



DEDICATED TO  
THE CAUSE OF  
PENSIONERS  
SINCE 1991

# 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

Email : rscws1991@gmail.com (M: 9316131598, 836045258, 9569631598)

Website: www.rscws.com Quarterly Journal: "Pensioners' Rail Sampark"

AFFILIATED TO BHARAT PENSIONERS' SAMAJ (BPS)

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

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

Chief Editor PRS & Chairman RSCWS  
N.P. MOHAN, CE (Retd) WR  
1023, Sector 15 B, Chandigarh 160015  
(Ph: 0172 2772875, 09417870544)  
Email: npmohan34@gmail.com

Executive Editor PRS & President RSCWS  
O. S. Dogra, CME(Retd) NR  
E-62, GH-3, MDC-5 Panchkula- 134114  
(Ph: 01722556453, 9357556453)  
Email: omrama4439@gmail.com

Editor PRS & Secretary General RSCWS  
HARCHANDAN SINGH, SSE (Retd) NR  
32, Phase 6, Mohali, Chandigarh-160055  
(PH:09316131598, 8360452584)  
Email: rscws1991@gmail.com  
harchandan\_chd32@yahoo.co.in

Vol. 13, No. 4 OCTOBER-DECEMBER, 2018

FOR FREE CIRCULATION TO MEMBERS RSCWS

## 'CASHLESS TREATMENT SCHEME IN EMERGENCY' (CTSE) IN EMPANELLED HOSPITALS ALL OVER INDIA FOR RETIRED EMPLOYEES & THEIR DEPENDENTS, TO BE EXTENDED TO RELHS OPTees PAN INDIA

It has been decided by the Railway Board to extend 'Cashless Treatment Scheme in Emergency' (CTSE) in empanelled hospitals for retired employees and their dependents in emergency to all the cities of the country as per following schedule:

- Cities classified as X and Zonal Headquarters by 31.12.2018.
- Cities classified as Y cities and Divisional headquarters by 31.03.2019.
- Rest of the country by 31.12.2019.

It has also been decided that Contribution fixed for CTSE scheme is to continue (in addition to the contribution already made by RELHS Optees). (Detailed instructions are awaited)

Coverage of Chandigarh under CTSE will be done by 31st March, 2019 as in accordance with DoE's letter dated 7th July, 2017, it is Classified under 'Y'.

RELHS allows treatment in Emergency in Empanelled Hospitals on Cashless basis in city where Medical Card is registered and on Reimbursement basis in other cities. As CTSE Members they can also get Cashless Treatment in Emergency in any Empanelled Hospitals all over India.

Those who are not RELHS members at present, but want to become members of CTSE scheme, are requested to first approach the relevant Sr.DPO of the Division/Zonal Office/PU from where they had retired and apply to become members of RELHS first (by paying 2 month's Basic Pension) and they will then have to register the same with a Railway Health Unit where CTSE scheme is applicable at that time. Presently they will be able to apply for CTSE scheme with respective Sr.DPO.

(Copy of orders of Rly. Bd.Reg. CTSE is printed inside. Detailed Instructions awaited till end of Dec, 2018)

## RSCWS TEAMS VISIT 61 PENSIONERS TO ISSUE DIGITAL LIFE CERTIFICATES

Three teams of RSCWS (comprising of Sh. Jaspal Singh, Sh. KNSVir, Sh. Satish Sharma, Sh. Om Parkash Verma and Sh. R. K. Datta) visited 61 Pensioners to issue Digital Life Certificates (DLCs) in November, 2018, with the instruments provided by the DOP & PW. Many old age & sick Pensioners thanked the RSCWS teams for saving their time & botheration of visiting their Bank for filing their Life Certificates.

Life Certificate is essentially required to be filed by all Pensioners & Family Pensioners in November every year for continuation of their Pension.

RSCWS SEEKS SIMPLIFICATION OF SYSTEM FOR REFERRAL FOR TREATMENT IN EMPANELLED PRIVATE HOSPITALS, INCREASE IN PERIOD OF VALIDITY OF REFERRAL & WAIVER OF CONDITION OF REFERRAL TO GOVT. HOSPITALS – (SEE THESE & OTHER MEMORANDUMS ON PAGE 3, 4, 5 & 9 INSIDE)

## NOTICE REGARDING GENERAL BODY MEETING & MEDICAL SEMINAR OF RSCWS

Next Meeting of the General Body of RSCWS & Medical Seminar shall be held after mid-April, 2019.

Date & time of the next GBM shall be advised later on in due course.

President & Secretary General, RSCWS

**WE WISH A VERY HAPPY, HEALTHY & CHEERFUL NEW YEAR TO ALL OUR MEMBERS & WELL WISHERS**

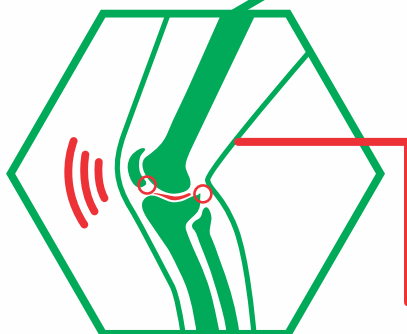
# THE KNEE REPLACEMENT UNIT AT FORTIS HOSPITAL MOHALI ACHIEVES A HISTORIC LANDMARK

Fortis Healthcare congratulates **Dr Harsimran Singh** on completing **15,000** joint replacement surgeries at Fortis Hospital Mohali.



**Dr Harsimran Singh**

Director – Joint Replacement



Highest number  
of Partial Knee  
Replacements  
in India



Largest series of  
computer navigated knee  
replacement surgeries  
in South-east Asia

Fortis Hospital Mohali is empaneled by Northern Railway, DMW & RCF Kapurthala for the Cashless Treatment of railway beneficiaries in emergency and on reference by referring authority.

In non-referral cases, Members of RSCWS (Railway Senior Citizens Welfare Society) shall be treated and charged on CGHS rates for all Specialties in IPD, OPD & Diagnostics for the various specialties against cash / Credit Card / Debit Card / DD facilities, on production of Membership Card or Letter of Authority of RSCWS.

