PENSIONERS' RAIL SAMPARK

QUARTERLY BULLETIN OF

RAILWAY SENIOR CITIZENS WELFARE SOCIETY (RSCWS)

DEDICATED TO THE CAUSE OF PENSIONERS SINCE 1991

Website : www.rscws.com

AFFILIATED TO BHARAT PENSIONERS' SAMAJ (BPS)

IDENTIFIED BY DOP&PW - UNDER PENSIONERS' PORTAL GOVT. OF INDIA

Former Member, SCOVA (Standing Committee for VOLUNTARY Agencies)

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HIGHLIGHTS OF THE INITIATIVES TAKEN BY RSCWS FOR BETTERMENT OF RLY PENSIONERS:

MEMORANDUM AS SUBMITTED BY RSCWS TO THE 8TH CPC, WAS APPRECIATED AND COVERED IN THE ECONOMIC TIMES.

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8th Pay Commission latest news: Railway pensioners' body demands one rank one pension, inflation-linked pension revision

By Sneha Kulkarni, ET Online • Last Updated: Jun 09, 2026, 01:40:33 PM IST

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Railway body seeks one rank one pension

The Railway Senior Citizens Welfare Society (RSCWS), a body of retired Railway employees, has submitted its recommendations to the 8th Pay Commission covering pay structure, fitment factor, allowances, welfare measures, performance incentives and retirement benefits.

Railway pensioner body's demands related to basic pay and annual increment

The Railway Senior Citizens Welfare Society (RSCWS) has recommended the 8th Pay Commission to focus on strengthening basic pay since it directly impacts pension, gratuity and other retirement benefits. The pensioner body has also sought a revision of minimum pay based on inflation levels as on January 1, 2026, and has proposed raising the annual increment rate from 3% to 5%.

Read more at: https://economictimes.indiatimes.com/wealth/save/8th-pay-commission-latest-news-railway-pensioners-body-demands-one-rank-one-pension-inflation-linked-pension-revision/articleshow/131605277.cms?from=mdr&utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

(A) GENERAL BODY MEETING of RSCWS was held in the Auditorium of Fortis Hospital Mohali, on Saturday, 25th Apr, 2026. Some Glimpses of the meeting:

For the first time ever, Tambola game was introduced and was conducted by Sh Vikramjit Singh & Mrs Maninder Kaur Sachdev and it got an enthusiastic response from the gathering.
(*Minutes of the GBM have already been issued separately*.)

(B) *The next GBM is proposed to be held towards the end of August or early Sept, 2026, for which notice will be posted on the GBM WhatsApp group, once the venue and date are finalised. Members should keep looking up for the Meet notice in RSCWS' GB WhatsApp group.*

NOTICE

Since the FY 2025-26 has already closed, all Annual Subscription Members are requested to please deposit their pending subscriptions for the year 2025 - 26, if any, at the earliest and also for the current financial year 2026 – 27. Annual subscription is Rs 500/- and Life Time Membership subscription is Rs 4000/-.Payments may be made, via Bank transfer, in favour of Railway Senior Citizens Welfare Society, Bank Account No. 08561000100242; IFSC- PSIB0000856 of Punjab & Sind Bank, Sector 71 Branch, Mohali- 160071. Screenshot of the transaction should be shared with the acting Finance Secretary, Sh. C P Singh or the Joint Secretary, Sh Desh Rattan. Alternatively, the amount may be paid in person to nominated members against a proper receipt. Members are also encouraged to extend their generous support by contributing to the Society's SOCIAL WELFARE FUND, which is meant for meaningful noble causes, mostly for the under privileged sections of the society. Norms of subscriptions and Modes of new membership will continue to be the same as already detailed out in the PRS for the quarter Jan to Mar, 2026.

EMPANELMENT OF HOSPITALS:

The position of empanelment of hospitals, mostly remains the same as given in PRS for the quarter Jan to Mar 2026, except that, in addition, Sohana Hospital, Mohali and Paras Hospital, Panchkula have got newly empanelled with N Rly Ambala, but the extensions of already empaneled Livasa(formerly IVY) Hospital, Mohali, beyond 08/04/2026 and Drishti Hospital Panchkula, beyond 13.12.2025, are still pending.

1.The competent authority has accorded sanction for the empanelment of SOHANA Hospital, Sector 77, SAS Nagar, Mohali, with Ambala Division for two years w.e.f. 27/02/2026 to 26/02/2028 on New CGHS/NABH rates 2025, vide agreement 140/MED/Empanelment/Sohana Hospital Mohali/UMB/2026, Dated – 27/02/2026.

