18. THE ALL INDIA SERVICES (MEDICAL ATTENDANCE) RULES, 1954

In exercise of the powers conferred by sub-section (1) of Section 3 of the All India Services Act, 1951 (61 of 1951), the Central Government, after consultation with the Governments of the States concerned, hereby makes the following rules, namely :

1. Short title, commencement.—(1) These rules may be called the **All India Services (Medical Attendance) Rules, 1954.**

[1](2) They shall apply to members of the Service while there are on duty or on leave or under suspension, within India. [2][ ]

Government of India's decisions

(2-1) **G.I.M.H.A. Letter No. 7/10/60-AIS (III), dated 30-7-1960.**—The Government of India have decided that members of families in India of All India Services Officers serving in connection with the affairs of the Union proceeding ex-India on deputation or leave, including study leave and deputation-*cum*-special leave under the various training and fellowship schemes may avail themselves of the medical facilities as admissible under these Rules. If the family members left behind in India are resident in an area covered by the Contributory Health Service Scheme, the grant of medical facilities to them under the Scheme will be conditional on the Government servant concerned paying the prescribed contributions.

(2-2) The State Governments may extend these concessions to members of the Service serving in connection with the affairs of the State.

(3) **G.I., M.H.A. Letter No. 7/25/61-AIS (III), dated 29-11-1962.**—All India Services officers whose headquarters are elsewhere than in Delhi/New Delhi and who visit Delhi/New Delhi on leave or on tour shall get medical facilities not under the Contributory Health Service Scheme but under the All India Services (Medical Attendance) Rules, 1954. The authorised medical attendants for these officers will be the medical officers designated as such by the Delhi Administration for their employees.

2. Definitions.—In these rules, unless the context otherwise requires—

[3](a) "*authorised medical attendant*" means the principal medical officer appointed by the Government to attend its officers in the station or district [4](where the member of the service falls ill) and includes a medical officer who, in rank, is equal or immediately junior to such principal medical officer [5]and who is attached to any hospital

1. Subs. by Department of Personnel Notification No. 31/7/AIS (III), dated 22-5-1973.
2. Provided that these rules shall cease to apply to such members as soon as the Contributory Health Service Scheme is introduced in stations to which they are for the time being posted. Deleted with effect from 17th March, 1958 *vide* MHA Notification No. 13/8/57-(III), dated 17-3-1957. (GSR No. 156, dated 23-5-1958).
3. Amended/Added by MHA Notification No. 6/4/59-AIS (III), dated 19-8-1959, (GSR No. 983 dated 29-8-1959).
4. Subs. for "to which the member of the Service is posted" by MHA Notification No. 6-3-58-AIS(J)(I), dated 21-3-1958 (GSR No. 182, dated 29-3-1958).
5. Subs. by MHA Notification No. 7/18/64-AIS (III), dated 24-3-1967. (GSR No. 824, dated 3-6-1967).

or dispensary in the station where such principal medical officer is posted :

Provided that if there is no principal medical officer appointed by the Government for the station at which or the district in which the member of the Service falls, ill, the principal medical officer shall be the officer appointed by the Government of the State in which the station or district is situated ;

(b) "*Contributory Health Service Scheme*" means any approved scheme of free medical attendance and treatment of servants of the Government and the members of their family in return for each monthly contribution by every servant of the Government as may, from time to time, be determined by the Government.

[1][(c) "*family*" means—

[2](i) Husband or wife as the case may be, of the member of the service; and

(ii) The parents, sisters, widowed sisters, widowed daughters, minor brothers, children and step-children wholly dependent upon the member of the service and are normally residing with such member including dependent brothers, dependent divorcees/separated daughters and step-mother.]

[3][*Explanation I.*—For the purposes of [4][Clause 2(a)], the members of the family shall be regarded as "wholly dependent" upon the member of the Service if they ordinarily reside with the said member and their total monthly income does not exceed [5]Rs. 3500/- *plus* dearness allowance thereon as on the date of consideration.]

[6]*Explanation II.—Omitted.*

[7][*Explanation III.*—In the case of the member of the Service, whose personal law recognises adoption as a mode of filiation and who has been adopted, the adoptive parents, and not the real parents, shall be treated as parents.]

(d) "*Government*" means in the case of a member of the Service serving in connection with the affairs of the Union, the Central Government, and in the case of a member of the service serving in connection with the affairs of a State, the Government of the State :

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1. Amended *vide* MHA Notification No. 7/13/60—AIS(III), dated 3.10.1961 (GSR No. 1245, dated 14.10.1961).
2. Subs. *vide* DOPT Notification No. 11023/2/97-AIS-III dated 30.9.2003 (GSR No. 364 dated 12.10.2003).
3. Added *vide* MHA Notification No. 22/12/62-AIS-III dated 3.1.1968 (GSR No. 290 dt. 17.2.1968).
4. Subs. *vide* DOPT Notification No. 11023/2/97-AIS-III dated 20.12.2004 (GSR No. 7 dt. 8.1.2005).
5. Subs. *vide* DOPT Notification No. 11023/01/2012-AIS-III dated 21.11.2012 (GSR No. 843(E) dt. 24.11.2012).
6. Omitted *vide* DOPT Notification No. 11023/2/97- AIS-III dated 30.9.2003 (GSR No. 364 dt. 12.10.2003).
7. Ins. *vide* DOPT Notification No. 8/4/71- AIS(III) dated 18.3.1972 (GSR No. 706 dt. 1.8.1981).