For more information, please contact : **Dr Ajinder Singh - 9872170582**

Sector 62, Phase-VIII, Mohali - 160 062.  
Tel. : 0172-5021222, 4692222  
E-mail : [contactus.mohali@fortishealthcare.com](mailto:contactus.mohali@fortishealthcare.com)  
Website : [www.fortishealthcare.com](http://www.fortishealthcare.com)



**Fortis**  
HOSPITAL  
Mohali



## **RSCWS SEEKS SIMPLIFICATION OF SYSTEM FOR REFERRAL FOR TREATMENT IN EMPANELLED PRIVATE HOSPITALS ALSO ASKS FOR WAIVER OF CONDITION OF REFERRAL FOR TREATMENT IN GOVT. HOSPITALS**

Copy of Memorandum No. RSCWS/HO/CHD/ Memo / 2018-21 Dated: 22-12-2018 from Secy. Genl, RSCWS to Director General, Railway Health Services, Railway Board, Rail Bhawan, New Delhi - 1100001

**Subject: Simplification of Procedure for treatment at private hospitals empanelled by Rly. Doctor - if they are advised by a Specialist in a Central Government / State Govt. Specialist hospital**

**Reference:** i) Ministry of Health & Family Welfare, GOI, OM No.Z15025/105/2017/DIR/CGHS/EHS dated 9th November, 2017 (Copy attached) - Regarding Simplification of procedure for treatment at private hospitals empanelled under CGHS/CS (MA) Rules, 1944”

ii) Our Memorandum No. RSCWS/HO/CHD/Memo-RB/2018-2 Dated 5-3-2018

1. Railway Medical Beneficiaries, especially the old age Pensioners are being put to great inconvenience, hardship and harassment to get their cases referred for treatment in specialized private hospitals empanelled by the Railways as they have to travel over long distances from their residence to the Divisional Hospitals to get the referral from the Authorized Medical Officer i.e. the CMS who is the only Authorized Medical Officer for the purpose, in the entire Division for referring the cases to private empanelled Hospitals as per present procedure.
2. This is very troublesome – especially for the suffering patients as well as for their spouse or their families particularly in their old age and when their children are settled elsewhere (within or outside the country). The Divisional Hospitals are few and far between whereas the Railway Beneficiaries are residing in far off Cities, Towns and Villages which may be even 50 to 100 Kilometers in some cases. Traveling over such long distances is not only time consuming and costly especially where it involve traveling by Road or both by Rail & Road as per the local conditions and availability.
3. Non-availability or the delayed attention by the AMO to the patient or his/her attendant on reaching the Divisional Hospital, after traveling especially from out station, adds to the miseries of the patient & the family. Sometimes the patient and his/her attendant are made to visit the divisional hospital multiple times for submitting more documents and clarifications for a referral.
4. Ministry of Health & Family Welfare vide its OM dated 9-11-2017, lays down as under: “(H&FW) Ministry has been receiving representations for simplification of procedure for undergoing treatment at private hospitals empanelled under CGHS. The matter has been examined and \_\_\_\_\_ it has now been decided that CGHS beneficiaries are allowed to undergo treatment at private hospitals empanelled under CGHS of a specific treatment procedures listed under CGHS rate list (if they) are advised by a Specialist in a Central Government / State Govt. Specialist hospital or a CGHS Medical Officer without any requirement of any other referral (permission) letter.”
5. Adoption of the above said procedure for Railway Beneficiaries – especially the old age RELHS Optees will ameliorate their suffering – as has now been done for the CGHS beneficiaries.
6. It is, therefore, requested to please
  - a) Railway beneficiaries be allowed to undergo cashless treatment at private hospitals empanelled by the Railways of a specific treatment procedures listed under CGHS rate list - if they are advised by a Specialist in a Central Government / State Govt. Specialist hospital without any requirement of any other referral (permission) letter (from the Railways' AMO).
  - b) Railway Medical Officer in-charge of a Railway Health Unit may please be delegated powers to refer the of Railway Beneficiaries – especially the old age RELHS Beneficiaries - for treatment at private empanelled hospitals (either directly or with the telephonic approval of the AMO and empanelled Pathological Labs.
  - c) Condition for getting referral of RELHS Beneficiaries from Railway Doctor for treatment in Government Hospitals may please be waived off.

## **RSCWS SEEKS REASONABLY LONGER “PERIOD OF VALIDITY” FOR REFERRAL FOR TREATMENT IN EMPANELLED PRIVATE HOSPITALS**

**Copy of Memorandum No. RSCWS/HO/CHD/ Memo / 2018-22 Dated: 26-12-2018 to Director General, Railway Health Services, Railway Board, Rail Bhawan, New Delhi**

Ref: Ministry of Health & Family Welfare, GOI, OM No.Z15025/117/2017/DIR/CGHS/EHS dated 10-12-2018

1. Railway Beneficiaries and especially the old age RELHSOptees are put to a great hardship due to very short periods of validity given by the Authorised Medical Officers (AMO), for Referral or in cases of approval in Emergency for Treatment in Empanelled Private Hospitals.
2. The actual period required for treatment cannot be assessed by even the best of the specialists (except God). It may be much longer than that allowed by the AMO. This results in repeatedly rushing back of the family members of the patient to the AMO at the far off Divisional Hospital, instead of attending to the patient lying seriously sick in the Hospital.
3. a) There are many instances where the patients are in ICU / CCU or even on Ventilators or other Life-support systems in the Empanelled Hospital, while the old age spouse has to go to the Divisional Hospital to get extension of the Authorised Medical Officers (AMO) of Railways.  
b) There have been instances, where the AMO refused to extend the approval or the Referral even when the patient was in a critical condition or on life saving system. At least in two cases the patients died within hours or a day after their discharge since their families could not afford to pay the bills of the Hospitals, after the AMO of Railways refused to extend continuation of treatment there.  
c) In one case, diagnosed to be in second stage of Cancer by a Specialist in PGI and recommended for specialized treatment, the AMO referred her, after much pleading, to a private empanelled Hospital only for further diagnostics; and thereafter for ONE Chemotherapy at a time, forcing the patient and the old age spouse to go to the CMS for permission by taxi - traveling over a 100 kms, every time for each of the SIX doses of Chemo essentially required for her survival as per advice of the specialists.
3. Ministry of Health & Family Welfare, vide their orders dated 10-12-2018 cited above have prescribed a period for validity of Referral to empanelled private as 30 days for investigation and Consultation / multiple Consultation with specialists and 3 months for listed treatment procedure.
4. It is requested that the guidelines for CGHS issued by MOH&FW vide their letter cited above (copy attached), may please be considered for their application to the Railway Medical beneficiaries; And:  
a) Suitable Guidelines may please be issued by the Railway Board - indicating the broad period of Validity of Referral for Treatment in Empanelled Private Hospitals – on similar lines as for CGHS.  
b) Similar guidelines may also please be issued by the Railway Board regarding validity of Approval for Treatment in Emergency in the Empanelled Private Hospitals.

