy, speech therapy, psychiatric, anti-rabies treatment and such other treatment as may be considered necessary by the AMA.

CLARIFICATION :

Ordinarily, an employee / ex-employee should receive treatment for self / dependent family member at the place of posting or at the station where the family is residing or a station, within India, of his / her choice after retirement / voluntary retirement. However, under certain exceptional and compelling circumstances, if the treatment is received at a place other than the place of posting or headquarters or the place of residence of the family, the same will be reimbursed by the Corporation under these Rules provided the reasons on this account i.e., change of place of treatment vis-à-vis place of posting / headquarters/residence of family is indicated in the relevant Col. of the prescribed medical reimbursement proforma - **ANNEXURE - II & III.**

4.0 OUTDOOR TREATMENT

- 4.1 An employee or his / her dependent family member(s) can take outdoor treatment from any hospital or AMA or private Medical Practitioner and the annual reimbursement on said account will be allowed upto a ceiling equivalent to one month's Basic Pay plus Dearness Allowance, as payable in the month of March of the preceding Financial Year or maximum of pay scale on the last day of the relevant Financial Year, whichever is more. For ex-employees, who are Members of REC Contributory Scheme for Post-Retirement Medical Facilities, ceiling will be equivalent to maximum of pay scale of a serving employee of equivalent status / rank on the last day of relevant Financial Year or last Pay (Basic Pay + D.A.) drawn by him / her, whichever is more.
- 4.2 The expenses on outdoor medical treatment beyond the annual ceiling limit may be carried forward to the subsequent Financial Year and reimbursed against the annual ceiling for the subsequent year. However, reimbursement, as above, will be admissible only in respect of treatment taken in the previous Financial Year which are not otherwise time barred and are within the permissible time limit for reimbursement of claims.

5.0 MEDICAL TREATMENT OF CERTAIN "SPECIAL DISEASES"

- 5.1 Certain diseases notified from time to time by the Corporation as "Special Diseases", where outdoor treatment is advised by the AMA, reimbursement of expenses will be

allowed beyond annual O.P.D. ceiling. The current list of "Special Diseases" includes the following diseases:-

- (i) Cancer
- (ii) Heart diseases – Coronary Artery Disease causing Ischemic Heart Diseases.
- (iii) Kidney transplantation – Post Kidney transplantation care.
- (iv) Kidney Failure Treatment
- (v) Thalassemia
- (vi) Liver Cirrhosis
- (vii) Diabetes

5.2 The reimbursement of medical expenses incurred on the treatment of "Special Diseases" will be as per procedure detailed below:-

- (a) The expenses on account of treatment of "Special Diseases" viz., fee paid as consultations, cost of medicines, pathological / diagnostics / radiological tests etc., will be considered only if the treatment / tests are taken from the Government / Government aided / Trust Hospitals established on 'No Profit – No Loss' basis or Empanelled Hospitals or Company Doctor. However, the pathological / diagnostic tests got conducted from Dr.Lal Path labs in respect of these "Special Diseases" will also be considered for reimbursement under these Rules.
- (b) The request of the employee should be supported by a certificate from the concerned attending AMA, stating clearly the "Special Disease" and that the patient is required to take the medicines for a long time and the medicines are necessary for the treatment of the said special disease.
- (c) The employees shall submit their medical reimbursement claims for special diseases in the prescribed application form together with the form as at ANNEXURE – IV.
- (d) Employees will have to ensure that the diagnosis of the "Special Disease" is properly and legibly mentioned on the prescription by the attending AMA failing which the claim will be processed as if it comes within the purview of the annual O.P.D. ceiling category.
- (e) If the treatment is combined for more than one disease other than the "Special Disease", the treatment for "Special Disease" only will be reimbursable. The employee will clearly mention in the claim in such cases the expenditure incurred for "Special Disease".

6.0 ADMISSIBILITY IN CASE OF CERTAIN TREATMENTS

The reimbursement for the following treatments shall be outside the annual OPD ceiling;

6.1 DENTAL TREATMENT

- 6.1.1 Expenses incurred by an employee of the Corporation in connection with dental treatment obtained in a "Hospital" or from an AMA (a Dentist with at least a Bachelor Degree in the Dental Surgery) are reimbursable.
- 6.1.2 Surgical operation needed for removal of odontomes and impacted wisdom teeth also fall under the category of dental treatment of a major kind. Treatment of gumboils will come under oral surgery (surgery of the mouth) and as such it will be admissible under these Rules.
- 6.1.3 Orthodontal treatment, other than for cosmetic purposes, shall also fall under the category of dental treatment, based on the certificate of the AMA.

- 6.1.4 Rates /charges reimbursable in respect of various items of dental treatment to employees and their family members will be restricted to rates prescribed by Sir Ganga Ram Hospital, New Delhi. The cost of dentures will, in no case be reimbursed.

6.2 EYE SIGHT TESTING

- 6.2.1 Eyesight may be got tested once in a calendar year by an Optometrist / Ophthalmologist, if not done at an empanelled hospital / clinic. In case eye testing is required to be done more than once in a year, a certificate to this effect will be rendered by the Ophthalmologist. Amount of actual expenditure, including the cost of spectacles / lens, restricted to a ceiling of Rs.2,500/- per calendar year per family member will be reimbursed.

6.3 TREATMENT FOR IMMUNIZING AND PROPHYLACTIC PURPOSES

- 6.3.1 Reimbursement of charges incurred on treatment of the employees and their families for immunising and prophylactic purposes in "Hospital" will be permitted only in case of communicable diseases: -

- i) Cholera
- ii) Typhoid group of fevers
- iii) Small-Pox
- iv) Plague
- v) Diphtheria
- vi) Tetanus
- vii) Whooping Cough
- viii) Polio
- ix) Measles
- x) TB
- xi) Meningitis (including M.M.R) and
- xii) Any other communicable diseases for which immunization is recommended by the AMA.

6.4 VACCINATIONS, INOCULATIONS ETC.

- 6.4.1 The cost of the vaccinations, inoculations and injections for prophylactic and immunising purposes to secure health certificates under International Travel Regulations before commencement of such travel will be reimbursed by the Corporation, provided the journey is undertaken on behalf of the Corporation and in connection with its official work.

7.0 REIMBURSEMENT OF ARTIFICIAL APPLIANCES / GADGETS / LIMBS ETC.

- 7.1 Expenses incurred by the employees / dependent family members towards purchase / replacement / repair / adjustment of artificial limbs / appliances / gadgets, viz., Hearing Aid, Callipers, Nebulizer, CPAP / BIPAP Machines, etc., as notified in r/o of the Government servants, will be reimbursed within the prescribed monetary ceiling / period, as indicated in the CCS (Medical Attendance) Rules, if required and recommended by the AMA and the reimbursement will be beyond annual OPD ceiling. A list of "Artificial Appliances" notified in the CCS (Medical Attendance) Rules is at ANNEXURE - V.

8.0 INDOOR TREATMENT

- 8.1 In cases requiring hospitalization, the "Patient" can be admitted in a "Hospital" on the advice of the "Authorized Medical Attendant" and all charges for medicines, labtests, investigations, surgical charges etc. as per advice of the AMA /attending doctor is reimbursable.

- 8.2 Indoor treatment should normally be taken in a Government / Government aided / Trust Hospital established on 'No Profit No Loss' basis or empanelled Hospitals and in such cases the reimbursement will be made as per actuals based on entitlement or as per specific provisions in r/o certain empanelled Hospitals as indicated in their notifications issued from time to time. However, if the treatment is obtained in any other Private Hospital / Nursing Home / Clinic on account of emergency or otherwise near to his / her residence or place of accident, the reimbursement will be restricted to schedule of charges as per entitlement applicable in Sir Ganga Ram Hospital or actual, whichever is less. Where the schedule notified by Sir Ganga Ram Hospital does not specify the charges, the reimbursement shall be restricted to the corresponding notified rates of Batra Hospital or actual whichever is less.
- 8.3 In cases of hospitalization in a Hospital empanelled under "Direct Payment Scheme", payment will be made directly to the concerned Hospital by the Corporation, as per entitlement of the beneficiary under these Rules. The expenditure beyond entitlement, if any, will be borne by the employee.
- 8.4 Accommodation charges in the Hospital (including empanelled Hospitals) and others will be regulated as per the scales laid down hereunder:

" PAY " RANGE	TYPE OF ACCOMMODATION
1	2
Employees drawing Basic Pay upto Rs. 11,520/- p.m.	General Ward
Employees drawing Basic Pay of Rs. 11,521/- to Rs. 23,460/- p.m.	Single bed in two bedded Non-AC Room OR Single bed in more than two bedded AC Room
Employees drawing Basic Pay of Rs. 23,461/- to Rs. 30,720/- p.m.	Single Non-AC Room OR Single bed in two bedded AC Room
Employees drawing Basic Pay of Rs. 30,721/- and above	Single AC Room

- 8.5 Executive Directors & Board level appointees (including Chief Vigilance Officer) of the Corporation and their dependent family members will be entitled for AC Deluxe Private Room available in any Hospital / Private Nursing Home.
- 8.6 In case accommodation in the entitled class is certified to be not available by the Hospital, reimbursement will be restricted to charges of immediately next higher type of accommodation available in that Hospital. In case, higher accommodation is allotted by the Hospital only at the request of the beneficiary, the additional expenses of the treatment will be borne by the beneficiary.
- 8.7 Cost of medicines / pathological tests etc. prescribed by the Hospital to be taken after discharge from the Hospital, for a reasonable period, of not exceeding 30 days or up to the next date of review, whichever is earlier, will be fully reimbursed which will not be taken into account under annual O.P.D. ceiling limit of an employee and will form as part payment of indoor medical claim.
- 8.8 Employees during leave / official tour to a place other than the headquarter can obtain treatment for "Self" and accompanying family members at the place of tour or leave station and reimbursement will be made, as per Rules.