Provided that a member of the Service serving in connection with the affairs of a State falls ill in some other State, the Government of that other State shall be deemed to be the Government for the purpose of clause (a) ;

(e) *"Government hospital"* includes a military hospital, any railway hospital notified in this behalf by the Central Government a hospital maintained by a local authority and any other hospital with which arrangements have been made by the Government for the treatment of its officers ;

(f) *"medical attendance"* means attendance in a Government hospital or at the residence of a member of the Service or at the consulting room maintained by the authorised medical attendant by arrangement with him and includes :

(i) such pathological, bacteriological, radiological or other methods of examination for the purposes of diagnosis as are available in any Government hospital or laboratory [1][ ] and are considered necessary by the authorised medical attendant, and

(ii) such consultation with any other medical officer or specialist in the service of (the Central Government or any State Government as the authorised medical attendant certifies to be necessary to such extent and in such manner as the medical officer or the specialist may, in consultation with the authorised medical attendant, determine ;

[2](g) *"member of the Service"* means a member of an All India Service as defined in Section 2 of the All India Service Act, 1951 (61 of 1951) ;

(h) *"nurse"* means a qualified nurse holding a certificate or a diploma recognised by the Chief Administrative Medical Officer of the State or a registered nurse in a State in which there is statutory provision for the registration of nurses ;

(i) *"patient"* means a member of the Service who requires medical attendance and treatment.

(j) *"State"* means the State in which a member of the Service falls ill;

(k) *"treatment"* means the use of all medical and surgical facilities available at the Government hospital in which a patient is treated, and includes—

(i) the employment of such pathological, bacteriological, radiological or any other methods as are considered necessary by the authorised medical attendant ;

[3](ii) "dental treatment including extraction of teeth, scaling and gum treatment, filling of teeth (other than cost of denture) and root canal treatment." ;

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1. The words "in the State" omitted and substituted by MHA Notification No. 13/15/57-AIS (III), dated 15-3-1960. (GSR No. 322, dated 19-3-1960).
2. Subs. by Notification No. 8/22/66-AIS (III), dated 19-10-1966.
3. Subs. by Notification No. 11023/19/77-AIS (III), dated 18-7-1981. (GSR No. 706, dated 1-8-1981).

[1] *Explanation*—(deleted).

[2](iii) the supply of such medicines vaccines, sea or other therapeutic substances as are ordinarily available in Government hospitals in the State but excluding—

(a) such preparations which are not medicines but are primarily used as food, tonic, toilet are disinfectant, and

(b) such expensive drugs, tonics, laxatives and other elegant and proprietary preparations (for which drugs of equal therapeutic value are available) as may be [3]notified by the Central Government.

(iv) the supply of such medicines, vaccines, sera or other therapeutic substances not ordinarily so available as the authorised medical attendant may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient ;

(v) such accommodation as is ordinarily provided in the hospital to which the patient is admitted and is suited to his status ;

(vi) the services of such nurses as are ordinarily employed by the hospital to which the patient is admitted ;

(vii) such special nursing as the authorised medical attendant may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient having regard to the nature of the disease; and

(viii) the medical attendance described in sub-clause (ii) of Clause (f); but does not include diet, or provision at the request of the patient of accommodations superior to that described in sub-clause (v).

Government of India's decisions

1. MHA Letter 7/18/82-AIS (III), dated 5-4-63 read and with DP & AR Letter No. 11023/7/77-AIS (III), dated 10/10-1977.—The Government of India have held that under this Rule 2(a)—

(i) The authorised medical attendant of a member of the Service is determined with reference to the place where he falls ill and not where he takes treatment, etc.

(ii) Treatment for stones in kindey can be taken at the place where the stones are first noticed or at the place where the trouble suddenly occurs.

(iii) (1) Reimbursement of medical expenses will be admissible if the member of the All India Service or his wife goes outside the ordinary place of her/his duty/residence for the purpose of confinement.

1. Subs. by Notification No. 11023/19/77-AIS (III), dated 18-7-1981.(GSR No. 706, dated 1-8-1981).
2. Subs. by D.P. & A.R. Notification No. 4/11/73-AIS(III), dated 11-4-1974, (GSA No. 776, dated 27-7-1975).
3. Circulated to State Governments by Letter No. 4/11/73-AIS (III), dated 6-8-1974 and 26-9-1974 and notified by Notification No. 4/11/73-AIS (III), dated 27-9-1975. (GSR) No. 2501, dated 11-10-1975).

(2) In order to ensure genuineness of the claims relating to cases of confinement at a place other than the ordinary place of duty/residence, it would be desirable to obtain a declaration from the member of the Service of her/his intention of going herself or sending out his wife to a particular station for the purpose. [GI MHA Letter No. 7/18/82-AIS (III), dated 5-4-63 read with DP & AR Letter No. 11023/7/77-AIS (III), dated 10-10-1977]

2. G.I. MHA Letter No. 7/14/65-AIS (III), dated 29-11-1965.—Under Rule 2(a), it is not binding that only Class I Medical Officer working in a particular place should be declared as Authorised Medical Attendants. The phrase "Principal Medical Officer" used therein refers to the "Principal Medical Officer" in charge of each independent Hospital/Dispensary in that place. Under the provisions of General Clauses Act, 1897, the words in the singular shall include the plural and *vice-versa*. Accordingly, "Principal Medical Officer" means "Principal Medical Officers'.

3. G.I. MHA Letter No. 7/14/62-AIS (III), dated 30-10-1962 and No. 7/1/64-AIS (III), dated 9-1-1964.—Under Clause (a) read with clause (d), the State Governments are themselves competent to appointment any Government doctor working in any place in the State as Principal Medical Officer to act as Authorised Medical Attendant for All India Service Officers.

4. G.I., MHA Letter No. 7/5/63-AIS (II), dated 15-3-1965—The Government of India have held that the practice followed in the case of Central Civil Services employees according to which "Honorary Medical Officers" outside the hospital precincts are treated just like private medical practitioners is not applicable to All India Services Officers serving in connection with the affairs of the State.

Under Rule 2(a) read with Rule 2(d), the State Government are competent to declare "Hony. Medical Officers" as Authorised Medical Attendants for purposes of medical attendance of the members of the Service and the members of their families.

