

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

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

### 1. Short title and application—

- 1(1) These rules may be called the All India Services (Medical Attendance) Rules, 1954.
- <sup>1</sup>1(2) They shall apply to members of the Service while they are on duty or on leave or under suspension, within India <sup>2</sup>[ ]

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

- <sup>3</sup>2(a) “authorised medical attendant” means the principal medical officer appointed by the Government to attend to its officers in the station or district <sup>4</sup>(where the member of the Service falls ill) and includes a medical officer who, in rank, is equal or immediately junior to such principal medical officer <sup>5</sup>and who is attached to any hospital or dispensary in the station where such principal medical officer is posted:

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

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

- <sup>6</sup>2(c) “family” means—

- <sup>7</sup>(i) Husband or wife as the case may be, of the member of the Service; and
- (ii) The parents, sisters, widowed sisters, widowed daughters, minor brothers, children and step-children wholly dependent upon the member of the Service and are normally residing with such member including dependent brothers, dependent divorces/separated daughters and step-mother.

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

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

<sup>2</sup> The words ‘Provided that these rules shall cease to apply to such members as soon as the Contributory Health Service Scheme is introduced in stations to which they are for the time being posted’ deleted w.e.f. 17.03.1958 vide MHA Notification No. 13/8/57—AIS(III), dated 17.03.1958 (GSR No. 156, dt 22.03.1958).

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

<sup>4</sup> Substituted for the words “to which the member of the service is posted” vide MHA Notification No. 6/3/58—AIS(III), dated 21.03.1958(GSR No.192, dt. 29.03.1958)

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

<sup>6</sup> Amended vide MHA Notification No. 7/13/60—AIS(III), dated 03.10.1961 (GSR No. 1245, dt. 14.10.1961)

<sup>7</sup> Substituted vide DOPT Notification No.11023/2/97-AIS-III dated 30.09.2003 (GSR No.364 dt. 12.10.2003)

<sup>8</sup>*Explanation I*—For the purposes of <sup>9</sup>clause 2(a)', the members of the family shall be regarded as "wholly dependent" upon the member of the Service if they ordinarily reside with the said member and their total monthly income does not exceed Rs.1500/-.

<sup>10</sup>*Explanation II*— Omitted.

<sup>11</sup>*Explanation III*— In the case of the member of the Service, whose personal law recognises adoption as a mode of filiation and who has been adopted, the adoptive parents, and not the real parents, shall be treated as parents.

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

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

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

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

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

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

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

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

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

<sup>8</sup> added vide MHA Notification No.22/12/62-AIS-III dated 03.01.1968 (GSR No.290 dt.17.02.1968)

<sup>9</sup> Substituted vide DOPT Notification No.11023/2/97-AIS-III dated 20.12.2004 (GSR No.7 dt. 08.01.2005)

<sup>10</sup> Omitted vide DOPT Notification No.11023/2/97-AIS-III dated 30.09.2003 (GSR No.364 dt. 12.10.2003)

<sup>11</sup> inserted vide DOPT Notification No.8/4/71-AIS(III) dated 18.03.1972 (GSR No.706 dt. 01.08.1981)

<sup>12</sup> [ ] The words 'in the State' omitted and ( ) substituted by MHA Notification No. 13/15/57-AIS(III) dated 15.03.1960 (GSR No. 322 dt 19.07.1968)

- <sup>13</sup>2(j) "State" means the State in which a member of the Service falls ill;
- 2(k) "treatment" means the use of all Medical and surgical facilities available at the Government hospital in which a patient is treated, and includes—
- (i) the employment of such pathological, bacteriological, radiological or any other methods as are considered necessary by the authorised medical attendant;
  - <sup>14</sup>(ii) dental treatment including extraction of teeth, scaling and gum treatment, filling of teeth (other than cost of denture) and root canal treatment"
- <sup>14</sup>Explanation (deleted)
- <sup>15</sup>(iii) the supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in Government hospitals in the State but excluding:—
- (iii) (a) such preparations which are not medicines but are primarily used as food, tonic, toilet or disinfectant, and
  - (iii) (b) such expensive drugs, tonics, laxatives and other elegant and proprietary preparations (for which drugs of equal therapeutic value are available) as may be <sup>16</sup>notified by the Central Government.
  - (iv) the supply of such medicines, vaccines, sera or other therapeutic substances not ordinarily so available as the authorised medical attendant may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient;
  - (v) such accommodation as is ordinarily provided in the hospital to which the patient is admitted and is suited to his status;
  - (vi) the services of such nurses as are ordinarily employed by the hospital to which the patient is admitted;
  - (vii) such special nursing as the authorised medical attendant may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient having regard to the nature of the disease; and
  - (viii) the medical attendance described in sub-clause (ii) of clause (f); but does not include diet, or provision at the request of the patient of accommodation superior to that described in sub-clause (v)

### 3. Medical Attendance by authorised medical attendant—

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

<sup>13</sup> Substituted vide Notification No. 8/22/66—AIS(III) dated 19.10.1966.

<sup>14</sup> Substituted vide Notification No. 11023/19/77—AIS(III) dated 18.07.1981 (GSR No. 706 dt 01.08.1981)

<sup>15</sup> Substituted vide DPAR Notification No.4/11/73—AIS(III) dated 18.07.1981 (GSR No. 776, dt 27.02.1974)

<sup>16</sup> Circulated to State Govts. vide letter No. 4/11/73—AIS(III) dated 06.08.1974 and 26.9.74 and notified vide Not. No. 4/11/73—AIS(III) dated 27.09.1975 (GSR No.2501 dt.11.10.1975).

such medical attendance shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be reimbursed to the member of the Service by the Government:

<sup>17</sup>Provided that the Government shall reject any claim if it is not satisfied with its genuineness on facts and circumstances of each case, after giving an opportunity to the claimant of being heard in the matter, while doing so, the Government shall communicate to him the reasons, in brief, rejecting the claim; and the claimant may submit an appeal to the Central Government within a period of forty-five days of the date of communication of the order rejecting this claim.

<sup>18</sup>**4. Medical Attendance and treatment of families of members of the Services—**

- 4(1) The members of the family of a member of the Service shall be entitled at Government cost to medical attendance and treatment at a government hospital or at the residence or at the consulting room maintained by the authorised medical attendant by arrangement with him, and to travelling allowance on the scale and conditions allowed to the member of the Service himself under these rules.
- 4(2) Medical attendance and treatment referred to in sub-rule (1), shall include confinement in a hospital and pre-natal and post-natal treatment of the wife of the member of the Service.

