



PENSIONERS' RAIL SAMPARK

QUARTERLY BULLETIN OF

RAILWAY SENIOR CITIZENS WELFARE SOCIETY (RSCWS)

Estd. 1991, Regd. No. 1881 – Under Registration of Societies Act)

H.O 32, Phase- 6, Mohali, Chandigarh -160055

Website : www.rscws.com

AFFILIATED TO BHARAT PENSIONERS' SAMAJ (BPS)

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

MEMBER, SCOVA (STANDING COMMITTEE FOR VOLUNTARY AGENCIES) (GOI)

DEDICATED TO
THE CAUSE OF
PENSIONERS
SINCE 1991

Chief Editor PRS & Chairman RSCWS,
T. S. Kalra, CEE (Retd.)
1577, Phase 3 B-2, Mohali-160059
M: 9876173490, Ph: 0172 4620289
Email: tejkalra@gmail.com

Executive Editor PRS & President RSCWS,
K. P. Singh, ED RB (Retd.)
3005, Sector 28 D, Chandigarh-160002
Mob: 9811922222
Email: kpsingh.railways@gmail.com

Editor PRS & Secretary General RSCWS,
Harchandan Singh, SSE (Retd) NR
32, Phase 6, Mohali, Chandigarh-160055
(PH:09316131598, 8360452584, 0172 2228306)
Email: harchandan_chd32@yahoo.co.in

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JULY-SEPTEMBER, 2022

FOR FREE CIRCULATION TO MEMBERS RSCWS



DEPARTMENT OF PENSION & PENSIONERS WELFARE, MINISTRY OF PERSONNEL PUBLIC
GRIEVANCES & PENSIONS, GOVERNMENT OF INDIA
SWACHHATA CAMPAIGN 2022 (SCDPM 2.0)
2ND OCT TO 31ST OCT
RAILWAY SENIOR CITIZENS WELFARE SOCIETY
CHANDIGARH-PANCHKULA-MOHALI

SWACHH BHARAT ! SWASTH BHARAT SPECIAL CAMPAIGN FOR SWACHHTA BY RSCWS

Members of RSCWS are requested to actively participate in this Campaign.

"LET US MAKE SWACHHTA A PART OF OUR LIFE STYLE"

- 1) Spread awareness about the need for swachhta for better health, environment & quality of life.
- 2) Spread this message amongst all from school-going children to the elderly.
- 3) Organise meetings & Talks on "Swachhta" in Schools.
- 4) To provide 4 sets of Mops, Brooms, Wipers with Sticks to Govt. Model High School in, Mauli Jagran, behind Chandigarh Railway Station to ensure effective cleanliness. Funds for the same shall be provided from Social Welfare Fund of RSCWS.
- 5) All members should take personal initiative to pick up litter thrown here & there by public and put the same into dustbins.
- 6) Reports and/ or Photographs of the above activities/programmes be sent to SG RSCWS.

NOTE: Govt. Model High School, Mauli Jagran, Chandigarh, has a lot of high grown wild grass in the ground all around which creates unhealthy environments and is a potential threat to the staff & children of the School. RSCWS will donate a Mowing Machine to the School from its Social Welfare Fund, for the safety of the children & staff of the School and all round cleanliness of the premises, after the approval for the same by the Executive Committee in its Meeting to be held on 30-10-2022.

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LIST OF PVT HOSPITALS EMPANELLED BY RAILWAYS IN CHANDIGARH, MOHALI & PANCHKULA AS ON 08-09-2022

- FOR CASHLESS TREATMENT OF RAILWAY MEDICAL BENEFICIARIES (EMPLOYEES & RELHS OPTees) WITH UMID CARD
ON REFERRAL BY CMS NR UMB OR IN EMERGENCY ON APPROVAL OF CMS WITHIN 24 HOURS

Sl.No.	Hospital Name	Contract up to	Contact No.
1.	Sri Guru Harkishan Sahib Multispecialty Hospital, Sohana, Sector- 77, SAS Nagar, Mohali	Willingness not received	0172-2295000
2.	MAX Super Specialty Hospital, Phase-6, Mohali	18-02-2023	0172-6652000
3.	Indus multi Specialty Hospital, Opp.Old D.C. Office, Phase 1, Mohali	07-07-2023	0172- 5044945
4.	Mukat Hospital & Heart Institute, Sector 34-C, Chandigarh.	15-10-2022 (Extn. Under consideration)	98720-48149
5.	Grecian Super Specialty Hospital, Sec.- 69, Mohali	26-08-2022 (Extn. Under consideration)	98996-49020
6.	Ivy Multi speciality Hospital, Sector 71, Mohali	15-12-2022	9988823456 (Abhishek – Mob: 8699999914)
7.	Amar Hospital, Sector-70, Mohali	12-03-2023	0172-5037683
8.	Eden Critical Care Hospital, Industrial Area, CDG	06-08-2023	
9.	Drishti Eye Hospital, Sector-10, Panchkula.	13-12-2022	0172-2571572 98033-33344
Lab.	Spiral CT & MRI ; Sector 44, CDG	20-12-2022	0172 4064555 98142-52733
Lab.	Atulaya Health Care; SCO 112-113, Sector 8-C, CDG	15-01-2023	0172 4558888 97795-99499

ENTITLEMENT OF WARDS (as per 7th CPC Pay): General Ward: Up to Rs.47600/-;
Semi-Private Ward: Rs.47601/- to 63100/-; Private Ward: 63100/- & above

- HOSPITALS EMPANELLED WITH RSCWS IN THE TRI-CITY
- FOR TREATMENT AT CGHS RATES ON CASH PAYMENT IN OPD, IPD & DIAGNOSTICS, FOR RSCWS MEMBERS ON PRODUCTION OF MEMBERSHIP CARD OF RAILWAY SENIOR CITIZENS WELFARE SOCIETY (RSCWS)