- 9.0 **PROCEDURE FOR TREATMENT IN EMPANELLED HOPITALS UNDER 'DIRECT PAYMENT SCHEME'**
- 9.1 Employees and / or their dependent family members may take indoor treatment in the empanelled hospitals with which arrangement of credit facility has been made by the Corporation.
- 9.2 The employees will be required to apply in the prescribed form at **ANNEXURE - VI** along with a copy of the advice of the attending Doctor / AMA advising for admission of the concerned patient for treatment.
- 9.3 The "Admission Slips" in the proforma at **ANNEXURE - VII** indicating the entitlement of the beneficiary will be issued by the authorised signatory in HR Division at Corporate office / concerned ZO / PO / CIRE after due verification of the patient concerned in regard to his / her dependency on the employee under REC (Medical Attendance & Treatment) Rules in five copies. The five slips will be distributed as follows:
- (a) Original + 1 slip to the hospital authority.
 - (b) Copy to F&A - Medical Section of concerned office.
 - (c) Copy for the employee concerned.
 - (d) Office Copy with issuing Department.
- 9.4 The names of the Authorised Signatories for the purpose of issuing admission slips for taking treatment under direct payment facility are notified separately from time to time.
- 9.5 The hospital concerned will entertain the admission slip for the purpose of admission / treatment. In emergency cases, on holidays or during odd hours, hospital can admit the employee or his dependent (to be declared by employee in writing) on the basis of valid Identity Card or Medical Card (in case of superannuated employees) by declaring his / her entitlement to the hospital at the time of admission. Thereafter, admission slip shall be obtained on the next working day from the concerned office of the Corporation and submitted to the hospital.
- 9.6 During leave / official tour at a place where empanelled Hospitals are available and the treatment is obtained at these Hospitals, the employee can obtain admission slip from the Corporation's Office at that location, subject to verification of dependency by HR - Estt. at Corporate Office. The Office concerned will pay the bill of the hospital and will debit the same to the office where the employee is posted.
- 9.7 After completion of the treatment the bill will be raised by the concerned hospital authority, with a copy of admission slip issued by the Corporation and sent to F&A (Medical Section) of the concerned office which has issued the admission slip for release of the payment directly to the hospital. The payment shall be released to concerned hospital on receipt of the bills after due verification.
- 9.8 While getting discharged from the hospital, the employee or patient or (attendant of the patient indicating the relation with the patient /employee) will have to countersign and verify the bill at the hospital with regard to the number of days of stay, treatment of the disease and pathological tests etc.
- 9.9 Any payment in excess of the entitlement of the employee will be payable by the employee to be recovered either in one lump sum or in suitable monthly instalments depending upon the extent of amount to be recovered. In case of members of REC Contributory Scheme for Post-Retirement Medical Facilities, the admission slip shall be issued only after getting an account payee cheque in favour of REC for an amount of Rs.10, 000/-to take care of inadmissible expenditure incurred by the retired executives during the treatment which will be refunded after adjusting any inadmissible charges within 7 days of the receipt of the bill from the hospital.

10.0 SURGICAL TREATMENT FOR EYES

Expenses incurred in connection with any surgical treatment of eyes, cataract operation, including expenses for Intra Ocular Lens, correction of squint (eye) will be reimbursable as per rules i.e. in full if treatment is obtained in a Government / Government aided / Trust Hospital established on 'No Profit - No Loss' basis or Empanelled Hospitals. If treatment is obtained in any other Private Hospital / Nursing Home / Clinic the reimbursement will be restricted to schedule of charges as per entitlement applicable in Sir Ganga Ram Hospital or actual, whichever is less.

11.0 REIMBURSEMENT OF ARTIFICIAL APPLIANCES LIKE HEART PACEMAKER, REPLACEMENT OF THE PULSE GENERATOR, STENTS, KNEE & HIP IMPLANTS ETC.

The cost of Heart Pacemaker, replacement of the Pulse Generator, stents, knee & hip implants, etc., are reimbursable based on the recommendations of the AMA or the Specialist.

12.0 CONFINEMENT

12.1 In the case of a female employee or wife of a male employee, treatment including confinement and pre-natal and post-natal treatment will be reimbursable.

12.2 **Charges for Dhobi and Ayah** - Dhobi charges and charges for an Ayah at the time of confinement / post natal care are not reimbursable.

13.0 EXPENSES FOR TREATMENT OF STERILITY

13.1 The employee of the Corporation and members of his / her family will be eligible for reimbursement of expenditure incurred for treatment of sterility, in the same manner as other expenses eligible for reimbursement under these Rules.

14.0 FAMILY PLANNING OPERATION

14.1 The expenditure incurred on family planning operation for self or spouse (including insertion of IUD etc.) will be reimbursable to the extent of the charges of the Government Hospitals / Institutions.

NOTE: Reimbursement of cost of oral contraceptives is not admissible.

15.0 MEDICAL TERMINATION OF PREGNANCY

15.1 The expenditure incurred on medical termination of pregnancy shall be reimbursed to the full extent provided it has been performed at Government or other Hospital / Institution approved under the Medical Termination of Pregnancy Act, 1971.

16.0 TREATMENT OF V.D. / AIDS

16.1 The expenses for treatment of "Venereal Diseases / AIDS" are reimbursable.

17.0 COST OF LIFE SAVING IMPORTED DRUGS

17.1 As far as possible, the prescription of imported drugs should be avoided by the AMA. However, in cases where the AMA considers that all possible medicines/drugs available in India have been tried but have proved ineffective and the prescription of imported life saving drugs is imperative/unavoidable for saving life of the patient or to prevent permanent damage to the health of the patient, he may prescribe such drugs. The cost of drugs thus imported shall be reimbursable, subject to the following conditions: -

17.1.1 The AMA records a certificate that all possible medicines/drugs available in the market within India proved ineffective and no substitute having equal therapeutic value is available in the country.

17.1.2 Only cost of the drugs, customs duty and freight charges will be reimbursable.

- 17.1.3 The AMA should not prescribe medicines for more than 15 days at a stretch on the 1st day of consultation so that the medicines may not go waste.

CLARIFICATION:

The restriction that the medicines should be purchased only for 15 days will not apply to chronic ailments / ailments requiring prolonged treatment. In cases of such ailments, a certificate to that effect should be obtained from the AMA. In such cases, the maximum limit is extended beyond 15 days. as per advice of the AMA.

18.0 DECLARATION OF DEPENDANTS

- 18.1 Every employee on appointment shall declare members of his / her family dependent on him / her, in the prescribed Form - ANNEXURE – VIII.
- 18.2 Any deletion in the list of declared dependent family members as stated above shall be promptly intimated, through proper channel, to the HR Division – Estt. Desk of the Corporation at Corporate Office, through a declaration, inter-alia, indicating the date of such change and the reason thereof.
- 18.3 In case of any addition, the employee shall be required to make a fresh declaration in the prescribed Form - ANNEXURE – VIII which shall include the name of all the dependent family members, including the new addition. The medical declaration shall be forwarded, through proper channel, to the HR Division – Estt. Desk of the Corporation at Corporate Office, along with a letter indicating the date of such change and the reason thereof.

19.0 SPECIAL NURSING

- 19.1 If during treatment in a hospital, special nursing becomes necessary, an employee of the Corporation and members of his / her family will be entitled to special nursing as may be deemed essential for the recovery or for the prevention of serious deterioration in the condition of the patient, having regard to the nature of the disease. For this purpose, a certificate from the Medical Officer-in- charge of the case in the hospital and countersigned by the Medical Superintendent of the hospital should be produced in the prescribed form given below:-

CERTIFICATE

I, Dr. _____ certify that Mr./Ms. _____ employed in the Rural Electrification Corporation Ltd. has been under treatment for _____ disease at _____ Hospital and that the services of the special nurse for which an expenditure of Rs. _____ was incurred vide bills and receipts attached were essential for the recovery / prevention of serious deterioration in the condition of the patient.

(Signature of the Medical Officer In charge
of the case of the Hospital with Seal)

Countersigned

(Signature of Medical Superintendent of the Hospital with seal)

Dated : _____

20.0 AMBULANCE CHARGES

- 20.1 Ambulance charges for admission to the Hospital in case of maternity or serious illness or injury, if recommended by AMA will be reimbursed. In case public transport such as taxi has been used to carry the patient due to emergency or non-availability of ambulance, actual charges subject to a maximum of Rs.1,000/- (Rupees one thousand only) will be reimbursed.

