GOVT’S REJECTION OF OPTION 1 OF 7TH CPC CHALLENGED BY CG SAG (S-29) PENSIONERS ASSOCIATION; OA FILED IN CAT (PB) NEW DELHI

Government’s rejection of option 1 (based on Increments Method), recommended by the 7th CPC in Para 10.1.67 of its Report has been challenged by the Central Govt SAG(S-29) Pensioners Association in an application filed by them before the CAT(PB) New Delhi. Notice has been issued to UOI and the next date is 27th July, 2018. This is the first such case to be filed on this issue.

It may be mentioned that this Association had played a pioneering role, right up to the Supreme Court, in restoring of modified parity recommended by Sixth Pay Commission and accepted by the Govt. at first, but later on unjustly denied for fixation of the minimum pension of pre-2006 pensioners at minimum of the Pay in the Pay Band plus Grade Pay thereon corresponding to the Pay Scale from which the Pensioner had retired. This case had benefited a large number of Pre-2006 Pensioners.

MEMBERS OF RSCWS TO BE PROVIDED TREATMENT AT CGHS RATES BY FORTIS, IVY, SHALBY & OJAS HOSPITALS IN ALL SPECIALITIES

Multi-specialty Hospitals including Fortis Hospital, Phase 8, Mohali, IVY Hospital, Sector 70, Mohali, Shalby Hospital, Phase 9, Mohali & Ojas Hospital, Sector 26, Panchkula – will provide treatment in OPD, IPD & for Diagnostics (Tests) at CGHS rates to the Members of RSCWS (Railway Senior Citizens Welfare Society) for all available specialties, against payment in cash, Debit Card or DD on production of Membership Card of RSCWS (Railway Senior Citizens Welfare Society) for all Members of RSCWS and their Heirs & SPOUSES.

RELHS OPTEES TO CONTINUE TO GET CASHLESS TREATMENT IN 5 EMPANELLED HOSPITALS IN TRICITY

RELHS Optees get Cashless treatment in the 5 Empanelled Private Hospitals by the Railways in Tricity - including Fortis Hospital, Phase 8, Mohali, IVY Hospital, Sector 71, Mohali, MAX Hospital, Phase 6 Mohali, Indus Hospital, Phase 1, Mohali & Sri Guru Harkrishan Eyes Hospital, Sohana, only if referred to by CMS Northern Railway, Ambala or in case of Emergency, if approved by the CMS within 24 hours of admission.

MEMBERS OF RSCWS & THEIR SPOUSES ARE CORDIALLY INVITED TO ATTEND FREE HEALTH CHECKUP CAMP FOR CARDIOLOGY, ORTHOPEDICS & GENERAL MEDICINE & GENERAL BODY MEETING OF RSCWS ON 31ST JULY, 2018, FROM 9:15 AM TO 3:00 PM AT FORTIS HOSPITAL AUDITORIUM, 3RD FLOOR (OPD SIDE) PHASE 8, MOHALI

- PLEASE REACH IN TIME (9:15 AM SHARP) FOR REGISTRATION, RENDEUM BLOOD SUGAR & VITAL TESTS, BP CHECK UP.
- ECG, Bone density test & Lungs Function Test (Spirometry) will be done where prescribed by the Doctor
- PLEASE BRING YOUR MEMBERSHIP CARD OF RSCWS POSITIVELY FOR REGISTRATION & FOR MEDICAL CHECK-UP.

MEMBERS OF RSCWS & THEIR SPOUSES & NON-MEMBERS

WHOSE SUBSCRIPTION OF RSCWS IS DUE FOR 2018, MAY PLEASE PAY THEIR SUBSCRIPTION
@ RS.300 PA FOR SELF & RS.150 FOR SPOUSE WITH SEPARATE STAMP SIZE PHOTOS FOR THE MEMBERSHIP CARD.
THE KNEE REPLACEMENT UNIT AT FORTIS HOSPITAL MOHALI ACHIEVES A HISTORIC LANDMARK

Fortis Healthcare congratulates Dr Harsimran Singh on completing 15,000 joint replacement surgeries at Fortis Hospital Mohali.

Dr Harsimran Singh
Director – Joint Replacement

Highest number of Partial Knee Replacements in India

Largest series of computer navigated knee replacement surgeries in South-east Asia

Fortis Hospital Mohali is empaneled by Northern Railway, DMW & RCF Kapurthala for the Cashless Treatment of railway beneficiaries in emergency and on reference by referring authority.

In non-referral cases, Members of RSCWS (Railway Senior Citizens Welfare Society) shall be treated and charged on CGHS rates for all Specialties in IPD, OPD & Diagnostics for the various specialties against cash / Credit Card / Debit Card / DD facilities, on production of Membership Card or Letter of Authority of RSCWS.