### **RSCWS highlights Critical Health Care Problems for Railway Pensioners, Employees & their dependents residing in Chandigarh, Panchkula & Mohali**

**(Copy of Memorandum No. RSCWS/HO/CHD/ Memo GM NR/ 2018-20 Dated: 26-11-2018 to GM NR)**

Reference: Our Memorandum No. RSCWS/HO/CHD/ Memo GM NR/ 2018-12 Dated: 1-8-2018

1. We are thankful to Northern Railway for recently posting a Doctor on regular basis at the Health Unit Chandigarh thus resolving a long pending problem of the Railway Beneficiaries residing in tri-city.
2. a) However, the problem is only partially resolved as the Doctor at Chandigarh Health Unit has not so far been given the requisite powers for referring the Patients either to the Empanelled Private Hospitals for specialized treatment or to the empanelled Diagnostic Centers.  
Consequently, even seriously sick and old patients have to travel 45 to 50 Kms either by Rail or Road from Chandigarh to Ambala Divisional Hospital for getting the referral done to the empanelled Private Hospitals for specialized treatment or to the empanelled Diagnostic Centers for requisite Tests etc.  
b) Similarly, even in case of emergency, the relatives have to go from Chandigarh to Ambala to get the approval of the CMS Ambala for the cashless treatment in the empanelled Private Hospitals where they are admitted due to the emergency conditions.  
c) This is not only costly, cumbersome and at times tortuous especially for the old and serious patients many of whom may be living alone or just with their spouse in old age while their children are settled elsewhere. Besides, Outstation old patients have to spend a lot of time to get approval for referral and Emergency from CMS Ambala.
3. It is, therefore, requested that a) Doctor of Health Unit Chandigarh, be authorized to refer Cases of Railway Beneficiaries (especially old age RELHSOptee Pensioners) for treatment in Empanelled Private Hospital for cashless treatment as per prescribed conditions.  
b) Doctor of Health Unit be authorized to approve Cases of “Emergency” for cashless treatment in the empanelled private Hospitals as per prescribed conditions.  
c) Doctor of Health Unit be authorized to refer Railway Beneficiaries to Diagnostic Centers for requisite tests.  
d) Doctor of Health Unit be given powers for Local Purchase of requisite medicines especially for Senior Citizens including the medicines in case of chronic diseases and those prescribed by the specialists.



## MEMORANDUM TO RAILWAY BOARDREG DELAY IN REVISION OF PENSION AS PER ORDERS ON 7TH CPC

(Copy of Memorandum No. RSCWS/ CHQ/CHD/ PPOs / 2018-24 Dated: 31-12-2018 to MS & FC Rly.Board)

**Subject:** Revision of Pension of Pre -2016 Pensioner as per orders on 7th CPC

**Regarding:** Inordinate delay in implementation of Govt./Board's orders

- Reference:**
1. Railway Board's letter No.2016/F(E)III/1(1)/7 dated 11.07/2017 (RBE No.66/2017)
  2. Railway Board's letters dated 9.6.2017, 19.7.2017 & 25.07.2017, 98/2017 & 103/2017
  3. FC & MS Rly. Board's letters No.2016/AC-II/21/8/PT-III dated 05.09.2017 & 11-10-2017
  4. Railway Board's letter to all PFAsRBA Nos. 170/2017 & 55/2018 dated 30-5-2018

1. We draw your kind attention to the increasing level of frustration & financial hardship being faced by lakhs of Pre-2016 Railway Pensioners due to non-revision of their Pensions as per accepted recommendations of 7th CPC Report even though more than one year has passed since the Issue of orders by Railway Board and reminders thereof - as cited above.

2. a) Old age Pensioners & Family Pensioners keep on enquiring from the PDA Banks or from the PSA Offices about the position of their Revised PPO or regarding the Revision of their Pension but not given any satisfactory reply or feedback or update about the position of the same. This further aggravates their frustration & agony.

b) The system of tracking of position of Revised PPOs on ARPAN does not work for most of the Railway Pensioners and Family Pensioners as they have Old PPO Nos. which had not been digitalized by the Zonal Railways in most cases.

3. Even the parallel exercise advised by FC/ Railway Board, vide letter dated 5-9-2017 and that of the MS Railway Board dated 11-10-2017 cited above - regarding 'suomoto' preparation & issuing of Revised PPOs – as per conventional (manual) method – have also not brought in the desired results to expedite the Revision of Pension.

4. Apparently, following are some of the main reasons & bottle necks for the present predicament:

i) Non-initiation of action for Digital revision of PPOs by some of the Units - (especially by Northern Railway Workshops where rail.net is not yet working).

ii) Pendency in Personnel for compilation & Accounts for verification & counter signing of PPOs.

iii) Non-posting of Revised PPOs on ARPAN by the Units & Zones (on account of non-availability of rail.net or other supporting system for the same).

iv) Huge Pendency in dispatch (to PDA Banks & Pensioners concerned) of manually prepared Revised-PPOs (as per orders of the Railway Board dated 05.09.2017 & 11-10-2017).

v) Lack of monitoring & administrative action at Local & Zonal levels on the Railways regarding issue of Revised PPOs & Revision of Pension.

vi) Huge pendency in PDA Banks for revising Pension as per of Revised PPOs received by CPPCs.

vii) Lack of feedback by PDA Banks & follow up action thereon reg. Pendency of Revision of Pension.