2. Empanelment of PARAS Healthcare Ltd, plot No. H-2, HSIDC Technology Park, Sector-22, Panchkula, Haryana, with Ambala Division, has been sanctioned for Two years with effect from 08/06/2026 to 07/06/2028 on New CGHS/NABH rates 2025, vide agreement No.140/MED/Emp/PARAS Hospital Panchkula /UMB/2026, dated 08.06.2026.

Memorandums Submitted by RSCWS to Various Departments & Ministries:

Memorandum dated 14th May, 2026 in Response to the Terms of Reference for the 8th CPC: -

Focus Areas : Pay, Allowances, Advances, Welfare Facilities, Incentives, Governance, Career Progression and Retirement Benefits.

(a) Pay Matters: Core Structure and Progressions

The 8th Central Pay Commission (CPC) must establish a pay framework that balances fairness, financial sustainability, and post-retirement security. Because pensions are derived directly from the final drawn or notional pay in the Pay Matrix, revisions structurally dictate pensioner welfare.

- **Basic Pay: Must remain the bedrock of total compensation. Revisions should accurately reflect real-world inflation and the dignity of public service while preventing excessive compression between entry-level and senior positions.**
- **Minimum Pay: Calculation should rely on scientific metrics utilizing the Consumer Price Index (CPI) as of January 1, 2026. It must realistically cover modern consumption realities, including housing, healthcare, education, and digital connectivity.**
- **Annual Increment: The existing 3% rate is insufficient against inflationary erosion. An enhanced rate of 6% or provisions for periodic additional milestone increments should be introduced to sustain motivation.**
- **Pay Matrix and Relativity: The spacing between adjacent levels requires expansion, particularly at middle and senior management tiers, to remove anomalies and make promotions financially meaningful..**
- **Pay–Pension Linkage & Fitment: The fitment factor must go beyond simple inflation neutralization to deliver real wage growth. Past retirees must receive full parity through identical fitment formulas to eliminate chronological disparities.**

Erosion of Purchasing Power: The lag between regular pay cycles leaves basic components vulnerable to soaring living costs, which Dearness Allowance (DA) only partially mitigates.

1. **Career Stagnation: In massive organizational structures like the Indian Railways, limited promotional positions leave staff retiring out of lower tiers, permanently depressing their pension potential.**
2. **Compression Risks: Narrow vertical gaps in the current matrix diminish the financial incentive to accept positions of higher responsibility and supervision.**

(b). Allowances: Adequacy, Parity, and Automatic Revision

Allowances must satisfy specific operational, regional, or situational demands without overshadowing core salary structures.

- **Imbalance with Basic Pay: Emoluments have become unsustainably allowance-heavy. Because most allowances are excluded from pension calculations, a lopsided ratio severely reduces an employee's long-term retirement base. Basic pay must be periodically strengthened while streamlining secondary allowances.**
- **Post-Retirement Drop: Major survival expenditures—housing, transport, and medical care—persist or escalate after service, yet allowances terminate abruptly upon retirement, causing steep drops in household income.**
- **Key Revisions and Automation: Core benefits like House Rent Allowance (HRA) and Transport Allowance must match realistic urban living indices. Major allowances should undergo automatic indexed revisions between Pay Commissions rather than remaining static for a decade.**
- **Hazard and Hardship: Rationalization must not dilute allowances meant for hazardous, remote, or highly specialized duties.**

(c). Advances: Modernization and Cost Realism

Government-backed advances are vital welfare tools that shield employees from predatory commercial interest rates.

- **House Building Advance (HBA): Current limits fail to reflect modern land acquisition and construction costs. Ceiling limits must be expanded substantially based on updated city classifications, paired with simplified, time-bound disbursement paths.**
- **Personal Computer Advance: This must be retained and renamed to reflect a digital governance landscape, expanding eligibility to laptops, tablets, and modern computing peripherals. This access is critical as employees transition into digital-only pension and interaction networks post-retirement.**
- **Welfare Advances: Festival, medical, and education-related advance ceilings require upward revision with flexible, employee-friendly repayment terms.**

(d) Welfare facilities are fundamental rights ensuring employee dignity, health, and operational focus.