**5. Travelling Allowances.—**

- 5(1) When the place at which a patient falls ill is not the headquarters of the authorised medical attendant:—
- (a) the patient shall be entitled to travelling allowance for journey to and from such headquarters; or
- (b) if, the patient is too ill to travel, the authorised medical attendant shall be entitled to travelling allowance for the journey to and from the place where the patient is:
- Provided that a patient shall not be entitled to travelling allowance for a journey for attendance by a dentist or an oculist.
- 5(2) An application for travelling allowance under sub-rule (1) shall be accompanied by a certificate in writing by the authorised medical attendant stating that medical attendance was necessary and, if the application is under clause (b) of that sub-rule, that the patient was too ill to travel.

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

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

<sup>17</sup> Substituted vide DP&AR Bo.11023/8/77—AIS(III) dated 14.05.1979 (GSR No. 713 dt 26.05.1979)

<sup>18</sup> Amended vide MHA Notification No. 7/16/61—AIS(III) dated 10.08.1962 (GSR No. 1094 dt 25.08.1962)

- (a) send the patient to the nearest specialist or other medical officer<sup>19</sup> as provided for in clause (f) of rule 2, by whom, in his opinion, medical attendance is required for the patient; or
  - (b) if the patient is too ill to travel, summon such specialist or other medical officer to attend upon the patient.
- 6(2) Where a patient is sent to a specialist or other medical officer under clause (a) of sub-rule (1), he shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be entitled to travelling allowance for the journey to and from the headquarters of the specialist or other medical officer.
- 6(3) A specialist or other medical officer summoned under clause (b) of sub-rule (1) shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be entitled to travelling allowance for the journey to and from the place where the patient is.

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

- 7(1) Every member of the Service shall be entitled free of charge, to treatment—
- (a) in such Government hospital in the station or district where he falls ill as can in the opinion of the authorised medical attendant, provide the necessary and suitable treatment; or
  - (b) if there is no such hospital as is referred to in clause (a), in such hospital other than a Government hospital in that station or district as may, in the opinion of the authorised medical attendant, provide the necessary and suitable treatment; or
  - (c) if there is no such hospital referred to in clauses (a) and (b) in such hospital in the State as may, in the opinion of the authorised medical attendant, provide the necessary and suitable treatment:

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

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

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

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<sup>19</sup> The word "in the State" deleted by MHA notification No. 13/45/57—AIS(III), dated 15.03.1960 (GSR No.322 dt. 19.03.1960)

<sup>20</sup>Provided that the Government shall reject any claim if it is not satisfied with the genuineness on facts and circumstances of each case, after giving an opportunity to the claimant of being heard in the matter; while doing so, the Govt. shall communicate to him the reasons, in brief, rejecting the claim, and the claimant may submit an appeal to the Central Govt. within a period of forty-five days of the date of communication of the order rejecting his claim.

<sup>21</sup>7 (3) If the patient has to proceed to a station other than at which he falls ill for the purpose of treatment under sub-rule (1), he shall, on production of a certificate in writing from the authorised medical attendant in this behalf, be entitled to travelling allowance for the journey to and from the place at which such treatment is received. Such travelling allowance shall also be admissible for an attendant, if the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompany the patient to the place of treatment and back.

#### **8. Treatment at residence.—**

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

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

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

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

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

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

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

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

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

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

<sup>21</sup> Amended vide MHA Notification No. 7/16/61—AIS(III), dated the 10.08.1962 (GSR No. 1094, dt. 25.08.1962)

**11. Transfer to foreign service.**—No member of the Service shall be transferred to foreign service unless the foreign employer undertakes to afford to him, so far as may be, privileges not inferior to these to which he would be entitled under these rules if he had been employed in the service of the Government:

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

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

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

**12. Injuries due to civil disturbances.—**

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

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

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

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

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

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

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

<sup>22</sup> Added vide MHA Notification No. 7/6/64—AIS(III) dated 21.01.1965 (GSR No.162 dt. 30.01.1965) and 11.03.1965 (GSR No. 434 dt 20.03.1965)

<sup>23</sup> Introduced vide MHA Notification No. 13/8/57—AIS(III) dated 17.03.1958 (GSR No.156 dt. 22.03.1958)

<sup>24</sup> Substituted vide DP&AR Notification No. 7/1/73—AIS(III),B, dated 02.01.1975 (GSR No. 40, dt 18.01.1975)

- <sup>25</sup>(i-a) entitle a member of the Service to reimbursement of any cost incurred in respect of —
- (a) such preparations which are not medicines but are primarily used as food, tonic, toilet or disinfectant, and
  - (b) such expensive drugs, tonics, laxatives and other elegant and proprietary preparations (for which drugs of equal therapeutic value are available) as may be <sup>26</sup>notified by the Central Government.
- <sup>27</sup>(ii) prevent the Government from granting to a member of the Service, or to a member of the family of a member of the Service any concession relating to medical treatment or attendance for travelling allowance for any journey performed by him which is not authorised by these rules.

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

<sup>26</sup> Circulated to State Govts vide letter No. 4/11/73—AIS(III) dated 06.08.1974 & 26.9.74 and notified vide Notification No. 4/11/73—AIS(III) dated 27.09.1975 (GSR No. 2501 dated 11.10.1975.)

<sup>27</sup> Substituted vide Department of Personnel Notification No. 8/4/71-AIS(III) dated 18.03.1972 (GSR No. 419 dt 08.04.1972)



## GOVERNMENT OF INDIA'S DECISIONS

### GOVERNMENT OF INDIA'S ORDERS UNDER RULE 1

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

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

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

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

[G.H. M.H.A. letter No. 7/25/61—AIS (III), dated 29-11-1962].

### GOVERNMENT OF INDIA'S ORDERS UNDER RULE 2

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

- (i) The authorised medical attendant of a member of the Service is determined with reference to the place where he falls ill and not where he takes treatment, etc.
- (ii) Treatment for stones in kidney can be taken at the place where the stones are first noticed or at the place where the trouble suddenly occurs.
- (iii) Reimbursement of medical expenses will be admissible if the member of the All India Service or his wife goes outside the ordinary place of her/his duty/residence for the purpose of confinement.

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

[G. I. MHA letter No. 7/18/62—AIS (III), dt. 5-4-63 read with DP & AR letter No. 11023/7/77—AIS (II) date 10-10-1977.]

**2. It is not binding that only Class I Medical Officers should be declared as Authorised Medical Attendants:-** Under rule 2(a), it is not binding that only class I Medical Officers working in a particular place should be declared as Authorised Medical Attendants. The phrase "Principal Medical Officer" used therein refers to the "Principal Medical Officer" in charge of each independent Hospital/Dispensary in that place. Under the provisions of General Clauses Act, 1978 the words in the singular shall include the plural and vice—versa. Accordingly, "Principal Medical Officer" means "Principal Medical Officers."