21.0 REIMBURSEMENT WHEN BOTH HUSBAND AND WIFE ARE EMPLOYED

- 21.1 When both husband and wife are employees of the Corporation, benefits under these Rules to self and members of his / her family will be admissible only according to the entitlement of one of them, at their discretion. For this purpose, they shall furnish a joint declaration in the prescribed Form - **ANNEXURE – VIII** to the HR – Estt. Desk at Corporate Office, clearly indicating their option and the details in respect of each member of family in respect of whom the claim is to be preferred by the spouse concerned. It would also be permissible to change the declaration.
- 21.2. When wife and husband are employed in two different establishments of which one is not under the control of the Corporation, the husband or wife, as the case may be, whether employed in a Central / State Government services or a Public Sector Corporation / bodies financed partly or wholly by the Central or State Government, local bodies which provide medical services, would be entitled to choose for self and family members either the facilities under the Rules of the Corporation or the Medical facilities provided by the organization in which he / she is employed and for this purpose they will have to give a joint declaration in the manner as stipulated in Rule 21.1 above.

CLARIFICATION:

Change of option as indicated above may be allowed as oftentimes as the circumstances like promotion, transfer, resignation, etc. require. The Authority as defined in the "Delegation of Powers" will exercise his discretion keeping in view the circumstances of the case and will allow the change where considered appropriate. In such cases, the employee will forward the revised option (in original) duly countersigned by him to the HR – Estt. Desk at Corporate Office for acceptance by the concerned Authority who will forward a copy thereof to the Finance Department – Medical Cell at C.O. / Z.O. / P.O. / CIRE, as the case may be. In such cases, the decision of the concerned Authority will be final and binding.

22.0 PROCEDURE FOR REIMBURSEMENT OF MEDICAL EXPENSES

- 22.1 Generally, all payments of medical expenses should be made by the employee in the first instance. Claims for reimbursement will be preferred in the prescribed Form - **ANNEXURE II / III** to these Rules. The claims should be supported by original prescriptions, cash memoranda, receipts for fee paid to AMA (including Specialist), charges for medicines, surgical operation, maternity and Hospital accommodation, pathological, bacteriological and radiological examinations & treatment and other documents etc., viz., **Certificate – "B"** at **ANNEXURE – IX**, as may be required under these Rules and sent to the Finance Division (Medical Cell) at C.O. for employees posted at C.O. For employees posted at Z.O. / P.O. / CIRE, these claims may be sent to the concerned Finance Wing of the Office of their posting for payment thereof.
- 22.2 Medicines as prescribed by the AMA can be purchased by the employee and the cost reimbursed to him on presentation of the cash memo together with the prescription.
- 22.3 The cost of items like vitamins etc. prescribed by doctor other than the cost of items of food value and toiletries covered in the list notified by Central Govt. from time to time will be reimbursable.

22.4 The cost of supplements of "Amway Products" purchased by the employees / dependent family members, if required, which have been prescribed and certified by the Company Doctor or by an AMA of Govt. Hospitals / empanelled Hospital only, will also be reimbursed.

22.5 Claims for reimbursement of medical expenses shall be submitted within three months from the date of completion of the treatment and in no case later than six months from that date. Time barred claims beyond six months from the date of completion of the treatment may be admitted for payment provided that the Competent Authority is satisfied in each such case that the delay in submission of claims is for reasons beyond the control of employee(s).

23.0 TRAVELLING ALLOWANCE

23.1 Employees and their families will be entitled to payment of Travelling Allowance in terms of T.A. Rules of the Corporation, when referred by the AMA for medical attendance to another AMA / Specialist or Hospital outside his / her Head Quarters.

23.2 T.A. for one attendant / escort, as per the entitlement of the concerned employee, will also be allowed, if it is certified by the AMA that it is unsafe for the patient to travel unattended.

23.3 In case of serious illness / emergencies where "Patient" is to be shifted from the place of posting to outside station for treatment immediately, as recommended by AMA, which needs to be certified by the AMA, travel by higher class than entitlement can be allowed.

23.4 In case attendance of an AMA is also required during transfer of "Patient" from one place to another, charges for travel and attendance of the AMA may also be reimbursed. In case of emergency, an AMA or a Specialist may also be granted TA for enabling him to undertake a journey to any place where an employee has fallen ill and from which he / she is unable to move restricted to actual or entitlement of the employee whichever is less.

23.5 In all the above cases at 23.1 to 23.4, prior approval of CMD will be required. However, in cases of emergencies / serious illness, and certified by the attending AMA to that effect, ex-post-facto approval of the C.M.D. may be obtained, as a special case, stating reasons thereof.

24.0 GRANT OF ADVANCES FOR MEDICAL ATTENDANCE & TREATMENT

24.1 Competent Authority may grant advance to the employees to enable them to meet initial expenditure on their own medical attendance and treatment or that of their families on the following terms and conditions:-

24.1.1 The advance would be admissible when the employee or a member of his / her family is being treated according to these Rules:-

a) as an in-patient in a "Hospital" (including maternity cases);

b) as an in-patient in case of TB or Cancer in a Government Hospital or TB / Cancer Institution, as the case may be recognized by the State / Central Government or by Corporation ; or

c) at the residence of the employee in case of TB / Cancer when such treatment is taken on the advice of the AMA.

24.1.2 No advance will be sanctioned for the treatment being taken by the employees or their dependent family members from the empanelled Hospitals under "Direct Payment" Scheme and non-empanelled Private Hospitals / Nursing Homes.

24.1.3 The employee will have to make an application for drawl of advance in the prescribed application Form at ANNEXURE – X. The advance will be granted only on the certificate of the AMA / Hospital who shall indicate, in each case, the expected duration of the treatment and likely expenditure.

- 24.1.4 The amount of the advance will be limited to the amount recommended by the AMA / Hospital. The advance can be paid in one or more instalments as per the recommendations of the AMA / Hospital. Normally, the amount of the advance shall be adjusted against subsequent claim for reimbursement of the expenditure as admissible under these Rules and the balance, if any, recovered from the pay of the employee concerned in four equal monthly instalments starting from the pay bill for the month in which the employee draws pay after discharge from the Hospital.
- 24.1.5 Ordinarily not more than one advance will be granted in respect of the illness or injury. However, if the AMA / Specialist in-charge of the "Patient", on reconsideration, certifies that the estimated cost of the treatment would be much more than the amount previously certified by him / her, a second or subsequent advance may be considered and granted by the concerned sanctioning authority of passing the medical claims at C.O. / Z.O. / P.O. / CIRE, as per Delegation of Powers in vogue, provided the total amount of first and second advance put together does not exceed Rs.1,00,000/- for one illness.
- 24.1.6 In emergent cases involving accident, serious nature of disease, etc., the person / persons on the spot may use his / her / their discretion for taking the patient for treatment in a private hospital, in case no Government or empanelled hospital is nearer than the private hospital. Such cases will have to be supported by a certificate to that effect from the attending Doctor(s). Reimbursement will however, be regulated with reference to the rates of Sir Ganga Ram Hospital. In such emergent cases, grant of Advance to the employee(s) may be sanctioned, as may be deemed appropriate, by the concerned sanctioning authority, as per above Rules.

25.0 COMPULSORY HEALTH CHECK UP SCHEME

- 25.1 As a preventive health measure, all employees and their spouse, shall undergo Health Check up, as detailed below, once in two years, from a Government / Government aided / Trust Hospitals established on 'No Profit - No Loss' basis / empanelled hospital(s):-

AGE GROUP	CHECK UP
35-40 years	General Health check up
41-45 years	Heart check up and a General Health check up.
46 years and above	Heart check up, General Health check up and other specialized consultations as may be needed.

- 25.2 For executives of the rank of General Manager and above, for whom Annual Health Check up is mandatory, as per Performance Management System, compulsory health check up under these Rules will be allowed every year.
- 25.3 The charges paid by the employee on this account will be reimbursed beyond annual OPD ceiling.


26.0 TREATMENT OUTSIDE INDIA

- 26.1 An employee, while on official tour for training or for participation in a seminar or a conference, shall be entitled for reimbursement of expenses towards premium for medical insurance in r/o self up to the following limits:

Period of visit	Medical Insurance coverage
Up to 15 days	Rs.2,00,000/-
Beyond 15 days	Rs.4,00,000/-

- 26.2 In aforesaid cases, if the spouse also accompanies the employee, provided prior sanction of the competent authority has been obtained in this regard, reimbursement towards medical insurance for spouse will also be admissible.