5. All this is resulting in exorbitant delay in revision of Pension thereby causing financial loss and hardship to the Pensioners & Family Pensioners.

6. You are, therefore, requested to please issue necessary orders & guidelines to all concerned:

a) To please remove the above cited bottlenecks and to ensure expeditious revision of Pension & Family Pension of all left out affected Pensioners & Family Pensioners.

b) Effective monitoring & remedial action at Local/Unit, Zonal and at Railway Board's level - against pendency of Revision PPOs at Unit/Zonal levels and Non Revision of Pension by PDA Banks.

c) Digitalisation of all PPOs and posting thereof on ARPAN

d) Expeditious activation of rail.net in left out areas or adoption of some other alternate system for posting of Revised PPOs on ARPAN.

e) Seeking intervention of MOF & RBI for instructions to PDA Banks to expedite revision of Pension as per Revised PPOs already received by them

f) Advice to PDA Banks to pay Interest for the delayed payment of Revised Pension/Family Pension and the arrears thereof – as per standing instructions of RBI.

g) Grant of Honorarium to Personnel & Accounts staff for preparation & Verification of Revised PPOs as it is once in 10 years additional work.

h) Sensitizing the concerned staff and officers towards suffering of Pensioners and Family Pensioners and motivating them to resolve the same by expediting the process of Revision of PPOs & Pension as well as to give proper feedback/ update to the enquiring Pensioners and Family pensioners in this regard.

## **RELHS OPTEES CAN JOIN CTSE & GET CASHLESS TREATMENT IN EMERGENCY IN ANY EMPANELLED HOSPITAL ALL OVER INDIA**

Copy of Railway Board's letter No.2014/H/28/1/Smart Card/Part A, dated 02.11.2018

To all General Managers, All Indian Railways

**Subject:-** Cashless treatment scheme in emergency (CTSE) in empanelled hospitals for retired employees and their dependent family members

It has been decided to extend 'Cashless treatment scheme in emergency (CTSE) in empanelled hospitals for retired employees and their dependent family members in emergency situations' (CTSE) to the cities classified as 'X' and 'Y' vide Ministry of Finance O.M. dated 07.07.2017 (copy enclosed), cities where headquarters of Zonal Railways/Production Units and DRM's Offices are located and Rest of the country as per the following schedule:

- i. X cities and Zonal Headquarters by 31.12.218.
- ii. Y cities and Divisional headquarters by 31.03.2019.
- iii. Rest of the country by 31.12.2019.

It has also been decided that Contribution fixed for CTSE scheme is to continue.

It is further advised that CTSE scheme may be given wide publicity among Retired Railway employees to make it more popular.

Detailed/Consolidated instructions on the scheme will follow.

This issues with the concurrence of Finance Directorate of the Board.

### **CONDITIONS DEFINED AS EMERGENCY FOR CASHLESS TREATMENT IN EMPANELLED HOSPITALS FOR RELHSOPTEES**

(Reference: Railway Board's Letter No. No.2007/H/28/1/RELHS/Smart Card dated 18.07.2012)

The following conditions, shall qualify as emergencies.

1. Acute cardiac conditions/syndromes.
2. Vascular catastrophes, Cerbo-vascular accidents.
3. Acute respiratory emergencies.
4. Acute abdomen including acute obstetrical, gynaecological emergencies.
5. Life threatening injuries.
6. Acute poisoning and snake bite.Acute endocrine emergencies.
7. Heat stroke and cold injuries of a life threatening nature.
8. Acute renal failure.
9. Severe infections leading to life threatening situations.
10. Any other condition in which delay could result in loss of life or limb.

### **RSCWS SEEKS EARLY ISSUE OF DETAILED INSTRUCTIONS ON CTSE**

(Copy of Memo to DGRHS Rly.Bd.No. RSCWS/HO/CHD/ Memo RB/ 2018-23 dated 31-12-2018)

**Subject:** Cashless treatment scheme in emergency (CTSE) in empanelled hospitals for retired employees and their dependent family members

**Reference:** Railway Board's letter No.2014/H/28/1/Smart Card/Part A, dated 02.11.2018

It had been decided vide your office orders cited above to extend 'Cashless treatment scheme in emergency (CTSE) in empanelled hospitals for retired employees and their dependent family members in emergency situations' (CTSE) to the cities classified as 'X' by 31st December, 2018, to 'Y' class cities by 31st March, 2019 and thereafter to other cities by the end of 2019.

It was also mentioned in the said orders that the "Detailed/Consolidated instructions on the scheme will follow". However, the detailed instructions thereon are still awaited.

It is requested that the "Detailed/Consolidated instructions on the scheme" may please be issued early for effective implementation of the scheme.

### **RAIL PENSIONERS ! BE ACTIVE MEMBERS OF RSCWS**

**SUBSCRIPTION FOR RSCWS RS.300/- PA OR LIFE MEMBERSHIP RS.2500**

(INCLUDING THAT FOR "PENSIONERS RAIL SAMPARK" – QUARTERLY JOURNAL OF RSCWS)

DONATIONS & SUBSCRIPTIONS MAY BE PAID TO TREASURER RSCWS IN CASH OR AT-PAR CHEQUE OR DD

**IN FAVOUR OF "RAILWAY SENIOR CITIZENS WELFARE SOCIETY"– AT HIS FOLLOWING ADDRESS:**

**SH. JASPAL SINGH, TREASURER, RSCWS, FLAT NO. 1020/1, FF, SECTOR45-B, CHANDIGARH-160047 (PH.09876092040)**

**- PRESIDENT & SECRETARY GENERAL, RSCWS**

## UNIFORMITY AND RENEWAL OF MEDICAL IDENTITY CARDS FOR RELHSOPTES

Railway Board's letter No.2018/Trans.Cell/Health/Medical Cards dated: 08.06.2018 to all GMs IR&PUs

Sub: Medical Identity Cards — Uniformity and renewal

For bringing uniformity in the Medical Identity Cards issued to employees and other beneficiaries on Indian Railways, Board (MS, FC & CRB) have approved the following.

