



PENSIONERS' RAIL SAMPARK

QUARTERLY BULLETIN OF THE

RAILWAY SENIOR CITIZENS WELFARE SOCIETY (RSCWS)

(Estd. 1991, Regd. No. 1881 - under Societies Registration Act) Website for Pensioners: www.rscws.com

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FOR MEMBERS ONLY

SEVENTH PAY COMMISSION TO BE SET-UP SOON

The Finance Minister Shri P.Chidambaram in a statement recently said that the Prime Minister had approved the constitution of the Seventh Central Pay Commission, and the same shall be set up soon.

The average time taken by a Pay Commission to submit its recommendations has been about two years. Accordingly, allowing about two years for the 7th CPC to submit its report, the recommendations are likely to be implemented with effect from 1.1.2016.

The names of the Chairperson and members as well as the terms of reference of the 7th Pay Commission will be finalised and announced shortly after consultation with major stakeholders.

CAT DIRECTS GOVT TO IMPLEMENT ITS ORDERS OR FACE CONTEMPT PROCEEDINGS

The contempt petition CP158/2012 filed by CG SAG (S 29) Pensioners Association came up for hearing before the full bench of PB CAT New Delhi today 25-9-2013. The attempt of Govt advocate for getting more time for filing reply was turned down by the court and he was told that in a Contempt Petition no new issues can be raised. The limited point was whether GOI will implement the CAT verdict and allow arrears w.e.f. 1-1-2006 or they should proceed ahead for action for contempt.

Finally, the Bench decided to revive the contempt petition and fixed the next date of hearing on 10th October, 2013 for orders.

SUPREME COURT DISMISSES SLP OF GOVT REG MODIFIED PARITY

Supreme Court summarily "Dismissed" the SLP(C) No. 23055 of 2013 of the Union Government in UOI-Vs-CG S29 (SAG) Pensioners Association against the judgement dated 29.04.2013 of the High Court of Delhi in Writ Petition No (WP) 1535 of 2012 - upholding the judgement dated 1-11-2011 of PB CAT New Delhi - directing re-fixation of pension from 1-1-2006 of all pre-2006 pensioners on the principle of modified parity.

The above said SLP came up for hearing on 29.7.2013 and Supreme Court summarily recorded that "We are not inclined to interfere with the order passed by the High Court. Consequently, the special leave petitions are dismissed. However, the petitioners are at liberty to raise all points before the Tribunal as and then the appeal, including the contempt petition is preferred."

As per this judgement of CAT/HS/SC, revised basic pension notified vide DOP OM dated 28-1-2013, should now be effective from 1-1-2006 (instead of 24-9-2012). Minimum Pension of the affected Pre-2006 pensioners - should be re-revised to "50% of the sum of minimum of pay in the pay band and the grade pay corresponding to the pre-revised pay scale from which the pensioner had retired, as arrived at with reference to the fitment tables annexed to the Ministry of Finance, Department of Expenditure OM No.1/1/2008-IC dated 30th August, 2008. They shall now be entitled for the arrears from 1-1-2006 onwards.

NEWS FLASH: EMPANELMENT OF FORTIS HOSPITAL MOHALI APPROVED BY RAILWAY BOARD FOR NEPHROLOGY (KIDNEY), UROLOGY, CRITICAL MEDICINE & TRAUMA ETC. ON BILLING SYSTEM MOU TO BE SIGNED EARLY EXTENSION FOR CARDIOLOGY & CARDIAC SURGERY EXPECTED SOON

(See details on Page 8)

NOTICE- GBM RSCWS

**MEMBERS RSCWS - PLEASE ATTEND WITH YOUR SPOUSE & OTHER RAIL PENSIONERS
GENERAL BODY MEETING OF RSCWS, MEDICAL SEMINAR & CULTURAL PROGRAMME
TO BE HELD FROM 10 AM TO 1 PM ON 19TH OCTOBER, 2013
AT GOVT. MUSEUM & ART GALLERY AUDITORIUM, SECTOR 10 C, CHANDIGARH**