- 26.3 An employee and his / her dependent family member, who visit abroad on L.T.C. and while on leave, shall also be entitled to aforesaid benefit provided prior sanction of the competent authority has been obtained for proceeding on L.T.C. / Leave to visit abroad.
- 26.4 An employee or his / her dependent family member may be permitted to obtain medical treatment outside India for specified diseases as notified in terms of Bureau of Public Enterprises O.M. No. 2 (39) / 78 - BPE (WC) dated 24th June. 1988 - ANNEXURE - XI.
- 27.0 **INTERPRETATION**
- 27.1 Doubts regarding interpretation or application of these rules and cases of relaxation of these rules will be referred to the Chairman and Managing Director, whose decision shall be final.
- 28.0 **RELAXATION**
- 28.1 The Chairman and Managing Director is empowered to relax the provisions contained in above rules in individual cases based on their merits. His decision will be final and binding and cannot be quoted as a precedent for reimbursement in other cases.
- 29.0 **AMENDMENTS**
- 29.1 The Chairman and Managing Director is empowered to modify or amend any of the provisions contained in these rules based on Govt. Orders / DPE guidelines issued or new developments / advances in medical science or availability of treatment from time to time.



RURAL ELECTRIFICATION CORPORATION LIMITED
(A Government of India Enterprise)

NAMES & ADDRESSES OF EMPANELLED HOSPITALS UNDER "DIRECT PAYMENT"
SCHEME AT DELHI / NCR / Z.O.S / P.O.S

Sl. No.	Name and address of the Hospital	Telephone No. (subject to change)	Diseases for which empanelled & paymt restricted to, if indicated
1	2	3	4

DELHI / NEW DELHI / N.C.R. :-

1.	Sir Ganga Ram Hospital, Sir Gnaga Ram Hospital Marg, Rajinder Nagar, N. Delhi-110060	25751111 ; 25861463 ; 42251252	GENERAL
2.	Shri Mool Chand Kharaiti Ram Hospital & Ayurvedic Research Institute, Lajpat Nagar-III, New Delhi-110024	42000000	GENERAL
3.	St. Stephen's Hospital, Tis Hazari, Delhi-110401	23957977, , 23982978, 23983580,	GENERAL
4.	Batra Hospital & Medical Research Centre, 1, Tughlakabad Instl. Area, Mehrauli-Badarpur Road, New Delhi-110062	29958747 29957485 – 86 - 87	GENERAL
5.	National Heart Institute, 49, Community Centre, East of Kailash, New Delhi-110065	65900000	GENERAL
6.	Narinder Mohan Hospital, Mohan Nagar, Ghaziabad-201007	0120 – 2657501 - 09	GENERAL
7.	Jaipur Golden Hospital, 2, Institutional Area, Rohini, Sector 3, New Delhi-110085	27907000 – 20,	GENERAL
8.	M.G.S. Hospital, 35 / 37, West Punjabi Bagh, Rohtak Road, New Delhi-110026	25226100	GENERAL
9.	Mata Chanan Devi Hospital, C-1, Janakpuri, New Delhi-110058	45582000, 25554702 25543179, 25616776	GENERAL
10.	Fortis-Escorts Heart Institute and Research Centre Ltd., Okhla Road, New Delhi-110025.	26825000; 47134265 ; 47135000	" HEART "
11.	Indraprastha Apollo Hospitals, Delhi-Mathura Road, Sarita Vihar, New Delhi-110076	26925858, 26925801	GENERAL
12.	Metro Hospitals & Heart Institutes, X – 1, Sector – 12, NOIDA-201301	0120 – 2533491 ; 0120 – 2444466 ; 4366666	GENERAL at C.G.H.S. rates
13.	Metro Hospital & Cancer Institutes, 21, Community Centre, Preet Vihar, Delhi-110092.	22520480	GENERAL at C.G.H.S. rates

Sl. No.	Name and address of the Hospital	Telephone No. (subject to change)	Diseases for which empanelled & paymt restricted to, if indicated
1	2	3	4
14.	Metro Hospital & Heart Institute, 14, Ring Road, Lajpat Nagar-IV, New Delhi-110024.	26461157 ; 26442277	GENERAL at C.G.H.S. rates
15.	Metro Heart Institute, Sector 16-A, Faridabad-121002.	0129 - 4002517	GENERAL at C.G.H.S. rates
16.	R.G. Stone Urological Research Institute, F - 12, East of Kailash, New Delhi-110065.	4072-1000	"STONE & KIDNEY" S.G.R.H. rates
17.	R.G. Stone Urological Research Institute, B - 1, Vishal Enclave, Rajouri Garden, New Delhi-110027.	4329-8000	"STONE & KIDNEY" S.G.R.H. rates
18.	R.G. Stone Urological Research Institute, 195, Deepali, Pitampura, Delhi-110034.	4757-1000	"STONE & KIDNEY" S.G.R.H. rates
19.	R.G. Stone Urological Research Institute, 18, Gagan Vihar, Delhi - 110092.	2222-4000	"STONE & KIDNEY" S.G.R.H. rates
20.	Rajiv Gandhi Cancer Institute & Research Centre, Sector 5, Rohini, New Delhi-110085	27051011 - 15, 47022222 (30 Lines)	"CANCER" S.G.R.H. rates
21.	Dharamshilla Cancer Hospital and Research Centre, Dharamshilla Marg, Vasundra Enclave, Delhi-110096	22617771 - 75, 43066666	"CANCER" S.G.R.H. rates
22.	Kailash Hospital & Heart Institute, H-33, Sector-27, NOIDA-201301	0120 - 2444444, 0120 - 2445566	GENERAL S.G.R.H. rates
23.	Fortis-Escorts Hospital & Research Centre Ltd., Neelam Bata Road, NIT, Faridabad-121001	0129 - 2466100,	GENERAL
24.	Shanti Mukand Hospital, 2, Institutional Area, Vikas Marg Extn., Delhi-110092	22371928 - 34	GENERAL S.G.R.H. rates
25.	Maharaja Agrasen Hospital, West Punjabi Bagh, Rohtak Road, New Delhi-110026	25226645 - 54	GENERAL
26.	Arja Vaidya Sala Kottakkal Ayurvedic Hospital & Research Centre, Plot No.18-X, 19-X, Institutional Area, Karkardooma, Delhi-110092	22376534 - 37	Ayurvedic treatment on reimbursement basis S.G.R.H. rates
27.	Sitaram Bhartiya Institute of Science & Research, B-16, Qutab Institutional Area, New Delhi-110016	42111111	GENERAL S.G.R.H. rates
28.	The Heart Centre, 2, Ring Road, Lajpat Nagar-IV, New Delhi-110024	65690366 - 68 ;	"HEART" on reimbursement basis as applicable to CGHS beneficiaries
29.	Pushpawati Singhania Research Institute, Press Enclave Marg, Sheikh Sarai Phase-II, New Delhi-110017	30611900	LIVER, RENAL & DIGESTIVE S.G.R.H. rates
30.	Fortis Hospital, B-22, Sector 62, Noida-201301 UP	0120 - 2400222	GENERAL

Sl. No.	Name and address of the Hospital	Telephone No. (subject to change)	Diseases for which empanelled & payment restricted to, if indicated
1	2	3	4
31.	Fortis Flt. Lt. Rajan Dhall Hospital, Sector B, Pocket 1, Aruna Asaf Ali Marg, Vasant Kunj, New Delhi-110070.	42776222	GENERAL
32.	Fortis Jessaram Hospital, W.E.A. Karol Bagh, New Delhi-110005	41503222 (5 lines)	GENERAL
33.	Fortis Hospital, A -- Block, Shalimar Bagh, Delhi - 110088.	4530 2222	GENERAL
34.	Max Devki Devi Heart & Vascular Institute, 2, Press Enclave Road, Saket, New Delhi-110017.	26515050	GENERAL
35.	Max Super Speciality Hospital, 1, Press Enclave Road, Saket, New Delhi-110017.	26515050	GENERAL
36.	Max Medcentre, N-110, Panchsheel Park, New Delhi-110017.	26499880	GENERAL
37.	Max Speciality Centre, S-347, Panchsheel Park, New Delhi-110017.	26499870	GENERAL
38.	Max Hospital, A-364, Sector-19, Noida-201301	0120 - 2549999	GENERAL
39.	Max Hospital, HB Twin Towers, Wazirpur District Centre, Pitampura, New Delhi-110034.	27351844	GENERAL
40.	Max Balaji Hospital, 108-A, Indraprastha Extension, Opp. Sanchar Apartments, Patparganj, Delhi-110092.	43033333	GENERAL
41.	Max Hospital, Block - B, Sushant Lok - Phase-I, Gurgaon-122001.	0124 - 6623000	GENERAL
42.	Apollo Hospitals, E-2, Sector 26, (Adjacent to Club 26), Noida-201301. UP	0120 - 4012000 0120 - 2445353	GENERAL
43.	Indraprastha Apollo Medical Center, Building No.1, Pocket - B, Sector 7, Nelson Mandela Marg, Vasant Kunj, (Opp. Vasant Kunj Police Station), New Delhi-110070.	26134825 26134810	GENERAL
44.	Bansal Hospital, A - 1, New Friends Colony, New Delhi - 110065.	46583333 (30 lines)	GENERAL at C.G.H.S. rates
45.	Saroj Hospital & Heart Institute, Madhuban Chowk, Rohni, Delhi - 110 085.	27903333 ; 27557201	GENERAL at C.G.H.S. rates
46.	Yashoda Hospital, III - M, Nehru Nagar, Ghaziabad - 201 001.	0120 - 4182000 (30 lines)	GENERAL at C.G.H.S. rates
47.	Kailash Hospital (Pvt.) Ltd., 23, KP - I, Institutional Area, Greater Noida-201 308. (U.P.)	0120 - 2321111, 0120 - 2322222 - 26	GENERAL S.G.R.H. rates
48.	Sri Balaji Action Medical Institute, FC - 34, A - 4, Paschim Vihar, New Delhi - 110063.	42888888	GENERAL S.G.R.H. rates