1. The Medical Identity Card should be a plastic based card, the size of which should be same as that of the debit/credit cards issued by banks.
2. A strip at the top of the card should have different color for serving and retired employees and their dependents as per extant instructions on color of Medical Identity Cards.
3. A separate Medical Identity Card, with unique all India number, should be issued to the employee as well as each dependent. The card of the dependent may also bear the Medical Card number of the primary serving/retired employee. The numbering scheme is to be decided by Establishment Directorate.
4. The level of entitlement of employee, which indicates the level of facilities to be provided to the beneficiaries, should be indicated on the card. The pattern being used by CGHS may be adopted with suitable modifications, if required. Health directorate may decide the same.
5. The Medical Identity Card for beneficiaries upto the age of 15 years should be made valid for 5 years, after which these should be renewed. For beneficiaries above the age of 15 years, the Medical Identity Card should be renewed on attaining the age of 40 years and at the time of retirement. The Medical Identity Card should also be reissued on change of level of entitlement.
6. Only bare minimum information of the beneficiary may be visible on the card. The following data may be printed on the card:
  - a. The name of the Railway
  - b. Medical Card Number
  - c. Name & Medical Card Number of the Primary holder in case of card of dependent
  - d. Name of the card holder
  - e. Year of Birth
  - f. Date of validity of the card
  - g. Level of entitlement of medical facilities
  - h. Health Unit
  - i. Blood Group
  - j. Photograph
  - k. Signature/LTI of the beneficiary
  - l. Signature/Designation of issuing authority
  - m. Electronic Card reading may be incorporated where such systems are implemented.

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

## REVISED RATES OF SUBSCRIPTION FOR RELHS FOR NEW PENSIONERS

Copy of Railway Board's Letter No: 2017/II/28/1/RELHS Dated: 23.02.2017 to all GMs IR

Sub: Subscription rates of RELHS.

Ref: Railway Board Letter No.97/H/28/1, dated 23.10.1997

1. Ministry of Health vide letter No.11011/11/2016-CGHS(P)/EHS, dated 9 January, 2017 has revised the rates of monthly contribution for availing the CGHS facility. The pensioners also have to make contribution to avail medical facility of CGHS. Pensioner have an option to get their CGHS pensioner card by either making CGHS contribution on an annual basis (twelve month) or by making contribution for ten years for getting a pensioner CGHS card with life time validity.
2. The similar scheme for retired railway employees is "Retired Employees Liberalized Health Scheme" (RELHS). The subscription rate to join RELHS were laid down, vide the letter under reference, to be equal to the last basic pay of the employees.
3. To bring the policies in sync with MoHFW, Ministry of Railway has decided that in partial modification to Board's letter dated 23.10.1997, the rate of contribution to join RELHS shall be last month's basic Pay drawn or the subscription rate indicated at different levels (as per 7th CPC) enumerated in the table below, whichever is lower.

S.No	Levels in the Pay Matrix as per 7th CPC	Subscription rate to join RELHS( inRs.)
1	Level: 1 to 5	30,000
2	Level: 6	54,000
3	Level:7 to 11	78,000
4	Level : 12 and above	1,20,000

4. The revised rate of subscription as above shall be applicable to those railway employees who shall be retiring and joining RELHS on or after the date of issue of this letter. Those who have already retired and are not member of RELHS shall be governed by the rules which were prevalent at the time of their retirement.

## RELHSOPTES TO BE REFERRED TO THE EMPANELLED HOSPITALS OF THEIR CHOICE

(Copy of Railway Board's Letter No.2016/H-1/11/58/Policy dated 21st June, 2018)

Sub:- Simplification of procedures for treatment at private hospitals empanelled by the Railways

Various feedback and complaints are received in Railway Board regarding the method being followed by Railway hospitals while referring patients to non Railway empanelled private hospitals that some hospitals are ignored and few are considered comparatively more for referral of patients

In the light of above, it has been decided that while making the referral letter, patients or their relatives will be asked to go through the list of empanelled hospitals already displayed in OPD or office where referral letter is being prepared and to give their choice in writing which can be endorsed on the referral letter. Patients or relatives will also affix his/her signature/LTI/RTI in the side space.

## ENTITLEMENT OF HOSPITAL WARDS FOR RAILWAY MEDICAL BENEFICIARIES IN RAILWAY EMPANELLED HOSPITALS

Copy of Railway Board's letter No.2016/H-1/11/69/Hospital Recognition Dated 08.05.2018 to all GMs IR

The issue of revision of entitlement of wards in railway empanelled hospitals for railway medical beneficiaries as contained in para 5 of Memorandum of Understanding (MOU) circulated as an annexure to Board's letter of even number dated 23.12.2016 has been under consideration of this Ministry.

2. Keeping in view the guidelines circulated by M/o Health & Family Welfare pursuant to acceptance of 7th Central Pay Commission (CPC), the matter has been examined in consultation with Finance Directorate of this Ministry and it has been decided that revised criteria for entitlement of wards in railway empanelled hospital for railway medical beneficiaries will be as under:

S.No	Corresponding basic pay drawn by the officer in 7 CPC per month	Entitlement
1	UptoRs. 47,600/-	General ward
2	Rs.47,601/- - to Rs. 63,100/-	Semi - private ward
3	Rs. 63,101/- - and above	Private ward

3. This issues with the concurrence of the Finance Directorate of the Ministry of Railways (Railway Board).

## No Revision in 7th CPC Fitment Factor - Minister Replied in Parliament

In a written reply to a question in Rajya Sabha on 11th December 2018, Minister of State for Finance Shri P. Radhakrishnan said no change in 7th CPC Fitment Factor and House Rent Allowance.