5. G.I. MHA Letter No. 7/16/64-AIS (III), dated 15-2-1965—The Government of India have held that sub-rule 2(c) (ii) stipulate, that the children (including step-children) are included in the family, provided they are wholly dependent on the member of the Service. The fact of marriage, divorce, widow-hood, or the age of the child is not relevant. If the circumstances of the case so warrant and the officer certifies that the widowed/divorced daughter is wholly dependent on the member of the Service and the controlling authority is satisfied, claim for reimbursement of the medical expenditure is admissible.

6. G.I. MHA Letter No. 7/8/63-AIS (III), dated 3rd October, 1963.—The Government of India have held that the scheduled of fee prescribed in the Central Services (Medical Attendance) Rules, 1944 is also applicable to All India Services Officers serving in connection with the affairs of the Union under Rules 2(a) of the All India Services (Conditions of Service-Residuary Matters) Rules, 1960. So far as the All India Services Officers serving in connection with the affairs of the States are concerned it is for the State Government to prescribe, under Rule 2(d) read with Rule 2 (a) of the AIS (Medical Attendance) Rules, 1954, fees for medical attendance and treatment to be rendered by the Authorised Medical Attendants to such officers. If no specific rates of fees are prescribed for State Government for such officers, the relates of fees, etc. prescribed by the Class I officers of the State concerned will apply in respect of AIS Officers serving in connection with affairs of the State under Rule 2(b) of the All India Services (Conditions of Service—Residuary Matters) Rules, 1960. If the State Government have not prescribed the rates of fees etc. for Class I officers of the State they may by issue of suitable orders adopt the rates of fees etc. for Central Services in respect of All India Services Officers serving in connection with affairs of the State.

7. G.I. MHA Letter No. 7/26/62-AIS (III), dated the 10th January, 1963.— The Government of India have held that a member of family of the member of the Service is entitled to medical attendance and treatment in the State in which he or she falls ill though the State may not be the State of allotment of the member of the Service. The facility will be subject to the provisions of the M.A. Rules. Such cases could be covered straightaway by the proviso to Rule 2(d) read with Rule 7 (1)(a) or Rules 4 and 7(1)(a) of these rules and no special sanction of the State Government so cover such cases under Rule 14 or otherwise would be necessary.

8.1. G.I. MHA Letter No. 6/13/58-AIS (III), dated 22-11-1958—The Government of India have decided that, for the purpose of these rules—

(i) all Police Hospital and Dispensaries may be deemed as recognised for the purpose of medical attendance and treatment of Indian Police Service officers and members of their families; and

(ii) the medical officers-in-charge of Police Hospitals/Dispensaries shall be regarded as the authorised medical attendants of Indian Police Service Officers, so long as they receive treatment in these Hospitals/Dispensaries.

8.2. As far as possible, Indian Police Service officers should avail themselves of the facilities provided at the Police Hospitals/Dispensaries. If, any particular case, any facility which is not available in a Police Hospital/Dispensaries, is essentially required, the same may be had at the nearest Government recognised hospital on the advice of the appropriate authorised medical attendant under the provisions of these rules. In such cases, the medical officer-in-charge of the Police Hospital/Dispensary should certify that the necessary facilities required for the treatment are not available in the Police Hospital/Dispensary.

9. G.I. MHA Letter No. 6/7/59-AIS (III), dated 2-11-1959.—The Government of India's decision (8) above enables Indian Police Service officers to receive, as far as possible, treatment from police Hospitals/dispensaries, as that is considered more convenient for them. It is not be interpreted as meaning that Indian Police Service Officers must necessarily consult police medical officers in the first instance and receive treatment only in Police Hospitals/Dispensaries. They are entitled to receive treatment, is they so, desire, from the authorised medical attendants under this rule without first consulting the police medical officers. The certificate referred to in the concluding sentence of the said decision is decision is necessary in a case where the patient has started receiving medical attendance/treatment from the Medical Officer of the Police Hospital/Dispensary or at the Police Hospital/Dispensary and needs further facilities which are not available there and have to be obtained elsewhere.

10. G.I. MHA Letter No. 7/6/60-AIS (III), dated 4-4-1960.—The Government of India have decided that, under this rule, it is for the State Government to declare any hospital other than a Railway Hospital as a recognised hospital for the treatment of members of the Service serving in connection with the affairs of the State.

11. G.I., M.H.A. Notification Nos. 11/1/55-AIS (1), dated 5-7-1956 and 24-3-57-AIS(II), dated 31-1-1958.—Under Rule 2(e) the Railway Hospitals situated at the following places have been notified as Government hospital—

1. N.E. Railway Hospital	Lumding
2. N.E. Railway Hospital	Badarpur
3. N.E. Railway Hospital	Alipur Daur
4. S.E. Railway Hospital	Adra
5. S.E. Railway Hospital	Naimpur

6. S.E. Railway Hospital	Kharagpur
7. Eastern Railway Hospital	Jamalpur
8. Eastern Railway Hospital	Moghal Sarai
9. Eastern Railway Hospital	Kancharapara
10. Eastern Railway Hospital	Lilliooah
11. Western Railway Hospital	Dohad
12. Western Railway Hospital	Bulsar
13. Central Railway Hospital	Bina
14. Northern Railway Hospital	Balamaul
15. C.L.W. Hospital	Chittaranjan
16. Southern Railway Hospital	Villupuram
17. Southern Railway Hospital	Shoranpur
18. Southern Railway Hospital	Erode

12. G.I., M.H.A. Letter No. 7/2/62-AIS (III), dated 6-3-1962.—The hospitals recognised by the Government of India for the treatment of Central Government servants and their families at Calcutta under the Central Services (Medical Attendance) Rules, 1944, are to be considered as recognised hospitals under clause (e) for the treatment of members of the Service serving in connection with the affairs of the Union and their family members.

13. G.I., M.H.A. Letter No. 7/11/62-AIS (III), dated 15-12-1962.—Under clause (e), the State Government are competent to recognise Unani or Ayurvedic Hospitals for the purpose of treatment of All India Services officers serving in connection with the affairs of the State.

