

**PENSIONERS'**

# **RAIL SAMPARK**

QUARTERLY BULLETIN OF THE

**RAILWAY SENIOR CITIZENS WELFARE SOCIETY (RSCWS) (Regd.)  
CHANDIGARH**

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

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FOR MEMBERS ONLY

## **Tenure of Anomalies Committee for Sixth Pay Commission Extended**

The tenure of National Anomaly Committee, set up to look into anomalies arising out of recommendations of Sixth Central Pay Commission, has been extended up to 31st March, 2011. The National Anomaly Committee is not expected to submit any report. Anomalies are resolved through the process of constructive dialogue and discussion with the representatives of the Staff Side.

This was stated by the Minister of State in the Ministry of Personnel, Public Grievances & Pensions, Shri Prithviraj Chavan in written reply to a question in Rajya Sabha recently.

### **Reply given under RTI Act to Secretary General RSCWS**

Target date of **30-9-2009** stipulated by the Ministry of Railways for issue of Revised PPOs to all pensioners/family pensioners – without applying for

*Extracts from Reply received by S. G. RSCWS Vide letter No. RTI Cell/2010/01008328/CPIO-I dated 1-7-2010*

1. Target date of 30-9-2009 was stipulated by the Ministry of Railways (vide letter No. 2008/AC.II/21/20 dated 19-8-2009) for issue of revised PPOs to all pensioners/family pensioners.
2. Pensioners/family pensioners are not required to apply for revised PPOs, which are to be issued to all.
3. Zonal Railways/PUs have been asked to give periodic feedback about the progress of issue of Revised PPOs to Pensioners.
4. Information is not available reg. no. of pre & post 2006 pensioners on various Railways /PUs)
5. As per position advised by Railways, 57600 pre-2006 and 77136 post-2006 revised PPOs have been issued till 30-4-2010.
6. RBI has been advised to ensure strict compliance of instructions reg. Additional Pension/family pension in case of those above 80 years of age.
7. Non compliance of the orders by Banks may be brought to the notice of Railway Administration.

## **KHURDA ROAD BRANCH OF RSCWS DEMANDS MEDICAL FACILITIES**

Khurda Road Branch of RSCWS on ECOR (East Coast Railway) has demanded proper Medical facilities at Khurda Road and upgrading of Mancheswar Railway Hospital – in view of the difficulties experienced by the Railway Beneficiaries in large number of serving and retired staff and their families settled in the area.

Zonal Secretary ECOR, Sh S. K. Bose has requested the Secretary General RSCWS, to take up these issues with the Railway Board and the DOPT respectively for early decision.

The Government had also been urged for commutation of LHAP for leave encashment from 1-1-2006 instead of W.E.F 1.9.08 – since the Revised Pay Rules were effective from 1-1-2006. Secretary General had informed the Zonal Secretary that the demand had since been accepted and orders issued accordingly.

**LATE NEWS:** Agreement for Empanelment of IVY Hospital, Sector 71, Mohali, has now been signed for treatment of Railway Beneficiaries for Cancer, Kedney, Gynea & Obes. Patients shall be referred to IVY Hospital by CMS NR Ambala, but may also be treated directly in case of Emergency for the said Specialties.

**'RAILWAY SENIOR CITIZENS WELFARE SOCIETY' CORDIALLY INVITES  
ALL THE MEMBERS OF RSCWS & CCCGPA & THEIR SPOUSES TO THE  
- SPECIAL MEETING & DISCUSSION ON FACILITIES REQUIRED UNDER CGHS & RELHS;  
AND - SEMINAR ON "MEDICAL PROBLEMS OF STOMACH, INTESTINES, RENAL &  
RECTUM - REQUIRING SURGICAL INTERVENTIONS & THEIR MANAGEMENT"  
ON 26<sup>TH</sup> SEPTEMBER, 2010 FROM 9-45 AM (SHARP) TO 12-30 PM  
AT 'HOTEL CHANDIGARH BECKONS', SECTOR 42, (NEAR G.C.G. - 42), CHANDIGARH  
(PLEASE JOIN US FOR BRUNCH / HIGH TEA AFTER THE MEETING & SEMINAR)  
- COUTESY FORTIS HOSPITAL MOHALI  
- President & Secretary General, RSCWS**

**SENIOR CITIZENS' NATIONAL PROTEST DAY OBSERVED ON AUGUST 16, 2010****THE SILENT MARCH – Our Concern for Suffering Fellow Senior Citizens**

It is rare that the people jointly raise a voice for a cause that does not directly affect to them. It is even more rare that the “Haves” jointly but selflessly raise their voice for the “Have Nots”. It is rather rare of the rarest to see the sexagenarians, septuagenarians, octogenarians and nonagenarians all march together in hundreds - on issues of National importance.