**Increase in Pay Fitment Factor and HRA**

"The fitment factor for the purpose of fixation of pay in the revised pay structure based on the recommendations of the 7th Central Pay Commission is 2.57 which is uniformly applicable to all categories of employees. As the same is based on the specific and considered recommendations of the 7th Central Pay Commission, no change therein is envisaged.

The Government vide Resolution dated 6th July, 2017 decided that HRA shall be revised to 27%, 18% and 9% of Basic Pay in X, Y and Z cities when Dearness Allowance (DA) crosses 25% and further to 30%, 20% and 10% of Basic Pay in X, Y and Z cities when DA crosses 50%."

## INCOME TAX BENEFITS FOR THE SENIOR CITIZENS IN AY 2019-20 (FY 2018-19)

1. Exemption limit of 3 lakh for Senior Citizens.
2. No advance tax need to be paid for the Senior Citizens.
3. Standard deduction of RS. 40000/- allowed to salaried class (includes pensioners) under Chapter VIA.
4. No Income Tax for interest earned on SB & FD upto Rs.50000 for Senior Citizens under Sec 80 TTB
5. TDS limit for interest is raised to Rs.50000/- from Rs.10000/- for the Senior Citizens under Sec 194 A.
6. Deduction under Sec 80 D for Medical Insurance is raised to Rs.50000/- for Senior Citizens.
7. Medical expenditure for critical illness is raised to Rs.60000 for Senior Citizens under Sec 80DDB.
8. Senior citizens can pay full income tax by July of the AY before filing the reruns. They need not pay periodically in Sept/Dec/Mar.



## RSCWS REITERATES DEMAND FOR BENEFIT OF UPGRADED POSTS BY 6TH CPC FOR MINIMUM REVISED PENSION OF PRE-2006 PENSIONERS

(COPY OF MEMORANDUM NO. RSCWS/HO/CHD/ MEMO/ 2018-5 Dated: 16-10-2018 to Secretary Finance, DOE, GOI)

Sub: Revision of Pension of Pre 2006 Pensioners – Reg:

- Ref:- i) Resolution of GOI No. 38/37/08-P&PW (A) dated 29-8-08 & OM Dated 1-9-2008,  
ii) Para 5 of DOP & PW O.M. F.No. 38/37/08-P&PW (A) dated 11-2-2009  
iii) DOP & PW O.M. F.No. 38/37/08-P&PW (A) dated 30-7-2015  
iv) RSCWS Memorandum to Hon. MOS Personnel, PG & Pension, GOI with a Copy to you No. RSCWS/HO/CHD/ Memo / 2018-5 dated 21-05-2018 - (Copy attached)  
v) Judgment of CAT Ernakulam in OA 693-2017 dated 10.9.2018 - K.C.Bhaskaran – Vs – UOI & others

1. In continuation of our Memorandum dated 21-5-2018 (cited above), we, once again, seek justice from you for the large number of affected Pre-2006 Pensioners who had unjustly been denied the benefit of upgraded posts for fixation of their Revised Pension after 6th CPC.

2. The denial of benefit of upgraded posts for fixation of Revised Pension w.e.f. 1-1-2006, vide Para 5 of the DOP&PW OM dated 11-2-2009 cited above, has been repeatedly held to be illegal and set aside in numerous cases decided by the various Benches of CAT, High Courts and Supreme Court – as cited by us in our previous Memorandums (copy of which is attached herewith for ready reference).

3. The benefit of replacement scale of Rs.7450-11500 (Grade Pay Rs.4600 in PB 9300-34800) in place of Scale Rs.6500-10500, has been given to all Petitioners in each of these cases as per directions of the Courts in those cases.

4. In its orders, CAT Ernakulam in OA 693-2017 dated 10.9.2018 (cited above), has held as under:

“13. \_\_\_\_\_ Both the applicants were retired prior to 01.01.2006 and seeking the benefit of para 4.2 of O.M dated 1.9.2008 which reads as under:-

“4.2. The fixation of pension will be subject to the provision that the revised pension, in no case, shall be lower than fifty per cent of the minimum of the pay in the pay band plus the grade pay corresponding to the pre-revised pay scale from which the pensioner had retired. In the case of HAG+ and above scales, this will be per cent of the minimum of the revised pay scale.”

“14. As per O.M dated 1.9.2008 the benefit of pay fixation in terms of para 4.2 shall be permissible by revising the pension of pre-1.1.2006 pensioners. Para 4.2 being the policy decision of the Government of India, the same has to be the guiding principle for determining the 6th CPC revised pension for pre-1.1.2006 pensioners. The applicant who has been retired in the year of 1987 in the pay scale of Rs.6,500-10,500/- was also entitled for 50% of the minimum of the pay in the pay band plus grade pay.

“15. Therefore, this Tribunal is of the view that applicant is entitled to revised pension in terms of paragraph 4.2 of OM dated 1.9.2008 or 50% of the minimum pay in the pay band of Rs. 9,300-34,800/- with Grade Pay of Rs. 4,600/- or as per Annexure A2 fitment table, whichever is beneficial to the applicant.”

5. a) CAT Ernakulam in OA 693-2017 dated 10.9.2018, has referred to several judgments of various courts in all of which similar orders had been passed by the Courts in similar cases.

b) As per law of natural justice as repeatedly upheld by the Apex Court, the wisdom of the directions of the Courts – especially on policy matters – should be applied to all similarly placed employees & pensioners instead of forcing them into repetitive litigation.

6. Delhi High Court in W.P.(C) 8012/2013 had held that “policy decision of the Government in the OM dated September 01, 2008 to fix pension for all categories of pensioners did not classify post of pre January 01, 2006 retirees and all were entitled to pension as per a common formula”

7. It is, therefore, requested that Pre-2006 Pensioners be given the benefit of re-placement in Pay Band and Grade Pay of the post from which they retired so that minimum pension be not lower than 50% of the pay in the revised pay band plus the grade pay corresponding to the post from which they retired – as per DOPPW OM dated 30-7-2015.