Sl. No.	Name of Hospital	EMPANELLED FOR THE SPECIALITIES	Contact No
1.	FORTIS MULTI SPECIALITY HOSPITAL, SECTOR -62, PHASE VIII, MOHALI	All available Specialties	172-5021222 98721-70582 (Dr. Ajinder Singh.)
2.	IVY MULTI-SPECIALITY HOSPITAL, SECTOR-71, MOHALI	All available Specialties	0172-7170000, (Abhishek: 86999-99914)
3.	MUKAT MULTI-SPECIALITY HOSPITAL, SECTOR-34 A, CDG	All available Specialties	0172-4344444 98720-48149
4	OJAS Multispeciality Hospital, Sector 26, Panchkula.	All available Specialties	(Parveen Kumar) 9779992668

MEMBERS OF RSCWS PLEASE PAY YOUR SUBSCRIPTION @ RS.400/- PA OR LIFE MEMBERSHIP RS.3500/-
(ASSOCIATE MEMBERSHIP FOR THOSE RESIDING OUTSIDE CHANDIGARH, PANCHKULA & MOHALI: RS.150/- PA/LM RS.1500/-)
DONATIONS & SUBSCRIPTIONS MAY BE deposited in the Bank account of RSCWS in favour of

"Railway Senior Citizens Welfare Society" in Punjab & Sind Bank, Sector 7, Chandigarh,

in SB Account No. 08561000100242, IFSC Code PSIB 0000856

OR MAY BE PAID TO

SH. C.P. SINGH. TREASURER, RSCWS, 351, SAVITRI TOWER S 1, VIP ROAD, ZIRAKPUR (PB)-140603
OR IN THE GURDWARA SAHIB, SECTOR 8 D, CHANDIGARH WHERE HE WORKS AS AN ACCOUNTANT.

(PHONE NO. OF SH C P SINGH IS :- 98880-54477)

NOTE: MEMBERS, WHO SEND THEIR SUBSCRIPTION THROUGH BANK ACCOUNT, ARE REQUESTED TO FOLLOW IT UP WITH A LETTER TO THE TREASURER (WITH THEIR FULL NAME, POSTAL ADDRESS & MOBILE NO.).
IN CASE OF NEW MEMBERS, MEMBERSHIP FORM & 2 STAMP SIZE PHOTOS EACH OF SELF & SPOUSE MAY BE SENT TO HIM TO ENABLE HIM TO SEND THE RECEIPT & MEMBERSHIP CARD OF RSCWS.

SECRETARY GENERAL, RSCWS

NOTICE FOR GENERAL BODY MEETING OF RSCWS AND MEDICAL SEMINAR

Members of RSCWS along with their spouses & other Railway Pensioners are cordially invited to attend the GBM & medical seminar on Saturday, 26th November, 2022 from 10 AM to 1 PM at Govt. Museum & Art Gallery Auditorium, Sector 10, Chandigarh. Members are requested to please reach in time. Please join us for Lunch after the Meeting.

AGENDA:

1. Opening Address by the Chairman; Sh. TS Kalra.
 2. a) Report by the Secretary General;
b) Update on Pensioners related issues & Medical Facilities.
 3. Approval of Audited Balance Sheet of Accounts for 2021-22.
 4. Medical Seminar on the subject "Dental Problems in old age, impact on general health & treatment thereof" by Dr. Saloni Garg (BDS, MIDA, Dental Surgeon, Reg #PDC Mob: 90411-37160).
 5. a) To adopt the Charter of Demands of RSCWS on Pension & Health Care issues etc(as per proposals in Annexure 1)
b) Upgrading of Medical Facilities for Pensioners in Tri-city Chandigarh
To approve the Charter of Demands attached herewith.
 6. Open Forum: Sharing of useful experiences and/ or any other interesting anecdotes by Members. 7.Any other point/topic with permission of the Chair.
 8. Introduction of new Members.
 9. Concluding Address by President & Vote of Thanks by SG/RSCWS followed by Lunch.
- ALTHOUGH COVID HAS SUBSIDED, MEMBERS ARE REQUESTED TO OBSERVE COVID RELATED PROTOCOL, if any, AS APPLICABLE ON THAT DATE**
Harchandan Singh, Secretary General, RSCWS

MAIN DEMANDS OF RSCWS.

- 1) Revision of PAY structure & Pension of Central Government employees & Pensioners every 5 years instead of every 10 years, in view of heavy inflation beyond the unrealistic prescribed price index and major economic changes during the existing period of 10 years.
- 2) Compatibility of Principles & Policy for determination of Pay, Allowances and Pension of MPs and Central Govt. Employees to ensure equity as per fundamental rights under article 14, 16 and 39 of the Constitution of India.
- 3) Grant of 50% of pay as pension after 10 years of service instead of 20 years of service at present to Central Government Employees, in order to ensure equity and justice under article 14, 16 & 39 of the Constitution although the MPs are given a Pension on completion of 5 years or even for a lesser period.
- 4) Extension of old Pension Scheme to the employees recruited from & after 1st January 2004 at par with Pre 2004 employees instead of New Pension Scheme to ensure equity & justice.
- 5) Treatment of Railway Beneficiaries in Ayushman/CGHS/ECHS Hospitals & Dispensaries & in their Empaneled Hospitals all over India in reciprocity to the other Central Government employees / Ayushman Beneficiaries getting treatment in Railway Hospitals.
- 6) Implementation of MACPS (Modified Assured Career Progression Scheme) from 1.1.2006, as per recommendations of Parliamentary Committee on Pensioners' grievances in its 110 Report
- 7) a) Revision of Fixed Medical Allowance (FMA) to Rs.3000/- p.m.as per recommendations of 110th report of Parliamentary Committee to all employees & Pensioners opting out of OPD treatment in Railway / CGHS Hospitals and those who do not join RELHS / CGHS (as per Rules for FMA).
7) b) Exemption of FMA (Fixed Medical Allowance) from Income Tax under Section -80 D of IT Act.
- 8) 5% of Additional Pension on attaining the age of 65 years, 10% on attaining the age of 70 years, 15% on attaining the age of 75 years as recommended by Parliamentary Committee on Pensioners' grievances & continuation of additional pension from 80 years of age, 30% from 85 years of age, 40% from 90 years of age, 50% from 95 years of age & 100% from 100 years of age as per recommendations of 6th & 7th Pay Commissions.

