

NORTHERN RAILWAY

Headquarters Office,
Baroda House,
New Delhi.

P.S.No.15812/2024

No. 494-E/O-13/10/EIV

Dated **24.01.2024**

DRMs/NR-DLI, FZR, LKO, MB & UMB
CAO/C, K.Gate/DLI, CAO/C USBRL/Satyam Complex, TrikutaNgr/JAT.
CWM/CB-LKO, JUDW, AMV-LKO & ASR, CWM/Signal Shop/GZB.
Dy. CMM/SSB, AMV-LKO & JUDW
DY.CE/TMC/Line, State Entry Road, New Delhi.
Chief Manager (Ptg. & Sty) Punjabi Bagh, Delhi.
Dy.CE/Bridge, CB-LKO, JUC & TKJ.

Sub:- Retired Employees Liberalized Health Scheme – Discontinuation of Issuance of Physical Medical Cards reg.

Kindly refer to instructions issued by Railway Board vide its letter No. 97/H/28/1 dated 23.10.1997 circulated under NRPS No. 11489/97 dated 19.11.1997 vide which it was conveyed that "Retired Railway Employees covered under the Retired Employees Liberalised Health Scheme (RELHS) will be provided with full medical facilities as admissible to serving employees under the Rly. Medical Attendance Rules. The new scheme will be called RELHS-1997".

Further, Railway Board vide letter no. 2018/Trans Cell/Health/Medical Card dated 04.01.2019 issued guidelines regarding "Medical Identity Card Numbering and Colour Scheme & Generation of Uniform Medical I-Card" for bringing in uniformity in Medical Identity Cards issued to employees and other medical beneficiaries on Indian Railways. As per Board's said letter, a new software of Unique Medical ID (UMID) was developed and generation of UMID Card was made mandatory with further instruction that all the medical ID Cards for PAN India should be generated through the same system. These instructions were duly circulated under NRPS No. 15065/2019 dated 24.01.2019.

Since, UMID Card of retired Railway Railway Employees are being auto generated by system after retirement, hence, "**it has now been decided to discontinue with the practice of issuance of physical RELHS Cards over this Railway**".

A performa to be filled by the retiring staff/officer showing particulars of his/her dependent members and other requisite information for the purpose of record keeping is also attached herewith.

Kindly acknowledge receipt.

The above P.S.No. is available on the website given as under:-

<https://nr.indianrailways.gov.in>

Please acknowledge the receipt.

DA/as above

(Mansi Verma)
For General Manager (P)

Copy to:-

1. All PHODs and All Officers of Personnel Deptt., HQ Office, Baroda House, New Delhi.
2. Genl. Secy./NRMU, 12 Chelmsford Road, New Delhi.
3. Genl. Secy./URMU, 166/2, P.K.Road, New Delhi.
4. Genl. Secy./AIOBC Rly Emp. Asso. 171/A3, Basant Lane, New Delhi.
5. Zonal. Secy. All India SC/ST Rly Emp. Asso. North Zone Office, Baroda House, New Delhi.
6. Genl. Secy. NRPOA Room No.301, HQ Office, Baroda House, New Delhi.
7. Dy.CPO/IT, HQs Office, Baroda House, NDLS for uploading on the website.



MEDICAL IDENTITY CARD

"Retired Employees Liberalized Health Scheme" (RELHS)

क्रमांक / S.No.....

तिथि / Date

1. रेलवे कर्मचारी का नाम / Name OF RAILWAY EMPLOYEE.....
2. सेवा निवृत्ति की तिथि / DATE OF RETIREMENT.....
3. सेवा निवृत्ति के समय पद
POST HELD AT THE TIME OF RETIREMENT
4. सेवा निवृत्ति के समय प्राप्त वेतन एवं वेतनमान.....
PAY & GRADE AT THE TIME OF RETIREMENT
5. कार्यालय जहां से सेवा निवृत्त हुए
OFFICE FROM WHICH RETIRED
6. कुल सेवा काल/ TOTAL SERVICE RENDERED.....YEAR.....MONTH.....DAY

स्वम की फोटो
SELF PHOTO
DULY
ATTESTED

आश्रित सदस्यों का विवरण / PARTICULARS OF DEPENDENT MEMBERS:

| क्र.स S.No | नाम Name | जन्म तिथि DATE OF BIRTH | रिश्तेदारी RELATIONSHIP |
|---------------|-------------|----------------------------|----------------------------|
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आश्रित सदस्यों की फोटो
स्वम के साथ
JOINT PHOTOGRAPH
EMPLOYEE SELF OF
DEPENDENTS
DULY ATTESTED

नोट:- उदारीकृत स्वास्थ्य योजना के अधीन कर्मचारी एवं उसका परिवार चिकित्सा सबधी सुविधाओं का हकदार है .

NOTE:- EMPLOYEE AND HIS FAMILY ENTITLED FOR MEDICAL FACILITIES UNDER RETIRED EMPLOYEE LIBERALISED HEALTH SCHEME.

RELHS के रु दिनांक की कटौती DCRG/ LEAVE ENCASHMENT, SALARY और STATION EARNING MR No..... दिनांक से की गई है .
कर्मचारी द्वारा दिए गये विकल्प के अनुसार (OPD/FMA) OPT किया गया है.

कर्मचारी के प्राधिकारी के हस्ताक्षर, पदनाम एवं मोहर
Signature of Controlling Officer, Designation & Stamp

आवेदनकर्ता के हस्ताक्षर/ Signature of Applicant
नाम / Name
आवेदनकर्ता के घर का पता / Applicant Address

मो.न: / M.No.

जारीकर्ता प्राधिकारी के हस्ताक्षर, पदनाम एवं मोहर
Signature of Issuing Authority, Designation & Stamp