- **Medical Facilities & Centralization: Medical access remains a critical anxiety for aging pensioners. The 8th CPC should recommend that private hospital empanelment be centralized at the Ministry of Health/CGHS level rather than being fragmented across individual departments. Rules must permit cashless, prompt treatments at advanced care facilities without rigid boundary restrictions.**
- **Group Insurance (CGEGIS): Current insurance coverage limits are outdated. Subscriptions must be aligned with present financial realities so that maturity payouts or untimely death benefits are truly meaningful.**
- **Leave and LTC: Leave accumulation and encashment ceilings should be expanded to fairly compensate employees for dedicated service. LTC processes require simplification, eliminating restrictive bureaucratic timelines and updating travel reimbursement caps to modern tariffs.**
- **Provident Fund (GPF) & Ex-Gratia: Real-time digital updates for GPF accounts are necessary. Ex-gratia mechanisms for on-duty casualties must feature streamlined, time-bound pathways to insulate grieving families from procedural distress.**

(e). Performance Incentives: Collective, Objective, and Safeguards

While performance-linked pay can boost institutional output, it must be introduced with strict structural parameters:

- **Collective Matrices: In complex public utility networks like the Railways, operations are fundamentally team-driven. Performance rewards should emphasize group or collective milestones rather than individual metrics, avoiding toxic internal competition.**
- **Protection of Core Salary: Performance incentives must remain purely supplementary. They must never replace standard annual increments or basic salary adjustments, nor should they be used to artificially depress long-term pension liabilities.**
- **Objectivity: To prevent favouritism or supervisory bias, schemes require transparent, quantifiable key performance indicators (KPIs) backed by strong grievance-redressal frameworks.**
- **indicators (KPIs) backed by strong grievance-redressal frameworks.**

(f). Governance: Empanelment, Posting, and Cadre Management

- **Organizational efficiency depends directly on transparent personnel administration.**
- **Empanelment and Postings: Criteria for central government empanelment must be transparent, uniform, and merit-based. Field and operational experience must be heavily weighted alongside confidential evaluations to bring practical execution realities into central policy-making.**
- **Time-Bound Career Progression: Delays in holding Departmental Promotion Committees (DPCs) cause systematic career stagnation. Vacancies should be filled on a strict, automated schedule to maintain institutional morale.**
- **Scientific Cadre Reviews: Periodic, data-driven cadre assessments are needed to adjust sanctioned strengths to match modern workloads, safety standards, and technological transitions.**

(g) . Career Progression: Enhancing the MACP Framework

- **MACP Intervals: The current 10-year gap between financial upgradations under the Modified Assured Career Progression (MACP) scheme causes prolonged stagnation. The interval should be compressed to 5 years to sustain career momentum in stagnation-prone cadres.**

Functional Anomalies: MACP provides financial upgrades without changing designations, which can harm morale. Furthermore, the 8th CPC must resolve pay matrix anomalies where junior employees occasionally overtake seniors in pay due to mismatched promotion timings or MACP fixations.

(h) . Retirement Benefits: Ensuring Comprehensive Social Security

Retirement frameworks must provide ironclad financial stability and honour decades of public service.

- **Restoration of the Old Pension Scheme (OPS): To ensure maximum social security, long-term predictability, and structural equity across generations of public servants, the Old Pension Scheme should be restored for personnel who joined service after 2004.**
- **Pension Commutation Period: The current 15-year timeline required to restore commuted pensions is excessively long, especially in a low-interest economic environment. The 8th CPC should reduce this restoration period to 10 to 12 years.**
- **Gratuity (DCRG) and Leave Encashment: Financial ceilings for Death-cum-Retirement Gratuity must be automatically indexed to cost-of-living rises. Parity in gratuity frameworks must be maintained across all operational pension choices, ensuring seamless, zero-delay payouts on the day of retirement.**

Civilian OROP Principle: The "One Rank One Pension" philosophy should be evaluated for civilian cadres to eliminate disparities where older retirees receive significantly lower pensions than recent retirees of identical rank and service length.

GOVERNMENT ORDERS CONCERNING PENSIONERS

(a)Office Memorandum, GOI, Ministry of Finance, Department of Expenditure, Central Pension Accounting Office, New Delhi, Letter No. CPAO/IT&Tech/FMA to NPS/101/5894/2026-27/65, Dated: 16.04.2026

Sub: GRANT OF FIXED MEDICAL ALLOWANCE (FMA) TO PENSIONERS/FAMILY PENSIONERS COVERED UNDER NATIONAL PENSION SYSTEM.

The undersigned is directed to refer to the DoP&PW OMs dated 06.12.2023 and 07.02.2025 regarding grant of Fixed Medical Allowance (FMA) to pensioners/family pensioners covered under National Pension System (NPS), wherein the procedure for payment of FMA to these retirees has been prescribed .