(Brunch will be served after the Meeting)

- President & Secretary General RSCWS

GLIMPSES OF THE GENERAL BODY MEETING & MEDICAL SEMINAR OF RSCWS



S. G. Mishra, GS AIRF



C. S. Bajwa
Divl. Secy NRMU



M. S. Batra
Chairman, RSCWS



N. P. Mohan
President RSCWS



Harchandan Singh
Secy. General RSCWS



Dr. H. K. Bali
Director Cardiology, Fortis



Dr. Harsimran Singh.
Director, Orthopedics Fortis



O.S. Dogra Wkg. President
offering vote of thanks



Executive Committee
RSCWS



K.S. Bhandari, Treasurer, with
S.G. and J.S., RSCWS



Fortis School presenting
Gidha (Folk Dance)



The Audience
At RSCWS GBM

NEWS IN THE TRIBUNE, CHANDIGARH

OVER 200 SENIOR CITIZEN MEMBERS OF RSCWS ATTEND HEALTH SEMINAR

Over 200 members of the Railway Senior Citizens' Welfare Society, attended a special health seminar today. In the seminar, Dr HK Bali, director of cardiology, Fortis Hospital, Mohali, educated the senior citizens on the prevention and management of cardiac diseases.

Dr Harsimran Singh, director, Department of Orthopedics and joint replacement, Fortis Hospital, Mohali, spoke on the treatment of joint problems.

Dr Bali talked about changes in the heart with old age. "Some of the pathways of the pacemaker system may develop fibrous tissue and fat deposits. The natural pacemaker loses some of its cells and these changes may result in a slightly slower heart rate," he stated.

"A slight increase in the size of the heart, especially the left ventricle, is not uncommon. The heart wall thickens, so the amount of blood that the chamber can hold may actually decrease despite the increased overall heart size. The heart may fill more slowly," he added.

Talking about the affect of the changes, Dr Bali said, "Normally, the heart continues to pump enough blood to supply to all parts of the body. However, an old heart may not be able to pump blood when you make it work harder. Some of the things that make your heart work harder are certain medications, emotional stress, extreme physical exertion, illness, infections and injuries."

NEW TECHNOLOGY IN KNEE REPLACEMENT: DR HARSIMRAN SINGH, DIRECTOR ORTHO FORTIS

Partial knee replacement surgery (PKR) has come as a boon for the patients of osteoarthritis, which involves conserving knee ligaments without affecting cartilages, unlike the total knee replacement surgery, said the Director and Head, Department of Orthopedics and Joint Replacement, Fortis Hospital, Dr Harsimran Singh.

Sharing the new technology that gives freedom from knee pain, Dr Harsimran added since in the PKR there was no trauma to ligaments and cartilages, the range of joint movement is more. A patient can sit cross-legged and take part in all socio-cultural activities.

The recovery is quicker, normal activity level is reached sooner and the patient is on painkillers for lesser time. Patients can get back on their feet faster than they do after total knee replacement. Dr Harsimran said the timing of conducting the PKR was the most important thing. The joint to be operated upon should neither be too crooked nor bone quality too bad.

MINUTES OF GENERAL BODY MEETING & MEDICAL SEMINAR OF RSCWS

HELD ON 11-8-2013 AT HOTEL SHIVALIK VIEW, SECTOR 17, CHANDIGARH

1. Shri N. P. Mohan, President RSCWS, presided over the Meeting

120 Members of RSCWS attended the Meeting besides about 100 Guests and Special Invitees -including the serving Railway employees of Ambala Division, Kalka Workshop and other adjoining areas who attended the Medical Seminar which was held immediately after the General Body Meeting and was addressed by two eminent Doctors in the field of Cardiology & Joint problems in old age as well as by the Facility Director of Fortis Hospital and General Secretary AIRF besides others.