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

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

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

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

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

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

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

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

**6. Fees prescribed in Central Service (Medical Attendance) Rules, 1944 are applicable to the AIS offices serving in connection with the affairs of the Union. The State Governments are to prescribe fees for AIS officers working with the affairs of the States:-** The Govt. of India have held that the schedule of fee prescribed in the Central Service (Medical Attendance) Rule, 1944, is also applicable to All India Services Officers serving in connection with the affairs of the Union under rule 2(a) of the All India Services (Conditions of Service—Residuary Matters) Rules, 1960. So far as the All India Services Officers serving in connection with the affairs of the States are concerned it is for the State Government to prescribe, under rule 2(d) read with rule 2(a) of the A.I.S. (Medical Attendance) Rules, 1954, fees for medical attendance and treatment to be rendered by the Authorised Medical Attendance to such officers. If no specific rates of fees are prescribed by the State Government for such officers, the rates of fees, etc. prescribed for Class I officers of the State concerned will apply in respect of

A.I.S. Officers serving in connection with affairs of the State under rule 2(b) of the All India Services (Conditions of Service—Residuary Matters) Rules, 1960. If the State Government has not prescribed the rates of fees etc. for Class I officers of the State, they may by issue of suitable orders, adopt the rates of fees etc. prescribed for Central Services in respect of All India Services Officers serving in connection with the affairs of the State.

[G.I. MHA letter No. 7/8/63—AIS (III), dated 3rd October, 1963.]

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

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

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

- (i) all Police Hospitals and Dispensaries may be deemed as recognised for the purpose of medical attendance and treatment of Indian Police Service officers, and members of their families; and
- (ii) the medical officers in charge of Police Hospitals/Dispensaries shall be regarded as the authorised medical attendants of Indian Police Service officers, so long as they receive treatment in these Hospitals/Dispensaries.

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

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

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

Hospital/Dispensary or at the Police Hospital/Dispensary and needs further facilities which are not available there and have to be obtained elsewhere.

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

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

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

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

[G.I. MHA letter No. 7/11/62—AIS(III), dated 15-12-1962.]

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

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

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

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

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

[G.I. MHA letter No. 7/3/64—AIS (III), dated 28-1-1964, G.I. MHA letter No.6/11/58—AIS (III), dated 6-10-1958. and 6/1/59—AIS (III), dated 2-1-1960.]

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

[G.I. MHA letter No. 7/2/64—AIS(III), dated 10-2-1964, [G.I. MHA letter No. 7/13/64—AIS (III), dated 20-1-1964.]

16. **Reimbursement of the cost of medicine prescribed by AMA is permitted if a certificate is given by him under the rule:-** A member of the Service is entitled to reimbursement of cost of the medicine prescribed by the Authorised Medical Attendant if a certificate is given by him as required under rule 2(k)(iv).

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

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

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

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

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

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

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

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

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

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

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

(G.I. MHA letter No. 8/15/69—AIS(III) dated 26.12.1969)

22. **See Annexure I** (letter No. 8/8/66—AIS (III), dated 14-7-66 placed at Sl.No.9 under the Heading Miscellaneous Executive Instructions issued under these rules).

**23. Inadmissible medicines specified in the Central Services Medical Attendance Rules are also applicable to AIS officers:** - The list of inadmissible medicines specified in Schedule I and II of the Central Services (Medical Attendance) Rules are also applicable to members of the All India Services under rule 2(k) (iii) of the A.I.S. (Medical Attendance) Rules, 1954.

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

[Min. of Health & Family Welfare No. 14025/67/84—MS dt. 24-10-86.]

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

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

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

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

- (a) (1) The term 'family' does not include any other dependent relations such as brother, sister, widowed sister etc.
- (2) The term 'children' will include children adopted legally.
- (3) *The term 'wife' includes more than one wife.*
- (b) The husband or wife of the Government servant, as the case may be, if employed in a Service other than the All India Service which provides medical facilities of its own would be entitled to choose the medical facilities either of the All India Services (Medical Attendance) Rules, 1954, or of the Service of which he/she is employed.

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

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

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

### GOVERNMENT OF INDIA'S ORDERS UNDER RULE 3

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

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

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

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

### GOVERNMENT OF INDIA'S ORDERS UNDER RULE 4

**1. Reimbursement of expenses entitled for the treatment availed at any place where an officer or his family fall ill:-** A question arose whether an officer was entitled to reimbursement of expenses incurred on the treatment of his wife or delivery even though she was treated at a place outside the State of his posting.

2. According to rule 7(1) (a) read with rule 4, an officer and members of his family are entitled to medical attendance and treatment at any place where they fall ill irrespective of the consideration whether that place is within or outside the State in which the officer is posted. The officer is therefore, entitled to reimbursement of the expenses, if it is otherwise admissible.

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

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

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

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

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

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

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

[G.I. MHA letter No. 7/17/60—AIS(III), dated 2-8-1960, and 2-2-1960 read with letter No. 7/9/61—AIS(III), dated 5-8-1960.]

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

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

[G.I. MHA letter No. 7/26/61—AIS(III), dated 23-12-1961.]



**6. Travelling allowance to the attendant of a family member of a moS will be the actual single railway fare by which the patient travels of a lower class the attendant actually travels:-** Under this rule read with rule 7(3), travelling allowance will be admissible to the attendant accompanying a member of the family of an All India Service officer also provided that such patient travels to consult a specialist in a Government Hospital only.

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

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

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

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

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

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

## GOVERNMENT OF INDIA'S ORDERS UNDER RULE 6

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

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

**2. State governments may take into consideration to facilities available within the State while referring the patients outside the State for treatment of special and malignant diseases:-** Though this rule as amended permits All India Service officers and members of their families to get medical attendance/treatment outside the State for all diseases the actual intention in amending the rule is that the facilities for such treatment should, as far as possible be restricted to cases of special and malignant diseases like tuberculosis, cancer and polio or in respect of officer posted to under developed areas like Manipur and Tripura where reasonable and adequate facilities for treatment may not be available at a hospital within the State and where treatment at a

hospital in an adjoining State might be recommended. The State Government may bring this fact to notice of their medical authorities so that they might bear it in mind while recommending medical attendance/treatment in hospital outside the State.