It was exactly all like that what happened on that historic day of 16<sup>th</sup> August, 2010 – when over 500 Senior Citizens belonging to nearly 30 different organisations of the tri-city of Chandigarh, Panchkula & Mohali marched together through the main city centre in Sector 17 – carrying Banners and chest patches bearing slogans in support of their demands with a message to the Nation and younger generation to “RESPECT AGE” & “CARE FOR THE ELDERS”.

The march was a part of the Senior Citizens National Protest Day. It was followed by a delegation meeting the UT Administrator & Governor Punjab Shri Shiv Raj Patil and presenting to him as well to the Deputy Commissioner Chandigarh - a Memorandum addressed to the Prime Minister of India – on the major issues relating to the Senior Citizens.

The Silent March was led by some seniors in their 80s & 90s on the wheel chairs & crutches followed by the Banner bearing members of Chandigarh Senior Citizens Association (CSCA) and Members of various Chapters of CSCA, Coordination Committees of Central Government Pensioners Associations (CCCGPA), P & T Pensioners Welfare Association, Railway Senior Citizens Welfare Society (RSCWS), Association of Retired Officers of Indian Audit & Account Deptt., Central Government Pensioners Association, Association of Retired Officers of Labour Bureau, ESIC Retired Officers Association, SBI Pensioners Association, Federation of Senior Citizens (FEDSEN) – North and some other groups of Human Right Association and Women & Youth Organisations.

**WHAT WERE THE MAIN ISSUES**

For several decades, Governments at the Centre and in the states have been neglecting the problems of senior citizens. Out of 10 crores of older persons, 66% go hungry every day; 90% have no social or health security; 37% are lonely and neglected.

National Policy on Older Persons – announced in 1999 – has not been fully implemented by a single state. The Policy visualizes that the state will extend support for financial security, healthcare, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation. The policy aims at well - being of older persons, so that they will not live unprotected, ignored or marginalized. Its objective is to help older persons to live their last phase of their life with purpose, dignity and peace. But it has yet to be implemented anywhere.

Only 3 states out of 35 have effectively implemented the Maintenance and Welfare of Parents and Senior Citizens Act – though three years have passed. Indira Gandhi National Old Age Pension Scheme had been implemented by only a few States. There is no comprehensive medical or health care for old people after 60 years of age.

Several sincere and serious attempts to get Governments involved and to listen to problems and demands failed. It was therefore decided to observe a Protest Day, on an all India basis, on August 16 to press for the main demands of the Senior Citizens and submitted a memorandum to the Prime Minister through the Governor and the local head of the Government i.e. the Deputy Commissioner.

*By Harchandan Singh, Editor PRS & Secretary Genera, RSCWS*

**Comments by APSCCON on the above Report**

Dear Sri Harchandan Singh ji,

I thank you for your kind mail. Chandigarh has done it again! We all are proud of the impressive manner in which you observed the National Protest Day. Your observation that it was an exercise by the Haves for the benefit of the Have nots is very correct. Out of 12 demands put up by us 6 are solely for the Have nots and remaining for the benefit of both. There is none solely for the benefit of the Haves. This is a point which we should make clear to the public.

In fact we will have to change our strategy. We should hereafter, project more the suffering segment of our elderly community. Warm regards, - R.N.Mital (APSCCON)

*Senior Citizens, in spite of their number, collective wisdom & experience  
- will continue to be ignored and marginalized, unless they unite – Kofi Annan*

**MEMORANDUM SUBMITTED TO SHRI MANMOHAN SINGH, HON'BLE PRIME MINISTER -**

*(Through Governor Punjab & Administrator UT Chandigarh and Deputy Commissioner, UT Chandigarh)*

**Mananiya Pradhan Mantri Ji,**

This is an appeal on behalf of 10 crore Older Persons (60 +) majority of whom are indigent, underfed, insecure and unorganized, craving for your immediate attention and action. We wholeheartedly appreciate the intentions of formulating the National Policy on Older Persons (NPOP) – 1999, We are glad to notice that the intentions of the Government were translated into action by enacting the Maintenance and Welfare of Parents and Senior Citizens Act (MWPSA ACT) of 2007 and announcing during the same year a scheme like Indira Gandhi National Old Age Pension Scheme (IGNOAP Scheme). These steps partly safeguard the rights of older persons mandated in the Indian Constitution as well as Directive Principles of State Policy which state that “the State will extend support for financial security, health care and shelter for senior citizens and provide protection against abuse and exploitation”.