PART 2: HEALTH CARE DEMANDS OF CHANDIGARH TRICITY & SURROUNDING AREAS

9. Upgrading of Health Unit NR Chandigarh to Sub-Divisional Hospital with adequate accommodation for requisite number of doctors, para-medical staff & investigation facilities like X-Ray & Pathological Lab etc. at an easily accessible Location near Chandigarh Railway Station under the Modernisation Plan.
10. Provision of Health Unit or at least Lock-up dispensary at or around Mohali Railway Station as the existing Health Unit Chandigarh is nearly 20 to 30 Kilometers from the residence of a large number of Railway employees & Pensioners settled in Mohali & its surrounding areas right upto Kharar, Kurali & Morinda.
11. a) Local Purchase of Medicines from the Tricity for Tricity based Pensioners instead of getting the same purchased from Ambala and thus needing double trip to Railway Health Unit, Chandigarh.
b) In general also, developing an online system to avoid double trip to the Health Unit for getting the prescribed medicines especially for the Chronic diseases.

12. a) Empanelment of More Private Hospitals in Chandigarh & Panchkula as large number of employees & Pensioners are settled there.- including Paras Hospital, Sector 22, Panchkula; Ojas Hospital, Sector 26, Panchkula; Garewal Eye Institute, Sector 9, Chandigarh, JP Eye Hospital, Phase 7, Mohali.
- b) Revival of empanelment of Shri Guru Harkrishan Sahib Super Specialty Hospital, Sohana and Fortis Super Specialty Hospital, Sector 62, Mohali.

MINUTES OF GENERAL BODY MEETING OF RSCWS HELD ON 23-07-2022

1. Opening Address by Sh. T.S. Kalra, Chairman, RSCWS
 - i) Chairman, RSCWS welcomed the members and shared his views on some specific matters concerning senior citizens. He said that until now we have been paying lot of attention to our family and relatives, but at this juncture of life we should care more about ourselves and our life partner.
 - ii) Keeping both, physically as well as mentally fit, is very important and prevention is always better than cure. Do light exercises, Yoga & Pranayam on a regular basis. Develop some good hobbies to keep yourselves engaged.
 - iii) From health care point of view, we should keep getting diagnostic - pathological & other tests done periodically on a regular basis.
 - iv) Whenever we need to go to a doctor, as a patient we have all the rights to ask all related questions arising in our mind and clear all the doubts. Get adequate advice from the doctors but needn't always accept their version blindly; listen to your own body also. Quoting from his own family's recent personal tragic experience in a private hospital, he opined firmly that at least for any major treatment/operation/surgeries, option must be kept for a second or even a third opinion, before giving your consent for any invasive treatment. He cited the example of the famous Dr Farokh Erach Udawadia of Breach Candy Hospital, Mumbai who asserts that "Medicine has lost its path due to blatant commercialization of the medical establishment", particularly in private hospitals. No doubt there are some very dedicated medical personnel also in the profession. So be on the guard for yours and your kith & kins' treatment.
2. Report of SG, RSCWS Sh. Harchandan Singh
 - i) RSCWS is making continuous efforts for the welfare and health care of the Pensioners.
 - ii) Due to our persistent chasing at all levels, the lock up dispensary at CDG has been brought to the level of Health Unit with availability of a permanent doctor.
 - iii) A regular doctor is posted last year and efforts were made to empower ADMO/CDG for referral to empaneled Hospital after telephonic consultation with CMS/UMB.
 - iv) The Emergency Treatment situation got defined from Railway Board without referral and CMS/UMB has to give telephonic approval within 24 hours for treatment.
 - v) At present Fortis Hospital at Mohali is not giving cashless treatment due to withholding of around Rs 5 lakhs and deduction of Rs 24 lakhs from their outstanding dues. RSCWS is chasing the same to avoid inconvenience to the Railway Beneficiaries.
 - vi) Now medicines will be issued on UMID card. Due to the intervention of RSCWS, RELHS card holder will continue to get medicines if they are having Revised PPO as per 7th CPC.
 - vii) Regular doctor of HU/CDG is on maternity leave, ADMO/CLK is attending HU/CDG bi-weekly.e on Tuesday and Friday.
 - viii) RSCWS is taking up the matter with CMS/UMB for posting a regular/contractual doctorfor HU/CDG(*A regular Doctor has since been posted in HU, CDG for 5 days a week i.e. Monday to Friday*)
 - ix) Due to our efforts, guidelines have been issued to all the Banks and Pension Disbursing Authorities to make a permanent column in the Pension Slip for Life Time Arrear for the pensioners.
 - x) Our quarterly magazine, PRS, is very much popular throughout the country and people are joining RSCWS from every nook & corner. It is requested that PRS should be preserved by every pensioner as a reference book.
 - xi) Our demand to raise FMA from Rs 1000/- PM to Rs3000/- PMhas also been recommended by the Parliamentary Committee.
 - xii) Implementation of MACPS (Modified Assured Career Progression Scheme) with effect from 01.01.2006 has also been recommended by the Parliamentary Committee, this will improve the pensionary benefits of the retirees,
 - xiii) Parliamentary Committee also recommended that no litigation to be forced upon the employee, all the disputes to be redressed through online effective mechanism to save time and money of the pensioners and Pension Adalat to be held at regular intervals.
 - xiv) RSCWS is expanding throughout the country and our website is very much popular among pensioners.

xv) At present Grant-In-Aid by DOP&PW is Rs 75000/- per annum, Pensioners Associations are chasing the matter with concerned authorities to raise the same to Rs 1,50,000/- per annum.

xvi) With the persistent persuasion we are able to generate funds and ensuring their proper utilization to resolve the issues of the Pensioners. SG requested the Members to pay their subscription timely.

xvii) To quote an example, with consistent efforts of RSCWS for seven years we were able to get the revised PPO of Sh. H.S.Sachdeva and his pension has been revised now, and an arrear of more than seven lakhs is also paid to him.