In this regard, it is informed that the payment of FMA to eligible NPS pensioners/family pensioners shall be disbursed by the Pension Disbursing Banks through their Central Pension Processing Centres (CPPCs). The modalities for sanctioning and procedure for payment of FMA to NPS retirees has been finalized as per details given below :

i) After carrying out necessary checks, CPAO will prepare Special Seal Authority (SSA) and send the same along with all the Forms received from Pay & Accounts Officer to the concerned CPPC of the Authorized Bank for payment of FMA to the beneficiary.

ii) The CPPC of the authorized bank, after receiving the Special Seal Authority for payment of FMA from CPAO, will credit the amount of FMA at the rate notified from time to time by the DoP&PW in respect of these beneficiaries in their bank account on quarterly basis as per schedule given in the aforementioned O.M.

iii) The payment of FMA will be automatic and no bill is required to be submitted by the beneficiary. The CPPC will strictly follow the instructions mentioned in the Special Seal Authority issued by the CPAO for payment of FMA and any other orders issued by the Government on the subject.

iv) In the case of change in option by the beneficiary from FMA to CGHS (OPD) facility, the instructions contained in the DoP&PW O.M. dated 23rd March 2022 will be followed.

v) For transfer of account from one branch/bank to another for payment of FMA, the procedure laid down in Scheme booklet issued by CPAO for payment of pensions to Central Government Civil Pensioners by Authorized banks shall be followed.

vi) The person drawing FMA shall submit the life certificate (Digital or Physical) every year in November in the concerned bank for continuing the payment of FMA. The payment of FMA for the period September to November shall be in the first week of December and the release of FMA from the month of December onwards shall be subject to the submission of the life certificate by the beneficiary due in preceding November.

vii) On the death of FMA beneficiary, if the name of the spouse/family member eligible for FMA is mentioned in the FMA payment authority, the spouse/family member will apply to the bank along with the death certificate for disbursement of FMA to him/her. The bank will accordingly start disbursement of FMA to him/her. If the name of family member eligible for FMA is not mentioned in the FMA authority, then on death of an FMA beneficiary, the eligible member of the family shall apply to the Head of the Office for issue of fresh FMA authority.

viii) After making payment of FMA, the CPPC shall follow the procedure / instructions contained in the scheme booklet issued by CPAO for reimbursement, accounting and submission of reports to the extent feasible and required. The amount of FMA disbursed to the retired NPS employees and their families will be reimbursed by the Government to the banks as per the existing system.

CPPCs are requested to take necessary action for compliance of the aforesaid instruction. Detailed instructions for integration with CPAO for making payment of FMA to NPS retirees will be issued in due course.

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(b) Central Railway, P.C.M.D's Office, CSMT MUMBAI Letter No. G.402/H/Chronic Diseases for FMA Dated 12-05-2026.

Sub: - List of Chronic Diseases for providing treatment to the Indian Railway's FMA Opted retired employees and their dependents.

A committee was nominated by Competent Authority for formulating the list of Chronic diseases for providing treatment to the Indian Railway's FMA Opted retired employees and their dependents. The list has been approved by Competent Authority and enclosed herewith for implementation in all hospitals &health units.

.Chronic Disease.list.2026 Date: 08.01.2026

A. Chronic Mental illnesses & Neurological Disease

1. Epilepsy 2. Intellectual Disability Disorder (Mental Retardation), Cerebral Palsy & Insomnia 3 Schizophrenia and other Chronic Psychiatric Disorders 4. Chronic Neurological Disorders (Parkinson's Disease, Motor Neuron Disease (MND), Multiple Sclerosis, Alzheimer's and other form of Dementia and CV Stroke & Neuropathy, Ataxic Disorder, Inflammatory myopathies like dermatomyositis, Polymyositis, Inclusion body myositis. 5. Post Traumatic /Head Injury Sequel

B. Chronic Eye Diseases

6. **Primary open angle glaucoma**
7. **Chronic angle closure glaucoma**
8. **Recurrent Uveitis**
9. **Dry eye Disease**
10. **Allergic Conjunctivitis**
11. **Keratoconus**
12. **Retinopathy caused by diabetes and other retinal vascular occlusions**
13. **Age related macular degeneration.**
14. **Autoimmune Keratouveitis**
15. **Viral Keratitis**
16. **Thyroid eye disease**
17. **Non healing corneal ulcer**
18. **Peripheral Ulcerative Keratitis**

C. Chronic Medical Diseases

19. **Thyroid Disorder (Hypothyroidism, Hyperthyroidism), Hypopituitarism, Adrenal Disorders**
20. **Diabetes Mellitus, Hypertension, Dyslipidaemia**
21. **Osteoporosis and other mineral bone disease**
22. **Non-Alcoholic Fatty Liver Disease (NAFLD), Chronic Liver Disease-Cirrhosis, Chronic Hepatitis (B&C), Chronic Pancreatitis, Chronic Inflammatory Bowel Disorder (Ulcerative Colitis, Crohn's Disease), Irritable Bowel Syndrome, Malabsorption Disorder**
23. **Chronic Kidney Disease, Nephrotic syndrome, IgA Nephropathy, Focal Segmental Glomerulonephritis.**
24. **Cardiovascular diseases including Congenital Heart Disease, Rheumatic Heart Disease, Valvular Heart Disease, Ischemic Heart Disease, Cardiomyopathies.**
25. **Chronic Heart Failure**

(c) Government Of India (भारत सरकार), Ministry of Railways (रेल मंत्रालय), Railway Board (रेलवे बोर्ड), File No. PC-VII/2020/HRMS/16, New Delhi, dated: 30.07.2021 Addressed to All General Manager, All Indian Railways & Production Units,

Sub: - Implementation of various modules of HRMS- reg.