No.	Name and address of the Hospital	Telephone No. (subject to change)	Diseases for which empanelled & paymt restricted to, if indicated
1	2	3	4
49.	Sun Flag Hospital & Research Centre, Sector 16 – A, Faridabad – 121 002.	0129 – 2263584 - 88	GENERAL S.G.R.H. rates
50.	Venu Eye Institute & Research Centre, 1 / 31, Sheikh Sarai, Institutional Area Phase – 2, New Delhi – 110 017.	29251951 ; 29251155 – 56	“ EYE “ S.G.R.H. rates
51.	Jeevan Anmol Hospital, Mayur Vihar Phase-I, Opp. Pratap Nagar, Delhi-110091	22795237	GENERAL at C.G.H.S. rates
52.	Rockland Hospital, B - 33, 34, Qutub Institutional Area, New Delhi-110016.	41222222	GENERAL S.G.R.H. rates
53.	Centre for Sight, B – 5 / 24, Safdarjung Enclave, New Delhi-110029.	41644000 ; 45738888	“ EYE “ S.G.R.H. rates
54.	Primus Ortho & Spine Hospital, Chandragupta Marg, Chanakyapuri, New Delhi-110021.	66206630 ; 66206640	GENERAL S.G.R.H. rates
55.	B.L. Kapur Memorial Hospital, Pusa Road, New Delhi-110005.	30403040	GENERAL S.G.R.H. rates
56.	Paras Hospitals, C – 1, Sushant Lok, Phase-I, Gurgaon-122002.	0124-4585555	GENERAL S.G.R.H. rates
57.	Medanta – The Medicity, Sector – 38, Gurgaon – 122 001	0124 – 4141414 9560398907 9971304696	GENERAL
58.	Asian Institute of Medical Sciences, Badkal Flyover Road, Sector 21-A, Faridabad – 121001.	0129 – 425 3000	GENERAL S.G.R.H. rates
59.	Goyal Eye Institute, 1 / 10, East Patel Nagar, New Delhi – 110008.	2588-1259	“ EYE “ at C.G.H.S. rates
60.	Pushpanjali Crosslay Hospital, W – 3, Sector – 1, Vaishali, Ghaziabad – 201 012.	0120 – 4188000 0120 – 4173000 3313000	GENERAL S.G.R.H. rates
61.	ICARE Eye Hospital & Post Graduate Institute, E – 3 – A, Sector – 26, NOIDA – 201 301	0120 – 2477600 / 30 0120 – 2535782 / 2536612	“ EYE “ at C.G.H.S. rates
62.	Institute of Liver & Biliary Sciences, D – 1, Vasant Kunj, New Delhi – 110070.	46300000 ; 26706700 – 02 ; 64703890	On re- imbursement basis GENERAL C.G.H.S. rates ON CASH PAYT. BASIS
63.	Shroff Eye Centre, A - 9, Kailash Colony, New Delhi – 110048.	41633999 ; 29231296 ; 29233266	“ EYE “ S.G.R.H. rates
64.	Shroff Eye Centre, 105, Surya Kiran, 19, K.G. Marg, New Delhi – 110001.	23313383 ; 23326900 ; 41510906	“ EYE “ S.G.R.H. rates
65.	Shroff Eye Centre, 110 – Commercial Plaza, Radison Suites, Behind Ansal's Time Square Building, B – Block, Sushant Lok Phase-I, Sector – 27, Gurgaon – 122002.	0124 – 4709999 ; 9871156869	“ EYE “ S.G.R.H. rates

Sl. No.	Name and address of the Hospital	Telephone No. (subject to change)	Diseases for which empanelled & restricted to, if indicated
1	2	3	4
66.	Dr. Kapur's The Healing Touch Eye Centre, D - 8, Vikas Puri, New Delhi - 110018.	28537777 (5 LINES); 45623722	"EYE" at C.G.H.S. rates
67.	Narang Eye Institute, B - 8, Derewal Nagar, Near Double Petrol Pump & Model Town Metro Station, Delhi - 110009.	27141134 ; 27142598	"EYE" at C.G.H.S. rates
68.	Jeewan Hospital & Nursing Home Pvt. Ltd., Gate No. 1, 150. Jeewan Nagar, Opp. Maharani Bagh, New Delhi - 110014.	26340303 ; 25341430 ; 26340243 ; 26342401	GENERAL at C.G.H.S. rates
69.	Rockland Hospital, Plot HAF - B, Sector - 12, Phase - I, Dwarka, New Delhi - 110073.	48222222	GENERAL S.G.R.H. rates

P.O. BANGALORE :-

1.	St. John's Medical College Hospital, Sarjapur Road, Bangalore - 560 034.	080 - 2206 5000	GENERAL
2.	Apollo Hospitals, #154 / 11, Opp. I.I.M., Bannerghatta Road, Bangalore - 560 076.	080 - 4030 4050	GENERAL
3.	Wockhardt Hospitals (Fortis), 154 / 9, Opp. I.I.M.B., Bannerghatta Road, Bangalore - 560 076.	080 - 6621 4444	GENERAL S.G.R.H. rates
4.	Columbia Asia Hospitals Pvt. Ltd., The Icon, 2 nd Floor, No. 8, 80 Feet Road, HAL III Stage, Indiranagar, Bangalore - 560 075.	080 - 4021 1000	GENERAL S.G.R.H. rates

P.O. BHUBANESWAR :-

1.	Kalinga Hospital Ltd., Chandrasekharapur, Bhubaneswar - 751 023.	0674 - 2300570	GENERAL on reimbursemet basis S.G.R.H. rates
2.	Hemlata Hospitals and Research Centre, NALCO Square, Bhubaneswar - 751023.	0674 - 2302333 ; 2302444	GENERAL S.G.R.H. rates
3.	Ayush Hospital & Trauma Care (P) Limited, Plot No. 13 - 14, Bhai Nagar, Acharya Vihar Square, Bhubaneswar - 751022.	0674 - 2547944 0674 - 2545001 - 03	GENERAL S.G.R.H. rates
4.	Neelachal Hospital Pvt. Ltd., A / 84, Kharvel Nagar, Unit - III, Bhubaneswar - 751 001.	0674 - 2536590 - 91 - 92	GENERAL S.G.R.H. rates
5.	L.V. Prasad Eye Institute, Patia, Bhubaneswar - 751024.	0674 - 39892020 0674 - 2725424	"EYE" S.G.R.H. rates
6.	Apollo Hospitals, Plot No. 251, Sainik School Road, Unit - 15, Bhubaneswar - 751005.	0674 - 2304400 ; 0674 - 6661016	GENERAL

No.	Name and address of the Hospital	Telephone No. (subject to change)	Diseases for which empanelled & paymt restricted to, if indicated
1	2	3	4

P.O. CHENNAI :-

1.	St. Isabel's Hospital, 49, Oliver Road, Mylapore, Chennai – 600 004.	044 – 2499 1081 – 82 - 83	GENERAL S.G.R.H. rates
2.	Apollo Hospital, No. 21, Greams Lane, Off Greams Road, Chennai – 600 006.	044 – 8293333 044 – 2829 3037	GENERAL
3.	Fortis Malar Hospital, No. 52, First Main Road, Gandhi Nagar, Adyar, Chennai – 600020.	044 – 2491 4023 044 – 2491 4393	GENERAL
4.	Sri Ramachandra Medical Centre, No. 1, Ramachandra Nagar, Porur, Chennai – 600 116.	044 – 24768027 – 31 - 33	GENERAL S.G.R.H. rates
5.	Vijaya Hospital – Vijaya Health Centre – Vijaya Heart Foundation, No. 175, N.S.K. Salai, Vadapalani, Chennai – 600 026.	044 – 24814261 – 63	GENERAL S.G.R.H. rates
6.	R.G. Stone Urology & Laparoscopy Hospital, 391, Anna Salai, Saidapet, (Opp. Bus Stand), Chennai-600015.	044 – 65855521 - 25	“STONE & KIDNEY” S.G.R.H. rates