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

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

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

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

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

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

#### **GOVERNMENT OF INDIA'S ORDERS UNDER RULE 8**

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

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

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

2. It is not practicable to prescribe any absolute definition of remoteness in respect of any particular hospital merely with reference to its location, i.e. physical distance. A hospital may be at a considerable distance from the residence of a patient; but the condition of the patient may be such that he could safely be asked to get treatment in that hospital. On the other hand, there may be a patient whose condition is such that he

may not be able to attend the same hospital or even a hospital, which is nearer, but may have to be given treatment at his residence. Thus a hospital, which is not remote, for one case may have to be considered as remote for certain other cases. That is why, in this, as in number of other matters under these rules, complete discretion has been vested in the authorised medical attendant. He is trusted to decide each case on its merits after taking into consideration the location of the hospital, the condition of the patient and the severity of illness. Any certificate issued by him may, therefore, be accepted by audit authorities without question.

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

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

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

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

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

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

## **GOVERNMENT OF INDIA'S ORDERS UNDER RULE 9**

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

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

## **GOVERNMENT OF INDIA'S ORDERS UNDER RULE 14**

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

[G.I. MHA letter No. 7/10/61—AIS (III), dated 10-7-1961.]

**2. Reimbursement of expenditure other than a Government hospital can be granted in exceptional circumstances by the State Government:** - Clause (ii) can be invoked by the State Government for granting to a member of the Service reimbursement of expenditure incurred by him for the treatment of a member of his family in a hospital other than a Government hospital outside the State provided very exceptional circumstances justify such action.

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

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

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

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

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

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

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

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

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

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

Director General of Health Service. The question of reimbursement of air passage in such cases should not arise at all.

- (iii) Foreign exchange may be released to Government servants for purpose of treatment abroad to the same extent as is permissible to private citizens.
- (iv) Hospitals and clinics indicated in paragraph 3 below have facilities for specialist treatment for which requests are generally received for treatment abroad and in ordinary of which treatment facilities in ordinary Government hospitals are still inadequate. The services provided by these hospitals may be availed by eligible Government servants. In such cases reimbursement should be allowed subject to D. G. H. S. being satisfied about the reasonableness of the claim.
- (v) *Pending cases of reimbursement claims may be dealt with on the basis of the guidelines indicated in (i) to (iv) above.*

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

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

- (i) Cadaver Kidney Transplant.
- (ii) Old operated by-pass surgery cases (in which the initial operation was done abroad) needing revascularization.
- (iii) Bone Marrow transplant.
- (iv) Operative correction for high myopia cases.
- (v) Complex cyanote-Heart-Lesion and newly born infants suffering from heart diseases.

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

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

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

- (a) Bye-pass coronary surgery:
  - (i) Southern Railways Headquarters Hospitals, Perambur, Madras.
  - (ii) Christian Medical College and Hospital, Vellore.
  - (iii) K. E. M. Hospital, Bombay.
  - (iv) Jaslok Hospital, Bombay.
  - (v) Bombay Hospital, Bombay.

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

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

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

**6. reimbursement of the cost of medical treatment taken from a private practitioner can be allowed in exceptional cases if the State Governments are satisfied with the circumstances:** - The Govt. of India have held that ordinarily a member of the Service is expected to receive treatment from the 'Authorised Medical Attendant' which term includes 'the principal medical officer' appointed by the

Government to attend its officers, a medical officer equal in rank or immediately junior to such principal officer and attached to the same hospital or dispensary.

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

[G.I. MHA letter No. 7/10/63—AIS (III), dated 10-8-64.]

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

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

[G.I. MHA letter No. 7/2/65—AIS (III), dated 20th April, 1965.]

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

- (i) The State Governments are themselves competent to grant to an All India Service officer serving in connection with the affairs of the State any concession relating to medical attendance or treatment, which is not authorised under the A.I.S. (Medical Attendance) Rules 1954. The State Government can, therefore, grant 'Nursing Home' facilities to a member of the Service serving in connection with the affairs of the State under this rule.
- (ii) It is open to the State Government to allow re-imbusement of expenses when treatment has been taken from a doctor other than the Authorised Medical Attendant in case of emergencies due to the non—existence of any Government/recognised hospital within a reasonable distance from the place where the patient fell ill.

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

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

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

[G.I., M.H.A. letter No.31/16/56—AIS (II), dated 17th November,1956.]

**2. Reimbursement of medical expenses—Preferring of claims—Fixing of time limits.**—The Government of India have decided that claims for reimbursement of medical expenses of Central Government servants should invariably be preferred within six months from the date of completion of treatment as shown in the essentiality certificate of the authorised medical attendant/medical officer concerned. The bills for reimbursement of charges on account of medical attendance and treatment should be countersigned by the controlling authorities, who are empowered to countersign the travelling allowance bills of the officers concerned. In the case of members of the Service who are their own controlling officers regard to travelling allowance bills, medical bills concerning them and members of their families shall be countersigned by the members themselves. Specific sanction to the reimbursement of medical charges is not ordinarily necessary. If, however, a claim for reimbursement of medical charges is not countersigned and preferred, within six months/one year of the date of completion of treatment should be subject to investigation by the Accountant General in accordance with the provisions of rules 123 and 124 of the General Financial Rules, Volume I, respectively. If a special sanction is accorded for reimbursement of any charges in relation of the rules, that sanction should be deemed to be operative from the date of its issue and the period of six-months/one year will count from that date.

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

[G.I., M.H.A. letter No. 31/3/57—AIS (i), dated 13th March, 1957 read with letter No. 6/6/59—AIS (III), dated 12th May, 1959 and 7/22/60—AIS (III), dated 25th October, 1960.]

**3. Delegation of powers to Head of Departments.**—Letter No. 8/8/66—AIS (III), 14-7-1966 11023/5/75 AIS (III), 19th January, 1976, 11023/16/76 AIS(III), 14th Dec., 1977, 11023/5/76—AIS(II), 19th Aug., 76. **[See Annexure-I]**

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

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



[G.I., M.H.A. letter No. 6/1/58—AIS (III), dated 16th April, 1958, read with O.M. No. 6/1/58—AIS (III), dated 30th August, 1958.]

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

- (i) The treatment should be received only at the hands of Government doctors of the hospitals and not at the hands of private doctors and private specialists who are allowed to treat patients at the Nursing Home.
- (ii) The reimbursement of visiting fees of the doctors in the case of persons drawing a pay of Rs. 1,000 per mensem would be restricted to a maximum of Rs. 16 for the first visit and Rs. 10 for subsequent visit.
- (iii) the reimbursement of anaesthetist's charges would be restricted to a maximum of Rs. 50 for a minor operation and Rs. 100 for a major operation.
- (iv) The reimbursement of operation charges would be made in full at the rates prescribed by the Government of Bombay.
- (v) The reimbursement of surgeon's charges would be restricted to a maximum of Rs. 500 in the case of a major operation and a maximum of Rs. 130 in the case of a minor operation. This will be in addition to the other usual hospital charges.