2. Sh. Harchandan Singh SG RSCWS heartily welcomed the Members and the Guests of honour.

3. The meeting started with a cultural programme conducted by Shri HS Sachdeva, where in prayers and songs were sung by Sh T. S. Chawla, Shri H.S. Sachdeva, Sh Bhalla and Smt. Rama Dogra & others.

4. Sh. M. S. Batra, Chairman, RSCWS, inaugurated the Meeting with best wishes for the success of it and greeted all the Members on the 22nd Foundation Day of the RSCWS.

5. Sh. N. P. Mohan, President RSCWS, in his opening speech, welcomed the members. He informed that after the last GBM on 27-4-2013, a great victory had been achieved in the struggle initiated by Central Govt S 29 (SAG) Pensioners Association - for justice in fixing correct minimum pension for pre-2006 pensioners. The Petition of the Govt. against CAT judgement of November, 2011 in Delhi High court was dismissed on 29-4-2013. Thereafter, Government's SLP was also dismissed by SC at the preliminary stage on 29-7-2013.

Having dragged the pensioners through all legal channels, the Govt has no choice but to pay the arrears (wherever applicable) from 1-1-2006 on the basis of minimum pension as fixed from 24-9-2012.

This achievement for the pensioners at large was loudly applauded by the audience.

He mentioned that a new directory of RSCWS was being released in the Meeting (and copy of it given to the members) for more inter-action between them. He informed that various sub-committees of RSCWS had been formed and details thereof were included in the new Directory. These sub-committees were constituted to help in the membership drive and to look after welfare and health care of members.

6. a) Shri Harchandan Singh, Secy Genl, RSCWS, offered greetings on 22nd Foundation Day of RSCWS.

b) He congratulated all the Pensioners on the victory in Supreme Court for the Dismissal of SLP of the Govt. on the issue of Modified Parity to Pre-2006 Pensioners. He briefly explained the implications of the judgement and clarified that the arrears shall now be payable from 1-1-2006 (instead of 24-9-2012) to those covered by DOP orders dated 28-1-2013 – which had been placed on the website www.rscws.com. However, the PPOs shall have to be (Re)-Revised for the purpose as the Banks will definitely need authorization.

c) He regretted that Empanelment of Hospitals in Tricity had been delayed in spite of issue of clear orders by the Railway Board – over a year back to Railways to recognize all Hospitals empanelled under CGHS. This was causing much inconvenience to Railway employees, Pensioners and their dependents.

d) Fortis Hospital Mohali had now again applied for empanelment for 7 Super-specialties by the Railways and hopefully the same will soon be approved by the Railway Board.

e) Issue of Revised PPOs had been extremely delayed. RSCWS is constantly urging the Railways for early issue of the same.

f) RSCWS had formed Sub-Committees to look after the Welfare & Health Care of Members – who should get in touch with them for better coordination and functioning of the Society.

g) Fixed Medical Allowance (FMA) had further been raised in EPFO from Rs 1200 to Rs. 2000 PM but it remained Rs. 300 PM for Central Govt & Railway Pensioners. RSCWS had again represented the issue to the Govt. Court Case for revision of FMA to Rs. 2000 pm shall soon be filed if the same is not revised early.

h) He urged upon the Members to join the Silent March of Senior Citizens 17-8-13 at Sector 17 Chandigarh, to express their solidarity with the cause of Senior Citizens at large.

7. Interaction with Members: There was a brief session of interaction with the Members, wherein queries of the Members were replied to by the Secretary General.

8. Confirmation of Minutes & Constitution Amendments of RSCWS: The Meeting unanimously approved and confirmed the Minutes of the last General Body Meeting – including the Constitutional Amendments adopted in that meeting held on 27-4-2013.

