

Ref: 7 / 55 / 94 / CHSS / IR&W / 37

January 22, 1998

OFFICE MEMORANDUM

Sub: Contributory Health Services Scheme  
in the Department of Atomic Energy.

The Contributory Health Services Scheme which is presently in operation in Mumbai was introduced vide this Department's OM No. 32 / (5) / 69 – Adm. Dated April 21, 1975. Another Scheme incorporating therein all the amendments issued from time to time to the above Scheme subsequently and also streamlining the various procedure there under was notified vide this Department's OM No. 22 / 27 / 84 / CHSS / IR&W / 27 dated February 16, 1994, to be effective from 1.4.1994 onwards. However, this had to be suspended later and the same was further reviewed. The President is accordingly pleased to sanction a revised Contributory Health Services Scheme incorporating therein liberalisation in various fields as also the required changes after the recent pay revision, as given in the Appendix. The new Scheme will come into effect from 1.2.1998. Pending cases will be settled under the old rates and those already decided shall not be re-opened. The expenditure involved will be debit to the Sub-head "000104 – Health Scheme – 03 Bhabha Atomic Research Centre", subordinate to the Major Head "3401 – Atomic Energy Research" for which the corresponding grant number for the year 1997 – 98 is 88 – Atomic Energy.

Although the Scheme framed as above is particularly meant for Mumbai, the same is extended mutatis mutandis to other places where the CHSS is in operation presently, i.e. Tarapur, Indore, Kota, Talcher, Manuguru, Kalpakkam and Chennai. This would mean that while all the ground rules and basic features of the Mumbai Schemes will be applicable to all these places, the special conditions and distinctive set up at each place as existing now would continue. In these places, as in the case of Mumbai CHSS, in addition to the DAE employees, the scheme will cover the staff of NPCIL, TIFR, TMC and AEES and also the employees of other organisation, if any, for whom the Scheme has been specifically extended from time to time. The CHSS at various places will be administered by the following authorities:-

- a) Tarapur – Station Director, TAPS
- b) Indore – Director, CAT
- c) Kota – Station Director, RAPS
- d) Talchar / Manuguru – Chief Executive, HWB
- e) Kalpakkam / Chennai – Director, IGCAR

sd/-

(M. Venugopalan)  
Staff Relations Officer

- 1) Director, BARC
- 2) Director, CAT
- 3) Director IGCAR
- 4) Chief Executive, HWB
- 5) Station Director, RAPS
- 6) Station Director, TAPS

Copy to:

BARC

- i) Controller,
- ii) Head, Accounts Division and IFA
- iii) Head, Medical Division

CAT

- i) Chief Medical Officer
- ii) Chief Administrative and Accounts Officer

IGCAR

- i) Joint Controller (F & A)
- ii) Chief Administrative Officer
- iii) Chief Medical Superintendent

GSO

- i) Chief Administrative Officer

HWB

- i) IFA, Mumbai
- ii) Director, (P & A), Mumbai
- iii) General Manager, Kota / Talcher / Manuguru

NPCIL

- i) Chairman-cum-Managing Director, Mumbai
- ii) Executive Director, (Finance), Mumbai
- iii) Director (Personnel), Mumbai
- iv) Dy. General Manager, (IR), Belapur
- v) Station Director, MAPS

Copy to :-

- 1) All Heads of the Units in Mumbai
- 2) Registrar, TIFR
- 3) Chief Administrative Officer, TMC
- 4) Secretary, AEES
- 5) Director, (Southern Region), AMD, Bangalore

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CONTRIBUTORY HEALTH SERVICE SCHEME (CHSS)

1.0 SCOPE AND APPLICATION:

1.1 This Scheme shall be confirmed to Brihan Mumbai / Navi Mumbai and shall be applicable to those mentioned in Clause 2 below.

1.2 Employees of the Department of Atomic Energy (hereinafter referred to as the Department) who are staying outside the limits of Brihan Mumbai and have been exempted from the Scheme prior to issue of these orders shall not be readmitted to the Scheme unless they shift their residence to Brihan Mumbai. Similarly, an employee, who has been resident in Brihan Mumbai but shifts his/her residence outside the limits of Brihan Mumbai may opt out of the Scheme consequent upon which he/she will cease to be a member of the Scheme with effect from the date of receipt of such intimation by the Medical Division, BARC. Contribution towards the Scheme will not be recoverable from him from the succeeding month. A new entrant to the service of the Department with Headquarters at Mumbai who stays outside Brihan Mumbai will be given choice to opt out of the Scheme. The option once exercised shall be final and he/she will not be allowed to rejoin the Scheme unless he/she shifts his residence to Brihan Mumbai.

1.3 Beneficiaries of the Scheme shall not be entitled to claim reimbursement under Central Services (Medical Attendance) Rules, 1944, for treatment availed of under the modern systems of medicine while in Mumbai.

2.0 ELIGIBILITY

2.1 The Scheme shall be admissible to:

2.1.1 The Members of the Atomic Energy Commission who may wish to avail of the facilities under the Scheme and members of their families (Whether stationed at Mumbai or not).

2.1.2 The employees of the Department working on regular, work – charged or on fixed term basis in the constituent units of DAE and whose place of work is situated in their families residing with them.

**Note:** The Scheme may be extended at the discretion of the Department to the staff paid from contingencies who are stationed at Mumbai.

2.1.3 Emeritus Scientists stationed at Mumbai and members of their families residing with them.

2.1.4 (a) Employees of the Department temporarily transferred to other organisations at Mumbai under the administrative control / responsibility of the Department and members of their families residing with them provided they pay contribution to the Scheme. Specific orders will, however, have to be issued by the Department in each case.

(b) Employees of the Department while on deputation or foreign service to Government Department / Undertakings at Mumbai and members of their families residing with them, provided they pay contribution to the Scheme and are not beneficiaries of any other health Scheme. An option shall be exercised by the Government servant concerned for availing of the CHSS facilities. Specific orders will, however, have to be issued by the Department in each case.

- 2.1.5 The employees of the Department having headquarters elsewhere than in Mumbai who visit Mumbai on tour / training / leave and members of their families will be entitled to the concession of OPD treatment only. Only in a medical emergency they may be hospitalised in the BARC Hospital.
- 2.1.6 Members of the family of an employee registered under the Scheme who is transferred , temporarily or otherwise, outside Mumbai but within units under the administrative control of DAE provided they continue to reside in Mumbai and provided further the employee continue to pay the contribution at the same rate as before.(as amended w.e.f 1/8/2000)
- 2.1.7 (a) The spouse of a deceased employee and other family members of the deceased employee registered under the CHS Scheme may continue to avail of the benefits, provided the deceased employee had completed a minimum of one year's service in the Department and the spouse pays the contribution last paid by the deceased employee and provided further, the spouse and other members of the family are otherwise eligible for the continued registration under the Scheme. The scale of pay of the post last held by the employee will be the basis for determining the entitlement in terms of **Annexure – I**.
- (b) The family of a deceased employee may avail of the benefits of the Scheme for the whole of the month in which the employee died as well as the succeeding calendar month without payment of contribution for the said succeeding month.
- 2.1.8 (a) Visiting Scientists / Professors / Fellows of IAEA stationed at Mumbai and paid by the Department under bilateral or IAEA Fellowship Scheme and whose term is more than three months and members of their families residing with them on payment of contribution at the rate applicable to those as indicated in para 13.2 (a) below.
- (b) Visiting Scientists / Professors / Fellows stationed at Mumbai and paid by the Department under the bilateral or IAEA Fellowship Scheme whose term is less than three months duration are eligible for emergency treatment for themselves and their family members, on payment of the amount indicated in para 13.2 (a) below. However, the liability for provision of medical attention would be limited to Rs. 25,000 /= as in the case of other visiting Scientists & Fellows. Cost of treatment in excess of this, if any, will have to be borne by the individual or the agency sponsoring him.
- (c) Visiting Scientists / Professors / Fellows stationed at Mumbai and paid by the Department under the bilateral or IAEA Fellowship Scheme are to be medically examined before commencement of their work.
- 2.1.9 Experts (other than those who are employees / retired employees of the Department) and employees of other Organisations (hereinafter referred to as "Experts") deputed to Mumbai in the interest of work of the Department in accordance with the international collaboration agreement and their wives / children may be specifically admitted to the Scheme at the discretion of Director, BARC, subject to such conditions as may be prescribed. Subject to contractual provisions, if any, the rate of recovery will be the average per capita expenditure of the Scheme.
- 2.1.10 Retired employees of the Department who opt for the benefits of the Scheme and members of their families as defined under the Scheme, subject to the following conditions:
- (i) Employees should have put in a minimum of five years service in the Department before his / her retirement.

(ii) Employees should pay the contribution in advance for a minimum period of one calendar year and the contribution shall be with reference to the pay drawn by him/her prior to retirement / invalidation. Employees may also have an option to pay one time contribution for ten years to be eligible for life long registration. The option to join the Scheme any time after the retirement will be available to the employees subject to the payment of one time contribution for life long registration as indicated or arrears of contribution from the date of retirement.

(iii) Employees who are retiring voluntarily will be eligible for continuing registration under the Scheme provided they pay an enhanced contribution at the rate of three times the normal rate of contribution. However, the retired employees with 30 years of qualifying service need pay contribution at normal rate and those with less than this but with 25 years of such service at double the normal rate. Director, BARC/authority administering the Scheme, may, however relax the condition regarding payment of enhanced contribution in deserving cases such as voluntary retirement taken on domestic compulsion, ill – health, etc. ( as amended w.e.f 1/8/2000)

iv) Deleted w.e.f 1/8/2000

(v) Retired employees, irrespective of whether they are permanently settled down or not at a place where CHSS facilities are not available can come to Mumbai for treatment. They can also have an options for claiming reimbursement following the pattern of CS (MA) Rules only for the in – door medical treatment availed of by them and their family provided he / she was a member of CHSS at time of retirement. Such reimbursement shall be allowed only for the treatment availed of through the following –

(a) Government hospitals and medical institution of the local authorities such as District Hospitals, Medical colleges, Municipal Hospital, etc.

(b) Private Hospitals as recognised by the Ministry of Health & Family Welfare, New Delhi;

(c) Hospitals recognized under CGHS;

(d) Hospitals recognized by the concerned State Government, other Central Government Departments and Public Sector Undertakings under the control of DAE.

(vi) Those employees retired from places where CHSS is not available and settled down in a place where CHSS is available may also become members of the Scheme.

(vii) If life long registration is not done, it is obligatory on the part of the retired employees to revalidate the registration every year after filling in a declaration form to the effect that they do not avail of medical facilities from any other sources.

(viii) The scale of pay of the post held by the employee prior to retirement in the Department will be the basis for determining entitlement for hospitalization **(Annexure – I).**

(x) The retired employee should be a citizen of India.

- 2.1.11 Employees registered under the Scheme in their superannuation or invalidation and members of their families registered under the Scheme may avail of the benefits under the Scheme during the succeeding calendar month without payment of further contribution.
- 2.1.12 Advisers appointed by the Department will be eligible to avail of CHSS facilities at their option, which should be exercised within one month of appointment, on the same scale as admissible to a retired employee.
- 2.1.13 **TRAINEES:**
- (a) Trainees admitted to the Training School at BARC and other stipendiary trainees stationed at Mumbai.
- (b) Trainees stationed at Mumbai sponsored by International Agencies and accepted by BARC or other Units of the Department.
- NOTE:** The benefits of the Scheme will be admissible only to the trainees and not to their families. The trainees admitted to the Training School at BARC and the trainees sponsored by International Agencies and accepted by BARC or the other Units of the Department shall be treated as belonging to Category "C" (**Annexure I**). Other trainees who are eventually to be absorbed as Tradesmen / Scientific Assistant on successful completion of their training shall be treated as belonging to Category "B". Stipend received by the trainees will be treated as pay for the purpose of recovery of contribution.
- 2.1.14 Honorary / Part – time medical staff appointed for the Scheme (not their families) may join the Scheme at their option which shall be exercised within one month of appointment. Contributions shall be recovered from them at the maximum prescribed rates without reference as per Category "D" (**Annexure I**). Once an option is exercised to opt out, it shall be treated as final during the term of their engagement in the Department.
- 2.1.15 The staff of the Department of Atomic Energy Education Society and schools set up by the Department on terms and conditions separately notified.
- 2.1.16 The employees of such Organisations under the administrative control / responsibility of the Department as may be admitted at the discretion of the Department on such terms and conditions as may be prescribed.
- NOTE:** No servant shall be registered under the Scheme and the registration already existing in the regard will remain cancelled.
- 2.2 Notwithstanding any other provision, benefits of the Scheme can be made available to any person at any worksite in Mumbai in acute medical emergency or in the case of an accident occurring at the premises of the Department or its units in Mumbai at the discretion of the Head, Medical Division, BARC. The expenses incurred in this connection will be recovered from the person or agency concerned.
- 3.0 **TREATMENT OUTSIDE BRIHAN MUMBAI :**
- 3.1 While at a place other than Brihan Mumbai, an employee of the Department or a member of his/her family shall be eligible for Medical Attendance / Treatment from any Authorised Medical Attendants. The entitlement will be regulated under CS (MA) Rules, 1944. ( as amended w.e.f 1/8/2000)

3.2 In the case of contribution of CHSS treatment already in progress, the cost of medicine bought on prescription from the CHSS doctors for the period of treatment prescribed may be reimbursed in full in accordance with the procedure to be notified by the Medical Division, BARC.