Attention is drawn to this office's letter of even number dated 25.06.2021 vide which all the Field Units were allowed to operate various modules of Human Resource Management System as per manual practice till 31.07.2021 while keeping HRMS as the preferred mode.

2. **Progress of various modules of HRMS has been reviewed in Railway Board and it has been decided that:**

(i) Physical Privilege Passes for serving employees are restricted to exceptional cases only, valid until 31.08.2021.

(ii) Post Retirement Complimentary Passes (PRCP) may be issued in physical mode, with HRMS as the preferred option.

(iii) Divyang employees (serving and retired) are authorized to receive Privilege Passes in physical mode.

(iv) Settlement cases should primarily be processed via HRMS, with manual processing allowed only when HRMS is not feasible.

(d) ADVISORIES FOR EMPANELLED HOSPITALS : Rly Board letter No. 2025/H-1/11/2, dtd 22/04/2025

1. **UMID CARDS-UNIVERSALLY ACCEPTABLE**

UMID cards , irrespective of its issue/registration- Zone, Hospital (HCO) or unit are the only valid document for providing all medical benefits including indoor admissions -what so ever,and need no other document to be submitted at all Empanelled hospitals – irrespective of the fact that which HCO/UNIT/Zone has empanelled the hospital-across the country/zones'.

Note:- All due payment/bills shall be the responsibility of the Hospital/Unit, with whom the hospital is empanelled.(Authority- Rly. Bd,s No. 2021/h-1/11/10/Mou dated 12.01.22)

2. **TREATMENT IN EMERGENCY IN EMPANELLED HOSPITALS :**

(Refer Rly.Bds notification-2018/TransCell/Health/Cghs 16.06.21)

i) **Except valid UMID card, no other document is required for giving due attention/admission etc.**

ii) **There is no need of any other documents viz Adhar card, PPO, ID etc.or its copy be taken/required. For medical treatment at any occasion, emergency or otherwise.**

iii) **No advance money is required to be asked/deposited by the patients/beneficiaries having valid UMID card.**

Iv) **No patient/UMID card holder/or his relative, be insisted upon to fetch approval/referral letter/Extension letter etc. from Railway hospitals. All such approvals be obtained through e-mail/telephones/on line etc by the empanelled hospital concerned**

3. **FREE OPD CONSULTANCY For 70+ yrs BY SPECILISTS AT EMPANELLED HOSPITALS :-**

i) **No private -empanelled hospital is specifically approved/registered for this treatment/facility. All empanelled hospital are therefore approved for 70+ yrs .patients -UMID card holders - for free OPD consultancy or normal treatment.**

ii) **For free OPD consultancy for 70+yrs patients, no prior referral by Railways shall be asked for.**

iii) **In emergency cases , any investigation/procedure is advised , no other authorization is required and shall be done bill be raised..**

iv) **In non emergency cases , this shaall also be undertaken without any referral , if the cost of investigation/procedure is not more than 10,000/-**

4. **DISPLAY PROMINENTLY AT ALL EMPANELLED HOSPITALS :-**

At all empanelled hospitals the following shall be displayed prominently at many places specially at reception counters , the following :-

I) That this hospital entertains Railway UMID card holder for treatment.

II) The availability of beds for indoor admissions.

III) The contact numbers/details of NODAL person for attending to UMID card holders , in case of any help requirement /any problem.

5. TREATMENT OF UMID CARD HOLDERS without reference from Railways-

All UMID card holders be provided all health care facilities including Lab tests at all Railway empannelled hospitals , without any reference from Railways , if the UMID card holders are ready to pay CGHS rates themselves., on production of valid UMID card at counter.

.(e) भारत सरकार **Government Of India,** रेल मंत्रालय **Ministry Of Railways,** रेलवे बोर्ड **Railway Board, No.2024/I&Trans.Cell/GAC/Healthcare/P, New Delhi, Dt: 04.10.2024 Addressed to The G Ms, PCMDs, PCPOs, & PHODs.**

Subject: Healthcare Services Standing Committee.