3. Balance Sheet for the year 2021-22

Provisional Balance Sheet for the year 2021-22 was placed before the house for information, once audited by the CA the same will be placed before General Body for approval.

4. Donation From SWF

Rs 20,000/- donated from Social Welfare Fund to Apna Ghar NGO received by Sh. Kuldeep Singh on behalf of Apna Ghar NGO. NGO Apna Ghar is taking care of studies and skill development of destitute children for their better future.

5. Medical Seminar

A medical seminar was held on *Diabetes and Thyroid Dysfunction* by Dr. Promila Dharamshaktu Taneja, Endocrinologist at Ojas Super speciality Hospital, Sector 26, Panchkula, followed by interactive session. The members also cleared their doubts about diabetes and thyroid. SG/RSCWS requested Dr. Promila Dharamshaktu to give her writeup on diabetes and thyroid for publication in next PRS.

6. Release of RSCWS Directory.

Chairman & President of RSCWS released the Directory of 2022. SG informed the house that copy of the same will be sent to the members through Book Post.

7. Cultural Activities

- i) Sh. H.S.Sachdeva recited his original lines on the Old Tree, which had fallen on the Children of Carmel Convent School Chandigarh during recess and a 13 year old girl lost her life.
- ii) Sh. T.S.Kalra recited the verses of great writer Bhai Veer Singh on the life of a flower, in which flower prayed the pluckier not to pluck it because all people enjoy my fragrance since I am with the branch. The moment I am plucked, my tenderness and fragrance will go away and I'll be left only for one person.
- iii) Mrs. Tripta Kaushal sang a devotional Bhajan, "Mat Kar Tu Abhiman Re Bande"
- iv) Sh. D.P.Singh sang an old Hindi Movie song, "Rehte They Kabhi Unke Dil Mein Hum Jaan Se Bhi Pyaro Ki Tarah"
- v) House wished happy birthday to Sh. H.S. Sawhn 70 years old member of RSCWS.

8. Introduction of New Members: Following new Members were welcomed:

- i) Sh. Ved Parkash Ex AGM/N.Rly.
- ii) Sh. Paramjit Bhatti Ex Chief Train Clerk/UMB.

9. Concluding Address by Chairman/RSCWS Sh. T.S.Kalra

Chairman thanked the General body for attending the meeting in good numbers and requested everybody to come out proactively for the cause of pensioners.

10. Concluding Address by Working President/RSCWS Sh. D.S.Nigah

Sh. Nigah thanked the members for their participation and appreciated the efforts of the executive. He emphasized that we should adopt the technology for our day-to-day needs, like on line payments of utility bills etc.

Copy of Memorandum No. RSCWS/HO/CHD/Memo-DRM/2022-22 Dated: 30-9-2022

To Shri Gurinder Mohan Singh, DRM, NR Ambala.

Subject: Request for Railway Empanelment of Private Multi Specialty Hospitals at Panchkula.

1. The Railway employees & Pensioners as well as their dependents settled in Panchkula, Zirakpur and in the surrounding areas, are greatly handicapped for medical facilities due to non availability of any empanelled Specialised Hospital in the entire region / townships.

2. The residents of this region have to travel over 15 to 20 Kilometers to reach the nearest Hospitals empanelled by the Railways. It is extremely inconvenient for them especially in case of emergency and more so for elderly people.

3. The following private specialized hospitals in Panchkula-Zirakpur area are empanelled under the CGHS:

- i) Ojas Multi Specialty Hospital, Sector 26, Panchkula (Haryana)
- ii) Paras Multi Specialty Hospital, Sector 22, Panchkula -134109 (Haryana)

It is, therefore, requested that the aforementioned Hospitals may please be empanelled by the Railways also for Cashless Treatment of Railway Beneficiaries on Referral & in Emergency.

MEMBERS ! GET YOUR DIGITAL LIFE CERTIFICATE (DLC) REGISTERED AT YOUR HOME .

Call up Shri RK Datta on Mobile No. 9417502030 for the same.

Pensioners & Family Pensioners above 80 years can submit their Life Certificate to their PDA Bank from 1st October and those below 80 years can submit it from 1st November.

Copy of OM No. 1(8)/2021-P&PW(H)-7468b Dated: 30th September, 2022,
From: Department of Pension and Pensioners' Welfare, Janpath, New Delhi.

Subject: - Submission of Annual Life Certificate

Every Central Government pensioner has to submit Annual Life Certificate in the month of November for further continuation of pension. It has been observed that a large number of Central Government pensioners physically visit bank branches for this purpose.

2. As a measure to enable an additional exclusive window to very senior pensioners, this Department, vide its OM No. 1/20/2018-P&PW(E) dated 18.07.2019, has allowed the pensioners in the age group of 80 years and above, to submit Annual Life Certificate from 1st October onwards, instead of 1st November onwards, every year.