**THE CRUX OF THE PROBLEM**

When it came to implementation of NPOP and MWPSA Act or IGNOAP Scheme, the Central Government passed on the responsibility mostly to State Governments. It is a pity that overwhelming number of State Governments ignored the welfare of senior citizens, and implementation of the above and other welfare schemes, as can be seen from the following distressing facts.

- a. Though mandated in the National Policy on Older Persons no health security is provided by most of the States/ UTs. In the absence of State subsidised health insurance, if a senior citizen falls ill he can not dare avail quality health care as it is unaffordable. He can only stay put at home, if his progeny permits, waiting for the end. Today unaffordable health care costs are the major contributor to poverty in our Country as every year 2.1% of population is pushed below poverty line because of high health care expenditures.
- b. 28 States / UTs have not at all responded to the NPOP document even after 11 years of its adoption by the Union Cabinet let alone its implementation. In fact not a single State has fully implemented it.
- c. 32 States / UTs have not operationalised the Maintenance and Welfare of Parents and Senior Citizens Act though around 3 years have passed after its enactment. This Act had kindled a ray of hope among the abandoned senior citizens. But even this act is not fully implemented by most of the states so far.
- d. 17 states/ UTs are paying much less than the minimum old age pension of Rs 400/- recommended as per Indira Gandhi National Old Age Pension Scheme. This was intended to provide some monetary support to the BPL older persons. It is most pathetic to learn that this scheme, which in these days of food inflation can fetch a poor man only a glass of milk a day for him and his ageing spouse, is not implemented fully by a majority of states.

The net result, Prime Minister Sir, is that most of the 70 million older persons who are in the BPL segment do not have any health or social security and are not fortunate enough to have two square meals a day. Thus, even the Constitutional safeguards to older persons are blatantly flouted probably because many of our rulers and bureaucrats consider the elderly as too weak and unorganized to worry about and ungratefully ignore their services to the society for over 40 years.

We beg to be excused to ask, who is responsible for this sorry state of affairs and tardy or no implementation of the policies and Acts enacted for the well being of older persons. The Ministry of Social Justice and Empowerment which is the nodal ministry and which was supposed to coordinate and monitor the progress as well as the autonomous National Council for Older Persons would do well to have a thorough introspection and take quick and appropriate remedial action even now.

**OTHER ISSUES THAT DESERVE ATTENTION**

- Sir, there are hundreds of Old Age Homes all over the Country where the lonely or the abandoned Senior Citizens stay. Most of them belong to the BPL category. In many cases the condition in which they live is pitiable. Often, neither the inmates nor the Old Age Home have the resources to look after their reasonable comforts and health care. We submit that the well being and health care of BPL inmates of Old Age Homes should be considered a National Responsibility and they should be covered under fully subsidised health insurance and be paid old age pensions. Moreover the working of Old Age Homes should be periodically monitored.
- Another pertinent issue is the dwindling purchasing power of senior citizens. This is diminishing day by day due to galloping inflation and the dwindling returns on the meagre savings made by them out of meager earnings during the low cost economy era. Therefore, there is a need to provide a mechanism to protect the purchasing power of their savings and concessions in various services.

**WHAT NEEDS TO BE DONE URGENTLY**

To redress the sufferings of senior citizens the need of the hour is that the Central Government should immediately persuade and prevail on all the State Governments to promptly and sincerely implement the existing National Policy on Older Persons – 1999, the Maintenance and Welfare of Parents and Senior Citizens Act of 2007 and the Indira Gandhi National Old Age Pension Scheme and the monitoring and coordinating bodies should act tough.