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

[G.I., M.H.A. letter No. 7/3/60—AIS (II), dated 19th March, 1960.]

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

(2) The Government of Bombay may extend the above concessions to All India Services Officers serving in connection with the affairs of the State in exercise of the

powers vested in them by the rule 2(d) and rule 14(ii) of the All India Service (Medical Attendance) Rules, 1954.

[G.I., M.H.A. letter No. 7/3/60—AIS (III), dated 19th March 1969.]

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

#### TUBERCULOSIS

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

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

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

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

- (i) that a certificate signed by the authorised medical attendant or the government recognised specialist is submitted to the effect that the patient was advised to receive treatment as an out-door patient at the

consulting room of the T.B. Specialist, as they failed to get necessary accommodation at the recognised T.B. institution or treatment as inpatient in a recognised T.B. institution was not considered necessary; and

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

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

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

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

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

For purpose of reimbursement of travelling allowance for the return journey, a certificate testifying to the actual performance of the journey from the Medical Superintendent of the sanatorium or any other doctor-in-charge of the case in the sanatorium, who for all

practical purposes is the authorised medical attendant of the patient while at the sanatorium, will be acceptable.

## CANCER

- (i) *Treatment:* A member of the Service or a member of his family may receive treatment for cancer at the nearest recognised hospitals providing such treatment, subject to the conditions that such treatment is recommended by the authorised medical attendant and that the prior approval of the State Administrative Medical officer concerned is obtained. A list of the hospitals recognised for this purpose is given in Appendix II. If the Medical Superintendent of the recognised hospital to whom the patient was sent for treatment by the authorised medical attendant considers that special treatment is necessary, he may refer the patient to the Tata Memorial Hospital, Bombay or the Cancer Institute, Madras.
- (ii) *Travelling Allowance:* A member of the Service and the members of his family sent to a recognised hospital for treatment of cancer under the advise of the authorised medical attendant will be entitled to travelling allowance for the journeys performed by rail and road to and from the place of treatment. Travelling allowance will not be admissible for journeys performed by air or by Air-conditioned accommodation on trains. If the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattendant and that attendant is necessary to accompany him to the place of treatment he may draw travelling allowance for the onward and return journeys.

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

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

- (iii) *Post-treatment check-up:* A member of the Service, who has suffered from cancer and who has obtained treatment in accordance with the relevant rules and orders, will be entitled to reimbursement of fees for obtaining the certificate of fitness for return to duty. If he is required to undergo post-treatment check-up with a specialist, he will be entitled to reimbursement of fees for medical examinations during such periodical check-up as well as travelling allowance by rail and road from his place of

duty to the headquarters of the specialist and back. Post treatment follow-up should however, be done by a recognised cancer specialist/institution stationed at or nearest to the place of duty of the ex-patient. The Specialist, if necessary, may call for the complete records of the ex-patient from the institution where he was treated originally.

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

#### POLIOMYELITIS :

- (i) *Treatment:* A member of the Service or a member of his family may receive treatment for poliomyelitis at the nearest recognised hospital providing such treatment, subject to the conditions that such treatment is recommended by the authorised medical attendant and that the prior approval of the State Administrative Medical Officer concerned is obtained. A list of hospitals recognised for this purpose is given in Appendix III.
- (ii) *Travelling Allowance:* A member of the Service and the members of his family sent to a recognised hospital for treatment of poliomyelitis under the advise of the authorised medical attendant will be entitled to travelling allowance for the journeys performed by rail and road to and from the place of treatment. Travelling allowance will not be admissible for journeys performed by air or by Air-conditioned accommodation on trains. If the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompany him to the place of treatment, he may draw travelling allowance for the onward and return journey.

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

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

#### MENTAL DISEASES :

- (i) *Treatment:* A member of the Service may receive consultation and/or treatment for mental disease in the nearest Government Recognised Mental Hospital on the advise of the authorised medical attendant and with the prior approval of the Chief Administrative Medical Officer of the

State, subject to the condition that the duration of the treatment, for which reimbursement of medical expenses will be admissible to the member concerned, should not exceed six months unless the Medical Superintendent of the Mental Hospital concerned certifies that treatment for a reasonable period upto six months beyond the six-month limit is likely to lead to complete recovery of the patient. A list of recognised mental hospitals is given in Appendix IV.

- (ii) *Travelling Allowance:* A member of the Service suffering from mental disease will be entitled to travelling allowance (by rail and road and not by air) for the outward and return journeys in the manner indicated below when sent for consultation/treatment in a Mental Hospital.
  - (a) for the rail journeys in question, actual fare for the entitled or lower, class by which the patient may actually travel; and
  - (b) for the road portion of the journey or for journeys between stations connected by road only travelling allowance at half the rate of the road mileage admissible under the All India Services (Travelling Allowance) Rules, 1954.

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

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

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

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

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

**8. Reimbursement of expenses on purchase/replacement/repair/adjustment of Hearing Aid instrument:**—The undersigned is directed to invite attention to this Ministry's O.M. No. 14025/32/83—MS dated 5th March 1984 according to which the reimbursement of cost of Hearing Aid to Central Govt. Employees and members of their families is admissible on the recommendations of the Director General of Health Services. Representations are being received in this Ministry for the reimbursement of expenses for the purchase of Hearing Aid to the Central Govt. employees and members of their families under the CS (MA) Rules, 1944. After careful consideration, it has now been decided that the reimbursement of cost of Hearing Aid to Central Govt. employees and their family members, will be made on the recommendation of the ENT Specialist of Govt./recognized hospital and on the basis of the Audiogram given by him/her,

identifying the degree and the nature of the deafness. The payment would be made by the Administrative Authority direct to the Supplying Agency and not to the Govt. Servant concerned.

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

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

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

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

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

#### APPENDIX I

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

##### **Andhra Pradesh:**

1. T. B. Hospital, Iramnuma.
2. T. B. Sanatorium, Vikarabad (Anathgir).
3. T. B. Clinic, Dapirpura.
4. Government King George Hospital, Visakhapatanam.
5. Government Wellesey Tuberculosis Sanatorium, Bellary.
- 6 Visranthipuram Sanatorium, Rajahmundhry.

##### **Assam:**

1. Reid Provincial Chest Hospital, Shillong.

##### **Bihar:**

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

##### **Bombay:**

1. Bel, Air Sanatorium Dalkaith, Pachgani.
2. Hillside Sanatorium, Vengurla.
3. Wanless Tuberculosis Sanatorium, Wanlesswadi, Distt., Satara.
- 4 .Group of Hospitals for Tuberculosis, Bombay.
5. Salvation Army Hospital, Anand Distt., Kaira.
6. Talegaon General Hospital and Convalescent Home, Talegaon (Dhabhada, Distt Poona.)
7. Padmavati Sanatorium, Baroda.