Railway Administration has always endeavoured to ensure optimal functionality of delivery of railway healthcare services and reach out pro-actively to the beneficiaries on various instructions issued on healthcare. Information dissemination and grievance redressal in a structured mechanism are effective management tools for superior policy outcomes and systems / processes. It may be mentioned that GoI, Ministry of Health & FW, CGHS vide its O.M. F.No. S.11030/19/2023-EHS dated 17.03.2023 has already issued instructions on structured mechanism for involvement of stakeholders in healthcare services w.r.t. implementation of instructions issued on the matter and sorting out issues at the field level.

1. **Concerns have been expressed by beneficiaries of Railway Health Services that information issued by the Railway Board and Zonal Headquarters often fail to reach the intended beneficiary and that the implementation / operationalisation of the instructions need a systemic review.**
2. **The matter has been examined in Railway Board and it has been decided to constitute a standing Healthcare Services Committee at Divisional and Zonal Level. The composition, term and mandate of the Health Committee at Divisional and Zonal level is at Annexure-I**
3. **The Committee shall be responsible for taking up such tasks and adhere to such norms as prescribed hereunder or as added by the concerned railway administration (DRM/AGM/GM):**

(f) .भारत सरकार **GOVERNMENT OF INDIA,** रेल मंत्रालय **MINISTRY OF RAILWAYS,** रेलवे बोर्ड **RAILWAY BOARD, No. 2026/H-1/11/1/TMH Recog. New Delhi, Date: 30/04/2026 Addressed to The General Manager, PCMDs, PHODs,DG/RDSO,DG/CTIs**

Sub: Cancer treatment facility with Tata Memorial Centre/s all over India and basic features of IR's healthcare policy on cancer treatment.

Ref: IR Healthcare Policy on Cancer Treatment vide RB letter no. 2025/I & Trans Cell/ Healthcare/2/P dt. 05.05.2025 read with Healthcare Policy instructions vide RB letter no. 2024/I & Trans. Cell/ Healthcare /P dt. 29.08.2024

Railway Board vide letter under ref. has issued IR Healthcare Policy on Cancer Treatment issued and as continuing efforts to provide most advanced healthcare facility available for complex and critical illness like cancer, IR has entered into an exclusive & comprehensive Agreement with the Tata Memorial Centers (TMCs) - a premier cancer institution recognised by the GoI, Ministry of Health & FW and under the aegis of GoI, Dept of Atomic Energy. Any railway employee, pensioner and dependent family members can avail the benefit of cashless cancer treatment at all the eight (08) TMCs. Basic features of the Healthcare Policy instructions on cancer treatment are at Annexure-I.

1. **IR's exclusive & comprehensive Agreement/s with TMCs as below, are available on Railway Board (web-page of Health Directorate) www.indianrailways.gov.in $\rightarrow$ Ministry of Railways $\rightarrow$ Railway Board $ Health Directorate $\rightarrow$ MoUs with Units of TMC for Cancer Treatment: -**

i. Tata Memorial Hospital / Mumbai and ACTREC (Advanced Center for Treatment Research & Education in Cancer) / Navi Mumbai

ii. TMC (Homi Bhabha Cancer Hospital & Research Centre) – Muzaffarpur, Bihar.

iii. TMC (Homi Bhabha Cancer Hospital & Research Centre) – Vishakhapatnam, Andhra Pradesh.

iv. TMC (Homi Bhabha Cancer Hospital & Research Centre) – Mullanpur, New Chandigarh.

v. TMC (Homi Bhabha Cancer Hospital) – Sangrur, Punjab.

vi. TMC (Mahamana Pandit Madan Mohan Malaviya Cancer Centre) – BHU Campus, Varanasi, UP.

vii. TMC (Dr Bhubaneswar Borooah Cancer Institute) – Guwahati, Assam.

2. **In order to preclude errors and ensure that 100% of the cancer referral letters are as per the policy instructionson comprehensive & inclusive cancer treatment issued vide Railway Board letter no. 2025/ I &Trans Cell /Healthcare/ 2/ P dated 05.05.2025, the HMIS process flow for generation of a Cancer Referral is given in the box below:**

-Process flow for generation of a Cancer Referral: HMIS → OPD Doctor's Desk→Referral / Cross Consultation →Refer Type (Select) Private Empanelled HCO→ Department (Select) ONCOLOGY / CANCER.

Note: in the clinical remarks on referral letter issued by Railway Doctor no extraneous / non-medical comments should be recorded and strictly only patient's clinical / medical condition and related remarks that require attention for imparting referred treatment.