3. The different modes of available to a pensioner for submission of Annual Life Certificate are once again summarized for Pensioner's awareness. An Annual Life Certificate can be submitted manually or digitally as per convenience of the pensioner by following modes: -

- i. Life Certificate can be recorded by Pension Disbursing Authority (PDAs), if the pensioner physically appears before the PDA.
- ii. Personnel appearance of a pensioner will not be required, if the pensioner submits the life certificate form signed by any 'designated official' in accordance with para 14.3 of the Scheme Booklet issued by CPAO, a pensioner who produces a life certificate in the prescribed form, signed by persons specified, is exempted from personnel appearance. A list of designated officials specified for signing the Life Certificate as per the scheme booklet of CPAO is attached as Annexure-1
- iii. Pensioner can submit Life Certificate on line through Jeevan Pramaan Portal. The process of submission of Digital Life Certificate through "Jeevan Pramaan" may be seen at <https://youtube/nNMikTYqtt8>. UIDAI has provided details of all biometric devices which are permissible for capturing biometrics of a person. Pensioner may visit the site www.uidai.gov.in to get information of all such devices.
- iv. India Post Payment BANK ((IPPB) of Department of Posts along with Meity have successfully launched the initiative of the Department of Pension & Pensioner's Welfare: "Doorstep Service for submission of Digital Life Certificate through Postman" in November 2020. IPPB is utilizing its national network of more than 1,36,000 access point in Post Offices and more than 1,89,000 Postmen & Gramin Dak Sevaks with smart phones and biometric devices to provide Doorstep Banking Services for generation of Digital Life Certificates. For leveraging this facility through a mobile phone, a pensioner has to download "Postinfo APP" from Google Play Store. The process of submission of Digital Life Certificate through Postman/Gramin Dak Sevaks may be seen at <https://youtu.be/cFRwMU7g54>.
- v. Doorstep Banking is also available through the Alliance comprising 12 Public Sector Banks Which do "Doorstep Banking" for its customers in 100 major cities of the country under Ease of Banking reforms. PSB Alliance has introduced the service for collection of Life Certificates under the umbrella of Doorstep Banking. DSB Agent shall visit the doorstep of Pensioner to render the service. Service can be booked by the pensioner through any of the three 3 channels i.e., Mobile App, Website or Toll-Free Number.
 - Mobile App i.e., "Doorstep Banking IDSB" can be down loaded from Google Play store.
 - Pensioner can access through Web Browser i.e., <https://dsb,imfast.co.in/doorstep/login>
 - Through Toll Free Number: - 18001213721, 18001037188
 - vi Pensioners can also submit Life Certificates using the Face Authentication technology system based on UIDAI Aadhar software whereby it is possible to generate a Digital Life Certificate from any Android based smart phone by capturing the live photograph of the pensioner for online submission on the Jeevan Pramaan mobile application. The process flow for generating DLCs through Face Authentication is available on DoP&PW's Pensioners' Portal Jeevan Pramaan Process flow of face authentication technique for DLC generation. (<https://pensionersportal.gov.in/Document/Face%20Authentication%20Process%20of%20Jeevan%20Pramman%20App%20.pdf>) \

4. All Pension Disbursing Authorities are required to take note of this OM for compliance and give wide publicity of the same amongst the pensioners.

Annexure-I

List of persons specified for signing the Life Certificate (para 14.3 Of scheme Booklet by CPAO)

- i. A person exercising the power of a Magistrate under the Criminal Procedure Code;
- ii. A Registrar or Sub-Registrar appointed under Indian Registration Act;
- iii. A Gazetted Officer of the Government'
- iv. A Police Officer not below the rank of Sub-Inspector in-charge of a Police Station;
- v. A Postmaster, a departmental Sub-Postmaster or an Inspector of Post Offices;
- vi. A Class-I officer of the Reserve Bank Of India, an officer (including Grade-II officer) of the State Bank of India or its subsidiary;
- vii. A Justice of Peace;
- viii. A Block Development Officer, Munsif, Tehsildar or Naib Tehsildar;
- ix. A Head of Village Panchayat, Gram Panchayat, Gaon Panchayat or an
- x. Executive Committee of a Village;
- xi. A Member of Parliament, of State Legislatures or of Legislatures of Union Territory Government/Administrations;
- xii. Treasury Officer.

Copy of RAILWAY BOARD's Letter No. 2005/H/6-4/Policy-II Dated 30-07-2018 to Principal Chief Medical Director All Indian Railways (Including Production Units & others

Sub: - Medical treatment to Railway Beneficiaries.

Ref: - Board's letter of even number dated 16.04.2007.

Attention is invited to the Director General (RHS)'s letter cited under reference laying down certain principles relating to Medical care of Railway medical beneficiaries. With the pace of time, various procedures of treatment and level of sanction of expenses, has got changed drastically necessitating amendment in the directions contained in the letter dated 19.04.2007.

The matter has been examined and the following item-wise revised guidelines are issued: -

- I. Provision of Proper Industrial Medicine: To provide proper Industrial Medicine, (Rly. Accident, attending travelling Sick Passengers, Medical Examination of candidates, P.M.E. of serving employees, Medical Boards, Issue of RMC, HOD, Medical Fitness, Safe water and food at Railway premises & train under FSSAI Act 2006, Indian Factory Act 1948 & The Workmen's Compensation Act, 1923)
- II. Provision of Proper Medical treatment to Railway beneficiaries: - To provide proper medical treatment to Railway beneficiaries has become a very challenging task. Railway beneficiaries being located all over the length and breadth of the country and development of newer patient friendly technologies very fast are making the task extremely difficult for us. We need to face the challenge and prove our department as efficient department delivering best possible quality health care and providing it efficiently. For this purpose all hospitals should be upgraded as per the guidelines issued as "Template for Hospitals". (Copy enclosed)
 1. Pathological & Radiological and other Diagnostic Investigations
 - 1.1 Test to be done by in-house system to be identified and put up on a board displayed at prominent place.
 - 1.2 For other tests required, tie up to be done with Govt./Pvt. Hospital /Lab. Payment system should either by bill system or imprest system. Whatever system is followed, the Railway beneficiaries should get cashless services.
 2. Providing Medical treatment
 - 2.1 The Railway beneficiaries should be insisted to report to their respective Authorized Medical Officer only. The Railway Doctor should take all necessary steps to address the medical need of the beneficiaries with a sympathetic & helping attitude. The Railway Doctor will decide the line of action. This could be: -