Z.O. & CIRE HYDERABAD :-

1.	Mahavir Hospital & Research Centre, 10-1-1, Bhagwan Mahavir Marg, A.C. Guards, Hyderabad-500 004.	040 – 2331 6057 - 58 040 – 2339 3134	GENERAL
2.	Durgabai Deshmukh Hospital & Research Centre, University Road, Vidyanagar, Hyderabad – 500 044.	040 – 2761 7801 - 02	GENERAL
3.	Apollo Hospital, Jubilee Hills, Hyderabad – 500 033.	040 – 2360 7777	GENERAL
4.	Krishna Institute of Medical Sciences Ltd., 1-8-31 / 1, Minister Road, Secundrabad 500 003.	040 – 2772 5000	GENERAL S.G.R.H. rates
5.	Indo-American Cancer Institute & Research Centre, Road No. 14, Banjara Hills, Hyderabad – 500 034.	040 – 2355 1235 040 – 2355 2766 040 – 2360 7944 040 – 2354 2120	“ CANCER “ S.G.R.H. rates
6.	Global Hospitals, 6-1-1070 / 1 to 4, Lakdi-ka-Pool, Hyderabad - 500004.	040 – 2324 4444	GENERAL S.G.R.H. rates
7.	Kamineni Wockhardt Hospitals, 4-1-1227, Kind Koti Road, ABIDS, Hyderabad - 500001.	040 – 6692 4444	GENERAL at C.G.H.S. rates
8.	Wockhardt Heart Centre, Kamineni Hospitals, L.B. Nagar, Hyderabad - 500068.	040 – 2402 2277	GENERAL at C.G.H.S. rates
9.	L.V. Prasad Eye Institute, Kallam Anji Reddy Campus, L.V. Prasad Marg, Banjara Hills, Hyderabad - 500034.	040 – 3061 2345	“ EYE “ S.G.R.H. rates

Sl. No.	Name and address of the Hospital	Telephone No. (subject to change)	Diseases for which empanelled & not restricted to, if indicated
1	2	3	4

P.O. GUWAHATI :-

1.	Guwahati Neurological Research Centre Limited – GNRC Hospitals, Super Market, Dispur, Guwahati – 781 006.	0361 – 2227700 – 04	GENERAL S.G.R.H. rates
2.	Down Town Hospital Ltd., G.S. Road, Dispur, Guwahati – 781 006.	0361 – 2331003 0361 – 2332741 0361 – 2334168	GENERAL S.G.R.H. rates
3.	Arya Hospital, A.M. Road, Rehabari, Guwahati – 781 006.	0361 – 2606665 0361 – 2608263 0361 – 2606888	GENERAL at CGHS, Delhi rates
4.	Sanjevani Hospital, A.T. Road, Maligaon, Guwahati – 781 011.	0361 – 2674892 – 93	GENERAL S.G.R.H. rates

JABALPUR / P.O. BHOPAL :-

1.	Jabalpur Hospital & Research Centre, Russel Crossing, Jabalpur-482002	0761-5004091, 5004092	GENERAL S.G.R.H. rates
2.	National Hospital, E – 3 / 61, Arera Colony, Opp. Old Champion School Ground, Bhopal.	0755 – 2440004 - 08	GENERAL S.G.R.H. rates

P.O. JAIPUR :-

1.	Santokba Durlabhji Memorial Hospital-cum-Medical Research Institute, Bhawani Singh Marg, Jaipur – 302 015.	0141 2566251 - 8	GENERAL
2.	Fortis – Escorts Hospital, Jawaharlal Nehru Marg, Malviya Nagar, Jaipur – 302 017.	0141 2547000	GENERAL
3.	Bhagwan Mahaveer Cancer Hospital & Research Centre, Jawaharlal Nehru Marg, Jaipur – 302 017.	0141 2700107 0141 2702120 0141 2702899	GENERAL S.G.R.H. rates



Sl. No.	Name and address of the Hospital	Telephone No. (subject to change)	Diseases for which empanelled & paymt restricted to, if indicated
1	2	3	4

Z.O. KOLKATA :-

1.	Anand Lok Hospital, DK -- 7 / 3, Salt Lake City, Kolkata – 700 091.	033 – 2359 2931 / 32 / 33	GENERAL
2.	Apollo Gleneagles Hospitals, # 58, Canal Circular Road, Kolkata – 700 054.	033 – 2320 3040 / 2122	GENERAL
3.	Advanced Medicare & Research Institute Ltd. (AMRI), P – 4 & 5, C.I.T. Scheme-LXXII, Block – A, Gariahat Road (Beside Dhakuria Bridge), Kolkata – 700 029.	033 – 2461 2626	GENERAL S.G.R.H. rates
4.	B.M. Birla Heart Research Centre, 1 / 1, National Library Avenue, Kolkata – 700 027.	033 – 3040 3040 2456 7890 ; 2456 7777	GENERAL S.G.R.H. rates
5.	NORTH CITY Hospital & Neuro Institute Pvt. Ltd., 73, Bagmari Road, Kolkata – 700 054.	033 – 2321 0443 / 1101 2359 9699; 3092 0397	GENERAL S.G.R.H. rates
6.	Calcutta Medical Research Institute, 7 / 2, Diamond Harbour Road, Kolkata – 700 027.	033 – 2456 7700 033 – 3090 3063	GENERAL S.G.R.H. rates
7.	Fortis Hospital & Kidney Institute, 111 – A, Rashbehari Avenue, Kolkata – 700 029.	033 – 2463 3318 / 3320 033 – 6627 6800	GENERAL S.G.R.H. rates
8.	Rabindranath Tagore International Institute of Cardiac Science, 124, Mukundapur, EM – Bye-Pass, Kolkata – 700 099.	033 – 2436 4000 (40 lines)	GENERAL S.G.R.H. rates
9.	Sri Aurobindo Seva Kendra, 1 – H, Gariahat Road (South), Jodhpur Park, Kolkata – 700 068.	033 – 2472 6479 / 6485 033 – 2472 9343 / 9344 033 – 2473 3601 / 6977	GENERAL S.G.R.H. rates
10.	SUSRUT Eye Foundation & Research Centre, HB – 36 / A / 1, Sector – III, Salt Lake City, Kolkata – 700 106.	033 – 2358 0201 ; 2334 1628 2334 1632 ; 2334 1624	“ EYE “ S.G.R.H. rates
11.	Fortis Hospital Limited, # 730, Anandapur, EM Bypass Road, Kolkata – 700107.	033 - 66284444	GENERAL

P.O. LUCKNOW :-

1.	Vivekananda Polyclinic & Institute of Medical Sciences, Ramakrishna Mission Sevaashram, Vivekananda Puri, Lucknow – 226 007.	0522 – 2328942 0522 – 2321277	GENERAL S.G.R.H. rates
2.	Mayo Medical Centre (P) Limited, Vikas Khand -- II, Gomti Nagar, Lucknow – 226 010.	0522 – 2398614 -- 15 0522 – 2302269 -- 70	GENERAL S.G.R.H. rates
3.	Sahara Hospital, Viraj Khand, Gomti Nagar, Lucknow – 226 010.	0522 – 6782107 0522 – 6782507 0522 – 6780001	GENERAL S.G.R.H. rates
4.	Divine Heart Hospital & Research Centre, Viraj Khand Institutional Area, Gomti Nagar, Lucknow – 226 010.	0522 – 2721991 – 95	For Cardiac ailment only S.G.R.H. rates
5.	Avadh Hospital & Heart Centre, Avadh Hospital Chauraha, Singar Nagar, Lucknow – 226 005.	0522 – 2454922 0522 – 2461116	GENERAL S.G.R.H. rates

Sl. No.	Name and address of the Hospital	Telephone No. (subject to change)	Diseases for which empanelled & paymt restricted to, if indicated
1	2	3	4

Z.O. MUMBAI :-

1.	Lilavati Hospital & Research Centre, A - 791, Bandra Reclamation, Bandra (W), Mumbai - 400 050.	022 - 26421111 022 - 26552222	GENERAL
2.	Bombay Hospital Trust, 12. New Marine Lines, Mumbai 400 020.	022 - 22067676	GENERAL
3.	Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute, Four Bungalows, Andheri (W), Mumbai - 400 053.	022 - 30999999 022 - 30666666	GENERAL S.G.R.H. rates
4.	RG Stone Urology & Laparoscopy Hospital, Ahinsa Marg, 14-A Road, Khar (West), Mumbai-400052.	022 - 61463500	"STONE & KIDNEY" S.G.R.H. rates

Z.O. PANCHKULA:-

1.	Fortis Hospital, Sector - 62, Phase - VIII, Mohali - 160 062.	0172 - 5096222	GENERAL
2.	Alchemist Hospitals Limited, Sector - 21, Panchkula - 134 112.	0172 - 4500000 0172 - 2561534 - 36	GENERAL S.G.R.H. rates Cardiology & Joint Replacement as per C.G.H.S. rates.
3.	IVY Hospital, Sector - 71, Mohali - 160 071.	0172 - 5044334 / 344 - 345	GENERAL S.G.R.H. rates

Z.O. PATNA :-

1.	Apollo Trauma Centre, G / 124, P.C. Colony, Main Road, Kankarbagh, Patna - 800 020.	0612 - 3251003	GENERAL S.G.R.H. rates
2.	Magadh Hospital, Road No. 2 B, Rajendra Nagar, Patna - 800 016.	0612 - 2691515 0612 - 2691500	GENERAL S.G.R.H. rates
3.	Jeevak Heart Hospital & Research Institute Pvt. Ltd., 6, Doctors Colony, Kankarbagh, Patna - 800 020.	0612 - 2365814 0612 - 2345895	For Cardiac ailment only S.G.R.H. rates
4.	Sri Ram Hospital, NC - 1 - C, Lohia Nagar, West of Rajendra Nagar Overbridge, Kankarbagh, Patna-800 020.	0612 - 2345344 0612 - 2360547	GENERAL S.G.R.H. rates