8. Hospital for the diseases of chest, Camp Aundh. Poona
9. Karnataka Health Institute Hospital and Sanatorium Ghattaprabha (Distt. Belgaum.)
10. Tuberculosis Clinic, Nagpur
11. K. J. Mehta T. B. Hospital, Amaragadh (via Songadh).
12. V. C. Nath T. B. Sanatorium, Bharapur.

**Delhi:**

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

**Himachal Pradesh**

1. Government T. B. Clinic Mahasau, Mashobra.
2. Government T. B. Clinic, Mandhi.

**Kerala:**

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

**Madhya Pradesh**

1. Tuberculosis Clinic, Jabalpur.
2. Tuberculosis Sanatorium, Pendra Road.
3. T. B. Wards, J. A. Hospitals, Gwalior.
4. T. B. Wards, M. T. Hospital, Indore.
5. T. B. Sanatorium, Rao (Indore).

**Madras:**

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

**Mysore:**



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

**Orissa:**

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

**Punjab:**

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

**Rajasthan:**

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

**Uttar Pradesh:**

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

**West Bengal:**

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

**APPENDIX II*****List showing the Names of Hospitals recognised for the purpose of medical Treatment of Members of the All India Services and their families suffering from Cancer:******I. Hospitals for Men and Women (general):***

1. District Civil Hospital, Simla.
2. Victoria Jubilee Hospital, Amritsar
3. Memorial Hospital, Ludhiana.
4. King George Hospital, Visakapattanam.
5. Government General Hospital, Madras.
6. Government Stanley Hospital, Madras.
7. Assam Medical College Hospital, Dibrugarh.
8. Welsh Mission Hospital, Shillong.

9. Patna Medical College Hospital, Patna.
10. Medical College Hospital, Calcutta.
11. Chittaranjan Cancer Hospital, Calcutta.
12. R. C. B. Medical College Hospital, Cuttack.
13. Sarojini Naidu Hospital, Agra.
14. Tata Memorial Hospital, Bombay.
15. Miraj Medical Centre, Miraj (Bombay).
16. Seth Vedilal Sarabhai General Hospital, Ahmedabad.
17. Cancer Institute, Madras.
18. Irwin Hospital, New Delhi.

*II. Hospitals for Women and Children only:*

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

*III. Hospitals for Men, Women and Children:*

1. General Hospital, Trivandrum.
2. S. M. S. Hospital, Jaipur.
3. M. G. Hospital, Jodhpur.
4. Osmania General Hospital, Hyderabad Deccan.
5. Sir Takhatsinghji Hospital, Bhavanagar.
6. J. A. Hospital, Lashkar, (Gwalior)
7. M. T. Hospital, Indore.
8. Irwin Hospital, Jamnagar.

**APPENDIX III**

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

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

20. M. T. Hospital, Indore.  
21. B. C. Roy Polio Clinic Hospital, Calcutta.

#### APPENDIX IV

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

ANDHRA PRADESH:	Mental Hospital, Eragadda, Hyderabad Dn. Mental Hospital, Waltair.
ASSAM.....	Mental Hospital, Tezpur.
BIHAR.....	Indian Mental Hospit Ranchi. Hospital for Mental Diseases, Ranchi.
BOMBAY.....	N. M. Mental Hospital, Thana. Mental Hospital, Ratnagiri Central Mental Hospital, Yeravada, Poona. Mental Hospital, Ahmedabad. Mental Hospital, Baroda. Mental Hospital, Bhavnagar. Mental Hospital, Nagpur. Mental Hospital, Kutch.
KERALA.....	Mental Hospital, Kozhikode. Mental Hospital, Trivandrum
MADHYA PRADESH...	Mental Hospital, Gwalior Mental Hospital, Indore.
MADRAS.....	Government Mental Hospital, Madras.
MYSORE.....	Mental Hospital, Bangalore. Mental Hospital, Dharwar.
PUNJAB.....	Mental Hospital, Amritsar.
RAJASTHAN.....	Mental Hospital, Jaipur. Mental Hospital Jodhpur
UTTAR PRADESH..	Mental Hospital, Banaras. Mental Hospital, Bareilly. Mental Hospital, Agra.
WEST BENGAL....	Mental Observation Ward, Bhowanipur.

[G.I., M.H.A. letter No. 61/3/59—AIS (I), dated 24th December, 1959, read letter No. 7/14/61—AIS(III), dated 31st August, 1961.]

**9. Instructions of the Ministry of Finance Govt. of India regarding reimbursement of medical claims of Central Government Officers in emergent circumstances not conversed under the Central rules: Instruction to the State Government for adoption** :- Instructions have been issued by M/O Finance vide OM. No. F. 49(15)—EV/59 dt. 21-5-59 and 21(2)—EV(B)/62, dt. 17-4-63 regarding reimbursement of medical expenses incurred by the Central Government servants and the All India Services Officers serving in connection with the affairs of the Union, on having medical attendance/treatment in emergent circumstances from sources other than those from when it is permissible under the relevant Medical Attendance Rules. The State Govt.

may adopt these orders in respect of All India Services Officers serving in connection with the affairs of State delegating the powers of allowing the State Govt. The medical attendance and treatment will include the cost of all facilities mentioned in clause (f) and (k) of rule 2 of the AIS (M. A) Rules, 1954 including cost of medicines, fees for administration of injections and visiting fees, charged by the Medical Officers and Private Practitioners who are not authorised Medical Attendants of the officers in question.

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

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

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

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

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

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

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

4. These powers can also be exercised in cases where medical attendance and treatment is received from Government doctors other than the Authorised Medical Attendant, or in Government recognised hospitals or institutions without following the

prescribed procedure of obtaining prior approval of the Authorised Medical Attendant, Chief Administrative Medical Officer of the State etc. and in cases where medical tests like X-ray, Blood examination etc. are got done in private clinics due to absence of facilities in Government hospitals/institutions or due to severity of ailment which confines the patient to bed.

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

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

7. It has further been decided that:

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

Such cases need not be referred to the Ministries of Health and Finance.