- 2.1.1 It may be possible to provide the medical treatment as per the facilities available within the Health Unit/Railway Hospital set up at a distance which can be travelled by the patient conveniently.
- 2.1.2 For those cases which cannot be managed as per "2.1.1" above following alternative methods can be adopted.
- a) To avail services from Government Hospital.
 - b) To avail services from Empaneled Private Hospital.
 Note: Adequate number of required Private Hospitals should be empaneled as per provisions contained in Board's letter No. 2016/H-1/11//69/Hospital Recognition dated 23.12.2016 in every district for multispecialty to facilitate Railway Doctor to provide proper treatment
 To Railway Patients if in-house facilities are not adequate.
 - c) In exceptional cases sometimes it becomes unavoidable to avail services from non-empaneled Private Hospital.
3. Exception can be as under: -
- 3.1) 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 patient's condition, the suitable Hospital and submit reimbursement claim. He/She should also inform his/her Authorized Medical Officer at the earliest.
 - 3.2) In cases where it is apprehended that shifting of a simple case to a Railway hospital/ Railway empaneled hospital located at far off distance may cause deterioration of the simple case to the level of emergency state leading to loss of life etc., the patient should be admitted in a nearby hospital. Reimbursement in such cases also will be considered.
4. System to be followed to get medical treatment dose from non-empaneled private hospital {2.1.2(c)}
- 4.1 For those cases where there is no emergency: - Proper proposal with estimate will be examined by Screening Medical Committee consisting at least two senior doctors of the Railway Hospital, nominated by MD/CMS/CMO/MS in-charge. On recommendation of the committee MD/CMS/CMO as the case may be, will sanction the advance payment with concurrence of associate Finance, if it is within their power provided in the SOP. Cases beyond their power will be submitted to the next higher competent authority according to SOP.
 For this purpose, the process flow may be as under: -
 AMO of Health Unit/treating doctor of hospital will initiate the proposal along with justification and estimate and put up to MD/CMS/CMO as the case may be, will sanction the advance payment with concurrence of associate Finance, if it is within the power provided in the SOP. Cases beyond their power will be submitted to the next higher competent authority according to SOP.
 However, efforts should be made to arrange for treatment of such cases at Railway Hospitals.
 - 4.2 For those cases where there is an emergency:-
 When treating doctor either of Health Unit or Hospital feels at any time that patient needs to be referred to non-railway/non-empaneled Private hospital for necessary management if the facility is not available in railway or empaneled private hospital or there is no empaneled private hospital available, he/she will obtain telephonic/personal permission of CMS/MD/CMO etc. immediately and simultaneously they will refer the patient so that there is no delay in treatment. In case of failure of telephonic conversation, a text message can be left. Then they will obtain rough estimate from the hospital and submit to the Screening Committee along with complete report of the case for processing for advance payment. On recommendation of the committee MD/CMS/CMO will arrange for sanction with Finance concurrence by the competent authority according to SOP.
 For above, efforts should be made to have some understandings with nearby available private hospitals. For immediate advance payment an adequate imprest may be provided in health unit/hospital as per the provision in RB's letter No. 2018/Trans Cell/Conclave/Health dated 23.03.2018 (copy enclosed)
 Note – The above process should be completed at the earliest possible.

5. **Patient Friendly System:** - For this purpose the guidelines issued "Template for Railway Health units & Hospitals" (copy Enclosed) should be followed strictly.
6. **Cost of Medical Treatment:** while taking decision about which technology to be adopted in Railway Hospital cost of treatment should be calculated properly. It is not proper to decide on an issue based on Financial cost only. Other important costs are also to be considered and then a total view is to be taken.

Some of the other costs are:

- i) Cost of suffering by the patient
- ii) Cost of Hospital Stay
- iii) Cost of person remaining sick and not able to do his/her normal function.
- iv) Cost of suffering by the relatives of the patient.
- v) Cost of loss of man days.
- vi) Cost of loss of reputation of Railway Hospital.
- vii) Cost of "Unsatisfied Railway Men".

Detailed guidelines have already been issued regarding sanction of reimbursement claims vide Board's letter of even number dated 31.10.2007. In addition, reimbursement should also be considered for cases of 3.2above. This circular should be followed and the reimbursement claim cases should be finalized at the earliest. With the above guideline Railway doctors will be able to provide and quality medical treatment timely and efficiently.

PCMDs & CMOs are requested to give it a wide circulation among the doctors within their jurisdiction.

Railway Board's letters no: 2018/TransCell/Health/CGHS dated 16.06.2021 to all GMs & others

Sub: Implementation of Health Delivery System & Emergency Treatment in Railway Empanelled Private Hospitals - Revised Instructions.

Ref: Board's letters no: 2018/TransCell/Health/CGHS dated 28.12.2020 and 15.06-2021.

In order to improve the health delivery system and emergency treatment in railway empanelled private hospitals, Board had approved a policy vide letter dated 28.12.2020 at Reference, above. Thereafter, a number of suggestions have been received. Based on these suggestions, Board (Member Finance and Chairman & CEO) have approved a policy, as detailed in subsequent paras.

(This is in supersession of instructions contained in Board's letter No. 2018/TransCell/Health/CGHS (eOff.No.3270783) dated 28.12.2020 & 15.06.2021, as referred above.) Railway medical beneficiaries (serving/retired) under emergency condition can get admission in any railway empanelled hospital without any prior referral. The empanelled hospital should not insist on referral from railway hospitals or demand advance in emergency conditions and the hospital will provide cashless/Credit medical facilities to patients.