9. MEDICAL SEMINAR

i) Dr (Prof) H. K. Bali Director, Cardiology, Fortis Hospital gave a very useful and informative talk followed by an Interaction on - *PREVENTION & MANAGEMENT OF CARDIAC DISEASES – ESPECIALLY IN OLD AGE.*

ii) Dr. Harsimran Singh Director (Ortho), FHM gave a very useful and informative talk & Interaction on *“TREATMENT OF JOINT PROBLEMS IN OLD AGE & KNEE REPLACEMENT WITH LATEST TECHNOLOGY FOR THE SAME.*

MINUTES OF GENERAL BODY MEETING & MEDICAL SEMINAR OF RSCWS (CONTINUED)

iii) Sh. Abhijit Singh Facility Director Fortis Hospital talked about the facilities in Fortis Hospital for Senior Citizens & others – with a special discount of 20% to the Members of RSCWS on CGHS rates for Super Specialties. He also informed about the details of the proposed Empanelment of Fortis Hospital with Railways on CGHS Rates for 7 Super Specialties viz. Cardiology, Cardio-thoracic and vascular surgery, Joint replacement, Oncology (medical and Surgical), Urology, Laparoscopic Surgery and Renal Transplant

iv) Sh. Abhijit Singh, DR H.K. Bali & Dr. Harsimran Singh, Ms Megha Sandhu and Ms Meena Bata of Fortis Hospital were honoured with shawls and Mementos by Sh MS Batra, Chairman RSCWS and Sh N. P. Mohan, President RSCWS – for their outstanding services to the Patients – especially the senior citizens.

10. Sh. C.S. Bajwa Divisional Secretary NRMU Ambala Division, speaking as a Guest of honour, appreciated the good work being done by the RSCWS and assured of all the support to the Members of the Society whenever required in respect of problems especially with Medical Department or the DRM office etc.

11. Sh S.G. Mishra, General Secretary AIRF, who was the Chief Guest for the function, appreciated the continuous efforts of RSCWS to look after the welfare and problems of the Railway Pensioners. He informed the Members that all the issues raised by RSCWS from time to time, had been included in the Agenda of AIRF at various levels and were being pursued constantly. He assured the Members that AIRF shall try its best to resolve these issues early. A list of six problems suffered by pensioners with details was handed over to him for follow up with Railway Board/Zonal Railway.

Sh. S.G. Mishra, GS AIRF and Sh C.S. Bajwa DS NRMU UMB were honoured by Sh MS Batra, Chairman and Sh N. P. Mohan, President RSCW for their outstanding Services to the Railway men and the Pensioners.

12. A Cultural Programme was presented by the students of Fortis School Mohali to celebrate Teej.

13. A Vote of Thanks was presented by Shri O.S. Dogra, Working President RSCWS,

Meeting dispersed after a sumptuous Lunch hosted by Fortis Mohali.

COPY OF OM NO.1/13/09-P&PW (E) DATED 11TH SEPTEMBER, 2013 ISSUED BY DOP(P&PW)

Sub: Eligibility of widowed/divorced daughters for grant of family pension – clarification regarding.

Provision for grant of family pension to a widowed/divorced daughter beyond the age of 25 years has been made vide OM dated 30.08.2004. This provision has been included in clause (iii) of sub-rule 54 (6) of the CCS (Pension), Rules, 1972. For settlement of old cases, it was clarified, vide OM dated 28.04.2011, that the family pension may be granted to eligible widowed/ divorced daughters with effect from 30.08.2004, in case the death of the Govt. Servant/pensioner occurred before this date.

2. This Department has been receiving communications from various Ministries/Departments seeking clarification regarding eligibility of a daughter who became widowed/ divorced after the death of the employee/pensioner.

3. As indicated in Rule 54(8) of the CCS (Pension) Rules, 1972, the turn of unmarried children below 25 years of age comes after the death or remarriage of their mother/father, i.e., the pensioner and his/her spouse. Thereafter, the family pension is payable to the disabled children for life and then to the unmarried/widowed/divorced daughters above the age of 25 years.