14. G.I., M.H.A. Letter No. 7/3/63-AIS (III), dated 11-4-1963..—Under Rules 2 (f), 3 and 2 (k)(iv) medical attendance includes medical attendance in the consulting room maintained by the authorised medical attendant. Any fee for consultation in consulting room and the cost of medicines prescribed in consulting room will be reimbursable.

15. G.I., M.H.A. Letter No. 7/4/64-AIS (III), dated 24-3-1964.—The Government of India have held that the State Civil Service/State Police Service officers appointed to the I.A.S./I.P.S. on probation become members of the All India Services from the date of their appointment and are from that date subject to the various Rules and Regulations framed under the All India Services Act, 1951 (61 of 1951).

16. G.I., M.H.A. Letter No. 6/11/58-AIS (III), dated 6-10-1958.—Members of the Service, on appointment to Public Service Commissions, shall be governed in all respects by the rules regulating the conditions of service of Members of Public Service Commission framed by the President/Governors. Such regulations may, however, be amended to include any facilities that may be available to the members of the All India Service.

17. G.I., H.H.A. Letter No. 7/3/64-AIS (III), dated 28-1-1964—G.I., M.H.A. Letter 6/11/58-AIS (III), dated 6-10-1958 and 6-11-1959-AIS (III), dated 2-1-1960— Under Rule 2 (i) read with Rule 4, the word 'patient' includes a members of the family of the member of the Service, for the purposes of benefits admissible under the A.I.S. (Medical Attendance) Rules, 1954, except when treatment is taken in a non-government hospital or by a non-Government specialist.

18. G.I., M.H.A. Letter No. 7/2/64-AIS (III), dated 10-2-1964—G.I., M.H.A. Letter No. 7/13/64-AIS (III), dated 20-11-1964.—Under Rule 2 (k)(ii), dental treatment,

even when it is obtained at a Government hospital under the advice of the authorised medical attendant, is not permissible unless the diagnosis of the physiological or other disability from which a member of the Service is suffering indicates that teeth are the real source of disturbance. It does not include sealing of teeth or free supply of artificial dentures, or treatment from a private Dentist, or outside the hospital even on the advice of the authorised medical attendant.

19. G.I., M.H.A. Letter No. 7/16/62-AIS (III), dated 20-1-1964.—A member of the Service is entitled to reimbursement of cost of the medicine prescribed by the Authorised Medical Attendant if a certificate is given by him as required under Rule 2 (k) (iv).

20. G.I., M.H.A. Letter No. 3210/60-AIS (III), dated 24-9-1960—File No. 7/24/60-AIS (III).—Electricity and furniture are regarded as part of accommodation referred to in Clause (k)(v). Members of the Service may, therefore, be allowed reimbursement of electric and furniture charges, if they are otherwise entitled to reimbursement of charges on account of accommodation.

21. G.I., M.H.A. Letter No. 7/7/61-AIS (III), dated 26-4-1961.—Under Rule 20 (k) (v), the All India Services Officers are, as a part of their treatment, entitled to such accommodation as is ordinarily provided in the hospital to which the patient, is admitted and is suited to his status. If the Authorised Medical Attendant is satisfied that any particular hospital does not provide suitable accommodation he can refer the case to some other hospital having suitable accommodation under Rule 7 (c).

22. G.I., M.H.A. Letter No. 7/2/60-AIS (III), dated 7-4-1961.—The term 'special nursing' referred to in Clause (k) (vii) relates both to private nurses and the nurses provided by the hospital for this purposes ; and reimbursement of charges on this account is to be allowed as laid down in the proviso to Rule 7(2) whether the treatment is taken at the hospital or at the residence, if the claim is supported by a certificate of the authorised medical attendant as provided under Clause (k) (vii).

23. G.I., M.H.A. Letter No. 7/4/60-AIS (III), dated 8-7-1965.—The State Government have been requested to issue instructions to the Hospitals, etc. under their control, that in the case of an All India Service Officer belonging to one State, falling ill in another State, he should be treated at par with the officers serving in connection, with the affairs of the latter State in the matter of charging fees, etc.

24. A question has been raised whether children, who are gainfully employed but are otherwise dependent on the parents, can be deemed to be wholly dependent on the All India Service Officers.

25. *See* Annexure I [Letter No. 8/8/66-AIS (III), dated 14-7-1966]

26. M.H.A. Letter No. 8/15/69-AIS (III), dated 26-12-1969.—It has been decided that, for the purpose of reimbursement under the AIS (Medical Attendance) Rules, 1954, sons and unmarried daughters, who are employed otherwise than on a part-time basis shall not be treated as wholly dependent on the members of the All India Service.

27. G.I., M.H.A. Letter No. 7/2/60-AIS (III), dated 7-12-1961—The following instructions may be observed for the purpose of deciding cases of reimbursement of medical expenses due to the revised definition of the term 'family' :

(a) (1) The term 'family does not include any other dependent relations such as brother, sister, widowed sister, etc.

(2) The term 'children' will include children adopted legally.

(3) The term 'wife' include more than one wife.

(b) The husband or wife of the Government servant, as the case may be, if employed in a Service other than the All India Service which provides

medical facilities of its own would be entitled to choose the medical facilities either of the All India Services (Medical Attendance) Rules, 1954, or of the Service in which he/she is employed.

(c) In a case where both husband and wife are All India Services officers they as well as the eligible dependents may be allowed to avail of the medical concessions according to his/her status under the All India Services (Medical Attendance) Rules, 1954. For this purpose, they should furnish to their respective administrative authorities a joint declaration as to who will prefer the claim for reimbursement of medical expenses incurred for the medical attendance and treatment in respect of wife/husband and the children. The above declaration shall be submitted in duplicate and a copy of each shall be recorded in the personal file of each of them in their respective offices. A copy of such joint declaration should also be forwarded to the Accountant General concerned. This declaration shall remain in force till such time as it is revised on the express request in writing by both the husband and the wife.