4.0 **DEFINITION OF FAMILY:**

Family for the purpose of the Scheme shall mean –

- (a) Employee's wife or husband, as the case may be.
- (b) Children, step – children or legally adopted children upto 25 years of age, restricted to two. Addition in the number of children can be allowed on payment of extra contribution in respect of each child in multiples of one extra for each additional child. However, as a general exception, payment of such contribution will not be applicable for inclusion of children in case of twin/triplet birth in the second delivery even though there is already one living child. Children beyond the age of 18 years and upto 25 years will be eligible for continuation under the Scheme provided they are not gainfully employed. However, in case of any hardship, in individual cases for justifiable reasons a relaxation shall be made by the Department on the basis of recommendation of the Head of the Unit in the matter of upper age limit. ( as amended w.e.f 1/8/2000)

**Explanation:** In the case of existing employees, the above restriction regarding children / step – children exceeding two in number not being eligible for coverage under CHSS will be given effect to 10 months after the commencement of this Scheme i.e., with effect from 01 – 02 – 1998. However, in the case of such of those employees who may have more than two children / step – children registered under the Scheme on 01 – 02 – 1998, the position as obtaining on that date will be frozen and they will not be allowed to register any more of their children / step – children. Further, in the case of existing children already registered under the Scheme, status – quo will continue subject to the age restrictions prescribed above.

In the case of new employees this restriction will be given to immediately.

- (c) Mentally retarded / physically handicapped children shall be eligible for the benefits till such a time they are depending on prime beneficiary, provided the disability on account of mental retardation is categorised as above “ mild retardation” and that of physical handicap exceeding 40%. (as amended w.e.f 1/8/2000)
- (d) Parents of the prime beneficiary who are wholly dependents on the prime beneficiary and normally residing with the prime beneficiary and further provided the monthly income of both the parents from all sources does not exceed Rs. 8000/- (as amended w.e.f 1-4-2009 )

**NOTE:**

A. **WIFE:** More than one wife of an employee can be registered under the Scheme if the marriages are not in contravention of:-

- (a) Central Civil Services (Conduct) Rules, 1964.



- (b) Administrative Orders issued by the Ministry of Home Affairs vide their O.M. No. 290 / 59 – Estt dated 16th October, 1954.
- (c) The legislation restricting plural marriages.

**B. CHILDREN:**

- (a) Married, divorced or otherwise legally separated and widowed daughters, even though dependent on the employee, are not eligible for medical benefits under the Scheme.
- (b) The following will not be considered as gainful employment:-
  - (i) Part – time employment if the same is certified to be so by the employer concerned and the monthly income does not exceed Rs.4000/-.(as amended w.e.f 1/8/2000)
  - (ii) Literary, artistic, cultural or similar pursuits the income from which does not attract Income Tax.
  - (iii) Academic / University stipends, scholarships and freeships.

**C. PARENTS:**

Parents will be regarded as wholly dependent on the employee if they normally reside with him / her, and if their (of both parents) total monthly recurring income does not exceed the pay of the employee and is not more than Rs. 8000 /- from all sources.(as amended vide O.M dt. 30/3/2009 w.e.f 1/4/2009)

**Explanation:**

Parents of a married female employee would also be entitled to the benefits of the Scheme if they continue to be wholly dependent and permanently reside with the female employee after her marriage. She will, however, have a choice (the option once exercised shall be final) to include either her parents or her parents – in – law for availing of the benefits under the Scheme, subject to the condition of dependency, residence etc. being satisfied.

- 4.2 No person who is receiving or is eligible to receive medical aid / facility / cash subsidy, cash allowance or reimbursement for medical care from any source other than this Scheme. Such as for example the Railways / CGHS / Commercial Organisations / Public Sector Undertakings / State Governments etc. shall be admitted to the Scheme without the explicit permission and subject to such restrictions as may be imposed by the Head, Medical Division, BARC and subject to production of a certificate from the employer of the spouse stating that the medical benefits from them have been withdrawn. All employees should declare at the beginning of each calendar year or as soon as possible thereafter about the eligibility or otherwise of the members of their family for medical assistance from other sources.

NOTE: Retired employees including those who had retired voluntarily or voluntarily retiring employees receiving medical allowance under the recommendations of the V Central Pay Commission shall not be admitted to the Scheme without the explicit permission and subject to such restrictions as may be imposed by Director, BARC.

- 4.2.1 A declaration in the prescribed form regarding income and residence of parents as also regarding residence and dependence of eligible children should be furnished by the employee at the time of initial registration and at the beginning of every calendar year thereafter for continuation of the CHSS facilities.
- 4.2.2 It shall be the responsibility of the employee concerned to notify the Medical Division, BARC, as soon as any member of the family becomes ineligible for the benefits of the Scheme and to surrender the cards.
- 4.2.3 In case any information in respect of any member furnished by the employee is found to be incorrect, the member's name will be cancelled from the Scheme forthwith; the entire cost on the treatment rendered to the beneficiary so far shall be recovered from the employee, and in addition, the employee will render himself / herself liable to disciplinary proceedings.

## 5.0 **DETAILS OF THE SCHEME**

- 5.1 The dispensaries and clinics of the Scheme, their working hours, the procedures for registration at these centers etc. shall be notified by Medical Division, BARC from time to time.
- 5.2 The beneficiaries of the Scheme shall be entitled to free medical attendance and treatment at the medical centres. Medical officers of CHSS may also visit patients at their residences and provide medical attendance and treatment when considered necessary.

## 6.0 **HOSPITALISATION**

- 6.1 Hospitalisation facilities are provided at the BARC Hospital. However, if a vacant bed is not available and if the seriousness of the disease or other medical considerations warrant immediate admission of the patient to any other hospital, the patient may be admitted in any of the hospitals / nursing homes approved by Director, BARC. The charges levied by these hospitals / nursing homes shall be borne by the Scheme in accordance with the scale set out in **Annexure I**.

**Note:** Hospitalisation facilities for psychiatric patients are not provided in BARC Hospital. However such facilities could be availed of from other recognised hospitals under the Scheme.

- 6.2 All the facilities for the proper medical treatment and diet shall be provided free of charge at the BARC Hospital. Payment to the recognised hospitals / nursing homes on account of treatment of beneficiaries will be made by BARC directly on receipt of bills from the hospitals / nursing homes concerned. Recovery of inadmissible charges, if any, will be made from the employee.
- 6.3 If after obtaining a reference from CHSS, a beneficiary admits himself / herself on his / her own initiative to an accommodation higher than his / her normal entitlement, the entire bill of the nursing home / hospital shall be first paid by the employee who may claim reimbursement from CHSS for that portion of the bill which would fall within his / her normal entitlement for accommodation as well as other allied charges. Head, Medical Division, BARC may, for special reasons to be recorded in writing, approve reimbursement in excess of the normal entitlement.
- 6.4 The conditions for engaging special nurses / wardboys etc. in exceptional medical circumstances shall be separately notified by the Head, Medical Division, BARC.

- 6.5 Treatment for purely aesthetic reasons will not be covered under the Scheme.
- 6.6 New modalities of treatment which are considered as economical to meet the needs of the Scheme can be introduced with approval of the Director, BARC.
- 6.7 When a patient does not leave the hospital after being discharged by the treating doctor, the entire cost of stay and allied services availed of by the patient from the date of discharge to the patient's actual leaving the hospital, shall be recovered from the employee (prime beneficiary).

7.0 **PATHOLOGICAL. X – RAYS ETC. EXAMINATIONS FOR DIAGNOSIS**

- 7.1 The examinations shall be conducted free of charge on the advice of the Medical Officer. Head, Pathology / Radiology, BARC Hospital may refer cases to panel hospitals / consultants wherever considered necessary. Payment to the panel hospitals / consultants in this respect shall be made directly by BARC.

8.0 **SPECIALIST CONSULTATION AND TREATMENT**

- 8.1 Director, BARC will appoint from time to time a panel of Specialists / Consultants within Brihan Mumbai both for reference at their consulting rooms and for visiting the BARC Hospital for treatment of various diseases and ailments and for surgical operations under the Scheme. Referrals to these specialists shall be issued by the In – charges of the various units attached to the BARC Hospital and / or on the basis of procedure prescribed by Head, Medical Division, BARC.

In exceptional medical circumstances hospitalisation or consultation / treatment within the country but outside Brihan Mumbai may also be authorised. Reimbursement in such cases shall be decided on merits.

- 8.2 The rates of fees payable to the Specialists shall be prescribed by Director, BARC.
- 8.3 Testing of vision, treatment of eye – disease and full dental – care will be provided free of cost. Provision of goggles, etc. is not within the purview of the Scheme, Artificial hearing – aids will be made available to the employee or any one of his family members on a one – time basis, on the recommendations of ENT specialist of BARC Hospital and on the basis of audiogram given to him / her, identifying the degree and nature of deafness. Payment will be made directly to the manufacturer identified by BARC Hospital. Reimbursement can be made only if the referral note is counter – signed by the ENT Specialist of BARC Hospital and duly approved by the Head Medical Division, BARC.
- 8.4 Artificial dentures will be provided, where required, on payment at the rates specified in **Annexure II.**
- 8.5 Employees whose pay does not exceed Rs. 7000 /- p.m. and members of their families will be eligible for reimbursement for purchase of spectacles from registered opticians upto Rs. 100 /- only. Replacements shall be at the cost of the employee concerned.
- 8.5.1 Contact lens will not be provided nor will its purchase be subsidised under the Scheme.

9.0 **SPECIAL FACILITIES FOR TREATMENT OF ACUTE OR CHRONIC DISEASES**

- 9.1 The employees of the Department and members of their families suffering from diseases like Tuberculosis, Cancer, Poliomyelitis and communicable disease will receive treatment

from the Medical Officer of CHSS and approved consultants. If the authorised Medical Officer considers that the patient requires treatment in a specialized hospital / institution for such diseases, he will refer him / her to the hospital / institution recognized for this purpose. A list of such specialized hospitals / institution will be notified by the Head, Medical Division, BARC. The charges incurred at these hospitals / institutions and fees charged by the Specialists for consultation, X – rays and other investigation shall be paid, directly by BARC on receipt of bills from the hospitals / institutions or specialists concerned.

- 9.2 Reputed hospitals / institutions in the country outside Mumbai may also be recognised by the Head, Medical Division, BARC for specialized treatment. The cost of treatment in these hospitals / institutions as considered reasonable by the Head, Medical Division, BARC will be borne by the Scheme. Reimbursement of claims in regard to recognised hospitals / institutions shall be in accordance with the schedule of rates approved for these hospitals / institutions and will be subject to the ceiling in this regard fixed by Director, BARC. Beneficiaries including retired employees who are referred to hospitals / institutions outside Brihan Mumbai will be entitled to travelling allowance including daily allowance on the same scales as prescribed under the Central Services (Medical Attendance) Rules, 1944 for the particular categories of employees. The travelling allowance and daily allowance will also be admissible to an Attendant accompanying the patient as recommended by the attending Doctor.

#### 10.0 **MATERNITY BENEFITS**

- 10.1 These benefits will be admissible only to the wife of an employee or to a female employee.
- 10.2 BARC Hospital has a maternity ward in which eligible beneficiaries can be admitted for confinement. Subject to the provisions of para 10.3 below, the expenditure on confinement will be borne by the Scheme. The eligible beneficiaries will also have the option to make their own arrangements for confinement and claim reimbursement as laid down in the following paragraphs.
- The reimbursement will be allowed on production of a medical certificate and bill from the Nursing Home / Hospital about the occurrence of birth / still birth. The Municipal birth certificate may also have to be produced, if necessary, for verification. Reimbursement shall be allowed only if the confinement takes place in a Maternity Home / Hospital managed by a doctor whose qualifications are recognised by the Indian Medical Council Act, 1956 or in a Government or Municipal or Cantonment Hospital.
- 10.3 No confinement charges will be reimbursement nor will the free maternity benefits at the BARC Hospital be available, even in a medical emergency, if the employee at the time of confinement has two or more living children.
- 10.4 An amount of Rs. 750 /- or actual cost whichever is less will be admissible for meeting confinement expenses at places (including outside Mumbai) other than BARC Hospital.