For more information, please contact: Dr Ajinder Singh - 9872170582
SOCIAL WELFARE ACTIVITIES

RSCWS PRESENTS 2 FOLDING STRETCHERS FOR CHD RLY STATION, 4 ROOM COOLERS TO GOVT. PRIMARY SCHOOL, RLY COLONY, CDG & RS.20000/- TO S.A.S. FREE POLY CLINIC, VILLAGE-PARACHH. FOR MEDICINES FOR FREE DISTRIBUTION TO POOR IN DISTT MOHALI

Secretary General, Treasurer & Joint Secy. Genl. RSCWS presenting 4 Room Coolers to Principal & Staff of Govt. Primary School Railway Colony Panchkula for low roofed Classrooms

Secretary General, Treasurer & Joint Secy. Genl. RSCWS presenting a cheque of Rs.20,000 to Chairman & General Secretary SAS Free Poly Clinic Parachh for Medicines

RSCWS presents two Folding Stretchers to Railway Station Chandigarh for Accidental Cases

RSCWS INTENSIFIES EFFORTS TO HELP INDIGENT & DESTITUTE SENIOR CITIZENS

The Executive Committee RSCWS had resolved to intensify its ongoing social welfare activities and to further focus its efforts especially to help destitute senior citizens who are indigent with no source of income of their own for their livelihood. This decision was taken in a meeting of the Executive Committee held on 28th May, 2018 at Chandigarh.

It was also decided to reconstitute the Social Welfare Committee (SWC) of RSCWS under the Chairmanship of Shri Gurdeep Singh (Retd FA&CAO NR), Shri HS Sachdeva as Vice Chairman, Shri Jaspal Singh as Convenor and Shri KNS Virk, Shri RK Datta & Shri Satish Kumar as Members along with President RSCWS Shri OS Dogra and Secretary General RSCWS Shri Harchandan Singh as its Ex-Officio Members.

The Committee was asked by the Executive Committee i) to survey & identify such Old age Homes in and around Chandigarh which are looking after the indigent (destitute) Senior Citizens or individual indigent Senior citizens; And ii) to recommend the possible manner in which RSCWS could help these identified Old Age Homes and/or indigent individual senior citizens for having a better quality of life.

REPORT OF THE SOCIAL WELFARE COMMITTEE RSCWS: The Social Welfare Committee visited Old Age Homes for Destitute Senior Citizens Sector 15 Chandigarh and Akal Old Age Home at Ratwara Sahib, Mullanpur Chandigarh. After thorough examination, the Committee made the following recommendations:

i) Old age Home for the Destitute Senior Citizens in Sector 15 Chandigarh is run by UT Administration which provides the requisite facilities to the 30 gents & ladies destitute senior citizens. However, there is a limit of Rs.300 per month on reimbursement of Medicines per head which is not sufficient to meet with the cost of medicines of most of the senior citizens especially in case of heart patients and patients with other chronic problems. It was, therefore, proposed by the SWC that RSCWS should provide requisite additional medicines to the extent possible as required for the inhabitants over and above the said limit. To start with, the Medicines - as proposed by the Manager of the Old Age Home - be provided by RSCWS. Estimates for the same be collected and placed before the Executive Committee in its next meeting for approval.

ii) Old Age Home at Ratwara Sahib is run by a family under the name of Akal Trust and the family meets with the major part of the expenses beside any voluntary donations. There are 32 destitute ladies & gents senior citizens who are provided all the requisite facilities by the family Trust. After careful consideration, SWC recommended that an amount of Rs.15000 be given from SWF of RSCWS to the Akal Trust for medicines etc. for the indigent senior citizens residing in old age Home.

iii) An old lady residing in Sector 15 Old Age Home is very hard of hearing. She may be provided with a Hearing Aid by RSCWS. Estimates for the same be placed before the Executive Committee for approval.

EXECUTIVE COMMITTEE APPROVES PROPOSALS OF SOCIAL WELFARE COMMITTEE CONCERNED OVER POOR HEALTHCARE FACILITIES BY RAILWAYS AT CHANDIGARH THE EXECUTIVE COMMITTEE RSCWS DECIDES TO GIVE NOTICE TO RAILWAYS TO GO ON DHARNA IN FRONT OF RAILWAY STATION IF HEALTHCARE FACILITIES DO NOT IMPROVE EARLY IN TRICITY

1. Executive Committee of RSCWS, in its meeting held on June 28, 2018, approved the following proposals of the Social Welfare Committee of RSCWS:

i) RSCWS will give requisite medicines costing up to Rs.5000 for better health care of the inhabitants of Old Age Home for the Destitute Senior Citizens Sector 15 Chandigarh, as per list provided by its Manager on the advice of the visiting Doctor to make good the shortfall of medicines within the limit prescribed by Chandigarh Administration for reimbursement @ Rs.300 per month per inhabitant which does not meet the requirement.

ii) An amount of Rs.15000 be given from SWF of RSCWS to the Akal Trust, Ratwara Sahib, Mullanpur, for medicines for the indigent senior citizens residing in old age Home.

iii) An old lady residing in Sector 15 Old Age Home who was very hard of hearing may be provided with a Hearing Aid by RSCWS costing up to Rs.4000/- after getting her hearing test done.