In the absence of such a joint declaration, the medical concessions shall be availed of by the wife and the children according to the status of the husband.

3. Medical Attendance by authorised medical attendant.—(1) A member of the Service shall be entitled to free of charge to medical attendance by the authorised medical attendant.

(2) Where a member of the Service is entitled under sub-rule (1), free of charge to medical attendance, any amount paid by him on account of such medical attendance shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be reimbursed to the member of the Service by the Government :

[1]Provided that the Government shall reject any claim if it is not satisfied with its genuineness on facts and circumstances of each, after giving an opportunity to the claimant of being heard in the matter, while doing so, the Government shall communicate to him the reasons, in brief, rejecting the claim; and the claimant may submit an appeal to the Central Government within a period of forty-five days of the date of communication of the order rejecting this claim.

Government of India's decisions

1. G.I., M.H.A. Letter No. 7/23/60-AIS (III), dated 26-9-1960.—Under this rule, the Government of India have not prescribed any ceiling limits on consultations etc. with authorised medical attendants in respect of members of the Service serving in connection with the affairs of the Union. It is, however, for the State Government to prescribe such limits if they consider necessary for members of the Service serving in connection with the affairs of State.

2. G.I., M.H.A. Letter No. 7/4/63-AIS (III), dated [2]12-5-1964.—The Government of India have held that Rules 3, 4 and 7 provide for free medical treatment and attendance to the members of the Service and the members of their families without

1. Subs by DP & AR Notification No. 11023/8/77-AIS (III), dated 14-5-1979. (GSR No. 713, dated 26-5-1979).
2. Amended by MHA Notification No. 7/16/61-AIS (III), dated the 10th August, 1962, (GSR No. 1094, dated 25-1-1962).

restriction. In view of this it is not permissible to invoke Rule 2 of the AIS (Conditions of Service—Residuary Matters) Rules, 1960, and restrict the number of consultations and injections, (including injectibles) under the orders issued by the Ministry of Health in their O.M. No. F-28-12-66 dated the 6th March, 1962, in respect of the members of the Central Service Class I.

[1]**4. Medical Attendance and treatment of families of members of the Services.**—The members of the family of a member of the Service shall be entitled at Government cost to medical attendance and treatment at a Government hospital or at the residence or at the consulting room maintained by the authorised medical attendant by arrangement with him, and to travelling allowance on the scale and conditions allowed to the member of the Service himself under these rules.

(2) Medical attendance and treatment referred to in sub-rule (1), shall include confinement in a hospital and pre-natal and post-natal treatment of the wife of a member of the Service.

Government of India's decisions

1.1 **G.I., M.H.A. Letter No. 7/1/60-AIS (III), dated 5-3-1960.**— A question arose whether an officer was entitled to reimbursement of expenses incurred on the treatment of his wife or delivery even though she was treated at a place outside the State of his posting.

1.2 According to Rule 7 (1)(a) read with Rule 4, an officer and members of his family are entitled to medical attendance and treatment at any place where they fall ill irrespective of the consideration whether that place is within or outside the State in which the officer is posted. The officer is therefore, entitled to reimbursement of the expenses, if it is otherwise admissible.

2. **G.I., M.H.A. Letter No. 7/12/60-AIS (III), dated 14-7-1960.**—It will not be inconsistent with this rule, if an officer is permitted to have medical attendance and treatment of the members of his family at any Government hospital at a station other than that in which his authorised medical attendant is attached. In such cases, it would only be necessary that the medical officer of the other hospital is also declared by the State Government as authorised medical attendant under Rule (a).

3. **G.I., M.H.A. Letter No. 7/26/60-AIS (III), dated 27-10-1960.**— 'Confinement' in a hospital on account of abortion is to be treated as confinement on account of child birth under sub-rule (3) and as such reimbursement of medical charges is admissible in connection with the treatment of the wife of a member of the Service on the account.

4.1 **G.I., M.H.A. Letter No. 7/17/60-AIS (III), dated 2-8-1960 and 2-2-1960 read with Letter No. 7/9/1961-AIS (III), dated 5-8-1960.**—A question arose, whether, in case, where the authorised medical attendant prescribed medicine, for the member of an officer's family during the course of a visit to the officer's residence on his way to the hospital or on social call, reimbursement of the expenses could be permitted, even though the conditions in proviso to sub-rule (1) were not satisfied.

4.2 Rule 2 (k), read with this rule cannot be interpreted to mean that an authorised medical attendant cannot prescribe medicines at any place other than at a Government hospital or his consulting room, if he chooses to do so. There should therefore, be no objection to the reimbursement of the expenses.

1. Amended by MHA Notification No. 7/16/61-AIS (III), dated the 10th August, 1962, (GSR No. 1094, dated 25-1-1962).

5.1 **G.I., M.H.A. Letter No. 7/26/61-AIS (III), dated 23-12-1961.**—Under sub-rule (1) the members of the family of an All India Service Officers are entitled to medical attendance and treatment at Government court on the scale and conditions allowed to the members of the Service provided the treatment in such cases in taken in a Government hospital. Accordingly, reimbursement of medical expenses will be admissible if a member of the family of an All India Service Officer is sent for treatment in a Government hospital only, outside the State under the proviso to Rule 7(1) (c). The members of the service themselves are, however, entitled to treatment in any hospital private or Government outside the State under the above mentioned proviso.

5.2 In accordance with the provisions of sub-rule (1), the provisions of Rule 14 are also applicable to the members of the family of an All India Service officer.

6.1 **G.I., M.H.A. Letter No. 7/10/62-AIS (III), dated 17-11-1962**—Under this rule read with Rules 7(3), travelling allowance will be admissible to the attendant accompanying a member of the family of an All India Service officer also provided that such patient travels to consult a specialist in a Government Hospital only.