#### **Notes :**

- (1) In – patient care at the time of confinement will be covered by the amount mentioned in para 10.4 above. The term confinement for the purpose includes live births, still births and abortions.
- (2) For determining the entitlement under para 10.4 the number of living children at the time of confinement shall be taken into account.

- (3) In determining the number of living children, the children of both the parents will be taken into account. For example, an employee who has two living children by an earlier marriage will not be eligible for reimbursement of confinement expenses for his second wife.

10.5 If the parents have less than two children ante – natal / post – natal care will be provided to the beneficiaries as under :

- (i) Free treatment at the dispensaries as well as at the OPD of the Hospital.
- (ii) Free in - patient care at the BARC Hospital.
- (iii) Expenses towards ante – natal, post – natal treatment taken elsewhere in emergency either in OPD or as inpatient will be reimbursable upto a maximum of Rs. 1000 /- in addition to that admissible under clause 10.4 subject to certificate by Staff Gynaecologist BARC Hospital.

10.6 Deleted

10.7 In the case of a domiciliary confinement supervised by a doctor (having qualifications recognised by the I.M.C. Act, 1956), a maximum of 50 % of the amount mentioned in para 10.4 or actual charges supported by bills whichever is less will be payable. In such cases an appropriate certificate from the attending doctor should be produced by the employee. The beneficiary will also be eligible to draw such drugs as are available from the Scheme if the confinement takes places at Mumbai.

10.8 Admission for false pain which does not result in delivery will be treated as ante-natal care.

10.9 **Pre-natal registration at the CHSS dispensary is compulsory, for all the beneficiaries for the purpose of claiming re-imburement for maternity care. If this is not done, no claim for re-imburement of expenses will be entertained.**

10.10 If a medical emergency arises at the time of confinement either for the mother or for the infant involving operative delivery or surgical operations on the infant or in cases of puerperal sterilization, actual expenses restricted to panel hospital charges may be reimbursed in addition to the amount admissible vide para 10.4 above provided the Head, Medical Division, BARC, shall be final in regard to the amount admissible. In case a puerperal sterilization in a Govt. / Municipal / Cantonment Hospital, the claim shall be regulated under CS (MA) Rules, 1944.

## 11.0 **FAMILY PLANNING**

11.1 Supply of contraceptives and procedures for family planning including sterilization will be available free of charge.

## 12.0 **ARRANGEMENTS FOR THE STORAGE AND ISSUE OF MEDICINES ETC**

12.1 The Hospital Store of BARC shall build up and maintain its stock of medicines by raising indents on the Directorate of purchase and stores .The Medical officers- in –charge of Dispensaries set up under the scheme will normally obtain the requirements from the Hospital stores. Medicines will be issued free of cost to the beneficiaries on the authority of prescription from the Medical officers of the scheme.

- 12.2 Medical officers may in emergency order medicines directly from the approved agencies, subject to such conditions as may be prescribed by the Head, Medical Division, BARC from time to time.
- 12.3 The beneficiaries will be eligible to receive free only such medicines as prescribed by the Medical officers of the scheme, panel consultants or Doctors of hospital/nursing home affiliated to the scheme. The Head, Medical Division, BARC will have full power to prescribe at the cost of the scheme any medicines, which in his/her opinion is necessary to safeguard the health of the patient or will be conducive to the therapy or mitigation of the disease. A pharmacopoeia shall be notified by the Medical Division, BARC from time to time.
- 13.0 **CONTRIBUTION RECOVERABLE UNDER THE SCHEME**
- 13.1 Payment of contribution towards the scheme is compulsory for all the employees under the control of the Department with Headquarters at Mumbai and who have opted to join the scheme. The entitlement of beneficiaries registered under the scheme will be with reference to the pay of the prime beneficiary in all cases.
- 13.2 For the purpose of medical service provided under the scheme, a monthly contribution shall be recovered. Contribution shall be recoverable at the following rates with effect from **01-09-2008. ( as amended vide DAE O.M dated 4/11/2008**

Category of beneficiaries	Rate of contribution
a) Members of AEC and their family	Rs.800/-p.m.
b) Visiting Scientists/Fellows/Professor and their family.	Rs.800/-p.m.
c) Employees and their families	1% of basic pay
d) All Trainees	1% of stipend/ scholarship/fellowship

- 13.3 For the purpose of recovery of the monthly contribution “pay” shall mean pay as defined in F.R.9 (21) (a).
- 13.4 The contributions shall be recovered on the basis of the pay of the employee on the first day of each calendar month. In the case of persons newly appointed or transferred to Mumbai after the first day of the month, the contribution shall be based on their pay on transfer/appointment in Mumbai and will be recoverable in full for the entire month.
- 13.5 In the case of an employee transferred to Mumbai from a station where there is no CHSS, no recovery shall be made for the month if he joins after the 15<sup>th</sup> of the month, however if he joins prior to the 15<sup>th</sup> of the month, full recovery for the month shall be effected at Mumbai. This will also apply in the case of an employee on his first appointment in Mumbai. However, medical benefits will be made available from the date the employee joins at Mumbai.
- 13.6 The benefits of the scheme will not be available to any employee appointed in various units of the Department at Mumbai on a purely temporary basis for short term. Contributions will not be recovered in such cases.
- 13.7 In cases where both the husband and wife are employees of the Department, the payment of contribution will be regulated as under:
- Similarly, in a case where the husband and wife are two prime beneficiaries of the Scheme at different stations the recovery of contribution can be regulated in this manner without the necessity of paying two contributions ( as amended w.e.f 1/8/2000)
  - The persons from whose pay –bill the contribution is recovered shall be regarded as the prime beneficiary, and will be eligible to register his/her parents.
  - In cases where the pay of the husband and wife is equal, the contribution shall be recovered from the husband who will be eligible to register his parents. If the wife wishes to register

her parents , who are otherwise eligible a separate contribution shall be payable by her on the basis of her pay .

- d) If the wife is paying the contribution and the husband wishes to registers his parents, who are otherwise eligible, he will have to pay an additional contribution based on his pay.
- e) In case where the husband or wife draw higher pay alternately every few months, the entire contribution shall be recovered from the husband who shall be regarded as the prime-beneficiary and will be eligible to register his parents even if his pay is lower during certain months.

13.8 The facilities of the scheme will available to the person who is proceeding on any kind of leave including EOL and the contribution shall be recovered based on the pay drawn by him/her before proceeding on such leave. However, the Appointing Authority will have the right to stop the facilities in the case of employee remaining absent unauthorized.

13.9 An employee who proceeds on deputation or on deputation –cum-special leave or on any kind of study leave , may exercise an option to avail of the benefits of the scheme for his/her family . The option , shall be exercised before the employee proceeds on leave /deputation and shall be treated as final.

13.10 In the case of families of employee who are only temporarily transferred out side Mumbai or within Mumbai but out side the Department who are eligible for the benefits of the scheme, the contribution shall be recovered on the basis of the pay drawn immediately prior to such transfer.

13.11 In the case of employee under suspension ,the contribution shall be recovered on the basis of the subsistence allowance. If the employee is however ,subsequently allowed to draw pay for the period of suspension , the difference between the contribution recovered on the basis of the subsistence allowance and the contribution payable of the basis of the pay ultimately drawn shall also be recovered.If the subsistence allowance is withdrawn ,the availability of CHSS facilities will be suspended as long as the suspension continues. For the purpose of determining entitlement under the scheme, the pay that he would have drawn but for his suspension should be taken into account.

#### 14.0 **OTHER FACILITIES**

14.1 An employee or a member of his family may be authorised by the Medical officers of the scheme to have injections administered by a medical practitioner registered under the Indian Medical council act,1956 either at the dispensary of the practitioner concerned or at the employee's residence. The cost of injections where the vials have not been supplied by the scheme and charges for administering the injection (including visit charges) will be borne by the scheme in accordance with the schedule to be notified by the Medical Division, BARC. Professional charges for dressing etc., by private medical practitioners either at the dispensary of the practitioners or at the residence of the employee will be reimbursable provided the nature of the case warrants such treatment and prior approval of the concerned Medical Officer of the scheme has been obtained . The scale of reimbursement of these facilities , which will be allowed only in which such reimbursement may be allowed, will be notified by the Medical Division, BARC.

14.2 The scheme may arrange to provide facilities such as speech therapy, child psychiatric care and medical social care free of cost to the beneficiaries and may recognised institutions for this purpose where these facilities can be availed of.

14.3 Artificial appliances for diseases like polio, TB or for prostheses or in cases requiring surgical operations may be supplied free of cost under the scheme. Replacement if justified may also be allowed. However ,in the case of replacements 50% charges will be recovered from those getting pay above Rs.9650/=p.m.(those getting Rs.9650/=p.m. and less will be allowed replacement free of cost).Firms/Institutions may be recognised for the supply of these appliances.

14.4 Ambulance attached to the BARC Hospital will be provided free of charge for brining any beneficiary for emergency treatment any invalid patient to the Hospital /Consultants and back. BARC Hospital Ambulance service will be available for non-ambulatory discharged patients

- only as certified by the in-charge of the concerned unit. In case BARC Hospital ambulance service is not available, the reasonable charges towards transportation by private ambulance arranged by the employee, will be reimbursed.
- 14.5 No travelling allowance shall be payable for any medical attendance or treatment in Brihan Mumbai.
- 14.6 Charges not exceeding Rs.200/- for hiring 'hearse' for a deceased beneficiary of the scheme may be reimbursed to the employee in category 'A' and 'B'( vide Annexure I) only.
- 15.0 **REIMBURSEMENT OF EXPENSES INCURRED IN A MEDICAL EMERGENCY IN BRIHAN MUMBAI**
- 15.1 In medical emergencies all the beneficiaries under the scheme may receive, as a concessional measure, medical attendance and treatment from any private medical practitioner or hospital in Mumbai and the reimbursement for such expenditure will be limited as detailed in the succeeding paragraphs.
- 15.2 For the purpose of this scheme, the term "emergency" shall mean a situation or contingency when but for the immediate medical aid sought there would have been , on the basis of the medical and attendant considerations, a serious danger or hazard or severe or deleterious consequence to the health of the patient. The accessibility / availability or otherwise of the facilities under the scheme in the context of the severity of medical emergency / ailment at the time of emergency will also be taken into consideration. The opinion of the Head , Medical Division shall be final as to what constitutes an emergency treatment, notwithstanding any medical certificate to the contrary produced from a private doctor or hospital.
- 15.3 The Medical Division, BARC shall determine whether a claim should be reimbursed or not and also the extent to which the reimbursement should be allowed from the point of view of medical necessity etc., e.g.
- a) Whether it was a case of medical emergency;
- b) Whether the intimation regarding emergency was given as required; c)Whether the items included in the claim were medically necessary and d)Whether the charges /prices are reasonable.
- 15.4 The employee /beneficiary concerned should report the emergency treatment availed of either for himself /herself or for the members of his/her family registered under the scheme as early as possible and in any case within 4 days from the date of the commencement of the treatment to the Medical officer of the Dispensary where the employee should thereafter act on the direction if any given to him /her by the medical officer failing which no reimbursement will be allowed . In exceptional circumstances, the above condition may be waived or delay in reporting condoned by the Head, Medical Division, BARC.
- 15.5 The reimbursable amount for outdoor and domiciliary treatment shall be restricted to Rs.1500/= and for inpatient treatment the reimbursable amount shall be at the actuals restricted to Rs. 5000/= However , in deserving cases Director, BARC, may authorise reimbursement of charges over and above those indicated above in suitable cases.
- 15.5.1 In-patient treatment exceeding 15 days is not ordinarily permissible unless relaxed as a special case by Head, Medical Division for reasons to be recoded in writing.
- 15.6 The expenditure incurred on emergency medical treatment /attendance will be reimbursed to the extent admissible in terms of charges etc. prescribed under the scheme . In cases where charges for the purpose of reimbursement have not been prescribed, such amount as is considered reasonable will be reimbursed. Claims for reimbursement should be supported by appropriate receipts and other documents.
- 15.7 If there are reasons to disbelieve the genuineness of a claim even though supported by appropriate documents ,the claim should be forwarded with a report to the Head of the office concerned in which the employee is working for necessary investigation .
- 15.8 The team " private Doctor " for the purpose of the scheme shall mean a doctor having at least a qualification recognized by the Indian Medical council Act , 1956. Reimbursement of any expenditure under this scheme shall be allowed only if the attendance/ treatment has been availed of from such doctors.



15.9 A claim for reimbursement shall be preferred within 30 days from the date of commencement of treatment . This limit may be relaxed to 90 days by the Head , Medical Division , BARC in special circumstance, beyond the control of the claimant.

**15.10** Where there are difficulties in verifying to the full satisfaction the exact nature of emergency or the details of treatment, only a sum not exceeding Rs.10/= per day will be payable for OPD/domiciliary treatment and a sum not exceeding Rs.20/= per day for inpatient treatment (subject to overall limits laid down in para 15.5)

15.11 **OUTPATIENT TREATMENT**

15.11.1 The rates reimbursable for out-patient for consultation including visits, professional service charges, injections etc. shall be at the actual restricted to what is indicated in para 15.5.