**WHAT IS IT THAT WE WANT**

We pray to the Union government to initiate action on the following:

- I. Health Insurance cover for all senior citizens without restrictions due to entry and exit age and pre-existing health condition, with modest premium which does not increase with age – fully subsidised for BPL and graded sharing for others.
- II. Immediate steps to fully implement the existing NPOP with budgetary support and not to postpone it till the reviewed / revised Policy is ready
- III. Very early implementation of the Maintenance & Welfare of Parents & Senior Citizens Act in ALL States.
- IV. Full implementation of the Indira Gandhi National Old Age Pension Scheme. Increase minimum Pension to 500/- p.m. and minimum age of beneficiary to be reduced to 60 from present 65.
- V. Setting up of Old Age Homes in each block and modernization of the existing Old Age Homes set up by welfare organizations.
- VI. All BPL residents of Old Age Homes to be covered under State subsidised Health Insurance, including those who are terminally ill. Those who are eligible should be given Old Age Pension. Their well being should be considered as National Responsibility.
- VII. Minimum 50% concession in State Bus and Railway fares for all senior citizens.
- VIII. a. Establishment of a unified governance structure to implement the rights of senior citizens – a dedicated structure at Central level i.e. Ministry for Older Persons along with National Commission for Older Persons.  
b. Immediate declaration of State Policy on Senior Citizens by every State and formation of State Councils and Commissionerates for Senior Citizens by all State Governments.
- IX. Provision of Multi-service Centres/ day Care centres in each city, town and large village with facilities for recreation, games and news papers etc.
- X. Nomination of 2 representatives of Senior Citizens on the Rajya Sabha and on Vidhan Parishad of every State and adequate representation in official advisory and surveillance committees.
- XI. Speedy, time-bound disposal of legal cases and other matters relating to Senior Citizens.
- XII. Early setting up of the promised National Institutes of Research on Aging and development of affordable Assistive Devices and courses in Medical Colleges in Gerontology and Geriatr
- XIII. A special savings scheme for senior citizens allowing at least 2% higher interest rate linked to inflation. This income must be tax free.

We wish to point out that senior citizens comprise 9% of the population, 13% of the electorate and if you consider those who actually go for polling we are 20% of effective electorate. You would agree that no government can continue to ignore us for decades at a stretch.

We would like to bring to your kind notice that we are, rather reluctantly, organizing a national protest day on 16<sup>th</sup> august in a peaceful and dignified manner, to draw attention of the rulers, bureaucrats, intellectuals and general public, to the grievances of elders in the society.

**OUR HOPE**

We are pinning a lot of hope on your POSITIVE RESPONSE and initiative for the redress of the above grievances as we believe that you, apart from being Prime Minister of our Nation, are a person with a kind heart and down to earth perspective on humanitarian issues like the above.

With respectful regards,

Yours truly on behalf of,

**The Joint Action Committee of the Senior Citizens of India AND 22 NGOs**  
(Including CSCA & its affiliates , CCCGPA, Railway Senior Citizens Welfare Society, P & T Pensioners Welfare Association, Association of Retired Officers of Indian Audit & Account Deptt., Paramilitary Force Retired Officers Association, Association of Retired Officers of Labour Bureau, ESIC Retired Officers Association and Central Government Pensioners Association, Citizens Forum on Human Rights, SBI Pensioners Association, Servants of People Society, Punjab Irrigation Retired Engineers Welfare Association and Sai Tara Unmat Foundation etc)

**PUNJAB & U. P. PENSIONERS GET A BETTER DEAL THAN CENTRAL GOVT. PENSIONERS**  
**Comparison of Pension of Central Govt. (Pre-2006) Pensioners with UP & Punjab**

