

# Delegated Powers to Controlling Officers for Medical Expenses Refund

GOVERNMENT OF WEST BENGAL  
P. & A. R. DEPARTMENT  
I.A.S. CELL  
NABANNA, HOWRAH-711 102

No. 385-PAR(IAS)/1M-13/05 Pt.

Dated:08.03.2016

From : Shri Manoj Kumar Agarwal, IAS  
Principal Secretary to the Govt. of West Bengal

To : The Accountant General (A&E),  
Treasury Buildings,  
Kolkata- 700 001.

Sub : All India Services (Medical Attendance) Rules, 1954 – Enhancement of Delegated Powers to Controlling Officers for allowing refund of Medical expenses to A.I.S. Personnels in relaxation of Rules.

Sir,

In partial modification of Home (P&AR) Department's earlier G.O. Nos. 5109-GA/1M-36/67 dated 14.12.67, No. 2336-PAR(IAS) dated 24.08.77, No. 1320-PAR(IAS) dated 21.03.1995, No. 717-PAR(IAS) dated 23.02.1996, No. 880-PAR(IAS) dated 01.04.2008 and No. 1625-PAR(IAS) dated 04.09.2013 on the subject noted above I am directed by order of the Governor to state that in view of the increased cost of Medicines etc. the Governor is pleased to direct that existing delegated limit of reimbursement of medical expenses under AIS (Medical Attendance) Rules, 1954 i.r.o. A.I.S. Personnel's & their family members of Rs. 3,000/- in addition Rs. 2,000/- for cost of Pathological tests against each prescription as allowed vide this Department aforesaid Order dated 04.09.2013 is hereby raised to Rs. 10,000/- (Rupees ten thousand) only, in total, towards cost of Registration, Consultation fees, cost of medicines and cost of pathological tests in each case i.e. against each prescription with an immediate effect.

All claims to be sanctioned under this order should be preferred in the form enclosed, duly supported by prescription from the attending physician along with cash memos/vouchers in original.

The claims for reimbursement exceeding Rs. 10,000/- (Rupees ten thousand) only will, however, be preferred in the form of application as prescribed in AIS(MA) Rules, 1954, as usual and should be referred to P. & A. R. Department for consideration.

All other conditions shall, however, continue to remain the same as laid down in this Department's previous G.O.'s as aforesaid which stand modified to the extent as indicated above.

This order issues with the concurrence of the Finance Department vide their U.O. No. Group T/2015-2016/0983 dated 18.02.2016.

Encl.: As above.

Yours faithfully,



Principal Secretary to the Govt. of West Bengal

No.385/1(7)-PAR(IAS)/1M-13/05 Pt.

Dated:08.03.2016

Copy with a copy of its enclosure forwarded for information to :

1. The Additional Chief Secretary/Principal Secretary/Secretary, \_\_\_\_\_ Department.
2. The Commissioner, Presidency/Jalpaiguri/Burdwan Division.
3. The District Magistrate, \_\_\_\_\_ all districts.
4. The Pay & Accounts Officers, Kolkata Pay & Accounts Office-I/II/III, Kolkata.
5. The Finance (Audit) Department.
6. The Health & Family Welfare Department.
7. The I.T. Cell, P. & A. R. Department.



Commissioner in the Department  
P. & A. R. Department, Govt. of West Bengal.

**GOVERNMENT OF WEST BENGAL  
PERSONNEL & ADMINISTRATIVE REFORMS DEPARTMENT  
APPLICATION FORM FOR MEDICAL REIMBURSEMENT FOR A.I.S. OFFICERS**

1) **Particulars of the Officer**

- A] Name (in Block letters)
- B] Service year of allotment
- C] Designation
- D] Place of Duty
- E] Residential Address

2) **Particulars of the Patient**

- A] Name
- B] Relationship with the Officer
- C] Age

3) **Particulars of Treatment**

- A] Nature
- B] Place at which treated
- C] Period of treatment

4) **Particulars of attending doctor (s)**

- A] Name (s) of the Doctor (s)
- B] Address
- C] No. & Date of consultations

5) **Details of hospitalization, if done**

- A] Name of hospital/nursing home
- B] Period of stay in hospital/nursing home

6) Details of claims (to be supported by cash memos, vouchers etc)

- A] (i) Cost of Medicines Rs.
- (ii) Cost of injections Rs.
- (iii) Charges for diagnostic tests Rs.
- (iv) Charges for special nursing Rs.
- B] Consultation fee, if any Rs.  
(Actual to be supported by receipts)

\_\_\_\_\_  
Total Claim : Rs.

( Rupees \_\_\_\_\_ ) only

**C] Hospital/Nursing Home charges (to be supported by cash memos, vouchers etc. )**

(i) Rent for cabin/bed	Rs.
(ii) Surgical operation	Rs.
(iii) Diagnostic tests	Rs.
(iv) Medicines	Rs.
(v) Consultation fees	Rs.
(vi) Nursing charges	Rs.
(vii) Charges for special attendants	Rs.
(viii) Ambulance charges	Rs.
(ix) Any other charges	Rs.

Total Claim : Rs. \_\_\_\_\_

( Rupees \_\_\_\_\_ ) only.

Grand Total Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_ ) only

**DECLARATION**

I hereby declare that the statements in this application are true to the best of my knowledge and that the person for whom medical expenses are claimed is wholly dependent on me.

Date :

\_\_\_\_\_  
( Signature of the IAS Officer )

N.B. : Please score out whichever is not applicable.