15.11.2 Out – patient treatment or domiciliary treatment for more than seven days is not generally permissible under the emergency scheme.

15.12 In-Patient Treatment :- The rates reimbursable for inpatient treatment relating to 15.5.1 towards stay charges, treatment, surgery and for various investigative facilities consultation, etc will be restricted to charges indicated in para 15.5

Note: If a beneficiary desires to transfer himself/herself to an approved Hospital after initial arranged by the Medical Division, BARC if it is feasible from the medical and other angles. All expenses incurred prior to such transfer shall be regulated as detailed under 15.5 and 15.5.1

15.13 Claim for confinement, ante-natal/post-natal treatment/abortion/termination of pregnancy, will not be regulated under the Emergency Scheme.

15.13.1 The cost of toiletry items are not reimbursable.

15.13.2 The claims for reimbursement for indoor/outdoor inpatient domiciliary treatment should be supported by a certificate from the concerned doctor/hospital to the effect that the treatment /facility provided were the minimum which were essential for the patient's treatment.

15.14 The provisions contained in paras 15.1 to 15.13.1 above will be applicable mutatis mutandis to beneficiaries residing outside Brihan Mumbai in respect of treatment availed of by them from private Medical Practitioners or through a hospital in a medical emergency outside Brihan Mumbai where they may be residing.

16.0 **Imprests**

16.1 Director, BARC may sanction any amount considered reasonable to deposit in the empanelled Hospital where it is insisted upon to facilitate admission of the beneficiaries in these hospitals. The Head, Accounts Division BARC will keep a watch over the deposits for withdrawal when such hospitals are de-recognised and intimated by Medical Division, BARC

16.2 Director, BARC may sanction any reasonable amount as permanent advance to the Head, Medical Division, BARC for meeting the expenditure on consumable etc. for the Hospital.

17.0 Miscellaneous Provisions

- 17.1 The Scheme shall be administered by the Department through the Director, BARC who shall exercise the necessary administrative and cognate financial powers within the scope of the Scheme as approved by the Department. He shall also exercise the powers of Head of the Department for this purpose. He may re-delegate his administrative and financial powers in regard to the scheme to officers under him to the extent considered necessary.
- 17.2 Director, BARC is empowered to admit any legitimate expenditure upto Rs 2500/- in each case relating to the Scheme which is not covered by the detailed provisions, provided such expenditure is, in his opinion, in consonance with the general objectives of the Scheme.
- 17.3 Director, BARC may withdraw temporarily or permanently the benefits of the] Scheme in the following cases:-
- (a) When there are reasons to believe that there is no reasonable prospect of the employee resuming duty after a spell of absence;
  - (b) When the contribution is not being paid by the prime beneficiary in time;
  - (c) In the case of misuse of the benefits of the Scheme either by the employee or a member of his/her family;
  - (d) In such other cases where such a step is considered necessary.
- 17.3.1 Before taking action as mentioned above, the prime beneficiary concerned be given a chance, wherever possible, to explain his/her position.
- 17.4 A sum of Rs.100/- per card will be recovered for issue of duplicate CHSS Identity Card in case the CHSS Identity Card is lost (including non-surrender of cards on discontinuance of membership) /mutilated (Rs. 25/- if more than 5yrs. old & Rs.50/- if less than 5yrs old)as the case may be. The Director, BARC, may, for good and sufficient reasons, waive any recovery on this account.
- 17.5 In case where it is found that a beneficiary registered under the Scheme is not eligible to be so registered or is not eligible for any particular benefit under the Scheme, Director, BARC, is empowered to decide upon the amount of recoveries in each case and the date from which such recovery should be effected. The waiving of the recovery will be subject to the general financial powers delegated to Director, BARC.
- 17.6 The Department can make consequential changes in the various provisions of the Scheme in the light of modifications by the Government of the general rules governing the medical attendance and treatment of Central Government employees.

## 18.0 **RELATIVES**

- 18.1 The employees are not ordinarily permitted to register their dependent relatives. Not with standing what has been stated above, in extraordinary cases Director, BARC may allow an employee to register under the Scheme, one of his relatives, who is entirely dependent upon and residing with him/her on payment of an additional contribution, at a rate equal to the average per capita expenditure (without any element of subsidy) borne by the Scheme in the preceding year. This additional contribution would be payable for a minimum period of one year, even when benefits are availed of for a period shorter than this. Further, before the request for registration in this regard is entertained, the relative must have actually been staying with the employee concerned for a minimum of 60 days. Benefits of the Scheme will be allowed to relatives on the same scale as admissible to members of family.

## 19.0 **TRANSITORY PROVISIONS**

- 19.1 With the commencement of this Scheme DAE O.M.No.32 (5)/69-Adm. Dated April 21, 1975 or any modifications thereof, or any orders concerning CHSS previously issued in so far as they are inconsistent with the provisions of this Scheme shall stand repealed. Such repeal shall not, however, affect the previous operation of the provision of the said DAE Office Memorandum or modification thereof or of orders issued or any action taken thereunder.
- 19.2 Director, BARC or an officer nominated by him may issue appropriate instructions for proper implementation of the Scheme. Such instructions may also permit continuance of inpatient treatment

for a period not exceeding 30 days from the commencement of this Scheme to individual beneficiaries already registered under the previous Scheme, who are no longer eligible for the benefits under this Scheme.

भारत सरकार/Government of India  
परमाणु ऊर्जा विभाग/Department of Atomic Energy  
(आईआरएंडडब्ल्यू अनुभाग/IR&W Section)

अणुशक्ति भवन/Anushakti Bhavan,  
छ.शि.म. मार्ग/C.S.M. Marg,  
मुंबई/Mumbai - 400 001.

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सं./No.7/8/2009-आईआरएंडडब्ल्यू/IR&amp;W/

मार्च/March , 2010

विषय : सीएचएसएस के अंतर्गत अस्पताल आवास हेतु हकदारी का पुनर्वर्गीकरण  
Subject : Re-classification of entitlement of Hospital accommodation under CHSS.

केंद्रीय सिविल सेवा (संशोधित वेतन) नियम, 2008 के अनुसार कर्मचारियों के वेतनमान में संशोधन किए जाने के कारण सीएचएसएस के अंतर्गत अस्पताल आवास हेतु हकदारी के पुनर्वर्गीकरण के मामले पर विभाग में विचार किया गया। सभी पहलुओं पर विचार-विमर्श करने के बाद सीएचएसएस के अंतर्गत अस्पताल आवास हेतु हकदारी को निम्नानुसार पुनर्वर्गीकृत किये जाने का निर्णय लिया गया है :-

Consequent on the revision of pay of employees as per Central Civil Services (Revised Pay) Rules, 2008, the issue of re-classification of entitlement of Hospital accommodation under CHSS was considered in the Department. After considering all aspects it has been decided to reclassify the entitlement of Hospital accommodation under CHSS as follows:-

क्र. सं. Sl.No.	कर्मचारियों की श्रेणी Category of Employees	आवास की श्रेणी Class of Accommodation
1.	ऐसे कर्मचारी जो रु. 15,000/- के पे बेंड से कम अथवा संशोधन पूर्व वेतनमान में इसके समान वेतन प्रतिमाह प्राप्त करते हों। Employees drawing pay in the pay band of less than Rs. 15000/- per month or the equivalent pay in the pre-revised scale.	एक कमरे में चार बेड तथा कॉमन टायलेट/बाथरूम Four beds in a room with common toilet /bathroom.
2.	ऐसे कर्मचारी जो रु. 15,000/- के पे बेंड से अधिक परन्तु रु. 67,000/-से कम अथवा संशोधन पूर्व वेतनमान में इसके समान वेतन प्रतिमाह प्राप्त करते हों। Employees drawing pay in the pay band of Rs. 15000/- and above but below Rs. 67000/- per month or the equivalent pay in the pre-revised scale.	एक कमरे में दो बेड तथा संलग्न टायलेट/बाथरूम Two beds in a room with attached toilet/bathroom.
3.	ऐसे कर्मचारी जो रु. 67,000/- के पे बेंड में या इससे अधिक अथवा संशोधन पूर्व वेतनमान में इसके समान वेतन प्रतिमाह प्राप्त करते हों। Employees drawing pay in the pay band Rs. 67000/- per month and above or equivalent pay in the pre-revised scale.	रेफरल अस्पताल में उपलब्धता के अनुसार एक बेड वाला एसी आवास तथा संलग्न टायलेट/बाथरूम Single bed AC accommodation as per availability in the referral hospital with attached toilet / bathroom.

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दिनांक 1.1.2006 से पूर्व सेवा निवृत्त हुए कर्मचारियों के लिए अस्पताल आवास का पुनर्वर्गीकरण निम्नानुसार है:-

Re-classification of Hospital accommodation for employees retired prior to 1.1.2006 is as follows: -

क्र. सं. Sl.No.	कर्मचारियों की श्रेणी Category of Employees	आवास की श्रेणी Class of Accommodation
1.	वैज्ञानिक अधिकारी (ओएस) तथा इसके ऊपर Scientific officers (OS) and above.	रेफरल अस्पताल में उपलब्धता के अनुसार एक बेड वाला एसी आवास तथा संलग्न टायलेट/बाथरूम Single bed AC accommodation as per the availability in the referral hospital with attached toilet /bathroom.
2.	ऐसे सेवानिवृत्त कर्मचारी जो संशोधन पूर्व वेतनमान में रु.8000/- का मूल वेतन या उससे अधिक वेतन प्रतिमाह प्राप्त करते थे Employees retired with basic pay in the pre-revised scale of Rs. 8000/- and above per month	एक कमरे में दो बेड तथा संलग्न टायलेट/बाथरूम Two beds in a room with attached toilet/bathroom.
3.	ऐसे सेवानिवृत्त कर्मचारी जो संशोधन पूर्व वेतनमान में रु.8000/- का मूल वेतन या उससे कम वेतन प्रतिमाह प्राप्त करते थे Employees retired with basic pay in the pre-revised scale below Rs. 8000/- per month.	एक कमरे में चार बेड तथा कॉमन टायलेट/बाथरूम Four beds in a room with common toilet / bathroom.

अस्पताल आवास की हकदारी से संबंधित अन्य सभी प्रावधान सीएचएसएस के दिनांक 22.1.1998 के कार्यालय ज्ञापन सं. 7/55/94/सीएचएसएस/आईआरएंडडब्ल्यू/37 के अनुलग्नक-1 के अनुसार होंगे।

All other provisions regarding entitlement of Hospital accommodation are as indicated in Annexure-I of the Contributory Health Services Scheme circulated vide OM No. 7/55/94/CHSS/IR&W/37 dated 22.1.1998.

(वी. गोविंदनकुट्टी V. Govindankutty)  
अवर सचिव Under Secretary

26/03/2010

The entitlement detailed as above have been indicated only as a matter of illustration based on the facilities available in majority of the hospitals recognised under the Scheme. Since different hospitals have different rates for similar type of accommodation/services, the entitlement with reference to a specified hospital will be regulated based on the available type of accommodation appropriate to the classification and facilities and also keeping in view the nature of the disease. In emergencies and where the nature of the case justifies it, a patient may be admitted by a medical officer to a ward or room above his/her entitlement at charges in excess of the rates mentioned above for a period not exceeding 15 days. Such cases shall be referred to Head, Medical Division, BARC by the Medical Officer of CHSS within 48 hours of admission of the patients to hospital/nursing homes. Head, Medical Division, BARC may, at his discretion, permit continued stay of the beneficiary in the accommodation to which he has been admitted for a period of one month; with the concurrence of Director, BARC, the stay may be extended to two months.

Persons admitted to the Scheme who are required to pay subscription at the maximum rate shall be treated as belonging to Category 'D'.

The Entitlement for retired employees will be the same as on the date of their retirement.

Ex-post-facto approval may be given by the Head, Medical Division, BARC to the admission and treatment of a beneficiary to any class above the prescribe entitlement in special circumstances and/or on medical grounds.

An Authorized Medical Officer may direct a beneficiary to re-transfer himself / herself from a higher class to which the beneficiary is admitted to a class of normal entitlement when admission to a higher room/ward is not justified on medical grounds or when accommodation in the entitled class is available during in-patient treatment.

In the case of a child under the age of 12 admitted to a nursing home / hospital, extra daily bed charges for the stay of an adult member of the family to look after the child is permissible. Only 50% of the actual extra bed charges incurred is admissible. The duration of the adult's stay shall not exceed 7 days during the entire period of stay of the patient. with the prior approval of the Medical Officer notified for the purpose by the Medical Division, the duration of such stay may be extended upto 30 days. No charges for boarding, tea, snacks etc., for the adult who stay with the child will be permissible.