Existing Pay Scales - (Both in UP & Centre) As per 5th CPC	Revised Pay Structure (PB +GP) (Both in UP & Centre)	Consolidate d Pension (Vide Para 4.1 - DOP OM dated 1-9-08) by CG	Pre-2006 Pension (Fixed as per OM 3/10/08) by CG	Pension of pre-2006 pensioners by UP	Pension of pre-2006 pensioners by Punjab	Pre Revised Equivalent Pay Scale in Punjab
1	2	3	4	5	6	7
S-4(2750-4400)	PB-1 5200-20200+1800	3500	3500			
S-5(3050-4590)	PB-1 5200-20200+1900	3500	3550			
S-6(3200-4900)	PB-1 5200-20200+2000	3616	3600			
S-7(4000-6000)	PB-1 5200-20200+2400	4520	3800			
S-8(4500-7000)	PB-1 5200-20200+2800	5085	4000	5680	5735	4550-7220
S-9 (5000-8000)	PB-2 9300-34800+4200	5650	6750	6750	6750	5000-8100
S-10 (5500-9000)	PB-2 9300-34800+4200	6215	6750	6750	7215	5480-8925
S-11(6500-6900)	PB-2 9300-34800+4200	7345	6750			
S12((6500-10500)	PB-2 9300-34800+4200	7345	6750	6750	8145	6400-10640
S-13 (7450-11500)	PB-2 9300-34800+4600	8419	6950	8570	9225	7220-11660
S-14 (7500-12000)	PB-2 9300-34800+4800	8475	7050	9075	9225	7220-11660
S-15 (8000-13500)	PB-2 9300-34800+5400	9040	7350	10500	10500	7880-13500
New scale (Group A entry)	PB-3 15600-39100+5400	9040	10500			
S-16,(9000)	PB-3 15600-39100+5400	10170	10500			
S-17(9000-9550)	PB-3 15600-39100+5400	10170	10500			
S-18(10325-10975)	PB-3 15600-39100+6600	11666	11100			
S-19 (10000-15200)	PB-3 15600-39100+6600	11300	11100	12675	12625	10025-15100
S-20 10650-15850)	PB-3 15600-39100+6600	12035	11100			
S-21(12000-16500)	PB-3 15600-39100+7600	13560	11600	14750	15760	12000-16350
S-22 (12750-16500)	PB-3 15600-39100+7600	14408	11600			
S-23(12000-18000)	PB-3 15600-39100+7600	13560	11600			
S-24 (14300-18300)	PB-4 37400-67000+8700	16159	23050	23050	23050	14300-18600
S-25 (15100-18300)	PB-4 37400-67000+8700	17063	23050			
S-26 (16400-20000)	PB-4 37400-67000+8900	18532	23150			
S-27(16400-20900)	PB-4 37400-67000+8900	18532	23150			
S-28 (14300-22400)	PB-4 37400-67000+10000	16159	23700			
S-29 (18400-22400)	PB-4 37400-67000+10000	20792	23700	26500	27350	18600-22100
S-30 (22400-24500)	HAG 67000-79000	25312	33500	33500	nil	No scale
S-31 (22400-26000)	HAG Scale 75500-80000	25312	37750			2
S-32 (24050-26000)	HAG+ Scale 75500-80000	27177	37750			
S-33 (26000)(fixed)	Apex 80000 (Fixed)	29380	40000			
S-34 (30000)	Cab. Sec. 90000 (Fixed)	33900	45000			

Note: 1. Pay Scales of UP & Centre are identical.

2. Punjab Pay Scales were slightly different. As such, nearest Pay Scales have been taken for comparison.

- Compiled by: N. P. MOHAN, Ex-CE, WR & Wkg. President RSCWS: Dated: 10-8-2010

### IMPORTANT LETTERS OF RAILWAY BOARD

**Copy of Railway Board's letter No No.2006/H/DC/JCM Dated: 12.10.2006 (Reproduced for ready reference)**

**Subject: Clarification of regarding chronic diseases in relation to Fixed Medical Allowance to Railway Pensioners.**

As per Board's letter No.PC/V/98/1/7/1/1 dated 21.4.99 a fixed medical allowance @Rs.100/- per month is granted to the Railway Pensioners/family Pensioners who are residing beyond 2.5 kms. from Railway Hospital/Health Unit/Dispensary. This fixed medical allowance is given to meet day to day medical expenses. They are not entitled to receive outdoor treatment from Health Unit/Railway Hospital etc. except in cases of Chronic Diseases.

Arising out of demand in the DC/JCM September, 2006, the definition of Chronic disease and some illness which are to be treated as Chronic ones are hereby stated.

Any disease which persists for a period of approximately three months or more is defined as a chronic disease. Some of the common illness, which are treated as chronic diseases are given below:

1. Arthritis and related conditions.	5. Epilepsy disorders.	9. Oral Health Problem.
2. Cardiovascular disease.	6. Obesity/chronic weight loss.	10. Chronic Skin Disorders.
3. Cancer of any part of body.	7. Tuberculosis.	
4. Diabetes mellitus.	8. AIDS.	

*Copy of Railway Board's letter No. F(E)III/2008/PN1/13 Dated: 12.08.2010 RBE No.118/2010*

### **Admissibility of full pension to Railway servants retiring on or after 01.01.2006 (After 10 years of Service)**

Clarifications are being sought from this office by the Zonal Railway Administrations in connection with the revised instructions issued by the Department of Pension and Pensioners' Welfare regarding grant of full pension to Government servants retiring on or after 01.01.2006, and its applicability to those employees who are absorbed in Public Sector Undertakings/Autonomous bodies.