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

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

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

10. Pending cases may be decided in the light of these orders.

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

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

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

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

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

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

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

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

1. I am directed to enclose a copy of the Ministry of Finance (Department of Expenditure) Office Memorandum No. 22(3)—EV(B)/76, dated the 18th June, 1976 regarding reimbursement of the cost of Heart Pace Maker and its replacement. In accordance with these orders, the reimbursement of the cost of Heart Pace Maker and the replacement of its pulse generator has been brought within the purview of the delegated powers in terms of their earlier Office Memorandum No. F. 21(2)—EV(B)/62 dated the 17th April, 1963.

2. Attention in this connection is invited to the Ministry of Home Affairs letter No. 8/8/66—AIS(III), dated the 14th July, 1966 (copy enclosed with its enclosures) under which the instructions contained in the Ministry of Finance (Deptt. of Exp.) O.M. dated 17th April, 1963 were adopted in respect of All India Services Officers serving in connection with Affairs of the State, directing further that powers allowing refund in such cases may be delegated to the Heads of Departments under the State Government.

3. It has also been decided that the orders contained in the Ministry of Finance (Department of Exp.) O.M. No. F.22(3)—EV(B)/76, dated the 18th June, 1976 may also be adopted in respect of the members of All India Services and the powers of reimbursement of the cost of Heart Pace Maker and the replacement of its pulse generator may also be delegated to the Heads of Departments of the State Government. The initial supply of the Heart Pace Maker as well as the replacement of the pulse generator will in all cases be made only on the recommendation of the Department of Health of the State concerned.

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

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

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

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

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

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

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

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

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

- (i) In respect of All India Services officer serving at the headquarters in the Ministries/Departments of the State Governments viz., State Government's Capital such as Bombay, Calcutta, Lucknow etc., the Heads of Departments viz., Secretary, Special Secretary, Chairman, Board of Revenue, Commissioner and Secretary and the other officers of

equivalent status who are Heads of the Ministries/Departments would be empowered to sanction amounts upto Rs. 250/- in each case; and

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

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

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

**12. Instructions of the Ministry of Finance Govt. of India regarding the reimbursement of the cost of replacement of diseased heart valves: Delegation of powers: Instruction to the State Government for adoption:-** I am directed to enclose a copy of the Ministry of Finance (Department of Expenditure) O.M. No. F. 23(5)—EV(B)/77 dated the 18th Sept., 1978, regarding the reimbursement of the cost of replacement of diseased heart valves. In accordance with these orders, the reimbursement of the cost of heart valves, has been brought within the purview of the delegated powers of their earlier O.M. No. F. 21(2)—EV/(B)/62 dated 17th April, 1963, a copy of which is attached to this Department's letter No. 11023/16/76—AIS(III), dated 14th December, 1977.

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

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

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

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

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



para 7(b). The initial supply of the Heart Valves will, however, in all cases be made only on the recommendation of the Director General of Health Services.

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

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

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

*19. Copy of letter No. 11023/4/76—AIS(III), dated 21st January, 1977.*

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

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

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

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

***(i) Copy of Deptt. of Health letter No. 29—16/71MA, dated 14th September, 1972.***

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

Homoeopathic Systems of medicine should contribute towards the development of the National Health Services in the country.

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

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

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

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

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

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

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

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

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

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

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

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

(iii) *List of admissible medicines for the purpose of reimbursement: Ayurveda, Sidha, Unani and Homeopathy.*

The list of medicines in these systems approved for the purposes of reimbursement with indication of maximum prices against each medicine is given in Annexure I. In this Annexure, lists of medicines have been drawn up in three categories viz.

(a) Costly medicines and treatment like panchakarma therapy which may be prescribed only by class I officers or a doctor of equivalent rank;

(b) General medicines which may be prescribed by all authorized medical attendants, and

(c) Restricted medicines which may be deemed to be medical tonics having curative properties which may be prescribed only by a Class I and Class II Officer or by a doctor of equivalent rank.

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

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

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

#### **ANNEXURE-I**

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

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

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

#### **ANNEXURE—I**

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

1. Hamdard Dwakhana, Lal Kuan Delhi-6.
2. Hamdard Dwakhana, Lal Kuan

3. Shama Laboratories, Lal Kuan, Delhi-6.
4. Dawakhana Tibbia College, Muslim University, Aligarh
5. Chi Chi Pharmacy , Rani Talao , Surat.
6. Shri Baidyanath Ayurved Bhavan (P) Ltd., Calcutta.
7. Dabur (Dr. S.K. Burma) Private Ltd. Calcutta and Faridabad.
8. Aphalic Pharmaceutical Limited, Station Road, Amednagar
9. Zandu Pharmaceutical Works Limited, Gokhale Road, South, Bombay-25
10. Ayurveda Reshala, Poona.
11. Sahana Aushadhalya (Dacca) (36, B.K. Paul Avenue, Calcutta)
12. Gurukul Kangri Pharmacy, Hardwar, P.O. Gurukul Kangri, District Saharanpur.
13. The Arya Vaidya Pharmacy Limited, Trichy Road, Coimbatore
14. Indian medicail Practitioners Cooperative Pharmacy and Stores Limited, Adyar, Madras-20.
15. The Keralvarma Ayurvedic Co-operative Pharmacy Limited, Trichur.
16. Co-operative Drugs Factory, Ranikhet
17. Dhutapapeswer Industries(P) Limited, Panvel, Maharashtra'
18. Raka Laboratories, Relief Road, Ahmedabad—I
19. Risikul Ayurvedic Pharmacy, Hardwar.
20. Laksamivilasam Vaidyasala , Trivandrum
21. Madhava Ayurvedic Pharmacy, Ernakulam (Kerala)
22. Arya Vaidyashala, Kottakkai(Kerala)
23. Dhanvantari Laboratories, Calcutta and Bangalore
24. Utkal Co-operative Ayurvedic Pharmacy, P.O. Berhampur (Orissa)
25. Navashakti Ayurvedic Pharmacy, Bhusaval (Maharashtra)
26. Dhanvantari Ayurvedic Pharmacy ,Katra Baghain, Amritsar.
27. D.A.V. College Pharmacy Jullunder
28. Petlad Mahal Ayurvedic Pharmacy Nadiad, Maharashtra
29. Ayurved Vikas Mandal Pharmacy, Junagadh, Gujarat
30. Siddha Pharmacy, Trivattiyur (Tamil Nadu)
31. All India States Ayurvedic Pharmacies in various States of India.
32. Any other Pharmacy or Individuals manufacturing medicines for the purpose of their patients notified by the Government of India.