2. Concerned over poor healthcare facilities at Chandigarh, Executive Committee RSCWS decided to give notice to Railways that RSCWS go on dharna before railway station if healthcare facilities do not improve early

3. EXECUTIVE COMMITTEE APPEALED TO THE MEMBERS TO DONATE AT LEAST RS.500/- PER ANNUM TO SOCIAL WELFARE FUND OF RSCWS TO HELP THE POOR, NEEDY & ESPECIALLY INDIGENT & DESTITUTE SENIOR CITIZENS.
Now Members of Railways Senior Citizens Welfare Society can Avail Medical Services at CGHS Rates

**NEPHROLOGY**
Dr. Ajay Goyal
MBBS, MD (General Medicine)
DM Nephrology (PGI)
Consultant Nephrology & Renal Transplant

**UROLOGY**
Dr. Abhay Gupta
MS (Gen. Surgery, PGI),
MCh (Urology)
Fellowship (Renal Transplant)
Senior Consultant

**ENDOCRINOLOGY**
Dr. Soham Mukherjee
M.B.B.S., M.D., D.M (Endocrinology)
Consultant Endocrinologist

**NEUROSURGERY**
Prof. V.K. Kak
MS, FRCS (Eng), FRCS (Edin),
FAMS, FIAMS, FACS, FICA, FIHE
Head - Dept. of Neurosurgery,
Senior Consultant (Neurosurgery)

**NEUROLOGY**
Dr. Gaurav Jain
MD, DM - Neurology (PGI),
Consultant Neurologist

**CARDIOLOGY**
Dr. Anurag Sharma
M.B.B.S, DM (Internal Medicine)
PGIMER, DM (Cardiology) PGIMER,
Director Dept. of Cardiology

**CARDIOVASCULAR SURGERY**
Dr. Virender Sarwal
MBBS, MS, DNB, MCh
(Cardiovascular and Thoracic Surgery)
Director Cardiothoracic Surgery

**CRITICAL CARE**
Dr. Chetan Goel
MD (Anaesthesiologist & Intensive care)
GMCH CHD, FNB(NBE)
Critical Care Medicine, NH Bangalore
EDIC, BLS and ACLS Instructor (AHA)
ATLS Provider, FCCS Instructor

**PULMONOLOGY**
Dr. Sunny Virdi
MD – Internal Medicine
DM – Pulmonary Medicine Fellowship of College of Chest Physicians – USA

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The Meeting was presided over by Shri O.S. Dogra & attended by 96 Members & their spouses.

1. CONDOLENCES: The meeting condoled the sad demise of some of the Members of RSCWS in recent period including Shri Chanan Singh, Shri T. S. Kanwal, Shri Darshan Singh Bajwa, Shri Jagdev Singh, Shri Dharam Vir Sharma and prayed that their souls rest in peace and their families be granted solace by God.

2. CULTURAL PROGRAMME: Prayer and patriotic songs & poems were presented by Members.

3. ADDRESS BY CHAIRMAN: Shri N. P. Mohan welcomed the members who turned out in good number for the AGM. He informed the Members about the nomination of RSCWS as a member of SCOVA for a term of 2 years which is extendable by another 2 years. This is a matter of honour for the Society and gives an entry to a platform where the problems of pensioners can be directly brought to the notice of MOS of Pension Ministry who chairs the meeting with Pensioners Associations. He complimented the members for their support to the working of RSCWS for this recognition.

He further mentioned that the Revision of pension based on concordance tables was in progress for which revised PPOs are being issued though at a very slow pace. The matter is being pursued by RSCWS for early issue of PPOs and early revision of Pension by the Banks with payment of arrears thereof. The Society is making all out efforts to enroll more members. He requested the members to help in the matter by their contacts.

4. ADDRESS BY PRESIDENT: Shri O.S. Dogra appreciated the steps taken by the Secretary General RSCWS for highlighting the problems of Pensioners at all levels especially regarding the health care. He felt that it was high time that the Railways improves the health care facilities of its Pensioners especially at Chandigarh.

5. REPORT BY SECRETARY GENERAL: Shri Harchandan Singh explained the latest position of revised PPOs and regretted that even after lapse of nearly one year of issue of Govt. orders for revision of Pension of Pre-2016 Pensioners, only two-third of the revised PPOs had been issued so far and even most of those issued by the Railways were still lying with the CPPCs (Central Pension Processing Centre) of the Banks. The issue was raised by him before the MOS PGP Shri Jatindra Singh in the meeting of SCOVA who had assured of action on it. Other important issues of pensioners were also taken up in SCOVA Meeting on 23-3-2018 – including those relating to health care, benefit of upgrading of posts for revision of Pension of Pre-2006 Pensioners. He lamented that the Health Care Facilities were not improving in the Health Unit of Northern Railway in spite of all efforts.