**CONCESSIONAL RATES CHARGEABLE FOR ARTIFICIAL DENTURES SUPPLIED UNDER THE CONTRIBUTORY HEALTH SERVICE SCHEME OF THE DEPARTMENT OF ATOMIC ENERGY.**

Sl. No.	Type of dentures	Up to Rs.4590 p.m	Between Rs.4591 to Rs.8000 p.m.	Between Rs.8001 to Rs.11500 p.m.	Over Rs.11501 p.m.
1.	Full dentures(artificial set of teeth, upper and lower)	100	200	300	400
2.	Full dentures (artificial set of teeth upper)	50	100	200	300
3.	Partial dentures one tooth	10	20	30	40
4.	Partial dentures additional teeth	5	10	20	30

Government of India  
Department of Atomic Energy

Anushakti Bhavan,  
C.S.M. Marg,  
Mumbai - 400 001

Ref : 7/14/98/CHSS/IR&W/272

October 9, 2000

Sub : Amendments issued to the Contributory Health  
Services Scheme vide OM No. 1/7/99/IR&W/2000  
dated July 27, 2000 - clarifications regarding.

Administrative Officer, Medical Division, BARC may please refer to his I.D. Note No. BARC/11/9(30)/4065 dated September 18, 2000 on the above subject.

2. The various points raised in the above note and also by the Dy. Controller (CHSS), BARC vide ID Note No. BARC/Accts. /Med./2000/1366 dated September 25, 2000 are clarified as under :-

**Rule No 2.1.10 (iv)**

Whether the dependent parents/children of the employees who had retired between 1.2.1998 and 31.7.2000 are eligible to be included in the CHSS.

With the amendment issued vide the OM dated July 27, 2000 referred to above, these categories of persons are eligible to be included as beneficiaries of the Scheme.

**Rule No.2.1.11 read in conjunction with Rule No. 13.2**

(i) What should be the rate of contribution in the case of a person had retired on superannuation on June 30, 2000.

Since the person concerned would be eligible to have free treatment for the month of July, 2000 in terms of Rule No. 2.1.11, the question arises about the rate of the contribution from 1.8.2000 onwards. This should be 1% of the basic pay.

(ii) What should be the rate of contribution in the case of a person who had retired before June, 2000 but opted to join the Scheme after August 1, 2000

Arrears of contribution should be paid at slab rate from the due date till July 31, 2000 and from August 1, 2000 onwards at 1% of the basic pay.

**Rule No. 3.1**

While at a place other than the CHSS station, whether treatment can be taken from Registered Private Medical Practitioner as was the case in the past or it can be taken only from AMA.

After the change in the rules, treatment is admissible only from an AMA.

**Rule No.4.1(b)**

(i) For inclusion of additional number of children, whether the extra amount of contribution need be paid at 1% of the basic pay or it should based on per capita expenditure.

The extra amount of contribution is to be paid at the rate of 1% of the basic pay for each extra child.

(ii) Whether addition in the number of children can be allowed on payment of extra contribution in respect of those who had retired prior to 1.8.2000 and have more than two children.

Yes

(iii) Whether the third child who could be permitted to be registered on payment of per capita expenditure prior to 1.8.2000 can now be changed over to the category based on the payment of additional contribution at the rate of 1% of basic pay.

Yes

**Rule No.4.1(d)**

With the changes in the wordings from "permanently residing" to "normally residing" with the prime beneficiary, whether it is necessary to verify the ration card as a proof to establish the residency of dependent parents.

The changes of the wordings have nothing to do with the practice followed so far in this regard. Even to establish that the parents are "normally" residing with the prime beneficiary, it may be necessary to verify such documents as a proof.

**Rule No.13.2**

(i) Whether the slab rate of contribution which was already effected in the case of persons who had retired between 1.2.1998 and 31.7.2000 should be revised to 1% of the basic pay after 1.8.2000.

The contribution rate can be changed to 1% of the basic pay only from the date when the next payment is due after 1.8.2000.

(ii) In the case of above category of persons whether any adjustment is necessary in respect of the recovery already made between 1.2.1988 to 31.7.1998 even if the individual concerned had become life time member on paying 10 years contribution.

The one time contribution already paid for 10 years at higher rate would remain unaltered and no adjustment need be made after 1.8.2000.

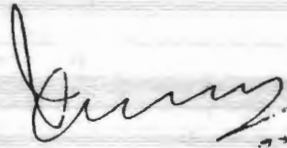


(iii) What should be the rate of contribution to be paid in the case of a person with 30 years of qualifying service and taken voluntary retirement after February 1998 and applied to join the Scheme after August 1, 2000?

After February 1998 he is liable to pay three times the contribution at slab rate till 31.7.2000 and thereafter at 1% of the basic pay.

(iv) Whether the present amendment would have any impact on the rate of contribution in the case of persons who had retired before 1.2.98?

It has already been clarified vide this Department's I.D. Note of even no. dated May 19, 1998 that in the case of those who had retired before 1.2.1998 the contribution rate would not change. Hence, the present amendment would not have any impact in the case of these categories of persons.

  
(M. Venugopalan) 27. 2. 2000  
Under Secretary

Administrative Officer-III,  
Medical Division, BARC

Copy to

- 1) Director, HWB, Mumbai
- 2) Station Director, RAPS/TAPS
- 3) Chief Administrative Officer, GSO, Kalpakkam
- 4) General Manager, HWB, Kota/Talcher/Manuguru/Baroda/Tuticorin
- 5) Dy. General Manager, NPC, V.S.Bhavan, Mumbai
- 6) Administrative Officer, VECC,

Copy to 1) Dy. Controller of Accounts (CHSS), BARC

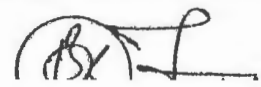
Copy forwarded to :-

- 1. AEO, Admn. - for circulation pl.
- 2. A.O.II, CHSS - for information.

7927  
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Rm.

10/10/2000  
(S M Nam)  
AO III (M)

Circulated  
amongst all  
concerned staff



Government of India  
Department of Atomic Energy

Anushakti Bhavan,  
C.S.M. Marg,  
Mumbai – 400 001

No.7/14/98-CHSS/IR&W/317.

November 12, 2002

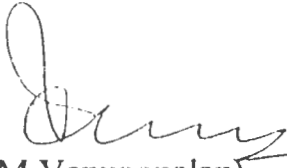
**Sub: Continuance under CHSS after retirement – shifting  
of prime beneficiary membership to the spouse.**

As per the stipulation under Clause No.13.7 of Contributory Health Service Scheme in a case where both the husband and wife are in service contribution from one of them whose pay is higher is recoverable. At present there are no detailed instructions in the Scheme on the manner in which the prime beneficiary membership is to be decided when either of the spouse retires from service. The following guidelines are to be followed in the matter :

A) When the spouse who is the prime beneficiary by virtue of drawing higher pay retires from service on superannuation	An option to become the prime beneficiary may be allowed either to the retiring employee or to the spouse who is in service even if the pay of the latter may be lower. When the retiring employee becomes prime beneficiary the option to pay one time contribution for life long registration will also be available to him/her.
B) When the spouse who is the prime beneficiary takes voluntary/premature retirement	If the voluntary retirement is falling within the category in which only normal contribution is payable, the instructions as at (A) above would apply. However, in case of voluntary retirement where enhanced contribution is payable, the prime beneficiary membership cannot be passed on to the spouse who is in service. Shifting of prime beneficiary membership in such cases will arise only if the contribution recoverable from the spouse who is in service is higher than the enhanced contribution as payable by the prime beneficiary who has voluntarily retired.

- 2 -

C) When the retiring spouse (superannuation, voluntary retirement etc) was not the prime beneficiary	The retiring spouse will continue to be the family member as was the case while in service.
--	---

  
(M. Venugopalan)  
Staff Relations Officer 12/11/2002

**BARC**

1. Head, Medical Division.
2. Adm. Officer-III, BARC Hospital.
3. Adm. Officer-III, CHSS.
4. Dy. Controller of Accounts (CHSS).

**CAT, Indore**

1. Chief Adm. officer
2. Joint Controller of Accounts

**HWP, Talcher**

1. Adm. Officer
2. Dy. Controller of Accounts

**VECC, Calcutta**

1. Adm. officer
2. Dy. Controller of Accounts

**HWP, Manuguru**

1. Chief Adm. Officer
2. Dy. Controller of Accounts

**HWP, Tuticorin**

1. Adm. Officer
2. Dy. Controller of Accounts

**GSO, Kalpakkam**

1. Chief Adm. Officer
2. Dy. Controller of Accounts

**RMP, Mysore**

1. Chief Adm. Officer
2. Dy. Controller of Accounts

Copy to :- 1. Chief Medical Officer, DAE Hospital, Kalpakkam.  
2. Station Director, TAPS, Tarapur  
3. Station Director, RAPS, Kota

Copy to :

**BARC**

- (i) Controller,
- (ii) Head, Medical Division
- (iii) Head, Accounts Division and IFA

**CAI**

- (i) Chief Medical Officer
- (ii) Chief Administrative Officer

**IGCAR**

- (i) Joint Controller (F&A),
- (ii) Chief Administrative Officer
- (iii) Chief Medical Superintendent

**GSO**

- (i) Chief Administrative officer

**IHWB**

- (i) IFA, Mumbai
- (ii) Director (P&A), Mumbai
- (iii) General Manager, Kota/Talcher/Manuguru/Baroda/Tuticorin

**NPCIL**

- (i) Chairman-cum-Managing Director, Mumbai
- (ii) Executive Director (Finance), Mumbai
- (iii) Director (Personnel), Mumbai
- (iv) Sr. Manager (IR), Belapur
- (v) Station Director, MAPS

**Copy to :-**

- 1) All Heads of the Units
- 2) Registrar, TIFR
- 3) Chief Administrative Officer, TMC
- 4) Secretary, AIES
- 5) Director, (Southern Region), AMD, Bangalore
- 6) All Officers/Sections in DAE

Government of India  
Department of Atomic Energy  
(IR&W Section)

Anushakti Bhavan,  
C.S.M. Marg,  
Mumbai - 400 001

No.7/17/2006-IR&W/ 6741

August 25, 2006

Sub:- Retention of CHSS facility at old Head Quarters.

Dy. Establishment Officer, BARC may please refer to her I.D.Note No. 32(1)/CHSS (227)/Admn-I/OPA-89692 dated August 1, 2006 on the above subject.

It may be mentioned that BARC has sought clarification whether an employee who was transferred from Mumbai to Kota can avail of CHSS in Mumbai while working in Kota by citing the reason that he has not shifted his residence from Mumbai to Kota. This department vide its note dated 8.8.2005 informed that CHSS facilities are admissible with reference to Headquarters i.e. Kota. The said clarification was issued in that context. However, departmental employees working in Tarapur and Mumbai have been allowed to avail CHSS facilities with reference to their residence since long on the grounds that a large number of employees travel between their residence and headquarters daily in order to fulfill certain domestic and family obligations. Hence, this arrangement need not be disturbed by quoting the above clarification. Further, CHSS Review Committee has also recommended that employee of the Department residing in Mumbai and working at Tarapur and vice versa may be extended the medical facilities with reference to their residence.

In view of the above, BARC may extend the CHSS facility to the departmental employees working in Tarapur & Mumbai with reference to their residence.



(P.P. Madhavan kuttu)  
Under Secretary (IR&W)

Smt. Jaya Induchoedan,  
Dy. Establishment Officer,  
BARC,  
Trombay, Mumbai-85

Shri. R  
V.B.  
20.8





Government of India  
Bhabha Atomic Research Centre

Central Library  
Trombay  
Mumbai - 400085

No. 32(1)/CHSS (227)/Admn.I/ *CPD - 106657*

Sept. 11 2006.

Sub : Retention of CHSS facility at old Head Quarters.

A copy of the clarification issued by US (IR&W), DAE, vide ID Note No. 7/17/2006-IR&W/6741 dated 25/8/2006 on the subject cited above is enclosed for information and necessary action.

It is now clarified by DAE that the Department's note dt. 8/8/2005 regarding entitlement of medical facilities as admissible at ~~its~~ headquarters, is however, not applicable to employees working at Tarapur and Mumbai. Therefore, employees working in Tarapur & Mumbai may be extended CHSS facility with reference to their residence.

End : As above

(Smt. Jaya Induchodan)  
Deputy Establishment Officer

To

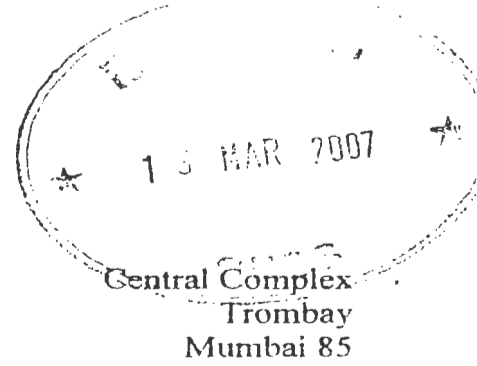
Administrative Officer (Medical)  
BARC HOSPITAL.