4. It is clarified that the family pension is payable to the children as they are considered to be dependent on the Government servant/pensioner or his/her spouse. A child who is not earning equal to or more than the sum of minimum family pension and dearness relief thereon is considered to be dependent on his/her parents. Therefore, only those children who are dependent and meet other conditions of eligibility for family pension at the time of death of the Government servant or his/her spouse, whichever is later, are eligible for family pension. If two or more children are eligible for family pension at that time, family pension will be payable to each child on his/her turn provided he/she is still eligible for family pension when the turn comes. Similarly, family pension to a widowed/divorced daughter is payable provided she fulfils all eligibility conditions at the time of death/ineligibility of her parents and on the date her turn to receive family pension comes.

5. As regards opening of old cases, a daughter if eligible, as explained in the preceding paragraph, may be granted family pension with effect from 30th August, 2004. The position is illustrated through an example. Shri A, a pensioner, died in 1986. He was survived by his wife, Smt. B, a son Shri C and a daughter, Kumari D, the daughter being the younger. Kumari D married in 1990 and got widowed in 1996. Smt. B died in 2001. Thereafter, Shri C was getting family pension, being disabled, and died in 2003. Thereafter, the family pension was stopped as Kumari D was not eligible for it at that time. She applied for family pension on the basis of O.M., dated 30th August, 2004. Since she was a widow and had no independent source of income* at the time of death of her mother and on the date her turn came, she may be granted family pension. The family pension will continue only till she remarries or starts earning her livelihood equal to or more than the sum of minimum family pension and dearness relief thereon. This is a clarification - entitlement of widowed/divorced daughters would continue to be determined in terms of O.M., dated 25/30th August, 2004, & O.M., dated 28.4.2011.

**RSCWS CONVEYS ITS GREETING TO ALL ITS MEMBERS & OTHER SENIOR CITIZENS
FOR THE INTERNATIONAL SENIOR CITIZENS' DAY ON 1ST OCTOBER**

CONTINUOUS INJUSTICE & HARASSMENT OF OLD PENSIONERS

6. What were the accepted recommendations of 6th CPC regarding Pensionary Benefits of the Past Pensioners?

1.1 The recommendations in respect of past pensioners made in Para 5.1.47 of the 6th CPC Report were accepted by Union Cabinet and were notified vide Resolution No. 38/37/08-P&PW (A) dated 29-8-2008. According to this, the pension of pre-2006 pensioners is to be governed by the principle of Modified Parity as enunciated by 5th CPC and as recommended for continuing the same by 6th CPC without any change. As per this principle, the pension shall not be less than 50% of the minimum of the revised pay of the post held by the pensioner at the time of retirement.

1.2 For dispensing modified parity in the new system of Pay Bands and Grade Pay (where a number of pre revised pay scales have been grouped in 4 pay bands) adopted by 6th CPC, it has been stipulated in Para 5.1.47 that

"The revised pension, in no case, shall be lower than fifty percent of the sum of the minimum of the pay in the pay band and grade pay thereon corresponding to the pre-revised pay scale from which the pensioner had retired."

1.3 It has been emphatically and without any ambiguity laid down that both the minimum of the pay in the pay band and grade pay thereon have to simultaneously correspond to the pre-revised pay scale from which the pensioner had retired.

2. How the accepted recommendations by Govt. notified in the Gazette were unauthorisedly modified in actual implementation to the detriment of Pre-2006 pensioners.