6. HONOURING OF SENIOR & SUPER SENIOR MEMBERS: Four octogenarians & and two nonagenarian super senior citizens were honoured with Mementoes and Shawls. Later, a super nonagenarian Shri M. L. Dudeja was honoured at his residence with mementoes and shawl by the Secretary General Shri Harchandan Singh and Treasurer Shri Jaspal Singh.

7. AID FROM SOCIAL WELFARE FUND (SWF): i) Two Folding Stretchers were presented to the representatives of Railway Station Chandigarh for Accidental Cases & shifting of Patients across the Railway lines to the waiting ambulances.

ii) Four Air Coolers were presented to the Govt. Primary School in Railway Colony Chandigarh to save the small children from scorching heat due to small and congested classrooms with low lying roofs. After symbolic presentation of Coolers to the School Staff during the AGM, Secretary General Shri Harchandan Singh, Treasurer Shri Jaspal Singh & Joint Secretary General Shri KNS Virk later on visited the School to personally hand over the 4 Room Coolers to the Principal and to get acquainted with the difficulties being faced by the children and the Staff on account of deficiencies in the building provided by the Railways. DRM Ambala was later urged upon by RSCWS to provide requisite facilities in the School besides raising the roof height and size of the Classrooms as sitting there was really torturous.

8. CONSTITUTION AMENDMENTS: An amendment in the Constitution of RSCWS was moved by the Secretary General and approved unanimously by the House to provide for Affiliation of other Pensioners Associations with RSCWS. The amendment provided for as under in the Bye-Laws of the RSCWS:

   AFFILIATION: An Association of Pensioners having similar objectives as those of RSCWS, may be Affiliated with RSCWS, with the approval of the Executive Committee of RSCWS, on receipt of a written request by the said Association along with a Resolution of their Executive Committee or General Body to be so affiliated with RSCWS. An Affiliated Association of Pensioners shall pay an Affiliation Fee @ Rs.200/- per annum to RSCWS in case the Association has up to 100 Members; and Rs.500/- per annum in case it has more than 100 Members. Affiliation Fee of RSCWS may be revised by the Executive Committee/General Body of the RSCWS after giving a notice of at least one month to the Affiliated Association. President & General Secretary of Affiliated Association shall be Ex-officio Members of the Executive Committee of RSCWS. RSCWS will not be made a party to any organisational, financial or legal dispute arising in the affiliated body within or outside.

9. MEDICAL SEMINAR ON HEART PROBLEMS IN OLD AGE: The meeting was followed by a Medical Seminar on “Heart Problems & their Management in Old Age”. The Seminar was conducted by Dr. Arun Kochhar, Cardiac Specialist from Fortis Hospital, Mohali who also interacted with the Members and replied to the queries.

10. The meeting dispersed after a vote of thanks to the Chair.
RSCWS REITERATES DEMAND FOR GRANT OF BENEFIT OF UPGRADING & MERGER OF POSTS FOR REVISION OF PENSION OF PRE-2006 PENSIONERS

COPY OF RSCWS LETTER NO.RSCWS/HO/CHD/ MEMO/2018-5 DATED: 21/05/2018
TO MINISTER OF FINANCE & MINISTER OF PENSION

Sub: Revision of Pension of Pre 2006 Pensioners – Reg: Benefit of Upgraded/Merged Posts by 6th CPC for fixing of Minimum of Revised pension of Pre-2006 Pensioners

Ref:- i) Resolution of GOI No. 38/37/08-P&PW (A) dated 29-8-2008 & OM Dated 1-9-2008,
    ii) Para 5 of DOP&PW O.M. F.No. 38/37/08-P&PW (A) dated 11-2-2009 – (which has been quashed by various Courts but not withdrawn by the DOP&PW)
    iii) DOP&PW O.M. F.No. 38/37/08-P&PW (A) dated 30-7-2015

Dear Sir,

We seek your benign intervention in the following matter of serious injustice with a section of Pre-2006 Central Government Pensioners:

1. Sixth Pay Commission had merged and upgraded some posts keeping in view their duties & responsibilities. The recommendations of the Sixth CPC were accepted by the Government vide Resolution of the Government Notified on 29-8-2008 and orders were issued thereon vide DOPT & DOPPW vide OM dated 1-9-2008.

2. DOP&PW subsequently modified these orders vide O.M. File No. 38/37/08-P&PW (A) dated 11-2-2009 and ordered that the benefit of upgrading of posts by Sixth Pay Commission shall not be given for the fixation of Revised Pension of Pre-2006 Pensioners.