**LATE NEWS: THE ABOVE MENTIONED LONG PENDING DEMAND OF RSCWS HAS BEEN PARTIALLY MET  
REG: BENEFIT OF UPGRADED POSTS FOR REVISION OF PENSION OF PRE-2006 PENSIONERS IN V CPC  
SCALE OF 6500-10500 RAISING THEIR MINIMUM PENSION FROM RS. 8145 TORS. 8345 FROM 1-1-2006  
SEE COPY OF THE ORDER ON NEXT PAGE AND ORIGINAL ORDERS ON RSCWS WEBSITE [www.rscws.com](http://www.rscws.com)  
RSCWS WILL CONTINUE TO REPRESENT FOR MINIMUM PENSION OF RS.9230 FOR THEM AT PAR WITH  
MINIMUM PENSION FOR THE REPLACEMENT SCALE OF RS.7450-11500. SIMILAR BENEFIT WILL BE  
SOUGHT FOR PENSIONERS WHO RETIRED FROM OTHER SCALES WHICH HAD SINCE BEEN UPGRADED**

**PENSIONERS ! VISIT RSCWS WEBSITE [www.rscws.com](http://www.rscws.com) REGULARLY  
FOR UP-TO-DATE ORDERS & RULES OF GOI & OUR MEMORANDUM ON PENSIONERS ISSUES  
AND TO STAY IN TOUCH WITH THE PAST, PRESENT & FUTURE**

**Copy of OM No. 38/33112- P & PW (A) Dated 4-1-2019 of DOP&PW GOI**

**Sub:- Revision of pension w.e.f. 1.1.2006 of Pre-2006 pensioners who retired from the 5th CPC scale of Rs. 6500-10500/-.**

The undersigned is directed to say that as per Para 4.2 of this Department's OM of even number dated 01.09.2008 relating to revision of pension of pre-2006 pensioners w.e.f. 1.1.2006, the revised pension w.e.f. 1.1.2006, in no case, shall be lower than 50% of the sum of the minimum of pay in the pay band and the grade pay thereon corresponding to the pre-revised pay scale from which the pensioner had retired.

2. Instructions were issued vide this Department's OM of even number dated 28.1.2013 for stepping up of pension of pre-2006 pensioners w.e.f. 24.9.2012 to 50% of the sum of the minimum of pay in the pay band and the grade pay thereon corresponding to the pre-revised pay scale from which the pensioner had retired, as arrived at with reference to the fitment tables annexed to Ministry of Finance, Department of Expenditure's OM No. 111/2008-IC dated 30th August, 2008. A concordance table indicating the revised pension/family pension of pre-2006 pensioners in terms of instructions contained in para 4.2 of OM dated 1.9.2008 read with the OM dated 28.1.2013 was also annexed to the OM dated 28.1.2013. Subsequently, orders were issued vide this Department's OM of even number dated 30.7.2015 that the pension/family pension of all pre-2006 pensioners/family pensioners may be revised in accordance with this Department's OM No. 38/37/08-P&PW(A) dated 28.1.2013 with effect from 1.1.2006 instead of 24.9.2012.

3. In the aforesaid OM dated 28.1.2013 of Department of Pension & Pensioners' Welfare, the grade pay corresponding to the pre-revised pay scale of Rs. 6500-10500 was shown as Rs. 4200/- and the minimum pension in terms of para 4.2 of the OM dated 1.9.2008 was shown as Rs. 8145/- (50% of minimum pay of Rs. 16,290/- as per fitment table for the pre-revised scale of pay of Rs. 6500-10500, annexed to Ministry of Finance, Department of Expenditure's OM No. 111/2008-1C dated 30th August, 2008).

4. Order were issued vide Ministry of Finance, Department of Expenditure's OM No. 1.1.2008-1C dated 13.11.2009 that the posts which were in the pre-revised scale of Rs. 6500-10500 as on 1.1.2006 and which were granted the normal replacement pay structure of grade pay of Rs. 4200/- in the pay band PB-2, will be granted grade pay of Rs. 4600/- in the pay band PB-2 corresponding to the pre-revised scale of Rs. 7450-11,500 w.e.f. 1.1.2006.

5. Representations have been received in this Department for extending the benefit of grade pay of Rs. 4600/- for revision of pension/family pension, w.e.f. 1.1.2006, in respect of Pre-2006 pensioners who retired/died in the 5th CPC scale of Rs. 6500-10500/- or equivalent pay scale in the earlier Pay Commission periods. The matter regarding the amount of minimum pension/family pension in terms of para 4.2 of the O.M. dated 1.9.2008 in their case has been re-examined in the light of the orders issued by Ministry of Finance (Department of Expenditure) vide their OM No. I/1/08-IC dated 13.11.2009 and decisions of courts in certain cases. It has been observed that pay of all serving employees in the pre-revised pay scale of Rs. 6500-10500/- has been fixed w.e.f. 1.1.2006 in the grade pay of Rs. 4600/-. Therefore, the grade pay of Rs. 4600/- can be considered as the grade pay corresponding to pre-revised pay scale of Rs. 6500-10500/-.

6. Accordingly, it has been decided that, for the purpose of revision of pension/family pension w.e.f. 1.1.2006 under para 4.2 of the O.M. dated 1.9.2008, the Grade Pay of Rs. 4600/- may be considered as the corresponding Grade pay in the case of pre-2006 pensioners who retired/died in the 5th CPC scale of Rs. 6500-10500/- or equivalent pay scale in the earlier Pay Commission periods,

7. In accordance with the provisions of Rule 7 of the CCS (Revised Pay) Rules, 2008, the pay corresponding to the pay of Rs. 6500/- in the pre-revised pay scale of Rs. 6500-10500/- would be Rs. 12090/- in the PB-2. After adding the grade pay of Rs. 4600/-, the pay in the Pay Band! Grade Pay corresponding to the pay of Rs. 6500/- in the pre-revised pay scale of Rs. 6500-10500 would be Rs. 16690/- (12090+4600). Accordingly, the revised pension w.e.f. 1.1.2006 in terms of para 4.2 of OM dated 1.9.2008, for the pre-2006 pensioners who retired from the pay scale of Rs. 6500-10500/- in the 5th CPC or equivalent pay scales in the earlier Pay Commissions would be Rs. 8345/-. Accordingly the entries at serial number 13 in the annexure of this Department's OM No. 38/37/08-P&PW(A) dated 28.1.2013 may be substituted by the entries shown in the statement annexed to this O.M. (For Annexure see orders on the Website [www.rscws.com](http://www.rscws.com))

8. As provided in this Department's OM dated 28.1.2013, in case the consolidated pension/family pension calculated as per para 4.1 of this Department's OM No. 38/37/08- P&PW(A) dated 1.9.2008 is higher than the pension/family pension calculated in the manner indicated above, the same (higher consolidated pension/family pension) will continue to be treated as basic pension/family pension.