6.2 The travelling allowance admissible to the attendant accompanying the patient will be the actual single railway fare of the appropriate class by which the patient travels to by a lower class by which the attendant actually travels for the rail journey and actual cost of transit not exceeding the travelling allowance admissible to the member concerned for the journey by road.

7. **G.I., M.H.A. Letter No. 7/11/62-AIS (III), dated 16-10-1963.**—Under sub-rule (1), a member of the Service is entitled to claim reimbursement of medical charges incurred by him for medical attendance and treatment given to the member of his family at the place of their ordinary residence which is different from his headquarters. The presence of the member of the Service at such a place either on leave or on duty is not necessary.

8. **G.I., M.H.A. Letter No. 7/2/65-AIS (III), dated 23-4-1965.**—The Government of India have held that no limit has been prescribed for the amount upto which the controlling officer can allow reimbursement either under the All India Services (Medical Attendance) Rules, 1954, or under the Central Services (Medical Attendance) Rules, 1944. However, sanction of the Government will be necessary if the claim is admitted term of Rule 14 (4) of the AIS (M.A.) Rules, 1954.

5. **Travelling Allowances.**—(1) When the place at which a patient falls ill is not the headquarters of the authorised medical attendant—

(a) the patient shall be entitled to travelling allowance for journey to and from such headquarters, or

(b) if, the patient is too ill to travell, the authorised medical attendant shall be entitled to travelling allowance for the journey to and from the place where the patient is:

Provided that a patient shall not be entitled to travelling allowance for a journey for attendance by a dentist or an oculist.

(2) An application for travelling allowance under sub-rule (1) shall be accompanied by a certificate in writing by the authorised medical attendant stating that medical attendance was necessary and, if the application is under Clause (b) of that sub-rule, that the patient was to ill to travel.

6. **Medical attendance by person other than authorised medical attendant.**—(1) If the authorised medical attendant is of the opinion that the case of a patient

is of such a serious or special nature as to require medical attendance by some person other than himself he may, with the approval of the Chief Administrative Medical Officer of the State (which shall be obtained before hand unless the delay involved entails danger to the health of the patient)—

(a) send the patient to the nearest specialist or other medical officer [1][ ] as provided for in Clause (f) of Rule 2, by whom, in his opinion, medical attendance is required for the patient; or

(b) if the patient is too ill to travel, summon such specialist or other medical officer to attend upon the patient.

(2) Where a patient is sent to a specialist or other medical officer under Clause (a) of sub-rule (1), he shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be entitled to travelling allowance for the journey to and from the headquarters of the specialist or other medical officer.

(3) A specialists or other medical officer summoned under Clause (b) of sub-rule (1) shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be entitled to travelling allowance for the journey to and from the place where the patient is.

Government of India's decisions

1. **G.I., M.H.A. Letter No. 3/16/56-AIS (III), dated 27-7-1956.**—Under this rule, it is immaterial whether the approval of the Chief Administrative Medical Officer is obtained by the member of the Service or the authorised medical attendant so long as the Chief Administrative Medical Officer is satisfied that treatment other than by an authorised medical attendant is necessary. The member of the Service may obtain such permission on the suggestion of the authorised medical attendant or the Chief Administrative Medical Officer may give such permission after consultation with the authorised medical attendant.

2.1 **G.I., M.H.A. Letter No. 7/7/60-AIS (III), dated 3-6-1960.**—Though this rule as amended permits All India Services Officers and members of their families to get medical attendance/treatment outside the State for all diseases the actual intention in amending the rule is that the facilities for such treatment should, as far as possible be restricted to cases of special and malignant diseases the tuberculosis, cancer and polio or in respect of officers posted to under developed areas like Manipur and Tripura where reasonable and adequate facilities for treatment may not be available at a hospital within the State and where treatment at a hospital in an adjoining State might be recommended. The State Government may bring this fact to the notice of their medical authorities so that they might bear it in mind while recommending medical attendance/treatment in hospital outside the State.

2.2 The State Government may, however, at their desecration, permit officers in deserving cases to have treatment outside their State or other diseases where the medical authorities are of opinion that there is immediate danger to life and that treatment outside the State is absolutely necessary.

3. **G.I., M.H.A. Letter No. 7/8/60-AIS (III), dated 9-11-1960.**—Members of the Service can get medical treatment from doctors other than their authorised medical attendants including doctors equal or immediately junior to the authorised medical

1. The word "in the State" deleted by MHA Notification No. 13/4/57-AIS (III), dated 15-3-1960.

attendants in the same hospital only on the prior advice of their authorised medical attendants, who will further get the approval of the Chief Administrative Medical Officer of the State. The State Government can, however, allow the All India Service officers and the members of their families to get medical treatment from any Government doctor stationed in this place where they are serving, if they declare principal medical officers of all separate hospital to be the authorised medical attendants for them under Rule 2 (a) read with Rule 2(d).

4. **G.I., M.H.A. Letter No. 7/3/64-AIS (III), dated 28-1-1965.**—The Government of India have held that the provisions of Rule 6 (1) are also applicable to a member of family of the member of Service and he/she may be entitled to treatment by a specialist provided the specialist is Government specialist.

7. Hospital at which treatment may be received and reimbursement therefore.—(1) Every member of the Service shall be entitled free of charge, to treatment—

(a) in such Government hospital in the station or district where he falls ill as can in the opinion of the authorised medical attendant, provide the necessary and suitable treatment : or

(b) if there is no such hospital as is referred to in Clause (a), in such hospital other than a Government hospital in that station or districts as may, in the opinion of the authorised medical attendant, provide the necessary and suitable treatment ; or

(c) If there is no such hospital as is referred to in Clauses (a) and (b) in such hospital in the State as may, in the opinion of the autho- rised medical attendant, provide the necessary and suitable treatment :

Provided that where in any exceptional case the authorised medical attendant is of opinion that the necessary and suitable treatment is available only in a hospital outside the State (but within India), he may, with the approval of the Chief Administrative Medical Officer of the State (which shall be obtained before hand unless the delay involved entails danger to the health of the patient) send the patient for treatment in such hospital.