3. Above cited orders of DOP&PW (dated 11-2-2009) had been quashed by the various Courts including the Apex Court, which inter-alia directed that “The fixation (of Pension) … will be subject to the provision that the revised pension, in no case, shall be lower than 50% of the sum of the minimum of the pay in the pay band and the grade pay thereon corresponding to the pre-revised pay scale from which the pensioner had retired.” DOP&PW issued the orders thereon vide OM dated 1-9-2008.

4. DOP&PW vide OM No.38/37/08-P&PW(A) Dated 30th July, 2015, in compliance with the judicial pronouncements, had decided that the pension/family pension of all pre-2006 pensioners/family pensioners may be revised in accordance with this Department’s OM No.38/37/08-P&PW(A) dated 28.1.2013 with effect from 1.1.2006.

5. Para 5 of DOPPW OM dated 11-2-2009 had specifically been quashed by various Courts - including the High Court of New Delhi in WP(C) 3035/2016 dated 3-8-2016 in Ram Phal-vs-Union of India & Ors and CAT Bangalore in CP 237/2015 in OA 231/2013 (Parthasarthy-Vs-Union of India).

6. High Court of Kerala at Ernakulam had held as under in OP (CAT) No. 169 of 2015 (Z) in its judgment dated 18th January, 2016 UNION OF INDIA vs N.R.PURUSHOTHAMAN PILLAI:

“The resultant position that emerges from the pronouncement of the Central Administrative Tribunal as well as the different High Courts and the Apex Court is that, computation of pension in the matter of implementation of the 6th Pay Commission Report has to be at 50% of the pay scale with respect to the scale of pay applicable to the post in question and not to the corresponding scale of pay to the one at which the incumbent has retired.”

7. Regrettably the benefit of upgrading of posts was still not given to the Pre-2006 Pensioners in spite of the above cited judgments of various Courts. The benefit of the Court judgments on this had been restricted only to the Petitioners and not to other similarly placed Pre-2006 Pensioners.

8. This is totally discriminatory and violates Article 14 of the Constitution as well as under the settled law that the decisions taken in one specific case either by the Judiciary or the Govt. should be applied to all other similar cases without forcing the other employees or pensioners to approach the court of law for an identical remedy or relief.

9. Delhi High Court in W.P.(C) 8012/2013 had held that “policy decision of the Government in the OM dated September 01, 2008 to fix pension for all categories of pensioners did not classify post of pre January 01, 2006 retirees and all were entitled to pension as per a common formula”.

10. It is, therefore, requested that Pre-2006 Pensioners be given the benefit of upgraded Pay Band and Grade Pay of the post from which they retired so that minimum pension be not lower than 50% of the pay in the revised pay band plus the grade pay corresponding to the post from which the pensioner retired – as per DOPPW OM dated 30-7-2015.

SEE COPY OF VARIOUS MEMORANDUMS SUBMITTED BY RSCWS & ORDERS OF MINISTRY OF RAILWAYS, MINISTRY OF PENSION AND OTHERS ON OUR WEBSITE HTTP://RSCWS.COM

KEEP YOURSELF IN TOUCH WITH ALL DEVELOPMENTS REGARDING PENSIONERS & BE AN ACTIVE MEMBER OF RSCWS FOR GREATER AWARENESS ABOUT PENSIONERS ISSUES AND BE A PART OF THE ONGOING EFFORTS FOR REDRESSAL OF THEIR GRIEVANCES
RSCWS SEEKS RECOGNITION OF MORE PRIVATE HOSPITALS BY RAILWAYS & CASHLESS FACILITIES FOR RELHS OPTEES BY RAILWAYS
WITHOUT REFERRAL BY RAILWAY DOCTOR - AS NOW FOR CGHS BENEFICIARIES
COPY OF RSCWS LETTER NO. RSCWS/HO/CHD/MEMO-RB/2018-2 DATED 5-3-2018
TO DIRECTOR GENERAL, RAILWAY HEALTH SERVICES, RAILWAY BOARD

Subject: Health Care Facilities for RELHS Optees at par with CGHS Beneficiaries


1. Pensioners who are RELHS Optees and CGHS Beneficiaries are a homogeneous class and as such should get same health care facilities under the two schemes. But regrettably, some of the facilities given to the CGHS Beneficiaries from time to time, are not simultaneously extended to the RELHS Optees. Some such instances are cited below for your kind consideration:

   i) a) Quite a few CGHS Empanelled Hospitals are still not Recognised by the Railways in spite of the orders for the same issued by the Railway Board vide OM dated 5-10-2015 cited above, due to the restrictive conditions laid down therein which need to be relaxed by the Railway Board; besides inadequate action by the Zonal Railway & Divisional authorities.

   b) Some of the Railways are inviting Tenders for empanelment of Private Hospitals by the Railways – which were not envisaged in Board’s OM cited above.

   ii) Ministry of Health & FW/DOH&FW has waived off the condition for Referral (permission) by a CGHS authorities for treatment at private hospitals empanelled under CGHS and the procedure has been simplified for the purpose vide DOH&FW OM dated 9-11-2017 cited above (Copy attached).