2.1 Systematic, brazen and unauthorized distortion has been introduced by DOP in the 6th CPC recommendation, accepted by the Government vide Resolution dated 29-8-2008, to the detriment of pre 1-1-2006 pensioners as can be seen from the following comparative wordings in initial Government decision and subsequent implementation orders vide Memoranda dated 1-9-2008 and 3-10-2008:

<u>6th CPC recommendation accepted by GOI as in Resolution of 29-8-2008</u>	<u>DOP Memo dated 1-9-2008 on implementation of 6th CPC recommendations</u>	<u>DOP Memo dated 3-10-2008 clarification/modification</u>
The fixation of pension will be subject to the provision that the revised pension, in no case, shall be lower than fifty percent 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. (5.1.47)	The fixation of pension will be subject to the provision that the revised pension, in no case, shall be lower than fifty percent of the of [sum of the] minimum of the pay in the pay band [and] plus the grade pay [thereon] corresponding to the pre-revised scale from which the pensioner had retired.	The pension calculated at 50% of the minimum of pay in pay band plus grade pay would be calculated (i) at the minimum of pay in the pay band (irrespective of the pre-revised scale of pay) plus the grade pay corresponding to the pre-revised pay scale. *

**For example if a Pensioner had retired in the pre revised scale of pay of Rs 18400-22400, the corresponding pay band being Rs 37400-67000 the corresponding grade pay being Rs 10,000/- p.m., his minimum pension would be 50% of Rs 37400 +Rs 10000 (i.e. Rs 23,700)*

Note: Words within brackets [] in the second column are deletions and in bold italics are additions.

2.2 Thus, instead of both the minimum of the pay in the pay band and the grade pay "corresponding to the pre-revised scale of pay" as intended under Resolution dated 29.8.2008, it was completely altered to minimum pay in the pay band "irrespective of the pre-revised scale of pay" under the so called clarification dated 3-10-2008.

3. Relief given by Principal Bench of CAT New Delhi.

The Principal Bench of CAT New Delhi in its unanimous judgement dated 1-11-2011 by Full Bench took note of the fact that the pre revised scale from which a person has retired and the emoluments which he was drawing at the time of retirement are a relevant consideration for computing revised pension and cannot be ignored and that altering the recommendations as accepted by the Govt under the garb of clarification was not permissible.

The clarificatory OM dated 3-10-2008 and further OM dated 14-10-2008 were quashed by CAT and Respondents (GOI) were directed to re-fix the pension of Pre-2006 pensioners' w.e.f. 1-1-2006 based on the Resolution dated 29-8-2008 within 3 months.

4. Delhi High Court DISMISSES GOI's Petition WP (C) 1535/2012 against judgement of CAT on 29-4-2013

4.1 Instead of complying with CAT verdict, GOI filed a Writ Petition in Delhi High Court against this verdict. By the time the said petition came up for hearing in DHC, DOP vide OM dated 28-1-2013 stepped up the pension of pre 2006 pensioners to a level envisaged in the Resolution dated 29-8-2008 (as directed in the judgement of CAT) but from an arbitrary date of 24-9-2012 instead of 1-1-2006.

4.2 The Division Bench of DHC took note of the OM and commented in Para 3 of the judgement as;

"In short, the Govt of India has tacitly admitted that it was in the wrong and that the Tribunal is correct."

4.3 DHC relied fully on the judgement dated 21-12-2012 delivered by P&H HC on a similar matter. It is pertinent to mention that P & H HC remarked in Para 26 that "It is for the aforesaid reasons; we remark that there is no need to go into the legal nuances. Simple solution is to give effect to the resolution dated 29.08.2008 whereby recommendations of the 6th Central Pay Commission were accepted with certain modifications." The concluding Paras of its judgement by DHC are;

"We are in complete agreement with the reasoning of the Division Bench of the Punjab & Haryana High Court and adopt the same and do not burden ourselves any further. We conclude by noting that as regards the substance of the view taken by the Tribunal, even the Central Government accepts its correctness, but insists to make the same applicable prospectively. The writ petitions are dismissed. The decision of the Full Bench of the Tribunal is upheld but without any order as to costs."