1. The emergency conditions are defined in Memorandum of Understanding between CGHS empanelled hospitals and Government of India (CGHS Authorities) (Annexure-I) or as amended by CGHS from time to time and same will be applicable in Indian Railways.
2. The valid UMID Card/CTSE Card issued will be treated as identification as Railway Medical Beneficiary. Railways have to make sure that these cards are accepted in the empanelled hospital under the jurisdiction/empanelment.
3. Situation may arise where Railway hospital, after scrutinizing admission report submitted by empanelled hospital, finds that the patient is not suffering from an emergency. In such cases, the hospital bills upto the stage of such determination, shall be paid by Railway directly to Hospital. However, the patient can continue to avail treatment at the empanelled hospital, if so desired, by paying CGHS rates or hospital rates, whichever is less on the patient's cost, thereafter.
4. The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority on random basis at its own discretion.
5. The Hospital will intimate all instances of patients admitted as emergencies (without prior permission) to the Railway authorities, at the earliest and within 24 hours and Railway will revert within next 24 hours, otherwise it will be treated as deemed approval. The empanelled hospital will clearly mention/certify the emergency condition as per MOU.
6. Railway Hospital as well as empanelled hospital will share the contact number and email address for communication for this purpose and will ensure to put on the website of Railways as well as of the hospital. The documents and approvals will be shared on the email to save the time and difficulties

faced by the patients. The empanelled Hospital will not insist to patients to get the approval of referral/extension from the Railway Hospital. Same will be coordinated and approved on the contact number and email by the empanelled Hospital and Railway Hospital.

7. Railway hospitals shall refer to the empanelled hospital for appropriate duration as per the package. In case of additional stay for treatment , same procedure will be followed as per para 6 & 7 above.
8. Also, the empanelled hospitals will provide the necessary treatment in OPD or otherwise to valid Railway Medical Beneficiary at the CGHS approved rates or hospital rates, whichever is less for the treatment in non-referral and non-emergency case at Railway Medical Beneficiary's cost.
9. Zonal Railways shall include provisions for conditions given from Para 1 to 9 above, in their MOU with the referral hospitals and also include that refusal to provide treatment to bona fide railway medical beneficiaries in emergency cases without valid ground would attract disqualification for continuation of empanelment. Also, MOU to be updated including removal of ambiguities accordingly.
10. The Zonal Railways shall keep above provisions in view, while projecting budget requirement under relevant head. Since expenditure is to be borne by Railways, the bills shall be paid by the Railway Unit which had empanelled the hospital, without making any reference or debit etc. to the Railway Unit to which beneficiary may belong.
11. Proper accountal & record of such payments may be maintained by Health Department to facilitate audit of such expenditure.

This issues with the concurrence of Associate Finance of Transformation Cell of Railway Board.

DOCUMENTS REQUIRED FOR THE REIMBURSEMENT OF MEDICAL TREATMENT

1. Reimbursement form
2. Essentiality cum Emergency certificate duly signed by the treating doctor and in charge of the concerned department along with the stamp.
3. Summary of the all the bills duly signed by the treating doctor and his stamp.
4. All the bills in original duly signed by the treating doctor and his stamp.
5. All the diagnostic report, X-Ray Films & scans etc... pertaining to treatment must be attached.
6. Original Copy of the Discharge Summary duly signed by the treating doctor with stamp.
7. The stamp of treating doctor should carry his registration number and his professional degree.
8. Referral certificate in case of referred case, if not a referred case, then application addressed to CMS/UMB by the employee/retiree must be attached explaining the circumstances in which treatment taken in a non-Railway Hospital. (Application must carry your mobile number)
9. Attach self-attested photocopy of Medical Card.
10. Attach a cancelled cheque or self-attested copy of bank passbook.
11. Employee should attach self-attested copy of pay-slip and retiree to submit self-attested copy of PPO.
12. Self-attested copy of Aadhar Card of the person taken treatment.
13. In case of delivery and treatment of neo-natal self-attested copy of birth certificate of the child should be attached.
14. If the applicant (Other than husband/wife) is not a Railway employee then he/she has to submit affidavit for claiming reimbursement,
15. In case of death, death certificate must be attached.
16. In case of implants, stickers must be attached.

(As per rules reimbursement claims must be submitted within six months of discharge).

BREAKING NEWS DEARNESS RELIEF ENHANCED TO 38% FROM July 1, 2022

Central Government, has issued orders dated 8-10-2022 for enhancement of Dearness Relief to the pensioners & family pensioners, from the existing rate of 34% to 38% from July 1, 2022.

Sub: -Reform in CPGRAMS Portal Version 7.0

Ref: - Board's Letter No. 2021/PG/6/1/DARPG/Policy on CPGRAMS dated 01.09.2022

Please find enclosed a copy of the letter cited above advising the Zonal Railways/PU and other stake holders regarding the recent reforms carried out by DARPG in the CPGRAMS portal and rolling out of upgraded version 7.0 version of CPGRAMS. As can be seen, the existing time limit of 45 days for resolution of grievances has been reduced to 30 days and an outbound feedback call Centre has also been set up to obtain feedback on the quality of grievance disposal from the complainants.

Since, it has been decided that the disposal process shall be reviewed at the Apex level i.e., "Secretary/RB" at senior officer's meetings, utmost priority may be accorded in disposal of the grievances received in the office of PFAs and other allied Accounts Offices. Suitable mechanism for monitoring and disposal of cases in coordination with the concerned executive departments may be put in place and system be reviewed at regular intervals to ensure prompt disposal of these grievances and the complainants are kept informed about the redressal of their grievances, as the case may be.

It is advised that all concerned to comply with these guidelines.