   But the Railways have yet to adopt this practice for RELHS Optees.

2. a) These discriminations between RELHS Optees and CGHS Beneficiaries are causing much hardship and heartburning among the RELHS Optees besides, this being violative of law of natural justice.

   b) Railway Pensioners, especially those residing in cities where there are no Zonal / Central or Divisional Hospitals of Railways, are put to great hardship for getting proper health care facilities and have to travel long distances for getting their case referred to the Government or empanelled hospitals for their treatment - which becomes torturous and time-consuming. Inter-city Traveling itself is very expensive for old aged patients who have to be taken to the Divisional Hospitals by Taxi etc. to get a referral letter for the Government or empanelled hospitals; and for their attendants to get an approval of CMS (Authorised Medical Officer) for treatment in case of emergency in a Government or empanelled hospital etc.

   c) All this needs to be simplified and rationalized by the Railways to make the health care system more “patient friendly” at least in the old age.

3. It is, therefore, requested that the following health care facilities be extended to the RELHS Optees at par with CGHS Beneficiaries:

   i) a) All the CGHS empanelled hospitals may be recognised by the Railways also, with similar conditions as applicable to CGHS beneficiaries; and the conditions contained in Railway Board orders dated 5-10-2015 may please be revised and relaxed especially in cities where there are no Zonal / Central or Divisional Hospitals of the Railways.

   b) Discontinue the scheme of calling separate tenders by the Zonal railways for the empanelment of private hospitals as it is bound to become very restrictive than the number of CGHS empanelled Hospitals; and uncalled for - since CGHS rates form the basis for empanelment in either case.

   ii) Simplification of procedure for treatment in Government and private hospitals empanelled under CGHS without any requirement of a referral (permission) letter from a Railway Doctor – as is now done for CGHS Beneficiaries vide MOH&FW DOH&FW letter dated 9-11-2017 cited above.

   (See copy of CGHS letter on Next Page)

RSCWS called upon the Railways for requisite improvements in “health care facilities” by the Railways, at Chandigarh for the nearly 7000 Railway Beneficiaries (including railway employees, Pensioners and their dependents residing in and around the Tri-city) – including posting of full time regular Doctors with requisite powers to approve emergency cases for treatment in Specialised empanelled Hospitals and to refer other serious cases to the empanelled Hospitals.

The Meeting also called for effective steps by the Railways to upgrade the building of the Railway Primary School Chandigarh by providing more classrooms, raising roof height and size of existing classrooms and improving other facilities therein.

**Sub: Simplification of procedure for treatment at private hospitals empanelled under CGHS/CS (MA) Rules, 1944**

With reference to the above mentioned subject the undersigned is directed to state that this Ministry has been receiving representations for simplification of procedure for undergoing treatment at private hospitals empanelled under CGHS. The matter has been examined and it has now been decided that CGHS beneficiaries are allowed to undergo treatment at private hospitals empanelled under CGHS of a specific treatment procedures listed under CGHS rate list are advised by a Specialist in a Central Government/State Govt. Specialist hospital or a CGHS Medical Officer without any requirement of any other referral (permission) letter.

2. Private empanelled hospitals shall perform the treatment on cashless basis in respect of pensioners, ex-MPs, Freedom Fighters, Regular employees (both CGHS and CS (MA) beneficiaries) of this Ministry & other categories of CGHS beneficiaries, who are presently eligible for credit facility and shall enclose the prescription issued by Government Specialist or a CGHS Medical Officer, in original (or a self-attested photocopy) along with the hospital bill submitted to the competent authorities.

3. Serving government employees shall enclose the prescription issued by a Government Specialist or a CGHS Medical officer in original (or a self-attested photocopy), while submitting the medical claim to the concerned Ministry/department/office for reimbursement.

4. CGHS Medical Officer/Government Specialist shall not refer the beneficiaries to any particular empanelled hospital by name but, shall specify the treatment procedure and mention ‘referred to any CGHS empanelled centre’.

5. These orders are applicable only in respect of treatment procedures for which CGHS rates are available.


**Sub:- Simplification of procedures for treatment at private hospitals empanelled by the Railways**

Various feedback and complaints are received in Railway Board regarding the method being followed by Railway hospitals while referring patients to non Railway empanelled private hospitals that some hospitals are ignored and few are considered comparatively more for referral of patients.

In the light of above, it has been decided that while making the referral letter, patients or their relatives will be asked to go through the list of empanelled hospitals already displayed in OPD or office where referral letter is being prepared and to give their choice in writing which can be endorsed on the referral letter. Patients or relatives will also affix his/her signature/LTI/RTI in the side space.