(Continued on Page 6)

CONTINUOUS HARASSMENT OF OLD PENSIONERS (Continued from page 5)

5. GOI filed SLP in Supreme Court contrary to its own Litigation Policy also dismissed:

Instead of implementing these judicial verdicts, GOI filed SLP against DHC verdict in SC only to perpetuate the continued harassment to old pensioners. This was also contrary to its own avowed Litigation Policy to curb unnecessary litigation by Government agencies and declaring that "GOVT MUST CEASE TO BE A COMPULSIVE LITIGANT" This SLP was also DISMISSED by SC on 29-7-2013 at the preliminary stage itself.

6. It is high time that after having dragged the old pensioners to the highest altar of judiciary with attendant harassment and mental strain, and losing the case at the preliminary stage, the Govt puts an end to perpetuating further misery of old pensioners and re-fix the pension forthwith from 1-1-2006 as per directive of CAT, without any further delay and let not the obduracy of bureaucracy come in the way of belated justice.

- By NP Mohan, President RSCWS

EXCESS PAYMENTS CANNOT BE RECOVERED FROM PENSIONERS: SC **GIVE BACK RECOVERED AMOUNT TO PENSIONERS, APEX COURT TELLS PUNJAB**

R Sedhuraman, Legal Correspondent, The Tribune

New Delhi, August 2

The Supreme Court today directed the Punjab Government to return crores of rupees recovered from thousands of employees and pensioners. The government had recovered the amounts contending that it had made excess payments to them due to wrong fixation of their pay scales while they were in service.

A Bench comprising Justices GS Singhvi and SJ Mukhopadhyaya passed the order while dismissing about 125 appeals filed by the state government challenging the verdicts of the Punjab and Haryana High Court on the issue.

The Bench took the state government to task for dragging the "poor pensioners" to the SC forcing them to engage advocates to fight the cases for 4-6 years. "This is blatant violation of the rules of natural justice," it remarked.

Instead of proceeding against the employees/pensioners, the state government should have taken steps to recover the excess payments from the officials who were responsible for wrongly fixing their grades and pay scales, it remarked during arguments by advocate Nikhil Nayyar and the state's standing counsel JS Chhabra. The Bench said it was unable to record any findings in the cases as the state government had not submitted the relevant documents pertaining to the orders on fixation of pay, the show-cause notices issued before the recovery of the alleged excess payments and the orders for recovery.

The SLPs were also silent on the periods when the excess payments were made and the dates of recoveries. Even the Auditor General's reports on the issue had not been made available. The Bench also slammed the state government for coming to the SC directly to challenge the orders of the single judge Benches of the HC, instead of going to the Division Bench. "What is so extraordinary about these cases to come to the SC directly," it asked.

The HC had directed the government to return the recovered amounts, prompting it to come to the SC in appeal. The government had recovered the amounts contending that it had made excess payments to them due to wrong fixation of their pay scales while they were in service. The Bench took the state government to task for dragging the "poor pensioners" to the SC forcing them to engage advocates to fight the cases for 4-6 years

* This is blatant violation of the rules of natural justice, the Bench remarked.

DELHI HIGH COURT RESTORES THE CASE OF FULL PARITY TO CAT DELHI FOR FRESH ABJUDICATION (IT WAS CLUBBED EARLIER WITH THE CASE OF MODIFIED PARITY)

Delhi High Court had directed CAT Delhi to reopen & to again hear the Case for Full Parity, filed by S-30 Officers – which was earlier clubbed with the case of Modified parity of S-29 Association.

RAILWAY PENSIONERS / FAMILY PENSIONERS

BE ACTIVE MEMBERS OF RSCWS

PAY YOUR SUBSCRIPTION FOR RSCWS EARLY, IF NOT PAID ALREADY

ANNUAL SUBSCRIPTION RS.300 PA, LIFE MEMBERSHIP RS.2500

(INCLUDING THAT FOR PENSIONERS RAIL SAMPARK – QUARTERLY JOURNAL OF RSCWS)

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SH. K.S. BHANDARI, TREASURER, RSCWS, 3098, SECTOR 22-D, CHANDIGARH (PH. 2711641 & 9815012641).