(2) Where a member of the service is entitled under sub-rule (1), free of charge, to treatment in a hospital, any amount paid by him on account of such treatment shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be reimbursed to the member of the Service by the Government:

Provided that where special nursing forms a part of such treatment, the amount to be reimbursed in respect of such special nursing shall be limited to the amount which is in excess of 25 per cent of the member of the Service for the period of special nursing :

[1]Provided that the Government shall reject any claim if it is not satisfied with its genuineness on facts and circumstances of each case, after giving an opportunity to the claimant of being heard in the matter; while doing so, the Govt. shall communicate to him the reasons, in brief, rejecting the claim, and

1. Subs. by Notification No. 11023/8/77 AIS (III), dated 14/5/79 (GSR 713 dated 26-5-79).

the claimant may submit an appeal to the Central Government, within a period of forty-five days of the date of communication of the order rejecting his claim.

[1](3) If the patient has to proceed to a station other than at which he falls ill for the purpose of treatment under sub-rule (1), he shall, on production of a certificate in writing from the authorised medical attendant in this behalf, be entitled to travelling allowance for the journey to and from the place at which such treatment is received. Such travelling allowance shall also be admissible for an attendant, if the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompany the patient to the place of treatment and back.

Government of India's decisions

G.I., M.H.A. Letter No. 24/7/57-AIS (II), dated 14-10-1957.—The term 'pay' occurring in the proviso to sub-rule (2) means the actual pay, which a member of the Service is drawing at the time he falls ill, and in the case of a member who is on leave, it means the pay last drawn by him immediately before proceeding on leave.

8. **Treatment at residence.**—(1) If the authorised medical attendant is of opinion that owing to the absence or remoteness of a suitable hospital or to the severity of the illness a member of the Service cannot be given treatment as provided in sub-rule (1) of Rule 7, he may receive treatment at his residence.

(2) Where a member of the Service is receiving treatment at his residence under sub-rule (1) he shall be entitled to receive towards the cost of the treatment incurred by him a sum equivalent to the cost of such treatment as he would have been entitled to receive free of charge, under these rules if he had not been treated at his residence.

(3) A claim for any amount admissible under sub-rule (2) shall be accompanied by a certificate in writing by the authorised medical attendant, stating—

(a) his reasons for the opinion referred to in sub-rule (1);

(b) the amount of the cost of similar treatment referred to in sub-rule (2).

Government of India's decisions

1. G.I., M.H.A., Letter No. 7/16/60-AIS (III), dated 4-3-1961.—Under Rule 20 (k)(v), treatment is defined to include 'such' accommodation as is ordinarily provided in the hospital to which the patient is admitted and is suited to his status. If, therefore, the authorised medical attendant is of the view that suitable facilities consistent with the status of the member of the Service are not available at the Government hospital, he could, under sub-rule (1), allow the member of the Service to receive medical treatment at his residence.

2.1 G.I., M.H.A. Letter No. 7/2/61-AIS (III), dated 19-4-1961.—As 'remoteness' has not been defined in the rule, a doubt was raised as to whether any criteria, which should guide authorised medical attendants in determining whether, in a particular case, a hospital was remote or not, had been prescribed.

2.2. It is not practicable to prescribe any absolute definition of remoteness in respect of any particular hospital merely with reference to its location, *i.e.*, physical distance. A hospital may be at a considerable distance from the residence of a patient;

1. Ins. by MHA Notification No. 13/45/57-AIS (III), dated 15-3-1960 (GSR No. 322, dated 19-3-1960).

but the condition of the patient may be such that he could safely be asked to get treatment in that hospital. On the other hand, there may be a patient whose condition is such that he may not be able to attend the same hospital or even a hospital, which is nearer, but may have to be given treatment at his residence. Thus, a hospital, which is not remote, for one case may have to be considered as remote for certain other cases. That is why, in this, as in a number of other matters under these rules, complete discretion has been vested in the authorised medical attendant. He is trusted to decide each case on its merits after taking into consideration the location of the hospital, the condition of the patient and the severity of illness. Any certificate issued by him may, therefore, be accepted by audit authorities without question.

3. G.I., M.H.A. Letter No. 7/9/64-AIS (III), dated 17-7-1964.—Under Rule 8 read with Rule 4, the family of a member of the Service is entitled to receive treatment at their residence only if certificate prescribed in sub-rule (3) of Rules are furnished by the Authorised Medical Attendant.

4.1. G.I., M.H.A. Letter No. 7/27/64-AIS (III), dated February, 1965.—The Government of India have held that if the Authorised Medical Attendant is of the opinion that suitable facilities for hospitalisation are not available, or the condition of the patient is such that he cannot be shifted to the hospital without risks of deterioration in his health, he may give treatment to the member of the Service (or the member of family) at his residence. In cases where illness is not severe or the disease is of a chronic nature, the patient should consult the Authorised Medical Attendant, either at his consulting room (if it has been so maintained) or in the hospital as an out-door patient.

4.2. However, if an Authorised Medical Attendant, of his own free will, examine a patient at his/her residence and prescribes medicines, there is no objection if the State Government permits reimbursement of the cost of the medicines.

9. Charges for services other than Medical attendance to be paid.—(1) Any charge for service rendered in connection with, but not included in, medical attendance on, or treatment of, a patient entitled free of charge, to medical attendance or treatment under these rules, shall be determined by the authorised medical attendant and paid by the patient.

(2) If any question arises as to whether any service is included in medical attendance or treatment, it shall be referred to the Government whose decision thereon shall be final.

Government of India's decisions

G.I., M.H.A. Letter No. 7/20/61-AIS (III), dated 25-4-1962.—It has been decided that the fees paid to compounders for administering injections and to nurses for attending to a member of the Service/members of the family of the members of the Service at their residence, are not admissible.