**Railway Board’s letter No.2018/Trans.Cell/Health/Medical Cards dated: 08.06.2018 to all GMs**

**Sub: Medical Identity Cards - Uniformity and renewal**

For bringing uniformity in the Medical Identity Cards issued to employees and other beneficiaries on Indian Railways, Board (MS, FC & CRB) have approved the following.

1. The Medical Identity Card should be a plastic based card, the size of which should be same as that of the debit/credit cards issued by banks.

2. A strip at the top of the card should have different color for serving and retired employees and their dependents as per extant instructions on color of Medical Identity Cards.

3. A separate Medical Identity Card, with unique all India number, should be issued to the employee as well as each dependent. The card of the dependent may also bear the Medical Card number of the primary serving/retired employee. The numbering scheme is to be decided by Establishment Directorate.

4. The level of entitlement of employee, which indicates the level of facilities to be provided to the beneficiaries, should be indicated on the card. The pattern being used by CGHS may be adopted with suitable modifications, if required. Health directorate may decide the same.

5. The Medical Identity Card for beneficiaries up to the age of 15 years should be made valid for 5 years, after which these should be renewed. For beneficiaries above the age of 15 years, the Medical Identity Card should be renewed on attaining the age of 40 years and at the time of retirement. The Medical Identity Card should also be reissued on change of level of entitlement.

6. Only bare minimum information of the beneficiary may be visible on the card. The following data may be printed on the card:

| a. The name of the Railway | h. Health Unit |
| b. Medical Card Number | i. Blood Group |
| c. Name & Medical Card Number of the Primary holder in case of card of dependent | j. Photograph |
| d. Name of the card holder | k. Signature/LTI of the beneficiary |
| e. Year of Birth | l. Signature/Designation of issuing authority |
| f. Date of validity of the card | m. Electronic Card reading may be incorporated where such systems are implemented |
| g. Level of entitlement of medical facilities | |

**Uniformity and renewal**

| a. The name of the Railway | h. Health Unit |
| b. Medical Card Number | i. Blood Group |
| c. Name & Medical Card Number of the Primary holder in case of card of dependent | j. Photograph |
| d. Name of the card holder | k. Signature/LTI of the beneficiary |
| e. Year of Birth | l. Signature/Designation of issuing authority |
| f. Date of validity of the card | m. Electronic Card reading may be incorporated where such systems are implemented |
| g. Level of entitlement of medical facilities | |
MEDICAL CLAIM CANNOT BE DENIED MERELY BECAUSE TREATMENT WAS IN NON-EMPANELLED HOSPITAL: SUPREME COURT

A bench of Justice RK Agrawal and Justice Ashok Bhushan in the judgement dated 13 April, 2018 made an important observation that the right to medical claim cannot be denied merely because the name of the hospital is not included in the government order.

Shiva Kant Jha, a retired employee, who was aggrieved with CGHS in not allowing the medical bills in full, had approached the apex court, highlighting the sufferings of several retired government servants due to unfair treatment meted out to them with regard to rejection of part of its claim on the ground that the implant was not required.

The bench observed that ultimate decision as to how a patient should be treated vests only with the Doctor, who is well versed and expert both on academic qualification and experience gained. Very little scope is left to the patient or his relative to decide as to the manner in which the ailment should be treated.

The court also made the important observation, “The right to medical claim cannot be denied merely because the name of the hospital is not included in the Government Order. The real test must be the factum of treatment”. It further contended that “before any medical claim is honoured, the authorities are bound to ensure as to whether the claimant had actually taken treatment and the factum of treatment is supported by records duly certified doctor and the Hospitals concerned. Once, it is established, the claim cannot be denied on technical grounds.”

In this case the court has granted relief to the litigant/claimant only, with directions to the concerned Ministry to device a Committee for grievance Redressal of the retired pensioners consisting of Special Directorate General, Directorate General, 2 (two) Additional Directors and 1 (one) Specialist in the field which shall ensure timely and hassle free disposal of the claims within a period of seven days.

TAX RELIEF TO SALARIED CLASS FOR FY 2018-19 / AY 2019-20

STANDARD DEDUCTION OF RS.40,000 ALLOWED: NO TDS ON INTEREST INCOME UPTO RS.50,000

Standard Deduction of Rs. 40,000/- will be allowed to Salaried Class on Transport Allowance and on medical expenses for the FY 2018-19 / AY 2019-20. Standard deduction shall also benefit the pensioners, who do not enjoy any allowance on account of transport and medical expenses. Income from Interest of Fixed Deposits & Saving Accounts have been Exempted from TDS up to Rs.50,000.