9. These orders are issued in consultation with the Comptroller and Auditor General of India.

10. All the Ministries/Departments are requested to bring the contents of these orders to the notice of Controller of Accounts/Pay and Accounts Officers and Attached and subordinate Offices under them. They are also requested to revise the pension of the affected pre-2006 pensioners in accordance with the instructions contained in this O.M. on a top priority basis.

**SEE COPIES OF FOLLOWING DOCS ON RSCWS WEBSITE**

- **MP writes to MOF for counting Running Allowance for Revision of Pension**
- **Revision of Pension of Pre 2016 retired Running Staff - issue again referred by Railway Board to DOP&PW**
- **RBE\_2-2008 Revision of Pension of Pre 1986 Retired Running Staff - Running Allowance not to be counted**
- **Preference for allotment of railway accommodation to the eligible spouse/ward of retired railway allottee as per entitlement or one type higher in Sharing of accommodation cases**
- **Monitoring of important issues pertaining Health Delivery System: Railway Board's Letter No.2018/Health/Conference dated 22.11.2018**



**More Reliable  
More Affordable**




## SERVICES OFFERED

- Cardiac Sciences
- Gastroenterology
- Nephrology
- Pulmonology
- Psychiatry
- Physiotherapy
- Pediatric
- Neurology & Neurosurgery
- Critical Care & Trauma
- Internal Medicine
- Bariatric
- Ophthalmology
- Dentistry / Oral Sciences
- Ear/Nose/Throat
- Orthopedics & Joint Replacement
- Urology & Renal Transplant
- General & Laparoscopic Surgery
- Obstetrics & Gynaecology / IVF
- Dermatology & Cosmetic Surgery
- Oncology (Medical, Surgical, Radiation)

**Ivy Hospital, Mohali is empaneled by Northern Railway, DMW & RCF Kapurthala for the cashless treatment of Railway beneficiaries in emergency and on reference by authority**

**In non-referral cases, members of RSCWS (Railway Senior Citizens Welfare Society) shall be treated and charged on CGHS rates for all specialties in IPD, OPD & Diagnostics for the various specialties against cash/credit card/Debit Card/DD facilities, on production of Membership Card or letter of Authority of RSCWS.**

**For More information contact: 9115403518, 8558820260**

### Services Available



- Emergency
- Trauma
- Blood Bank
- Ambulance
- Pharmacy
- Pathology Lab
- Radiology



**Ivy Emergency Helpline**

**99888 23456**

ONE NUMBER FOR ALL YOUR HEALTHCARE NEEDS

**Ivy Hospital, Sector 71, Mohali**



0172 7170000



[www.ivyhospital.com](http://www.ivyhospital.com)

OUR NETWORK : MOHALI NAWANSHAHR HOSHIARPUR • KHANNA • AMRITSAR • PANCHKULA • BATHINDA



# SHALBY HOSPITALS, MOHALI WELCOMES

## DR HARINDER SINGH BEDI

M.Ch(CTVS), FIACS (Gold Medalist)

CHIEF CONSULTANT- CARDIO VASCULAR, ENDO VASCULAR & THORACIC SCIENCES

### Areas of Specialization:

- CABG Beating Heart Off Pump CABG
- Valve Repair And Replacement
- Pediatric Heart Surgery
- Vascular And Endovascular Surgery
- Minimally Invasive Heart, Vascular And Endovascular Surgery
- Endovascular Treatment For Varicose Veins
- Heart & Lung Transplant



### Recognitions:

- Over 20,000 open heart procedures to credit with result matching international standards
- Some World first surgeries including the first series of Multi-vessel beating heart surgery using innovative techniques for stabilization and perfusion with angiographic follow-up [published (Acknowledged 2000) by the Medical World and published in the Limca Book of World Records 2000]
- A vascular world first surgery - using Radial Artery in Femoro-popliteal bypass

### Formerly Worked with:

- St. Vincents Hospital and Royal Alexandra Hospital for Children, Sydney
- Escorts Heart Institute, New Delhi
- Fortis Heart Institute, Mohali
- Head CTVS, CMC & H, Ludhiana

### Awards & Honors:

- Punjab Govt. Civil Award - Parman Patra - 2001
- Lifetime Achievement Award by Governor Haryana - 2009
- Pride of Punjab Award by CM. Punjab - 2013
- Doyen of Healthcare Award by the Tribune Trust at the hands of CM, Punjab - 2017
- Honoured with "Pioneer In Healthcare" at the hands of Shri JP Nadda, Hon'ble Minister of Health, Govt. of India in 2018

**For More Information, Contact**



**87250 40402 / 87250 40400**

Members of RSCWS (Railway Senior Citizens Welfare Society) shall be treated and charged as per CGHS rates for all Specialties available in the Hospital in IPD, OPD & Diagnostics for various specialties against Cash / Credit Card / Debit Card / DD facilities, on production of Membership Card or Letter of Authorization from RSCWS.

### SHALBY HOSPITAL

Phase-9, Sector-63, S.A.S Nagar, Mohali, Punjab.

E: info.mohali@shalby.org | W: www.shalby.org

**SHALBY**  
MULTI-SPECIALTY  
HOSPITALS

PRS: 10-12-2018

If undelivered, please return to:

RAILWAY SENIOR CITIZENS WELFARE SOCIETY

32, Phase 6, Mohali (Chandigarh)-160055

(Ph. 09316131598, 08360452584)

PRINTED MATTER