COPY TO : Administrative Officer (Shri C. Gopalakrishnan)  
BARC, Tarapur - with reference to his representation addressed to  
US(Admn.), DAE dt. 14/7/2006.

✓ APO (CHSS), BARC - for information and further necessary action.

*Important*

Government of India  
Bhabha Atomic Research Centre  
Personnel Division



Ref: 32(1)/2006(281)/Admn-I/49

Feb 28 2007

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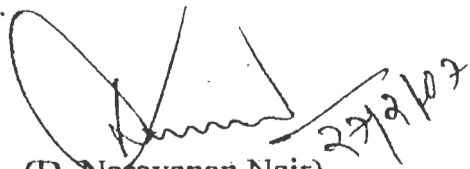
Sub: Decentralization of processing of applications for availing  
Ayurvedic/Homeopathic treatments for Mumbai based  
employees of DAE and its constituent units.

At present applications for availing Indian System of medicines (Ayurvedic & Homeopathic) from all the Mumbai based employees of the Department and its constituent Units PSUs/Aided Institutions (AIs) are forwarded to CHSS office for verification of CHSS registration. Thereafter the duly certified applications are forwarded to the concerned Unit/Sections dealing with administrative matters for issuing necessary approval.

Hitherto, the applications for availing Ayurvedic & Homeopathic treatment by employees and their dependents will have to be submitted to the concerned Divisional APO/AO II/SOs/and APOs of the concerned Unit/PSUs/Aided Institutions to verify the registration of CHSS cards and then the same should be forwarded to the respective Establishment Section/Section handling personal files for issue of referral letter.

This will be effective from the date of issue of this circular.

This issues with the approval of Controller, BARC.

  
(D. Narayanan Nair)  
Head, Personnel Division

To,

All Administrative Heads of Units, PSUs, Aided Institutions, Mumbai  
DCA (Medical), Accounts Division, BARC  
Administrative Officer/APOs of  
all Divisions/Sections, BARC

13/3/07

13/3/07

20/03/07

3/3/07

10/3/07

Government of India  
Department of Atomic Energy

Anushakti Bhavan,  
C. S. M. Marg,  
Mumbai-400 001

No.7/13/2003-IR&W/109

May 18, 2009

Sub: Enhancement of reimbursement of the cost of artificial hearing aid.

As per Rule 8.3 of CHSS, the cost of artificial hearing aid is reimbursed to the employees and their family members registered under CHSS on one-time basis on the recommendations of ENT specialist, of BARC Hospital subject to a cost ceiling of Rs.20,000/= excluding the cost of batteries, ear mould and after sales service charges. The existing cost ceiling was fixed in the year 2005.

2. References have been received in the Department to enhance the existing cost ceiling of Rs.20,000/= suitably mainly on account of the substantial increase in the cost of unit in view of the immense development in the field of hearing aid technology.

3. After careful consideration in the Department, it has been decided to enhance the existing cost ceiling of Rs.20,000/= to Rs.30,000/= (including cost of mould) towards reimbursement of hearing aid. As the hearing aid is generally last for 5 years, the replacement may be allowed after a period of 5 years from the date of last issue on the recommendations/issue of condemnation certificate by ENT specialist of Departmental Hospital/Sub-Committee constituted by the Administering Authority.

(P.P. Madhavan kuttu)  
Staff Relations Officer

Agro Admin  
Jidhan  
25/5/09

All CHSS Administering Authorities.

- 1. Director, BARC,
- 2. Director, IGCAR
- 3. Chief Executive, HWH
- 4. Station Director, RAPS
- 5. Director, AMD
- 6. Director, RRCAT
- 7. Director, VECG
- 8. Station Director, TAPS

CC - Director BSG  
- Head HMA  
- JHA  
- JAD

AD/HR  
AD/OP  
AD/CMS

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N.B.M.

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Government of India  
Department of Atomic Energy:

Anushakti Bhavan,  
C S M Marg,  
Mumbai-400 001.

No.7/13/2003-IR&W/110

May 18, 2009.

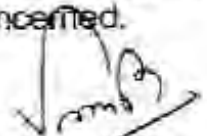
Sub. Reimbursement of the cost of diabetic footwear.

As per the existing CHSS there is no provision for reimbursement of the cost incurred towards diabetic footwear. References have been received in the Department to supply diabetic footwear/reimbursement of the cost by considering the fact that the prevention of diabetic footcare is cheaper than cure for diabetic footwear once ulcer/gangrene sets in.

2. After careful consideration it has been decided in the Department to reimburse the cost of diabetic footwear under CHSS as detailed below :

- |   |             |
|---|-------------|
| a) Diabetic footwear, home use (Canvas) | - Rs. 900/- |
| b) Outdoor footwear (leather)           | - Rs.1200/- |
| c) Front orthowedge (leather)           | - Rs.1800/- |
| d) Cut shoe (leather)                   | - Rs.2300/- |

3. The cost of the diabetic footwear is reimburseable on the basis of the recommendation from Surgical OPD and approval of the Head, Medical Division/Hospital Superintendent/In-charge/Medical Officer concerned.

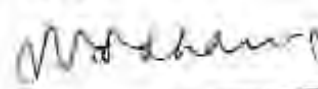
  
(P.P. Madhavan kuty)  
Staff Relations Officer

All CHSS Administering Authorities


1. Director, BARC.
2. Director, IGCAR
3. Chief Executive, HWB
4. Station Director, RAPS
5. Director, AMD
6. Director, RRCAI
7. Director, VECC
8. Station Director, TAPS
9. Chief Executive, NFC
10. Director (HR), NPCIL

CC - Director BSG  
- Head HMD  
- IFA

ADDITIONAL  
MO CHSS  
Apo Adm, ITCU  
Mishra  
25/5/09

  
22/05/09  
न. द. शर्मा  
N. D. Sharma  
नियंत्रक/Controller

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Government of India  
Department of Atomic Energy



Anushakti Bhavan,  
C.S.M.Marg,  
Mumbai-400 001.

No.7/14/98-IR&W/Vol III/111

May 18, 2009

Sub: Issue of Lifetime CHSS cards to mentally challenged/physically disabled children beyond 25 years of age.

As per the existing instructions, revalidation of CHSS cards in respect of mentally challenged/physically disabled children beyond 25 years of age is done on a case to case basis for a period of one/three years depending upon the gravity of the case. References have been received in the Department to issue life time CHSS cards to the children with severe and profound cases and to extend the duration of CHSS cards, in respect of children with mental/physical disability as the procedure presently being followed causes various practical difficulties and hardship not only to the disabled persons but also to the prime beneficiaries to complete the formalities for revalidation of the CHSS cards periodically.

After careful consideration in the Department, it has now been decided to revise the procedure for renewal of CHSS cards to the mentally challenged/physically disabled children beyond 25 years of age as under :

- (i) To issue lifetime CHSS cards to the dependent children of prime beneficiary beyond the age of 25 years who are suffering from severe and profound mental retardation.
- (ii) To issue CHSS cards for a period of 3 years to the dependent physically handicapped/mentally disabled children beyond the age of 25 years.
- (iii) To issue CHSS cards for lifetime/for a period of 3 years (in lieu of one year at present) to such children on the request of legal guardian in the event of death of prime beneficiary and spouse.

PA-1004  
25/5/09

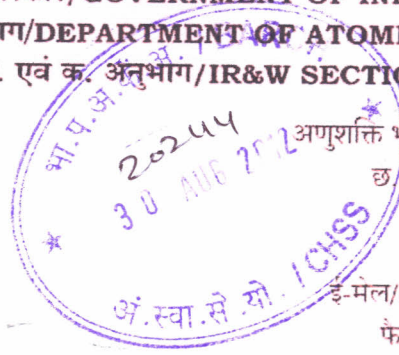
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*CHSS*  
*25/5/09*

*(P.P Madhavan kuty)*  
Staff Relations Officer

All CHSS Administering Authorities.

- |                           |                           |                    |
|---------------------------|---------------------------|--------------------|
| 1. Director, BARC.        | 6. Director, RRCAT        | 11. Director, BMLG |
| 2. Director, IGCAK        | 7. Director, VECC         | 12. Head HMD       |
| 3. Chief Executive, HWB   | 8. Station Director, TAPS | 13. IFA            |
| 4. Station Director, RAPS | 9. Chief Executive, NRC   | 14. CAD            |
| 5. Director, AMD          | 10. Director (HR), NPCIL  | 15. n.l.a.w.f      |
- has seen. May kindly see.*  
*25/5/09*

भारत सरकार/GOVERNMENT OF INDIA  
परमाणु ऊर्जा विभाग/DEPARTMENT OF ATOMIC ENERGY  
(औ. सं. एवं क. अनुभाग/IR&W SECTION)



अणुशक्ति भवन/Anushakti Bhavan,  
छ.शि.म.मार्ग/C.S.M. Marg,  
मुंबई/Mumbai - 400 001  
(☎ 022-22862703)  
ई-मेल/e-mail - [irw@dae.gov.in](mailto:irw@dae.gov.in)  
फैक्स/Fax No. - 2204 8476  
& 2202 6728

**कार्यालय ज्ञापन/OFFICE MEMORANDUM**

सं./No.7/9/2012/आइआरएंडडब्ल्यू/IR&W/250

अगस्त/August, 16, 2012

विषय : सेवानिवृत्ति के पश्चात अंशदायी स्वास्थ्य सेवा योजना (अंस्वासेयो) का जारी रखना - प्राथमिक लाभार्थी सदस्यता को पति/पत्नी हेतु बदलना।

**Sub : Continuance under CHSS after retirement - shifting of prime beneficiary membership to the spouse.**

अधोहस्ताक्षरी को अंशदायी स्वास्थ्य सेवा योजना (अंस्वासेयो) 1998 के खंड 13.7 का संदर्भ लेने का निर्देश हुआ है। पति तथा पत्नी दोनों के परमाणु ऊर्जा विभाग कर्मचारी होने की स्थिति में नियम 13.7 के तहत दिशा-निर्देशों के अनुसार इन दोनों में से केवल किसी एक का अंशदायी स्वास्थ्य सेवा योजना (अंस्वासेयो) का अंशदान वसूली-योग्य है। आगे, पति तथा पत्नी में से किसी एक की सेवानिवृत्ति पर, प्राथमिक लाभार्थी सदस्यता का निर्णय करते समय, परमाणु ऊर्जा विभाग के दिनांक 12/11/2002 के नोट सं. 7/14/98-अंस्वासेयो/आइआरएंडडब्ल्यू/317 के द्वारा जारी विस्तृत निर्देशों का अनुसरण किया जाए। तथापि, कुछ इकाइयों ने सेवानिवृत्त हो रहे कर्मचारी से प्राथमिक लाभार्थी की सदस्यता सेवानिवृत्त कर्मचारी को दिये जाने के बारे में स्पष्टीकरण मांगे हैं, जिस पर विभाग में विचार किया गया है तथा पञ्चम के दिनांक 12/11/2002 के 'बिन्दु ए' में निम्नानुसार विस्तार किया जाता है :

The undersigned is directed to refer Clause no. 13.7 of Contributory Health Service Scheme, 1998. In a case where both husband and wife are DAE employees: CHSS contribution from only one of them is recoverable, following the guidelines given under Rule 13.7. Further, the detailed instructions to be followed while deciding the prime beneficiary membership, when either of the spouse retires from service were issued vide DAE note no. 7/14/98-CHSS/IR&W/317 dated 12/11/2002. However, some units have sought clarifications regarding shifting of Prime beneficiary membership from a retiring employee to a retired employee, which have been considered in the Department and 'Point A' of DAE note dated 12/11/2002 is extended further as follows :



"यदि पति तथा पत्नी दोनों अंशदायी स्वास्थ्य सेवा योजना (अंस्वासेयो) के लाभार्थी हैं तो सेवानिवृत्त कर्मचारी से सेवानिवृत्त हो रहे कर्मचारी को तथा सेवानिवृत्त हो रहे कर्मचारी से सेवानिवृत्त कर्मचारी को प्राथमिक लाभार्थी सदस्यता परिवर्तित करने के विकल्प को अंस्वासेयो के लिए 10 वर्षों के अंशदान के बराबर जीवनकाल के अंशदान का भुगतान करके अनुमति दी जाए तथा इन 10 वर्षों की गणना ऐसे विकल्प तिथि से की जाएगी।"

"If husband and wife both are CHSS beneficiaries, an option may be allowed to shift prime beneficiary membership from retired employee to retiring employee and vice versa, by paying lifetime contribution towards CHSS, equal to 10 years' subscription and this 10 years period would be reckoned from the date of such option."

2. पहले के निपटाए गए मामले दुबारा न खोले जाएं।

Past cases already settled may not be reopened.