2. It is informed that the Department of Pension and Pensioners' Welfare, vide their O.M. dated 10.12.2009, circulated on the Zonal Railways etc. vide this office letter of even number dated 15.12.2009, has dispensed with the linkage of full pension with 33 years of qualifying service with effect from 01.01.2006, instead of the earlier cut off date of 02.09.2008. As such, all employees becoming entitled to pension on completion of 10 years of qualifying service in accordance with Rule 69(2) of the Railway Services (Pension) Rules, 1993, on or after 01.01.2006, are eligible for pension equal to 50% of the emoluments or average emoluments, whichever is more beneficial to them. With the issue of these instructions, the concept of pro-rata pension has ceased to exist with effect from 1.1.2006. This provision is equally applicable to those employees who have been permanently absorbed in PSUs/Autonomous Bodies and have since become entitled to monthly pension in terms of the extant instructions.

3. All the Zonal Railways etc. are, therefore, advised to settle the pending cases accordingly.

**CORRIGENDUM (Para 647 and 648 of IRMM) (Authority: Board's letter No. 2005/H/6-4/Policy II dated 22-6-10)**

#### **REIMBURSEMENT OF MEDICAL EXPENSES PROCEDURE OF DISPOSAL**

Arising out of demand by staff side in the meeting held with DC/JCM in August 2009, regarding Reimbursement of Medical Expenses, Ministry of Railways (Railway Board) have amended the procedure of reimbursement of medical expenses (Para 647 and 648 of IRMM) and issued the Corrigendum of letter No. 2005 / H/6-4/Policy – II dated 31.1.2007 as follows:

**Para 647(1) – (i) The existing note under Para 647 (1) may be read as “Note1.”**

**(ii) Add Note 2 under Para 647 as under:** - “2 When the patient is referred to any Govt./Recognized hospitals by Authorized Medical Officer, the referral covers treatment / investigations in that hospital only. Only those cases where it has been specifically certified by the AMO that re-reference was done with his approval will be considered for reimbursement. However, in cases where the condition of the patient is such that there is essential need to transfer the patient to another hospital immediately, where facilities for management (treatment, investigations) of that emergency/critical condition exist, the same can be considered from AMO. However, the employee / his family member should intimate the occurrence of the event at the earliest to the AMO or nearest Railway Medical Officer”.

**Para 648 (3) (l) In the last line, above (a):** replace the words “parameters are to be examined” with the words “parameters may be examined”.

**Para 648 (3) (1) (a)** replace (iv) with (iii) in ACS to Board's letter No. 2005 / H/6-4/Policy – II dated 31.1.2007

**Para 648 (3) (1) (b)** Replace the first sentence as under: “**Clinical findings at the time of admission.** Following findings should be examined and critically evaluated.”

**Para 648 (3) (1) (b) Replace the existing numbering (xi) to (xx) with (i) to (x) Add (d) after para 648(3) (1) (c) as under:** “(d) If any of the above parameter/s is not available for examination, conclusion regarding emergency should be made on other available parameters.”

Copy of Railway Board's letter No. E (W)/2009/PS-S-1/23 Dated 29<sup>th</sup> July, 2010**Allotment of berths out of the emergency quota to Railway Servants & their family members etc. suffering from cancer and travelling for treatment on Medical Passes**

1. Reference is invited to Boards' letter No.200S/TG-I/20/P dated 19.11.2008 regarding automatic allotment of berths from Emergency Quota for cancer patients and their attendants where they do not get confirmed berths

2. The above issue has been raised by AIRF in the PNM forum and it has been decided to extend the provisions of Board's letter dated 19.11.2008 ibid in the case of Railway servants, their family members and dependents who are suffering from cancer and travelling on medical passes for treatment in hospitals away from their headquarters, for automatic access to emergency quota.

3. Accordingly, to facilitate automatic allotment of berths from emergency quota to Railway servants, their family members and dependents suffering from cancer and travelling for treatment on medical passes, a stamped endorsement should be made on the pass as follows:- "Issued for travelling for cancer treatment".

**CMS AMBALA LETTER TO SECY. GEN. RSCWS (DO NO 66-MED/UMB/UMB/2010 DATED 28.06.2010)**

Sub: - Serious problems faced by Railways Pensioner / Senior Citizens settled in & around Chandigarh.