INCOME TAX SLABS FOR FY 2017-18 AS EXTENDED TO FY 2018-19

<table>
<thead>
<tr>
<th>Income Tax Slab (60-80 yrs)</th>
<th>Income Tax Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income upto Rs. 3,00,000</td>
<td>Nil</td>
</tr>
<tr>
<td>Income between Rs. 3,00,001 – Rs. 500,000</td>
<td>5% of Income exceeding Rs. 3,00,000</td>
</tr>
<tr>
<td>Income between Rs. 500,001 – Rs. 10,00,000</td>
<td>20% of Income exceeding Rs. 5,00,000</td>
</tr>
<tr>
<td>Income above Rs. 10,00,000</td>
<td>30% of Income exceeding Rs. 10,00,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income Tax Slab (above 80 yrs)</th>
<th>Income Tax Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income upto Rs. 5,00,000</td>
<td>Nil</td>
</tr>
<tr>
<td>Income between Rs. 500,001 – Rs. 10,00,000</td>
<td>20% of Income exceeding Rs. 5,00,000</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

REVIEWED SUBSCRIPTION RATES OF RELHS TO BE EFFECTIVE FROM 01.01.2016

REVIEWED SUBSCRIPTION RATES OF RELHS TO BE EFFECTIVE FROM 01.01.2016

Railway Board’s letter No.2017/H/28/11RELHS/Pl.I Delhi, Dated: 4.06.2018 to all GMs IR

Sub:-Subscription rates of RELHS.

Ref:- Railway Board’s letter No.2017/H/28/11-RELHS dated 23.02.2017

Vide Board’s letter dated 23.02.2017 under reference, the subscription rate to join RELHS was revised with effect from 23.02.2017. Thus, the current retiring railway employees is last month’s basic pay drawn or the amount enumerated in table below for different pay levels (as per 7th CPC), whichever is lower:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Levels in the Pay Matrix as per 7th CPC</th>
<th>Subscription rate to join RELHS (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Level: 1 to 5</td>
<td>30,000</td>
</tr>
<tr>
<td>2.</td>
<td>Level: 6</td>
<td>54,000</td>
</tr>
<tr>
<td>3.</td>
<td>Level: 7 to 11</td>
<td>78,000</td>
</tr>
<tr>
<td>4.</td>
<td>Level : 12 and above</td>
<td>1,20,000</td>
</tr>
</tbody>
</table>

Various representations have been received for implementation of the above letter w.e.f. 01.01.2016 (the date of implementation of 7th CPC) in place of 23.02.2017. After careful consideration in the matter, it has now been decided that the revised rate of subscription for joining RELHS would be effective from 01.01.2016 in place of 23.02.2017. The excess amount, if any, deducted from the railway employees/family pensioners who retired/sanctioned pension from 01.01.2016 to 22.02.2017 (both dates are inclusive), may be refunded. It will be incumbent upon the department/branch, which paid the settlement dues to the retired employees/family pensioner, between 01.01.2016 to 22.02.2017 (both dates are inclusive), to credit the excess amount recovered, if any, in one go in the bank account of the employee/family pensioner in which the settlement dues was credited. The due amount shall be initiated by the bill preparing authority for the retired employee and shall be passed by the Accounts Department after due internal check. This would be done without any application from the employee/family pensioner.
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- Nephrology
- Pulmonology
- Psychiatry
- Physiotherapy
- Pediatric
- Neurology & Neurosurgery
- Critical Care & Trauma
- Internal Medicine
- Bariatric
- Ophthalmology
- Dentistry / Oral Sciences
- Ear/Nose/Throat
- Orthopedics & Joint Replacement
- Urology & Renal Transplant
- General & Laparoscopic Surgery
- Obstetrics & Gynaecology / IVF
- Dermatology & Cosmetic Surgery
- Oncology (Medical, Surgical, Radiation)

Ivy Hospital, Mohali is empaneled by Northen Railway, DMW & RCF Kapurthala for the cashless treatment of Railway beneficiaries in emergency and on reference by authority. In non-referral cases, members of RSCWS (Railway Senior Citizens Welfare Society) shall be treated and charged on CGHS rates for all specialties in IPD, OPD & Diagnostics for the various specialties against cash/credit card/Debit Card/DD facilities, on production of Membership Card or letter of Authority of RSCWS.

For More information contact: 9115403518, 8558820260

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› Ophthalmology
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› Plastic Surgery
› Physiotherapy
› Pulmonology
› Non-invasive Cardiology
› Psychiatry
› Rheumatology
› Urology

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› Dobutamine Echo
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› PFT
› Pathology
› 24x7 Pharmacy
› Minor OT / Major OT
› Endoscopy
› X-ray
› Homecare

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E: info.mohali@shalby.org | W: www.shalby.org

Members of RSCWS (Railway Senior Citizens Welfare Society) shall be treated and charged as per CGHS rates for all Specialties available in the Hospital in IPD, OPD & Diagnostics for various specialties against Cash / Credit Card / Debit Card / DD facilities, on production of Membership Card or Letter of Authorization from RSCWS.