3. इसे सक्षम प्राधिकारी के अनुमोदन से जारी किया जाता है।

This has been issued with the approval of the Competent Authority.

  
(स्वाति पाण्डेय/Swati Pandey)

निदेशक (आईआरएंडडब्ल्यू)/Director (IR&W)

सभी अंस्वासेयो प्रशासनिक प्राधिकारी/All CHSS Administering Authorities

1. निदेशक, भापअकेंद्र, मुंबई /Director, BARC, Mumbai
2. निदेशक, आइजीकार, कलपाक्कम/Director, IGCAR, Kalpakkam
3. मुख्य कार्यकारी, भापाबो, मुंबई/Chief Executive, HWB, Mumbai
4. मुख्य कार्यकारी, एनएफसी, हैदराबाद/Chief Executive, NFC, Hyderabad
5. केंद्र निदेशक, आरएपीएस, कोटा/Station Director, RAPS, Kota
6. केंद्र निदेशक, टीएपीएस, तारापुर/Station Director, TAPS, Tarapur
7. निदेशक, एएमडी/Director, AMD
8. निदेशक, आरआरकेट/Director, RRCAT
9. निदेशक, वीईसीसी/Director, VECC
10. निदेशक (एचआर), एनपीसीआईएल/Director (HR), NPCIL
11. प्रधान, चिकित्सा प्रभाग, भापअकेंद्र/Head, Medical Division, BARC
12. मुख्य चिकित्सा अधिकारी, पऊवि अस्पताल कलपाक्कम  
Chief Medical Officer, DAE Hospital Kalpakkam

- प्रतिलिपि/Copy to :
- (1) अध्यक्ष का कार्यालय, परमाणु ऊर्जा आयोग/सचिव, पऊवि  
O/o chairman, AEC/Secretary, DAE
  - (2) विशेष सचिव के प्रधान निजी सचिव, पऊवि  
PPS to Special Secretary, DAE
  - (3) संयुक्त सचिव (आईएंडएम) के निजी सचिव, पऊवि  
PS to JS(I&M), DAE
  - (4) सचिव, कर्मचारी पक्ष, विभागीय समिति  
Secretary, Staff Side, DC
  - (5) प्रशासनिक अधिकारी-III, भापाअकें अस्पताल, भापाअकें  
AO-III, BARCH, BARC
  - (6) उप स्थापना अधिकारी, प्रशासन-1, भापाअकेंद्र – भापाअकेंद्र के  
दिनांक 19/06/2012 के आईडी नोट सं. 32(1)/2007/ प्रशा.1/ओपीए-  
51799 के संदर्भ में/ DEO, Admn-I, BARC- w.r.t. BARC ID Note  
No. 32(1)/2007/ Admn.I/OPA-51799 dt. 19/06/2012
  - (7) सहायक निदेशक (राभा), पऊवि/Asst. Director (OL), DAE

भारत सरकार/GOVERNMENT OF INDIA  
परमाणु ऊर्जा विभाग/DEPARTMENT OF ATOMIC ENERGY  
औ. सं. एवं क. अनुभाग/IR&W SECTION



अणुशक्ति भवन/Anushakti Bhavan,  
छ. शि. म. मार्ग/C.S.M. Marg,  
मुंबई/Mumbai - 400 001  
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सं./Ref: 7/34/2012/आईआरएंडडब्ल्यू/IR&W/ 408

दिसंबर/December 31, 2012

कार्यालय ज्ञापन/OFFICE MEMORANDUM

**विषय** : दिनांक 01/02/1998 से लागू संशोधित अंशदायी स्वास्थ्य सेवा योजना के संबंध में स्पष्टीकरण।

**Sub** : **Modified Contributory Health Services Scheme w.e.f. 01/02/1998 - clarifications regarding.**

हाल ही में गठित अंशदायी स्वास्थ्य सेवा योजना (सीएचएसएस) पुनरीक्षण समिति की बैठक में की गई चर्चा के अनुसार, यह पाया गया है कि सीएचएसएस नियमावली के तहत कुछ प्रावधानों को और अधिक स्पष्ट करते हुए, इसे उचित रूप से समझाए जाने तथा पूरे भारत में एकसमान रूप से लागू किए जाने की आवश्यकता है। अतः इस संबंध में, कुछ बिंदुओं को निम्नानुसार स्पष्ट किया जाता है :

As per the discussions held in the recently constituted CHSS Review Committee Meeting, it was found that some of the provisions under CHSS Rules are need to be clarified further for its proper interpretation and uniform application all over India. In this regard, some of the points are clarified as under :

- 1) पऊवि के दिनांक 22/01/1998 के कार्यालय ज्ञापन सं. 7/55/94/सीएचएसएस/आईआरएंडडब्ल्यू/37 के जरिये दिनांक 01/02/1998 से संशोधित अंशदायी स्वास्थ्य सेवा योजना (सीएचएसएस) प्रारंभ की गई थी। चूंकि उक्त बनायी योजना विशेष रूप से मुंबई के लिए है, फिर भी जिन स्थानों पर अंशदायी स्वास्थ्य सेवा योजना (सीएचएसएस) जारी है, वहां पर भी

इस योजना को आवश्यक परिवर्तनों सहित विस्तारित किया गया है। अतः पऊवि की समस्त इकाइयों में जहां अंशदायी स्वास्थ्य सेवा योजना(सीएचएसएस) जारी है वहां अंशदायी स्वास्थ्य सेवा योजना(सीएचएसएस) नियमावली के अंतर्गत समस्त प्रावधान भी लागू होंगे।

The modified CHS Scheme was introduced w.e.f. 01/02/1998 vide DAE O. M. No. 7/55/94/CHSS/IR&W/37 dated 22/01/1998. Though the scheme framed is particularly meant for Mumbai, the same is extended Mutatis mutandis to other places where CHSS is in operation. Therefore, all the provisions under CHSS Rules will be applicable to all the DAE units, where CHSS is in operation.

- 2) पुत्र/पुत्री, दोनों अंशदायी स्वास्थ्य सेवा योजना (सीएचएसएस)के तहत चिकित्सा सुविधा लेने के तब तक पात्र हैं जब तक कि वे कमाई करना (आय ₹4000/- तक) प्रारंभ करते हैं अथवा विवाहित हो जाते हैं अथवा उनकी आयु 25 वर्ष की हो जाती है, जो भी इनमें से पहले हो।

Son/Daughter, both are eligible to avail medical facility under CHSS till they start earning (income upto ₹4,000/-) or get married or upto the age of 25 years, whichever is earlier.

- 3) अंशदायी स्वास्थ्य सेवा योजना (सीएचएसएस) नियम क्र. 4.1 के अंतर्गत स्पष्टीकरण के अनुसार - यदि एक अविवाहित महिला कर्मी अपने माता-पिता के लिए सीएचएसएस सुविधा का लाभ लेती है तो वह अपने विवाह के पश्चात या तो अपने माता-पिता के लिए सीएचएसएस सुविधा लेना जारी रख सकती है अथवा उनकी जगह अपने सास-ससुर को शामिल करने का विकल्प दे सकती है, बशर्ते कि इस योजना में दी गयी निर्भरता तथा आवासीयता संबंधी शर्तों का पालन किया जाए। एक बार विकल्प चुनने पर उसे भविष्य में परिवर्तन करने की अनुमति नहीं है।



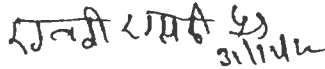
As per the explanation under CHSS Rule No. 4.1 - If an unmarried female employee is availing the CHSS facility for her parents, after her marriage she can either continue to obtain the CHSS facility for her parents or opt to include her parents-in-law instead, subject to the conditions of dependency and residency being satisfied. Once this option is exercised, she is not permitted to change the same in any future date.

- 4) पऊवि की इकाइयों के कॉम्प्लेक्स में स्थित गैर-पऊवि कार्यालयों जैसे एम्प्लाइज को-आपरेटिव क्रेडिट सोसाइटी, बैंकों तथा पोस्ट ऑफिस के कर्मचारियों के लिए सीएचएसएस सुविधा उपलब्ध नहीं है।

CHSS facility is not available for the employees of non-DAE offices, located in the complex of DAE units such as Employee's Co-operative Credit Societies, Banks & post offices.

इसे सक्षम प्राधिकारी के अनुमोदन से जारी किया जाता है।

This is issued with the approval of the Competent Authority.



(एन. वी. एस. वी. प्रसाद N. V. S. V. Prasad)

विशेष कार्य अधिकारी(औ. सं. एवं क.)/Officer on Special Duty (IR&W)

सभी सीएचएसएस प्रशासनिक प्राधिकारी/All CHSS Administering Authorities

- 1) निदेशक, भापअके, मुंबई Director, BARC, Mumbai
- 2) निदेशक, आईजीकार, कलपाक्कम Director, IGCAR, Kalpakkam
- 3) निदेशक, जीएसओ, कलपाक्कम Director, GSO, Kalpakkam
- 4) मुख्य कार्यकारी, भापाबो, मुंबई Chief Executive, HWB, Mumbai
- 5) मुख्य कार्यकारी, एनएफसी, हैदराबाद Chief Executive, NFC, Hyderabad
- 6) स्टेशन निदेशक, आरएपीएस, कोटा Station Director, RAPS, Kota
- 7) स्टेशन निदेशक, टीएपीएस, तारापुर Station Director, TAPS, Tarapur



- 8) निदेशक, एएमडी Director, AMD
- 9) निदेशक, आरआरकैट Director, RRCAT
- 10) निदेशक, वीईसीसी Director, VECC
- 11) निदेशक (एचआर), एनपीसीआईएल Director (HR), NPCIL
- 12) प्रधान, चिकित्सा प्रभाग, भापअकेंद्र Head, Medical Division, BARC
- 13) मुख्य चिकित्सा अधिकारी, पऊवि अस्पताल, कलपाक्कम  
· Chief Medical Officer, DAE Hospital Kalpakkam

प्रतिलिपि/Copy to :

- (1) अध्यक्ष, पऊआ तथा सचिव, पऊवि का कार्यालय O/o chairman, AEC, Secretary, DAE
- (2) विशेष सचिव के प्रधान निजी सचिव, पऊवि PPS to Special Secretary, DAE
- (3) संयुक्त सचिव (उद्योग एवं खनिज) के निजी सचिव, पऊवि PS to JS(I&M), DAE
- (4) सचिव स्टाफ साइड, डीसी Secretary, Staff Side, DC
- (5) महा सचिव, नाफी General Secretary, NAFAEE
- (6) प्रशासनिक अधिकारी-III, बीएआरसी अस्पताल, बीएआरसी  
AO-III, BARC Hospital, BARC
- (7) सहायक निदेशक (राभा), पऊवि Asst. Director (OL), DAE



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ई-मेल/e-mail-[irw@dae.gov.in](mailto:irw@dae.gov.in)

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2202 6728

भारत सरकार

GOVERNMENT OF INDIA

परमाणु ऊर्जा विभाग

DEPARTMENT OF ATOMIC ENERGY

जी. सं. एवं क. अनुभाग

IR&W SECTION

अणुशक्ति भवन

Anushakti Bhavan,

छ. शि. म. मार्ग

C.S.M. Marg,

मुंबई/Mumbai - 400 001

सं./No. 7/5/2013/आईआरएंडडब्ल्यू/IR&W/4|6

नवंबर/November 6, 2013

**कार्यालय ज्ञापन OFFICE MEMORANDUM**

विषय : सीएचएसएस सुविधा के मुख्य लाभधारियों के परिवार के सदस्यों को पुराने/नये मुख्यालयों के अलावा अन्य स्थान पर सीएचएसएस सुविधा दिये जाने के संबंध में-

Sub : **Extension of CHSS facility to family members of prime beneficiary at the place other than old/new headquarters - reg.**

सीएचएसएस सुविधा के मुख्य लाभधारियों से दूर रहने वाले परिवार के सदस्यों (पति/पत्नी एवं बच्चे) को पुराने/नये मुख्यालयों के अलावा अन्य स्थान पर सीएचएसएस सुविधा दिये जाने के संबंध में इकाइयों से प्रस्ताव विभाग में प्राप्त हो रहे हैं।

Department has been receiving proposals from Units requesting to extend CHSS facility to the family members (spouse and children), staying away from the prime beneficiary, at the place other than old/new Headquarters.

