

WESTERN RAILWAY

P.S.No.89/2011

Headquarter Office,  
Churchgate, Mumbai-20

No. E(S)789/0 Vol. XXI

Date: 05.07.2011

To,  
All DRMs / CWMs & Units Incharge,  
C/- Genl. Secy., WREU-GTR / WRMS-BCT.  
C/- GS-All India SC/ST Rly Employees. Assn,'W' Zone, Mumbai  
C/- GS-All India OBC Rly Empl. Assn, Mumbai.

Sub: Grant of Fixed Medical Allowance revised from Rs. 100 to Rs. 300 from 1.9.2008 vide Board's letter No. PC-V/2010/A/Med 1, dt. 29.6.2010 to the Railway pensioners/ family pensioners – clarification regarding.

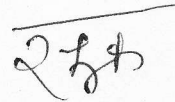
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A copy of Railway Board's letter No. PC-V/2011/A/Med/1 dated 07.6.2011 [RBE No.83/2011 & Sr. No. PC-V-505] is sent herewith for information, guidance and necessary action.

Railway Board's letter mentioned therein are circulated as under:

S.No.	Railway Board's letter No. and dated and RBE. No.	Circulated under this office letter No. and date and P.S. No.
1.	PC-V/2006/A/Med/1 dt. 15.9.2009 (RBE No. 168/2009)	No. E(S)789/0 Vol. XXI. Dt. 29.9.2009 (P.S. No. 179/2009)

Encl: As above.

  
(S Kademani)  
Dy.CPO(HRD)  
For General Manager(E)

Copy of Railway Board's letter No. PC-V/2011/A/Med/1 dated 07.6.2011 [RBE No.83/2011 & Sr. No. PC-V-505] addressed to the General Manager, All Indian Railways and Others.

Sub: Grant of Fixed Medical Allowance revised from Rs. 100 to Rs. 300 from 1.9.2008 vide Board's letter No. PC-V/2010/A/Med 1 dt. 29.6.2010 to the Railway pensioners/ family pensioners – clarification regarding

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Pursuant to receipt of references from Railway Federations etc. seeking to modify the Undertaking Form annexed with Board's letter No. PC-V/20006/A/Med/1 dated 15.9.2009 [RBE No.168/2009) so as to ensure that the pensioners/family pensioners availing OPD facility for chronic diseases are not deprived of the Fixed Medical Allowance, the matter has been examined and it has been decided to modify the Undertaking Form suitably.

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

3. Hindi version is enclosed.

DA: As above.

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Board's letter No. PC-V/2011/A/Med./1 , dated 7.6.2011

UNDERTAKING FORM

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

I \_\_\_\_\_ a retired employee/family pensioner whose \_\_\_\_\_ (specify relation of family pensioner with deceased Railway employees was an employee of (office address) \_\_\_\_\_ declare that I am residing at (residential address indicated in PPO) \_\_\_\_\_ which is beyond 2.5 Kms from the nearest Railway hospital/health unit \_\_\_\_\_ (Name of the Hospital/Health Unit as contained in Annexure-III to Railway Board's letter No. PC-V/98/I/7/1/1, dated 21.4.1999.

2. Accordingly, I hereby opt to claim Fixed Medical Allowance of Rs. 100 and /or Rs. 300 per month as per prescribed rate. Necessary endorsement may please be made in my PPO in this regard. Simultaneously, I undertake that I will not avail of OPD facilities. (except in cases of chronic diseases as mentioned in Board's letter No. 2006/H/DC/JCM, dated 12.10.2006) at Railway hospital/health units from the day I claim Medical Allowance. I also understand that grant of Medical Allowance is subject to the terms and conditions specified in Board's letter No. 98/I/7/1/1 dated 21.4.1999 and dt. 1.3.2004 and last being letter No. PC-V/2006/A/Med/1, dated 15.9.2009..

3. I also declare that I have not availed any treatment as Out Door Patient (except in cases of chronic diseases as mentioned in Para 2 above) for the period from \_\_\_\_\_ (indicate here the date of retirement or the date of availing OPD facility on the last occasion or 1.12.1997, whichever is later) to this day \_\_\_\_\_ (indicate here the date on which this declaration is signed). I may accordingly be paid arrear of Medical Allowance @ Rs. 100 and /or Rs. 300 per month for the period mentioned above as per prescribed rate.

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

Signature \_\_\_\_\_

Name in Full \_\_\_\_\_

PPO NO. \_\_\_\_\_

Issue By \_\_\_\_\_

SB A/C No \_\_\_\_\_

Post office/Bank \_\_\_\_\_

Branch \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_