P.O. RANCHI :-

1.	Abdur Razzaque Ansari Memorial Weavers' Hospital, (Apollo Hospitals Group), Irba, Ranchi - 835 238.	0651 - 2275899 0651 - 2275699	GENERAL S.G.R.H. rates
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Sl. No.	Name and address of the Hospital	Telephone No. (subject to change)	Diseases for which empanelled & paymt restricted to, if indicated
1	2	3	4

P.O. SHIMLA :-

1.	INDUS Hospital, Indus Drive, Mount Jakhoo, Shimla – 171 002..	0177 – 2841401 – 04	GENERAL
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P.O. SHILLONG :-

1.	Bethany Hospital, Nongrim Hills, Shillong – 793 003. (Meghalaya)	0364 – 2520300	GENERAL S.G.R.H. rates
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P.O. THIRUVANTHAPURAM :-

1.	Arya Vaidya Sala Kottakkal Ayurvedic Hospital & Research Centre, Kottakkal P.O., Malappuram District, Kerala – 676 503.	0483 - 2742216	Ayurvedic treatment on reimbursement basis S.G.R.H. rates
2.	Kerala Institute of Medical Sciences (KIMS), P.B. No. 1, Anayara P.O., Thiruvanthapuram – 695 029.	0471 – 2447575 0471 – 2447676	GENERAL S.G.R.H. rates
3.	Cosmopolitan Hospitals (P) Ltd., Pattom P.O., Thiruvanthapuram - 695 004.	0471 - 2521252	GENERAL S.G.R.H. rates

P.O. VADODARA :-

1.	Bhailal Amin General Hospital, Bhailal Amin Marg, Gorwa, Vadodara – 390 003.	0265 – 2285555 0265 – 2282255	GENERAL
2.	Muljibhai Patel Urological Hospital, Dr. Virendra Desai Road, Nadiad – 387 001.	0268 – 2520323 - 30	GENERAL S.G.R.H. rates
3.	Baroda Heart Institute & Research Centre, 44, Haribhakti Colony, Old Padara Road, Vadodara – 390 007.	0265 – 2322021 0265 – 2325444	For Cardiac ailment only S.G.R.H. rates
4.	Sterling Hospitals, Sterling Addle India Limited, Race Course Circle (West). Vadodara – 390 007.	0265 – 2354455 0265 – 2354466 0265 – 2354488	GENERAL S.G.R.H. rates

RURAL ELECTRIFICATION CORPORATION LIMITED
(A Government of India Enterprise)

APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED ON
MEDICAL CONSULTATION / TREATMENT

1.	Name (in Block Letters)	
2.	Designation	
3.	Division	
4.	Employee No.	
5.	Basic Pay (₹)	
6.	H.Qrs. / State of Employee : Residential Address :	
7.	Place at which the patient fell ill (if 6 & 7 are different stations, explain the difference)	

Total claim for medical reimbursement is ₹ _____ (Rupees _____
only) details of the same are overleaf.

I hereby certify that:-

1. Statement made in the claim is true to the best of my knowledge and belief.
2. Person(s) for whom the medical expenses were incurred are members of my family as defined under the Rules.
3. The children for whom the claim is made are actually dependent on me, do not include married daughters and are not employed otherwise than on part time basis.
4. My parents for whom the claim is made are normally residing with me and that their monthly income does not exceed my pay plus dearness pay and that it also does not exceed the prescribed maximum ceiling of Rs.6,000/- per month.

(Delete whichever is not applicable)

(Signature of Employee)

Bank Account No.: _____
Name of Bank : _____

(FOR OFFICE USE ONLY)

Claim passed for ₹ _____ (Rupees _____ only)

Signature of A.O. / Sr.AO / D.M. / MGR. / C.M.(FIN.)

P.T.O.

RURAL ELECTRIFICATION CORPORATION LIMITED
(A Government of India Enterprise)

CONTRIBUTORY SCHEME FOR POST RETIREMENT MEDICAL FACILITIES
- CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES
INCURRED BY THE RETIRED EMPLOYEES.

1.	Name (in Block Letters) & Designation	
2.	Grade	
3.	Employee No.	
4.	Medical Card No.	
5.	Last Basic Pay drawn in scale of pay at the time of retirement	Scale of Pay : _____ Basic Pay : ₹ _____ D.A. : ₹ _____ TOTAL : ₹ _____
6.	H.Q. / P.O. from where retired.	
7.	Present address at which the cheque / draft is to be sent.	
8.	If treatment taken at place other than the place of residence, give reasons.	

Total claim for medical reimbursement is ₹ _____ (Rupees _____ only) details of the same are overleaf.

I hereby certify that:-

1. Statement made in the claim is true to the best of my knowledge and belief.
2. Amount of medical expenses has been claimed for self / spouse.
(Delete whichever is not applicable)

(Signature of Retired Employee / Spouse)

Bank Account No.: _____
Name of Bank : _____

Claim passed for ₹ _____ (Rupees _____ only)

Signature of A.O. / Sr.AO / D.M. / MGR. / C.M.(FIN.)

P.T.O.

RURAL ELECTRIFICATION CORPORATION LIMITED
(A Government of India Enterprise)

**APPLICATION FOR ALLOWING REIMBURSEMENT OF MEDICAL EXPENSES IN
RESPECT OF "SPECIAL DISEASES" UNDER RULE 5.1 OF REC LTD. (MEDICAL
ATTENDANCE & TREATMENT) RULES**

1.	Name & Designation of the employee / ex-employee and place of posting / last posting	
2.	Scale of Pay and present Basic Pay / Basic Pay last drawn	₹ . ₹ .
3.	Name of the patient and relationship with the employee / retired employee	
4.	Name of the "Special Disease" in Block letters	
5.	Date from which the patient is suffering from the "Special Disease"	
6.	Name of the Hospital / Nursing Home from where the treatment for the "Special Disease" was obtained initially and status of the Hospital / Nursing Home (Govt. / Govt. aided / Trust Hospital / empanelled Hospital / Company Doctor / Non-empanelled Hospital).	
7.	Name of the Hospital / Nursing Home from where the treatment is being obtained presently and status of the Hospital (Govt. / Govt. aided / Trust Hospital / empanelled Hospital / Company Doctor / Non-empanelled Hospital).	
8.	The period up to which the treatment is likely to continue (as per Doctor's advice)	
9.	Details of reimbursement obtained so far against the above "Special Disease" (Col. 4) since (this should be got authenticated from Medical Cell / Z.M. / C.P.M.)	
10.	Any other information which the employee / Retd. employee may give and considered useful for processing the case.	

Signature (with date): _____

Name of the employee / retired employee / spouse : _____

Designation : _____

RURAL ELECTRIFICATION CORPORATION LIMITED
(A Government of India Enterprise)
LIST OF ARTIFICIAL APPLIANCES

Sl. No	ITEM	Sl. No.	ITEM
1.	Unilateral long leg brace without hip joint	2.	Hip Joint with pelvic band
3.	Spinal Brace	4.	Unilateral short leg brace
5.	Shoe or Boot - Protective or aiding to paralyzed or weak legs.	6.	Bilateral hip joint with pelvic band/weak legs.
7.	Bilateral long leg brace without hip joint.	8.	Bilateral short leg brace
9.	Lumber-sacral or spinal support or back support	10.	Taylor's brace
11.	Milwaukee braces	12.	Mermaid splint
13.	Posterior slab	14.	Cervical brace four post
15.	Rigid Cervical Collar with head extension	16.	Cervical Collar
17.	Dynamic splint (Aluminum)	18.	Cock-up splint plain (Aluminum)
19.	Cock-up splint (Plastic) or long opponents	20.	Turn Buckle Splint
21.	Knuckle bender splint	22.	Anterior Knee Guard splint
23.	Dennis brown splint	24.	Congenital Talipes Equino Varus/Valgus splint
25.	Short Opponents PVC (Plastic)	26.	Knee Cage
27.	Long Opponents with M.P. ft. bar and finger	28.	Extension (Plastic) Dynamic
29.	Boot with C and E heel and arch support	30.	C and E heel
31.	Arch Support	32.	M.T. Pad
33.	M.T.E. Raising 1"	34.	T. Strap
35.	Sponge heel	36.	Wedge 1/8"
37.	Universal Raising 1"	38.	Foot drop splint
39.	Below Knee prosthetics (P.T.B. type Prosthetics)	40.	A.K. Prosthetics
41.	Aluminum adjustable above knee right splint	42.	Plastic shoulder abduction splint
43.	Plaster of Paris or Gypsum cast	44.	Modified shoes
45.	Below Elbow Prosthetics	46.	Hooks
47.	Cosmetic hand	48.	Splint for C.D.H.
49.	Splint for Elbow	50.	Above Elbow and below elbow Prosthetics
51.	Above Elbow and below elbow Orthotics	52.	Corset
53.	Wheel Chair	54.	Protective shoes with microcellular rubber without nails often with additional gadgets like adjustable springs and sockets
55.	Crutches	56.	Walking iron with Plaster Casts
57.	Calipers	58.	Braces
59.	Artificial limbs	60.	Illeostomy Kit.