2. विस्तृत जांच के बाद, सीएचएसएस के मुख्य लाभधारियों के पुराने/नये मुख्यालयों के अलावा अन्य स्थान पर रह कर अध्ययन करने वाले केवल बच्चों की सीएचएसएस सुविधा को शिथिल कर उन्हें वहां पर सीएचएसएस सुविधा दिए जाने का निर्णय लिया गया है। ऐसे मामलों में चिकित्सा सुविधा दिए जाने के लिए अधिकतम आयु 25 वर्ष तक अथवा विवाह होने तक अथवा रोजगार मिलने तक, जो भी पहले हो, के लिए होगी। तथापि, मुख्य लाभधारियों के अन्य परिवार के सदस्यों जो पुराने/नये मुख्यालयों के अलावा अन्य स्थान पर रह रहे हों, उनके लिए यह शिथिलता लागू नहीं होगी।

After detailed examination, Department has decided to relax and extend the CHSS facility to only children who are staying away from the prime beneficiary at a place other than old/new Headquarters to pursue studies. The period of extension of medical facility in such cases will be upto the age of 25 years of the child or gets married or gets gainful employment, whichever is earlier. However, the relaxation is not applicable to the other family members, who are staying away from the prime beneficiary at a place other than old/new Headquarters.

3. इकाई के प्रमुख अपने इकाई में ऐसे मामलों पर निर्णय लेने हेतु उपरोक्त नियम के अधीन कार्रवाई कर सकते हैं।

Head of the Unit may consider such cases at unit level for a decision subject to the above ruling.

यह सक्षम प्राधिकारी के अनुमोदन से जारी किया जा रहा है।

This is issued with the approval of the Competent Authority.

(स्वाति पाण्डेय Swati Pandey)

निदेशक (आईआरएंडडब्ल्यू) Director (IR&W)

**सभी सीएचएसएस के प्रशासनिक प्राधिकारी All CHSS Administering Authorities :**

- (1) निदेशक, बीएआरसी, मुंबई Director, BARC, Mumbai
- (2) निदेशक, आईजीकार, कलपाक्कम Director, IGCAR, Kalpakkam
- (3) निदेशक, जीएसओ, कलपाक्कम Director, GSO, Kalpakkam
- (4) मुख्य कार्यकारी, भापाबो, मुंबई Chief Executive, HWB, Mumbai
- (5) मुख्य कार्यकारी, एनएफसी, हैदराबाद Chief Executive, NFC, Hyderabad
- (6) स्टेशन निदेशक, आरएपीएस, कोटा Station Director, RAPS, Kota
- (7) स्टेशन निदेशक, टीएपीएस, तारापुर Station Director, TAPS, Tarapur
- (8) निदेशक, एएमडी Director, AMD
- (9) निदेशक, आरआरकेट Director, RRCAT
- (10) निदेशक, वीईसीसी Director, VECC
- (11) निदेशक (एचआर), एनपीसीआईएल Director (HR), NPCIL
- (12) प्रधान, चिकित्सा प्रभाग, भापअकेंद्र Head, Medical Division, BARC
- (13) मुख्य चिकित्सा अधिकारी, पऊवि अस्पताल, कलपाक्कम  
Chief Medical Officer, DAE Hospital Kalpakkam

**प्रतिलिपि Copy to :**

- (1) सभी इकाइयों के प्रधान All Heads of Units
- (2) सभी इकाइयों के प्रशासनिक प्रधान All Administrative Heads of Units
- (3) अध्यक्ष, पऊआ तथा सचिव, पऊवि का कार्यालय O/o chairman, AEC, Secretary, DAE
- (4) अपर सचिव के निजी सचिव, पऊवि PS to AS, DAE
- (5) निदेशक, आईएमएससी Director, I.M.Sc.

- (6) सचिव स्टाफ साइड, विभागीय परिषद Secretary, Staff Side, DC
- (7) महा सचिव, नाफी General Secretary, NFAEE
- (8) प्रशासनिक अधिकारी-III, बीएआरसी अस्पताल, बीएआरसी AO-III, BARC Hospital, BARC
- (9) सहायक निदेशक (राभा), पऊवि Asst. Director (OL), DAE





सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

परमाणु ऊर्जा विभाग

DEPARTMENT OF ATOMIC ENERGY

औ. सं. एवं क. अनुभाग

IR&W SECTION

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सं.No. 7/16/2013/आईआरएंडडब्ल्यू/IR&W/2011

मई/ May/19, 2014

कार्यालय ज्ञापन/OFFICE MEMORANDUM

विषय : अंशदायी स्वास्थ्य सेवा योजना (सीएचएसएस) के तहत इन-विट्रो निषेचन (आईवीएफ) उपचार की स्वीकार्यता के बारे में

Sub : Admissibility of In-Vitro Fertilisation (IVF) treatment under CHSS – Reg.

इस विभाग में, सीजीएचएस/सीएस(एमए) नियमावली तथा डीओएस- सीएचएसएस की तरह सीएचएसएस के तहत इन-विट्रो निषेचन (आईवीएफ) के व्यय की प्रतिपूर्ति की स्वीकार्यता के लिए इस विभाग की विभिन्न इकाइयों के कर्मचारियों से अनुरोध प्राप्त हो रहे हैं।

Department has been receiving requests from the employees of various units under Department for admissibility of reimbursement of expenses on In-Vitro Fertilisation (IVF) treatment under CHSS on the line of CGHS/CS(MA) Rules and DOS-CHSS.

2. इस मामले की इस विभाग की सीएचएसएस पुनरीक्षा समिति द्वारा जांच की गयी है। उक्त समिति की सिफारिशों तथा सीजीएचएस तथा सीएस (एमए) नियमावली, 1944 के तहत हिताधिकारियों हेतु स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा जारी किये गये दिशा निर्देशों/मानदंडों के आधार पर यह विभाग सीएचएसएस के तहत महिला कर्मचारियों/कर्मचारियों की पत्नियों हेतु आईवीएफ उपचार पर खर्च होने वाले व्यय की प्रतिपूर्ति करने हेतु सहमत हो गया है, बशर्ते निम्नलिखित दिशानिर्देशों को पूरा किया जाए :

The matter has been examined by the CHSS Review Committee of the Department. Based on the recommendations of the Committee and guidelines/Criteria

provided by the Ministry of Health and Family Welfare for beneficiaries under CGHS and CS(MA) Rules, 1944, Department has agreed reimbursement of expenses incurred on IVF treatment to women employees/wives of employees under CHSS, subject to fulfilling the following guidelines:

- (i) आईवीएफ उपचार प्रक्रिया की अनुमति केवल वंध्यत्व की स्थितियों में तथा दंपत्ति की कोई जीवित संतान न होने पर ही दी जाएगी;

The IVF treatment procedure will be allowed only in cases of infertility where the couple has no living issue;

- (ii) आईवीएफ उपचार प्रक्रिया की अनुमति देने के पूर्व परंपरागत उपचार के असफल रहने के स्पष्ट प्रमाण उपलब्ध होने चाहिए ;

There should be clear evidence of failure of conventional treatment before permitting IVF treatment procedure;

- (iii) आईवीएफ उपचार करवाने वाली महिला की आयु 21 से 39 वर्ष के बीच होनी चाहिए ;

The age of women undergoing IVF treatment procedure should be between 21 and 39 years;

- (iv) महिला शादीशुदा हो और वह अपने पति के साथ रह रही हो ;

The woman has to be married and living with her husband;

- (v) सीएचएसएस के तहत मान्यता प्राप्त ओबीजी विशेषज्ञ की सलाह प्रस्तुत करने के पश्चात प्रत्येक मामले पर विचार करने के उपरान्त ही केवल आईवीएफ उपचार के अनुरोध को अनुमति दी जाएगी;

Requests for IVF treatment will be allowed only on case to case basis, on furnishing advice from a recognised OBG specialist under CHSS;

- (vi) आईवीएफ प्रक्रिया को एक ऐसे निजी चिकित्सा संस्थान में करवाने की अनुमति दी जाएगी जो इस प्रयोजन हेतु राज्य/केंद्र सरकार के द्वारा पंजीकृत हो अथवा सीएचएसएस के तहत मान्यता प्राप्त हो और ऐसे संस्थानों के पास इस प्रक्रिया को संपन्न करने हेतु उपस्कर तथा मानवबल सहित आवश्यक सुविधाएं उपलब्ध हों ;

IVF procedure will be allowed, in a private medical Institution, which is registered for such purpose with the State/Central Government or recognised under CHSS and has the necessary facilities including equipment and trained manpower for carrying out the procedure;



(vii) उक्त प्रतिपूर्ति अधिकतम ₹ 65000/- (रुपए षैंसठ हजार मात्र) प्रति चक्र अथवा वास्तविक व्यय, जो दोनों में कम हो , तक होगी । इस राशि में दवाइयों का व्यय, पेशेवरों का व्यय , डिस्पोजेबल एवं मानीटरन का व्यय (ब्लड टेस्ट, स्कैनिंग व्यय इत्यादि) शामिल होगा ;

The reimbursement will be restricted to ₹ 65,000/- (Rupees sixty five thousand only) per cycle or the actual cost, whichever is less. This amount will be inclusive of the cost of drugs, professional charges, disposables and monitoring cost (blood test, scanning charges, etc);

(viii) आईवीएफ प्रक्रिया पर खर्च होने वाले व्यय की प्रतिपूर्ति अधिकतम 3 (तीन) नये चक्रों तक ही किए जाने की अनुमति है ;

Reimbursement of expenditure incurred on IVF procedure will be allowed upto a maximum of 3 (three) fresh cycles;

(ix) कुल तीन चक्रों, जो हिताधिकारियों हेतु स्वीकार्य होंगे, को सम्मिलित करते हुए आईवीएफ उपचार का लाभ लेने हेतु एक ही बार अनुमति दी जाएगी । आवेदक एक वचननामा प्रस्तुत करेगा/करेगी कि उसने गत वर्षों में भारत सरकार से इस प्रकार के दावे की पहले कभी प्रतिपूर्ति नहीं ली है तथा न ही ऐसी कोई भी प्रतिपूर्ति भविष्य में लेगा/लेगी ;

There will be a onetime permission for availing IVF treatment consisting of three cycles in total, which would be admissible to the beneficiary. The applicant shall submit an undertaking that he/she has not claimed the reimbursement earlier from the Government of India in the past and will not claim it in the future;

(x) चूंकि आईवीएफ उपचार एक योजनाबद्ध प्रक्रिया है , अतः कार्योत्तर अनुमोदन के अनुरोध पर विचार नहीं किया जाएगा ;

As IVF treatment is a planned procedure, no request for post facto approval will be entertained;

(xi) किए जाने वाले आईवीएफ उपचार के लिए अनुमति केवल विभागीय स्तर पर ही दी जाएगी । उक्त शर्तों को पूरा करने वाले मामले संबंधित केन्द्र/इकाई द्वारा पऊवि को विचारार्थ एवं अनुमोदनार्थ अग्रेषित किये जाएं;

Permission for IVF treatment to be undertaken will be given only at the Departmental level. Cases fulfilling the above conditions may be forwarded by the respective Centre/Unit to DAE for consideration and approval;

(xii) इकाइयों द्वारा प्रतिपूर्ति के मामलों पर विचार तभी किया जाए जब आईवीएफ उपचार करने के लिए हिताधिकारियों द्वारा इस संबंध में पहले अनुमोदन प्राप्त कर लिया गया हो।

Reimbursement cases can be considered by the Units only if prior approval was obtained by the beneficiary for undergoing the IVF treatment.

3. ये दिशानिर्देश इस कार्यालय ज्ञापन के जारी होने की तिथि से प्रभावी होंगे तथा इस कार्यालय ज्ञापन के जारी होने के बाद ही किये गये आईवीएफ उपचार के प्रतिपूर्ति के मामलों पर ही केवल विचार किया जा सकता है।

These guidelines come into force from the date of issue of the Office Memorandum and reimbursement cases of IVF treatment undertaken after the issue of the Office Memorandum only can be considered by the Units.

इसे सदस्य (वित्त), पऊआ की सहमति तथा सचिव, पऊवि के अनुमोदन से जारी किया जाता है।

This is issued with the concurrent of Member for Finance, AEC and approval of Secretary, DAE.

(स्वाति पाण्डेय Swati Pandey)

निदेशक (आईआरएंडडब्ल्यू) Director (IR&W)

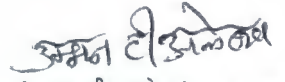
भारत सरकार  
भाषा परमाणु अनुसंधान केन्द्र  
कार्मिक प्रभाग  
प्रशासन - १

सेंट्रल कॉम्प्लेक्स,  
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May 28, 2014

अग्रेषित /forwarded

  
(उम्पन टी. अलेक्स) 27.5.14  
उपस्थापना अधिकारी

सभी गटनिदेशक  
सभी गटों के सह निदेशक  
सभी प्रभागों/अनुभागों के अध्यक्ष  
मुख्य प्रशासनिक अधिकारी - आर एम पी (एम)/CAO RMP (Mysore)  
मुख्य प्रशासनिक अधिकारी - बी ए आर सी एफ (के)/ CAO BARCF (K)  
प्रशासनिक अधिकारी III - बी ए आर सी एफ (व्ही)/ AO-III BARC (Vizag)  
प्रशासनिक अधिकारी III - जी एस ओ (टी) / AO-III GSO(T)