#### **ANNEXURE—II**

##### ***List of homoeopathic pharmacists***

1. M/s. L. R. Bhandari and Sons, Hanging Bridge, Darya Ganj Chowk, Delhi-6
2. M/s. Ramakrishna Pharmaceuticals, 2—3—647/125, Beg Anberpet, Hyderabad  
(Andhra Pradesh )
3. M/s Father Mullers Charitable Institutions, 17—804, Father Muller Road, Kankandy,  
Bangalore-3
4. M/s St. George's Homoeopathic Pharmacy, 16—139—A Balanatta, Kankandy,  
Bangalore-2 (Mysore)
5. M/s Economic Homoeo Parmacy, 89 Netaji Subhas Road, (Ground Floor ),Calcutta-1

6. M/s. Hehnemann Publishing Co.(P) Limited, 169, B.B. Ganguly Street, Calcutta-12
7. M/s. M. Bharracharya and Company (P) Limited , 73, Netaji Shubhs Chandra Road, Calcutta-12
8. M/s. National Homoeo Laboratory, 110 Acharaya Jagdish Bose Road, Calcutta-1
9. M/s. Sunder Homoeo Sadan, 113, Netaji Subhas Road,Culcutta-1

#### FOREIGN PHARMACISTS

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

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

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

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

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

- (1) The list of artificial appliances whose cost would be reimbursible to the government officials and the entitled members of their families covered under the CS (MA) Rules, 1944 is enclosed.
- (2) The expenses incurred on the purchase, replacement, repair and adjustment of these appliances may be reimbursed to the government employees when these are certified essential by a specialist in the concerned speciality in the hospitals recognised under the CS (MA) Rules, 1944. The repairs and adjustments where necessitated under the advise of the medical specialist should be got done by the Rehabilitation Department of the Medical colleges and hospitals, Artificial Limb Centre, Pune and such other centres and

organisations recognised for this purpose by the Central or State Government. Where, however, under the advise of the Medical specialist the artificial appliance is to be repaired/adjusted, it has to be ensured that the cost of repairs /adjustment of appliance is less than the cost of replacement thereof.

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

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

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

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

S.No.	Artificial Appliances
1.	Unilateral long leg brace without hip joint.
2.	Hip Joint with pelvic band.
3.	Spinal Brace.
4.	Unilateral short leg brace.
5.	Shoe or Boot—Protective or aiding to paralysed or weak leg.
6.	Bilateral hip joint with pelvic band/weak leg.
7.	Bilateral long leg Brace without hip joint.
8.	Bilateral short leg Brace.
9.	Lumbe—Sacral or spinal support or Back support.
10.	Taylor's Brace.
11.	Milwaukee brace.
12.	Mesmaid Splint.
13.	Posterior slab.
14.	Cervical Brace four post.
15.	Rigid Cervical Collar with head extension.
16.	Cervical Collar.
17.	Dynamic Splint (Aluminium).
18.	Cock-up Splint (plain Aluminium).
19.	Cock-up Splint (Plastic) or long oponents.
20.	Turn Buckle Splint.
21.	Nuckle Bender Splint.
22.	Anterior Knee Guard Splint.
23.	Denis Brown Splint.

24. Congenital Talipes Equino Varus/Valgus Splint.
25. Short Oponens P.V.C. (Plastic).
26. Knee Cage.
27. Long Oponens with M.P.FI. 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.
34. T. Strap.
35. Sponte heel.
36. Wedge 1/8"
37. Universal Raising 1"
38. Foot drop Splint.
39. Below Knee prosthetics (P.T.B. type prosthetics).
40. A.K. Prosthetics.
41. Aluminium adjustable above knee right splint.
42. Plastic shoulder abduction splint.
43. Plaster of Paris or Gypsona cast.
44. Modified Shoes.
45. Below Elbow Prosthesis.
46. Hooks.
47. Cosmetic Hand.
48. Splint for C.D.H.
49. Splint for Elbow.
50. Above Elbow and below elbow Prosthetics.
51. Corset.
52. Wheel Chair.
53. Protective Shoes with microcellular rubber without nails of ten with additional gadgets like adjustable springs and rockers
54. Crutches.
55. Walking iron with Plaster Casts.
56. Calipers.
57. Braces.
58. Artificial limbs.

***(ii) Copy of the Office Memorandum No. S. 14025/58/75 MC, dated the 18th August, 1978.***

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

Department of Medical College/Hospitals, Artificial Limbs Centre, Pune and such other centres and organisations recognised for the purpose.

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

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

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

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

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

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

2.1 The provision of statutory rules cannot be superseded or modified by means of executive instructions, Accordingly, the instructions issued in the letter of the 16<sup>th</sup> May, 1972, cited above, do not supersede the provisions of the All India Service (Medical Attendance) Rule, 1954 (including the amendment thereto made through the Notification dated the 6<sup>th</sup> January, 1970.)

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

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

[Letter No. 4/11/73—AIS—III dt. 6.8.1974]

**17. Delegation of powers to the heads of the Department to allow refund of medical expenses in relaxation of rules: forwarding a copy of the Ministry of Finance, Govt. of India's O.M.No.F.26(10)-EV-(B)/74 dated 16.07.1974 to the State Governments for adoption:** - I am directed to refer to the Ministry of Home Affairs'



letter No. 8/8/66—AIS(III) dated the 14<sup>th</sup> July, 1966 and to forward herewith a copy of a Ministry of Finance O.M.No. F. 26(10)—EV(B/74—dated the 16<sup>th</sup> July, 1974. It is requested that the State Government may adopt the orders contained therein respect of member of the All India Services working under them.

[Letter No. 23/5/75—AIS—III dt. 19<sup>th</sup> January, 1975]

**18. Instructions of the Ministry of Finance Govt. of India regarding the reimbursement of the cost of replacement of diseased heart valves: Delegation of powers: Instruction to the State Government for adoption:-** I am directed to enclose a copy of the Ministry of Finance (Department of Expenditure) O.M.No. F— 23(5)—EV(B)/77 dated the 18<sup>th</sup> Sept., 1978, regarding the reimbursement of the cost of replacement of diseased heart valves. In accordance with these orders, the reimbursement of the cost of heart valve, has been brought within the purview of the Delegated powers in terms of their earlier O.M.no F 21(2)—EW (B)/62 dated 17<sup>th</sup> April, 1963, a copy of which is attached to this Department's letter No. 11023/16/76 dt. 14<sup>th</sup> Dec. 1977.

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

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

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

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

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

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

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

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

19. **AMA may take a decision regarding admissibility/inadmissibility of the medicines specified in the Central Service Medical Attendance Rules:-** I am directed to say that a list of inadmissible Medicines specified in Schedule I and II of the Central Service (Medical Attendance) Rules are also applicable to members of All India Services under rule 2(k) (iii) of the All India Services(Medical Attendance) Rules, 1954.

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

*[Letter no. 11023/6/870—AIS III dated 5.3.1988.]*