

EASTERN RAILWAY

No. E.685/0/Pt.IX

Kolkata, dated 05.07.2011

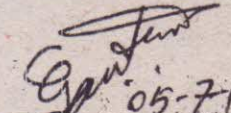
ALL CONCERNED

Sub: Grant of Fixed Medical Allowance revised from Rs.100 to Rs.300 from 1.09.2008 vide Board's letter No.PC-V/2010/A/Med.1 dtd.29.06.2010 to the Railway Pensioners/Family pensioners - clarifications regarding.

The following copy of Railway Board's letter no. PC-V/2011/A/Med.1 dated 07.06.2011 (RBE No 83/2011) along with its enclosure is forwarded for information, guidance and necessary action.

Board's earlier letter dated 29.06.2010, mentioned therein was circulated under this office Serial Circular No. 85/2010. Board's another letter dtd.15.09.2009 (RBE No. 68/2009) mentioned therein is also enclosed herewith.

DA: As above.


(G. Bandyopadhyay)
For Chief Personnel Officer

Copy of Railway Board's letter No.PC -V/2011/A/Med.1 dated 07.06.2011 (RBE No 83/2011) addressed to General Managers, All Indian Railways and others.

Sub: Grant of Fixed Medical Allowance revised from Rs.100 to Rs.300 from 1.09.2008 vide Board's letter No.PC-V/2010/A/Med.1 dtd.29.06.2010 to the Railway Pensioners/Family pensioners - clarifications regarding.

Pursuant to receipt of references from railway Federations etc seeking to modify the Undertaking Form annexed with Board's letter no. PC - V/2006A/Med.1 dtd.15.09.2009 (RBE No 168/2009) so as to ensure that the pensioners/family pensioners availing OPD facility for chronic diseases are not deprived of the Fixed Medical Allowance, the matter has been examined and it has been decided to modify the Undertaking Form suitably.

2. The revised Undertaking Form is enclosed. Henceforth, Railway pensioners/family pensioners who opt to claim Medical Allowance should submit the claim for Medical Allowance to the concerned Pension Disbursing Authority in the revised Undertaking Form.

Index No.1049 - Grant of Fixed Medical Allowance revised from Rs.100 to Rs.300 from 1.09.2008 Vide Board's letter No.PC-V/2010/A/Med.1 dtd.29.06.2010 to the Railway Pensioners/Family pensioners - clarifications regarding.

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UNDERTAKING FORM

(to be submitted in DUPLICATE by pensioners/family pensioners to his/her Pension Disbursing Authority (PDA) One copy to be retained by PDA and the other copy to be furnished to Pension Sanctioning Authority by PDA)

I _____ a retired employee/family pensioner whose
 _____ (specify relation of family pensioner with deceased
 Railway employee) was an employee of _____ (office
 address) _____ declare that I am residing at (residential
 address indicated in PPO) _____, which is
 beyond 2.5 KMs from the nearest Railway hospital/health unit _____
 (Name of the Hospital/Health Unit as contained in Annexure-III to Railway Board's letter No.
 PC-V/98/1/7/1/1, dated 21-4-1999.

2. Accordingly I hereby opt to claim Fixed Medical Allowance of ₹100 and/or ₹300 per month as per prescribed rate. Necessary endorsement may please be made in my PPO in this regard. Simultaneously, I undertake that I will not avail of OPD facilities (except in cases of chronic diseases as mentioned in Board's letter No.2006/H/DC/JCM, dated 12-10-2006) at Railway hospitals/Health Units from the day I claim Medical Allowance. I also understand that grant of Medical Allowance is subject to the terms and conditions specified in Board's letter No. PC-V/98/1/7/1/1 dated 21.4.99 and 1.3.2004 and last being letter No. PC-V/2006/A/Med/1, dated 15-9-2009.

3. I also declare that I have not availed of any treatment as Out Door Patient (except in cases of chronic diseases as mentioned in Para-2 above) for the period from _____ (indicate here the date of retirement or the date of availing OPD facility on the last occasion or 1.12.1999, whichever is later) to this day _____ (indicate here the date on which this declaration is signed). I may accordingly be paid arrear of Medical Allowance @ ₹100 and/or ₹300 per month for the period mentioned above as per prescribed rate.

4. The above information furnished by me is correct to the best of my knowledge and belief. I also understand, that, if at any stage, it is found that the undertaking submitted by me is incorrect or carries false information, my FMA is liable to be stopped with immediate effect and further suitable action could be taken to recover the excess amount paid to me.

Signature _____

Name in Full _____

PPO No _____

Issued By _____

SB A/c No. _____

Post office/Bank _____

Branch _____

Place _____

Date _____