3. **Railway Board, Health Directorate (Director /Health Policy & Projects) is the 'single point of contact' (SPOC) on healthcare policy and issues regarding HMIS.**

(g) .भारत सरकार **/ GOVERNMENT OF INDIA,** रेल मंत्रालय **/ MINISTRY OF RAILWAYS,** रेलवे बोर्ड **/ RAILWAY BOARD, No PC-VII/2020/HRMS/6, New Delhi, dated. 29.05.2026 Addressed to All General Managers, Zonal Railways, PSU, CTIs, Chairman & Managing Director, IRCTC, Managing Director, CRIS, Chanakyapuri, i.**

Sub: Guidelines for e-Pass/PTO Module of HRMS

E-Pass/PTO Module of HRMS has been launched on 10.08.2020 and the same has been operationalised across all Indian Railways. The facility was subsequently extended to Post Retirement Complementary Passes (PRCP) and post-death passes. All serving employees have been availing Privilege Passes, PTOs and Duty Cheque Passes through HRMS only. As an exception, options are provided to Divyang and retired employees to avail the Privilege Pass/PRCP in physical mode, if they so require.

1. **The matter regarding simplifying the issue of passes has been under consideration. It has therefore been decided that all passes for employees and retirees should be generated through HRMS. Requests for issue of pass in the manual mode, by divyang employees/ retirees will also be processed through HRMS and passes will be generated through HRMS and not through pre-printed stationery.**
2. **Necessary instructions may be issued to all concerned.**
3. **This issues in consultation with the Establishment (Welfare) Directorate and approval of competent authority of Railway Board.**

(h) *GOI* Ministry of Railways' No. 2021/H-1/11/47/Change of Definition ; New Delhi, Dated 08.05.2026

To, The General Managers, All Indian Railways , The D G, RDSO, Lucknow & NAIR, Vadodara.

***Subject: Change in the definition of 'Emergency' with respect to availing medical treatment in emergency situations by Railway Employees/Pensioners/Family Pensioners under Railway Medical Attendance**

Rules (RMAR), 2013.* *Reference:* Railway Board's letters No. 2015/H-1/11/47/RELHS dated 01.07.2015, 10.05.2018, 29.05.2020... 09.05.2025.

It is informed that the definition of 'Emergency' under Para 601(4) of the Railway Medical Attendance Rules (RMAR), 2013 has been amended. 'Emergency' will now mean the following conditions:

1. *Acute Coronary Syndrome (Heart Attack)* 2. *Sudden loss of consciousness*

3. *Sudden weakness/paralysis of any body part* 4. *Severe difficulty in breathing*

5. *Serious injury/trauma/accident 6. *Sudden and severe pain*

*** 7. *Delivery/pregnancy-related emergency* 8. *Bleeding of any kind***

9. *Severe abdominal pain/vomiting/diarrhea with dehydration* 10. *Snake/insect bite/poisoning case*

11. *Burns/electric shock* 12. *Any other life-threatening condition certified by a physician*

In the above situations, Railway Employees/Pensioners/Family Pensioners can take treatment at the nearest non-railway government/private hospital and will be eligible for reimbursement of medical expenses as per rules.

Summary*: The Railway Board has changed the definition of 'Emergency'. Now in 12 situations like heart attack, unconsciousness, paralysis, breathing difficulty, accident, severe pain, delivery, bleeding, dehydration, snake bite, burns, etc., Railway Employees/Pensioners can get treatment at any nearby private/government hospital and will get reimbursement for expenses.

RAILWAY PENSIONERS' COMPLAINTS AGAINST CMS/N.RAILWAY/AMBALA:

Railway Pensioners settled in Chandigarh, Panchkula, Mohali and other extended areas of SAS Nagar & Panchkula districts, are being subjected to neglect & hardships, mainly on the following counts:

(i) Excessive delays in extending/renewal of already empanelled private hospitals with N. Rly/Ambala Divn.

(ii) Non- empanelment of some renowned hospitals in the tri-city area, which are otherwise duly empanelled by CGHS and ECHS(Defence).

(iii) Insistence by CMS for pensioner patients to visit Divisional Railway Hospital/Ambala, for treatment of some of the ailments/diseases.

(iv) Apparent lack of transparency in local purchase of some medicines which are not available in stock. There have even been allegations of supply of surplus medicines from different lots near or post their expiry dates.

RSCWS has been writing to the CMS and DRM, with copies to PCMD HQ office, followed by phone calls to them; the Chairman along with some office bearers have even visited Ambala and met the CMS, Addl CMS as well as the ADRM and explained to them the above listed complaints*, but to no avail*. The next options left is to write to Rly Board and write to /meet the hon'ble Rly Minister or Min of of State for Railways.