Ref: - Your letter No. RSCWS/CHD/CMS/SUB Dated 03.06.2010.

**1. Empanelment of Hospitals in & around Chandigarh**

a. **Ivy Hospital, Mohali** - The corrected letter from H.Qrs. Office was received on 01.05.2010. Only after that the agreement preparation, proceedings were started which have been finalized now. The referral of patients will be done once it is vetted by finance/legal department. The procedure will be the same as that in case of Fortis Hospital. You can get a copy of agreement once it is vetted.

b. **Fortis Hospital** - Management of Fortis Hospital have already been informed to submit their proposal for renewal of empanelment. It may be noted that Fortis Hospital is recognized for all cardiology & Cardio Thoracic Surgery cases and nothing has been left out in these cases.

c. **Other Hospitals** - Ivy Hospital was proposed for multispecialties but has been recognized only for kidney diseases, cancer and obst. And gynae. Cases by Railway Board. A proposal for empanelment of Mukat Hospital is also under process at H. Qrs. Office.

d. **Malhotra Lab** - It is already on the panel of Health Unit Kalka upto 20.09.2010 for certain laboratory tests as per Railway Board's guidelines. At Chandigarh, its recognition cannot be considered being a lock up dispensary it can be proposed only after setting up of a full health unit at CDG. Lock up dispensary CDG is under HU/Kalka.

2. a) & b) **Lock-up dispensary / CDG** - A health unit for CDG has already been sanctioned, for which construction work will start soon. Railway Board has earmarked CDG for setting up Diagnostic Centre, Secondary and Tertiary Care level hospital as indicated in budget 2010-2011 along with many other stations of Indian Railways but in the initial phase only Una Himachal & Bathinda have been selected for setting up diagnostic center by H.Qrs. Office at present, lock up dispensary, CDG is functioning three days a week but due to shortage of doctors, doctor is available on two days and on 3<sup>rd</sup> day pharmacist is available on duty.

3. **Referral of cases** - Patients are referred to different hospitals i.e. divisional hospital, Ambala Govt. Hospital and recognized hospitals as per the guidelines issued by Railway Board letter No. 2005/H/6-4/Policy-II dated 16.04.2007 (a copy of which is enclosed by you with your letter under reference) Para 6.1 & 6.2 which are reproduced below -

6.1 The Railway beneficiaries should be insisted upon to report to the respective Authorized Medical Attendant only. The Railway Doctor to whom they have reported should take all the steps to attend to his/her medical problems.

Only exception is during acute emergency like road accident acute heart attack etc. where the situation is such that the loss of time to report to Railway Doctor can cause serious deterioration to the patients condition. **Under such circumstances the railway beneficiary should himself/herself get admitted to nearest suitable hospital and submit reimbursement claim. He/She should also inform his/her Authorized Medical Officer at the earliest.**

6.2 The Railway doctor to whom the railway beneficiary has reported for his/her medical problem will decide the line of action plan. The action plan could be -

**It may be possible to provide the medical treatment within the facilities as available within the health unit / railway hospital set up at a distance which can be traveled by the patient conveniently.**

For those cases which can not be managed as per 'A' above, following alternative methods can be adopted -

B.1) To avail services from Government Hospital.

B.2) To avail services from recognized private hospital for particular disease / diseases.

B.3) In exceptional cases, it may be essential to avail services from unrecognized private hospital.

4. **Reimbursement claims** - These claims are settled as per the Railway Board's guidelines vide letter No. 2005 - H/6-4/Policy-II dated 31.1.2007 and as amended from time to time. The reasons for rejecting / deduction are concerned at H.Qrs. Railway Board's level, we do not receive any reason for the same.

5. **Supply of medicines** - The system has been considerably streamlined but some unforeseen circumstances lead to such situation, as mentioned by you. The system will be further streamlined and improved.

## Cabinet approves Direct Taxes Code – May be effective from April, 2012

### **No Tax upto 2 Lakhs for Salaried Class, 2.5 Lakhs for Senior Citizens**

The Cabinet has cleared the Direct tax code and it has since been introduced in Rajya Sabha and referred to a Select Committee, during the monsoon session. The provisions under the Direct Tax Code are as follows:

- Tax for income between Rs. 2 lakh - Rs. 5 lakh: 10%
- Tax for income between Rs. 5 lakh - Rs. 10 lakh: 20%
- Tax for income over Rs. 10 lakh: 30%

The limit for exemptions for salaried people is Rs. 2 lakh, while that for senior citizens is Rs. 2.5 lakh. Corporate tax has been kept at 30%. The new Code is likely to come into effect from April, 2012. After the approval of the Cabinet, the decks are cleared for tabling the legislation in the Monsoon Session of Parliament so that the new Act ushering in reduced tax rates and exemptions may come into effect from next fiscal. When enacted, the Code will replace the archaic Income Tax Act and simplify the direct tax regime.