DA: - As above

**Copy of Railway Board's Letter No. 2022/PG/6/1DOARPG/Policy on CPGRAMS Dated: 01-09-2022
To AGMs/ZRsAll Indian Railways, GMs/Pus, MDs/PSUs, DG/RDSO**

Sub: - Reforms in CPGRAMS Portal – Version 7.0

Ref: - DARPG O.M. F. No. S-15/21/2021-O/o DS(PG)-DARPG (7085)

A comprehensive reform of the Centralized Public Grievance Redress and Monitoring System (CPGRAMS) to make it more responsive to the needs of the citizens has been carried out by Department of Administrative Reforms and Public Grievance (DARPG) vide Office Memorandum dated 27-07-2022 (copy enclosed). In this direction, the Ministry of Railways has also been onboard to the upgraded 7.0 version of CPGRAMS providing link of RailMadad for train/station related grievances. The system enables auto assigning of grievances to last mile officer.

In brief, a few salient measures introduced by DARPG, for strengthening CPGRAMS are as under: -

- i) **Time Limit:** Existing time limit of 45 days for resolution of grievances has been reduced. Now, as per new guidelines, the grievances have been reduced. Now, as per the new guidelines, the grievances are to be resolved promptly as soon as they are received but within a maximum period of 30 days.
 - (a) The grievances of urgent nature have been mapped on the CPGRAMS with system specifications. Such grievances flagged 'urgent nature' are to be addressed on priority basis.
- ii) **Operationalization of feedback call Centre:** DARPG has set up an outbound feedback Call Centre to contact all the complainants to obtain feedback on the quality of grievance disposed and provide by the option to file appeal if they are not satisfied with the grievance disposed of.
 - (a) Feedback received from the citizens by the feedback Call Centre will be shared with Ministries to make systematic improvements.
- iii) **Review of Public Grievance/Appeal cases in Senior Officers Meetings (SOMs):** To ensure quality disposal, the secretary of the Ministry (Apex level in Railway set up) may review disposal process in senior officer's meetings and Secretary may make a few calls to the citizen to get direct feedback if it is felt necessary.

RECOMMENDATIONS OF PARLIAMENTARY COMMITTEE ON PENSIONERS grievances under consideration of MOF & DOP&PW

* The Preliminary Action Taken Report on the 110th Report of the Parliamentary Standing Committee had been submitted to the Rajya Sabha. Decision on Preliminary ATR are awaited, as per reply to an RTI application, the following recommendations of the Parliamentary Committee are under consideration but the decision is still awaited.

- i) Grant of Additional Pension of 5%, 10% and 15% on attaining the age of 65, 70 years & 75 years respectively.
- ii) Raising the Fixed Medical Allowance to Rs.3,000/- PM.



OF RELIGIONS, WORSHIP, DIVINITY, SPIRITUALITY, MORALITY AND A DISCIPLINED WAY OF LIFE

..... *BY TEJINDER SINGH KALRA, CHAIRMAN, RSCWS*

The dictionary defines Religion as a belief in a superhuman controlling power, especially in a God or gods entitled to obedience and worship. Divine means: of, from or like God or gods, sacred & devoted to God. Spirituality is concerned with Soul or Spirit, not with material or external reality. Morality is concerned with goodness of human character or behaviour, with the distinction between right & wrong and conforming to accepted standards of general conduct.

A TRUE FOLLOWER OF RELIGION, WOULD BE PIOUS, DEVOUT, SCRUPULOUS & CONSCIENTIOUS AND WOULD NATURALLY FOLLOW A MORAL, DISCIPLINED WAY OF LIFE

A vast majority of people believe in a superhuman controlling power, called GOD which is supposed to be One & only One umbrella entity for all believers. Having accepted that we need to revere and pray to God to help us lead happy, healthy, harmonious and long lives and to formalize that concept or belief, our super divinely enlightened saints, gurus, prophets, faqeers, called messengers of God, conceptualized different ways of worship and prayers. So different formats of religions alongwith their gods and deities, with different religious practices accompanied with their godly texts, different places of pilgrimages, different designs of religious buildings, different dress codes of priests and of followers, came up from time to time.

Religion essentially leads us to Worship which comprises of adoring, honouring as Divine and paying homage & reverence to GOD & his deities by way of varied religious rites & ceremonies. We do prayers through a host of rituals, make material offerings of different kinds, mistakenly to please God and invoke His blessings. In case it gives us peace of mind and creates feelings of goodness & compassion for others, it's fine & praiseworthy. Otherwise God is not in need of your prayers and offerings. He is all pervading, supervising and an overall giver of immense bounties.

*Religion-cum-worship should be a means to a common end of **Humanism** and not an end in itself.*

Further, religion, instead of uniting, has polarized people into different religious communities, not at all friendly with each other. We have countries and societies, most erroneously based on religion and for promotion of their religions. Many countries and societies wide, campaigns are launched for conversion into their religions through force or through material inducements, resulting into violence, bloodshed and even wars. The believers of those religions feel that by way of conversions, their god or deity would be pleased with them and offer them a place in heavens. The basic purpose and principle of religion is totally lost. And we ever continue to remain clueless about the concept and existence of Heaven or Hell.

What if one is an Atheist or Agnostic but leads a disciplined way of life, compared to a religious devout or bigot who spreads hatred and terror in his religious god's name; who is a better human? And if I follow a religion A, that doesn't mean that I am better or worse off than the other who follows a religion B. All religions and religious treatises are divine and respectful but their followers may or may not be. Given basic guidance, we can learn goodness from different religious texts & practices. To achieve an all inclusive moralistic build up, liberal holistic teachings need to be imparted from early childhood stage.

All the religious celebrations that we conduct may not really be pleasing the gurus or saints-(or rather their souls in heavens)- in whose names we perform those functions; they are immune to praises & invocations uttered in their names. All such functions should be occasions to imbibe their teachings for the good of mankind and not merely indulging in specific rituals pertaining to the occasion.

RELIGION, DIVINITY, SPIRITUALITY & WORSHIP ARE ENIGMATIC PHENOMENON WHICH ARE SUPPOSED TO BE FOR OVERALL GOOD OF MANKIND BUT MISTAKENLY & OVERZEALOUSLY, HAVE BEEN USED TO DEFEAT THEIR VERY PURPOSE

PRS: July-September 2022

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