EXECUTIVE COMMITTEE: EC Meeting and Medical Seminar were held on 13.06.2026, in the committee room of Park Grecian Hospital, Sector 69, Mohali: *Glimpses of the meeting and Medical Talks:--*




(Minutes of the meeting have already been issued separately.)

Twenty-Two Ancient Indian Health Care Advisories

(संस्कृत में प्राचीन भारतीय स्वास्थ्य युक्तियाँ, हिंदी में अनुवादित; हमारे ऋषियों द्वारा संस्कृत में ज्ञान के स्वर्णिम शब्द----------

--- Chief Editor)

1. अजीर्णे भोजनं विषम: अगर पहले खाया गया दोपहर का भोजन पचा नहीं है, तो रात का खाना खाना जहर खाने के बराबर होगा। भूख एक संकेत है कि पिछला खाना पच गया है ।
2. अर्धरोगहरी अनिद्रा: ठीक से सोने से आधी बीमारियाँ ठीक हो जाती हैं ।
3. मुदगदाली गदव्याली: सभी दालों में से हरी दाल सबसे अच्छी है। यह रोग प्रतिरोधक क्षमता को बढ़ाती है।
4. भग्नास्थि-संधानकरो लहसुनः लहसुन टूटी हुई हड्डियों को भी जोड़ता है।
5. अति सर्वत्र वर्जयेत्: कोई भी चीज सिर्फ इसलिए ज्यादा मात्रा में खाई जाती है क्योंकि उसका स्वाद अच्छा होता है, लेकिन वह स्वास्थ्य के लिए अच्छी नहीं होती,संयमित रहें।
6. नास्ति मूलमनोषधम्: ऐसी कोई भी सब्जी नहीं है जिसका शरीर पर कोई औषधीय लाभ न हो।
7. न वैद्यः प्रभुरायुषः कोई भी डॉक्टर दीर्घायु देने में सक्षम नहीं है; डॉक्टरों की सीमाएँ हैं।
8. चिंता व्याधि प्रकाशाय: चिंता से अस्वस्थता बढ़ती है ।
9. व्यायामश्च शनै शनैः कोई भी एक्सरसाइज धीरे-धीरे करें। शीघ्र व्यायाम अच्छा नहीं है।
10. अजवत् चर्वणं कुर्यात्: अपने भोजन को बकरी की तरह चबाएं । कभी भी जल्दबाजी में खाना न निगलें; लार सबसे पहले पाचन में सहायता करती है।
11. स्नानं नाम मनःप्रसाधनकरंदुः स्वप्नविध्वंसनम्: नहाने से डिप्रेशन दूर होता है; यह बुरे सपनों को दूर भगाता है ।
12. न स्नानमाचरेद् भुक्त्वा: खाना खाने के तुरंत बाद कभी भी नहाना नहीं चाहिए, पाचन क्रिया प्रभावित होती है।
13. नास्ति मेघसमं तोयम्: शुद्धता में कोई भी पानी वर्षा जल से मेल नहीं खाता ।
14. अजीर्णे भेषजं वारि: बदहजमी होने पर सादा पानी का सेवन औषधि की तरह काम करता है।
15. सर्वत्र नूतनं शास्तं,सेवकान्ने पुरातने :हमेशा ताजी चीजों को प्राथमिकता दें। जबकि चावल और नौकर पुराने होने पर ही अच्छे होते हैं।
16. नित्यं सर्व रस भक्ष्यः ऐसा भोजन करें जिसमें सभी छह स्वाद हों, अर्थात: नमक, मीठा, कड़वा, खट्टा, कसैला और तीखा।
17. जठरं पुरायेदार्धम् अन्नैर्, भागं जलेन च; वायो सत्तार्थाय चतुर्थमवशेषयेत्: अपना आधा पेट ठोस पदार्थों से भरें, (एक चौथाई पानी सहित और बाकी खाली छोड़ दें।)
18. भुक्त्वा शतपथं गच्छेद् यदिच्छेत् चिरजीवितम्: भोजन करने के बाद कभी भी खाली न बैठें। कम से कम आधा घंटा टहलें।
19. क्षुतसाधुतां जनयति: भूख खाने का स्वाद बढ़ा देती है; दूसरे शब्दों में, भूख लगने पर ही भोजन करें ।
20. चिंता जरा नाम मनुष्यानाम्: चिंता करने से बढ़ती है उम्र बढ़ने की गति ।
21. शतं विहाय भोक्तव्यं, सहस्रं स्नानमाचरेत्जब: खाने का समय हो तो 100 काम भी किनारे रख दें।
22. सर्वधर्मेषु मध्यमाम्: हमेशा बीच का रास्ता चुनें। किसी भी चीज़ में अति करने से बचें।