RURAL ELECTRIFICATION CORPORATION LIMITED
(A Government of India Enterprise)

REQUISITION FOR OBTAINING AUTHORIZATION SLIP FROM THE
CORPORATION IN CONNECTION WITH
INDOOR MEDICAL TREATMENT

1.	Name of the employee	
2.	Designation of the employee	
3.	Employee No. / Medical Card No.	
4.	Basic Pay of the employee	
5.	Place of posting	
6.	Name of the patient	
7.	Relation with employee	
8.	Name of the Hospital	
9.	Date of admission	
10	Category of accommodation	

I certify that in case of admission in the accommodation higher than my entitlement, the charges over and above will be borne by me.

Signature _____
Name : _____

Designation: _____

Dated : _____

To:
Chief Manager (HR) – Estt. / Z.M. / C.P.M. _____



Admission Letter Valid for 07 days



रूरलइलेक्ट्रीफिकेशनकारपोरेशनलिमिटेड
RURAL ELECTRIFICATION CORPORATION LIMITED
(भारतसरकारकाउद्यम) (A Government of India Enterprise)

Regd Office: Core-4, SCOPE Complex, 7 Lodi Road New Delhi 110003
Tele. 24365161 Fax 24360644 Email reccorp@recl.nic.in Gram RECTRIC
Website www.recindia.com & www.recindia.nic.in

(SPECIMEN COPY)

No.: 4 / 4 / 96 - HR- I /

Dated: _____

The Medical Superintendent,

Sir,

Shri / Smt. / Km. _____ S/o

- D/o - H/o - W/o Shri / Smt. _____ Emp. No. _____

(Medical Card No. _____) employed / was employed as _____
has been advised indoor medical treatment.

2. Shri / Smt. / Km. _____ is entitled for:-

1. General Ward
2. Semi Paying Ward - (Single bed in two bedded Non-AC Room or Single bed in more than two bedded AC Room)
3. Private Ward - (Single Non-AC Room or Single bed in two bedded AC Room)
4. Private Room - (Single AC Room)
5. AC Deluxe Private Room

3. The expenses for treatment in the Hospital will be borne by R.E.C. For this purpose, the bills (in duplicate) along with a copy of this letter together with a copy of Discharge Slip may be forwarded to for arranging payment.

Yours faithfully,

(Authorized Signatory)

Copy to:-

1. The C.O/ZO/PO/CIRE, for information and necessary action for regulating the bill as per Hospital rates.
2. Shri / Smt. / Km. _____, Desgn. _____. His / Her medical claim will be regulated as per the rates of _____ Hospital and the amount in excess of his / her eligibility will be borne by him / her.

RURAL ELECTRIFICATION CORPORATION LIMITED
(A Government of India Enterprise)

DECLARATION OF "FAMILY" MEMBERS FOR AVAILING REC MEDICAL FACILITIES.

I hereby certify that following are members of my family, including myself, for the purpose of availing 'Medical Facilities' provided by the REC in accordance with the REC Ltd. (Medical Attendance & Treatment) Rules of the Corporation and they are completely dependent on me :-

Sl.No.	Name of the Member(s)	Date of Birth / Age	Relationship	Income (Rs.)
1	2	3	4	5

2. It is further certified that the family members, as detailed above, are normally residing with me.
3. It is certified that the details of dependent children given above do not include married daughters and that sons / unmarried daughters are not employed otherwise than on part-time basis.
4. It is also certified that the income of parents / parents-in-law (as the case may be) from all sources is Rs.6,000/- (excluding Pension) per month or NIL. Income Certificate issued by a Gazetted Officer is enclosed.

(NOTE : Recurring monthly income from all sources, such as houses, land, etc., has been taken into account for the source of income)

5. A copy of the Ration Card / Affidavit showing the details of family members is enclosed.
6. Certified that my spouse is not a member of C.G.H.S.
7. Certified that my spouse is not employed anywhere.

OR

Certified that my spouse is employed and he / she will not / will prefer claim for reimbursement of medical expenses. Necessary **Joint Declaration** to the effect is given overleaf. (Delete whichever is not applicable)

(Signature)

Name : _____

Designation : _____

Local Residential Address : _____

Date : _____

P.T.O

JOINT DECLARATION

We, the undersigned, hereby declare that for the reimbursement of medical expenses incurred on the medical attendance & treatment by Shri / Smt. _____ to his / her office and that no claim on this account will be preferred by Shri / Smt. _____ to his / her office nor will the C.G.H.S. facilities be availed by him / her in respect of any member of the family as detailed above.

The declaration shall remain in force till such time as it is revised by us in writing.

Husband

Wife

Signature _____

Name _____

Designation _____

Date _____

(To be completed by the Personnel / Estt. Division of **Spouse**
not availing the Medical facility from his / her office)

Certified that Shri / Smt. _____
employed as _____ in this organization i.e.,
_____ is not availing medical /
C.G.H.S. facility in respect of self and his / her family members, as detailed overleaf.

(Authorized officer in HR)
Signature & Office Seal

Date _____

(for use in R.E.C. Ltd.)
Family Particulars Accepted.

(Signature with seal)



“ CERTIFICATE – B”**(TO BE COMPLETED IN THE CASE OF PATIENTS RECEIVING TREATMENT IN HOSPITALS)**

(Certificate granted to Mr. / Mrs. / Miss _____
son / wife / daughter of Mr. / Mrs. _____ employed in _____)

PART – I

(to be signed by the Medical Officer-in-charge of the case at the Hospital)

I, Dr. _____ hereby certify that :

- (a) the patient was admitted to Hospital on my advise / the advise of Dr. _____ (name of the medical officer)
- (b) the patient has been under treatment at _____ and that the under-mentioned medicines prescribed by me in this connection were essential for the recovery / prevention of serious deterioration in the condition of the patient.

The medicines are not stocked in the _____ (name of the Hospital) for the supply to private patients and do not include propriety preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of medicine**Price**

- 1.
- 2.
- 3.
- 4.
- 5.

- (c) the injections administered were / was not for immunizing or prophylactic purpose.
- (d) the patient is / was suffering from _____ and is / was under my treatment from _____ to _____.
- (e) the X-Ray, laboratory tests, etc., for which an expenditure of ₹ _____ was incurred were necessary and were undertaken on my advise at _____ (name of Hospital / Laboratory).
- (f) I called in Dr. _____ for Specialist _____ consultation and the necessary approval of the _____ (name of the Chief Medical Officer) as required under the Rules was obtained.

(Signature of the Medical Officer-in-Charge at the Hospital with seal)

P.T.O.

PART – II

I certify that the patient has been under treatment at the _____
Hospital and that the services of the special nurses for which an expenditure of ₹ _____
was incurred (vide bills and receipts attached) was essential for the recovery / prevention of
serious deterioration in the condition of the patient.

Signature of the
Medical Officer-in-Charge at the Hospital
(with seal)

COUNTERSIGNED.

(Signature of Medical Superintendent with seal)
_____ Hospital

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

(Signature of Medical Superintendent with seal)
_____ Hospital

Place : _____

Date : _____

NOTE: Certificates not applicable should be struck off. Certificate at (d) is compulsory
and must be filled by the Medical Officer in all cases.



RURAL ELECTRIFICATION CORPORATION LIMITED
(A Government of India Enterprise)

APPLICATION FOR GRANT OF MEDICAL ADVANCE UNDER RULE 24.1 OF
REC LTD. (MEDICAL ATTENDANCE & TREATMENT) RULES

1.	Name, Designation of the employee and place of Posting (IN BLOCK LETTERS)	
2.	Whether Regular or on probation or on deputation.	
3.	Name of the family member and relationship with the employee for whom medical/surgical treatment is proposed to be taken.	
4.	Name of the Hospital from where the patient is taking or proposes to take treatment.	
5.	Whether the Hospital is recognised by the REC for the purpose of indoor treatment under REC (Medical Attendance & Treatment) Rules?	
6.	Amount of Advance required (This should be supported by a certificate of tentative estimate of the treatment from the Hospital duly countersigned by the Medical Supdt. or In-charge of the recognised Hospital/Nursing Home).	₹ .

7. Details of expenditure in support of Para 6 above:

- (a) Accommodation charges
@ Rs. _____ p.d. for _____ days : Rs. _____
- (b) Pathological/Clinical Tests : Rs. _____
- (c) Consultation charges of AMA/Specialist : Rs. _____
- (d) Operation charges, if any : Rs. _____
- (e) Other charges with details : Rs. _____
- (f) **TOTAL** : Rs. _____

8. Amount of Medical Advance previously sanctioned and outstanding, if any : Rs. _____

9. Reasons for outstanding, if any : _____

Dated: _____

(Signature of the employee)

Recommended for sanction of Rs. _____ as a Special Loan (Medical Advance) to Shri/Ms. _____,

(Signature of authorized Officer in HR
Estt. Section at C.O. / Z.O. / P.O. with Designation)