The Code aims at reducing tax rates, but expanding the tax base by minimising exemptions. The Finance Ministry had earlier come out with a draft on the (Direct Tax Code) DTC bill, some of whose provisions drew strong criticism from industry as well as the public. To address those issues, the ministry brought out the revised draft, dropping earlier proposals of taxing provident funds on withdrawal.

"As of now, it is proposed to provide the EEE (Exempt-Exempt-Exempt) method of taxation for Government Provident Fund (GPF), Public Provident Fund (PPF) and Recognised Provident Funds (RPF)"

The revised draft also puts pensions administered by the interim regulator PFRDA, including pension of government employees who were recruited since January 2004, under EEE treatment. The first DTC draft had proposed to tax all savings schemes including provident funds at the time of withdrawal bringing them under the EET (Exempt-Exempt-Tax) mode. Under the EEE mode, the tax exemption is enjoyed at all the three stages - investment, accumulation and withdrawal.

The earlier DTC draft had proposed to reduce the corporate tax to 25 per cent from the present 30 per cent. The revised proposal has also made it clear that tax incentives on housing loans will continue. Payment on interest on housing loans up to Rs. 1.5 lakh will continue. The earlier draft was silent on housing loans.

### **REMOVAL OF ANOMALIES IN PENSIONS - ISSUE RAISED IN RAJYA SABHA**

#### **QUESTION NO. 3263 BY SARDAR BALWINDER SINGH BHUNDAR, MP (Answered on 26.08.2010)**

(a) Whether Government have since taken a decision to remove anomalies having arisen in the grant of pensions to those who retired before 1st January, 2006 from the higher scales in the bunched scales as same pension has been granted to a number of scales bunched together under the recommendations of the Sixth Central Pay Commission;

(b) if so, the details thereof; and (c) if not, by when that is likely to be done?

**ANSWER: BY MINISTER OF STATE - PUBLIC GRIEVANCES AND PENSIONS; SHRI PRITHVIRAJ CHAVAN**

(a) to (c) : In accordance with the orders issued in implementation of the recommendations of the 6th Central Pay Commission for revision of pension of Central Government Civil Pensioners with effect from 01.01.2006, all pre-2006 pensioners would get a minimum increase of 40% of their pre-2006 basic pension (excluding the element of merged dearness relief/dearness pension), in addition to the basic pension, dearness pension and dearness relief which they were getting as on 01.01.2006 based on their pre-revised pension. Besides, the revised pension will, in no case, be lower than fifty percent of the minimum of the pay in the pay band plus the grade pay (in the case of HAG and above scales, fifty percent of the minimum of the revised pay scale) corresponding to the pre-revised pay scale from which the pensioner had retired. These orders are consistent with the recommendations of the 6th Central Pay Commission and no change has been considered necessary by the Government in this respect.

***NOTE BY ED PRS:** The Reply by the Minister is incorrect and does not answer the query regarding 'same pension for bunched scales'. It leaves out the anomaly caused on account of the so called "Clarification" date 3-10-2008 - issued by the DOPT - which has totally mutilated the recommendations of the Sixth Pay Commission—causing serious disparities.*

### **Singh elected Secy Genl Coordination Committee of Central Govt Pensioners Associations**

Er Harchandan Singh (SG, RSCWS) was recently unanimously elected as the Secretary General of Coordination Committee of Central Government Pensioners Associations (CCCGPA). Er Raj Pal Sharma (Peresident P & T Pensioners Association) - was elected as the Chairman, Shri P. S. Bedi (of Paramilitary) as the Senior Vice Chairman, Shri S. S. Sahota (of RSCWS) and Shri Pyara Singh (of P & T) as the Vice Chairmen, Sh. K .L. Sabharwal (IA & AD) as Joint Secretary, Sh. Didar Singh (IA & AD) as Secretary Finance and Sh Joginder Singh (P & T) as the Organising Secretary CCCGPA.