- PRESIDENT & SECRETARY GENERAL, RSCWS

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- Neonatology
- Nephrology
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**FORTIS HOSPITAL MOHALI EMPANNED BY RAILWAYS FOR NEPHROLOGY (KIDNEY),
UROLOGY, CRITICAL MEDICINE & TRAUMA ETC. ON BILLING / CASHLESS SYSTEM
MOU TO BE SIGNED EARLY**

EXTENSION FOR CARDIOLOGY & CARDIAC SURGERY EXPECTED SOON

Copy of Railway Board's letter No. 2013/H-1/11/58/NR dated 7-9-2013

Sanction of the Ministry of Railways (Railway Board) is hereby accorded for recognition of Fortis Hospital, Mohali for referral of Railway beneficiaries of UMB Division in the specialties of Nephrology including Dialysis, Urology, Critical Medicine and Anesthesia care, Trauma care as per CGHS/Super-Speciality/Delhi rates and those items not covered in CGHS list, as per hospital tariff with 15% discount on OPD consultation and diagnostic and 10% discount on IPD package excluding implants and 10% discount on procedures charges on bill system of payment for a period of one year from the date of issue of sanction letter. Upward revision of rates during this period will not be considered.

DETAILS OF SOME SUPER SPECIALTY SERVICES PROVIDED BY FORTIS HOSPITAL

(Extracts of letter No. Fortis/Crop/Empanel/13/09/06 Dated 6-9-2013 to CMS NR UMB)

ANESTHESIA CARE: In Anesthesia care service, we will provide medical care to patients in a wide variety of (usually acute) situations. These can include delivering anesthesia during surgical procedures, caring for critically ill patients in an Intensive Care Unit (ICU), managing medical emergencies such as cardiac arrests and traumas either in-hospital or in the public domain (termed 'pre-hospital medicine'), the inter-hospital transfer of unwell patients, and the management of acute and chronic pain conditions.

Anesthesiologists are responsible for ensuring the delivery of anesthesia safely to patients in virtually all health care settings, including all major medical and tertiary care facilities. This includes a pre-operative evaluation, consultation with the surgical team, creating a plan for the anesthesia tailored to each individual patient, airway management, intra-operative life support and provision of pain control, intra-operative diagnostic stabilization, and proper post-operative management of patients. Preparation of patients for emergency surgery are mandatory, essential, and critical skills that anesthesiologists have been trained to employ.

CRITICAL CARE: In Critical Care, we will provide intensive care for instability (hypertension/hypotension), airway or respiratory compromise (such as ventilator support), acute renal failure, potentially lethal cardiac arrhythmias, or the cumulative effects of multiple organ failure, more commonly referred to now as multiple organ dysfunction syndrome. They may also be admitted for intensive/invasive monitoring, such as the crucial hours after major surgery when deemed too unstable to transfer to a less intensively monitored unit.

INTENSIVE CARE is usually only offered to those whose condition is potentially reversible and who have a good chance of surviving with intensive care support. Since the critically ill are so close to dying, the outcome of this intervention is difficult to predict. A prime requisite for admission to an intensive care unit (ICU/SICU/MICU/CCU/SPICU/NNICU/NSICU ETC) is that the underlying condition can be overcome by quality care for mechanically ventilated patients.

TRAUMA CARE: In this care we will provide treatment to all injury for physiological wound caused by an external source or accident on road/on rail etc. or "a physical wound or injury, such as a fracture or blow, head injury or any injury in body part. Unintentional and intentional injuries. Depending on the severity of injury. Quick management and transport to an appropriate facility to prevent loss of life or limb. Through Orthopedic surgery, Joint replacement surgery, vascular surgery, neuro surgery, Neurological Treatment, Plastic surgery etc.

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PRS: 7-9-2013

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