10. Countersignature of certificate for reimbursement of travelling allowance.—The Government may be general or special order direct that any certificate required by these rules to be given by the authorised medical attendant and the controlling officer for the purpose of travelling allowance of a patient shall be countersigned by the Chief Administrative Medical Officer of the State.

11. Transfer to foreign service.—No member of the service shall be transferred to foreign service unless the foreign employer undertake to afford to him, so far as may be, privileges not inferior to these to which he would be entitled under these rules if he had been employed in the service of the Government :

Provided that this rule shall not apply in the case of a transfer of a member of the Service at his own request of when he member of the Service makes a specific request in writing that the provisions of this rule need not apply in his case.

[1][**11-A. Deputation to Government Organisation having separate Medical Attendance Rules.**—A member of the Service deputed to serve under a Government Organisation having a separate set of rules for the grant of medical facilities to its employees may, at his option elect to be governed by the rules of that organisation during the period of such deputation.

Explanation.—The expression "Government Organisation" in this rule includes Railways or other similar Organisation whose expenditure is debatable to the consolidated Fund of India or of the State.

12. Injuries due to civil disturbances—(1) A member of the Service serving in a disturbed area shall be deemed as being out duty continuously and any injury received by him as a result of the disturbances shall be deemed as having been received in the course of such duty, unless the facts of the case give a clear indication to the contrary.

(2) When a member of the Service receives any injury while on duty in connection with the disturbance, he shall be entitled to medical attendance and treatment specified in Clauses (f) and (k) of Rule 2 free of charge.

(3) A member of the Service on leave in a disturbed area is also entitled to the concessions outlined in sub-rule (2) above, if it is established that he was attacked and injured because of his being a Government servant.

[2][**12-A. Application of the Contributory Health Service Scheme.**—Notwithstanding anything contained in these rules, they shall not apply to a member of the Service during any period in which he is on deputation to the Central Government at a station, where the contributory Health Service Scheme is in operation, and the said scheme, as for the time being in force, shall apply to such member during the said period, as it applies to Central Government Servants, Class I.

[3]**13. Interpretation.**—If any question arises as to the interpretation of these rules, the Central Government shall decide the same.

14. Saving.—Nothing in these rules shall be deemed to —

(i) entitle a member of the Service to reimbursement of any cost incurred in respect of medical service obtained by him, or to travelling allowance for any journey performed by him otherwise than as expressly provided in these rules, or

[4](i-a) entitle a member of the service to reimbursement of any cost incurred in respect of—

1. Added by MHA Notification No. 7/6/64-AIS (III), dated the 21st January, 1965 and 11th March, 1965, (GSR No. 4341, dated 20-3-65).
2. Inro. by MHA Notification 13/8/57-AIS (III), dated 17-5-1958.
3. Subs. by DP & AR Notification No. 7/1/73-AIS (III), B, dated 2-1-1957. (GSR No. 40, dated 18-1-1975).
4. Ins. by MHA Notification No. 8/8/69-AIS (III), dated 6-1-70. (GSR No. 1632, dated 29-10-1966).

(a) such preparation which are not medicines but are primarily used as food, tonic, toilet or disinfectant, and

(b) such expensive drugs, tonics, laxatives and other elegant and proprietary preparations (for which drugs of equal therapeutic value are available) as may be, [1]notified by the Central Government.

[Deptt. of Personnel & A.R. Notification No. 4/11/73-AIS (III), dated 11-7-1974].

[2](ii) prevent the Government from granting to a member of the Service, or to a member of the family of a member of the Service any concession relating to medical treatment or attendance or travelling allowance for any journey performed by him which is not authorised by these rules.

[No. 11/55-AIS (I), dated the 4th September, 1954].

Government of India's decisions

1. G.I., M.H.A. Letter No. 7/10/61-AIS (III), dated 10-7-1961.—The effect of clauses (i), as far the member of the Service is concerned is that he is not entitled to reimbursement of any cost 'otherwise' than as expressly provided in these rules. But, so far the Government is concerned, its inherent power to grant, in suitable and deserving case, 'any' concession relating to medical treatment or attendance not authorised by the rules is expressly saved by clause (ii). The expression not authorised must be construed to mean 'not sanctioned' or 'not' justified by there Rules.

2. G.I., M.H.A. Letter No. 7/13/62-AIS (III), dated 1-2-1962.—Clause (ii) can be invoked by the State Government for granting to a member of the Service reimbursement of expenditure incurred by him for the treatment of a member of his family in a hospital other than a Government hospital outside the State provided very exceptional circumstances justify such action.

3.1 G.I., M.H.A. File No. 8/62/82-AIS (III), dated 29-8-1962.—Clause (ii) does not empower the Government to grant to the members of the All India Services general additional concession not covered by the rules. But they can grant in individual, deserving and suitable cases any concession not covered but they can grant in individual, deserving and suitable cases any concession within or outside the framework of the rules. Accordingly the State Government can under this rule, permit reimbursement of the cost of medical treatment and attendance taken abroad in a suit and deserving case, even though it is outside the scope of the rules as laid down in Rule 1 (2). In such cases, however, the Government of India do not, as a matter of principle, accept any liability, though in very special cases, they make payment equivalent to what proper treatment would have cost in India itself.

3.2. The powers under clause (ii) can be exercised by the State Government without any limitations. Rule 13 of these rules does not control the action of the State Government in such cases. It is not necessary for them to consult the Central Government in this regard.

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1. Circulated to S. Governments by Letter No. 4/11/73-AIS (III), dated 6-8-74 & 26-9-74 and notified by Notification No. 4/11/73-AIS (III), dated 27-9-75. (GSR No. 2501, dated 11.10.75).
2. Subs. by Deptt. of Personnel Notification No. 8/4/71-AIS (III), dated 18-3-1972. (GSR No. 419, dated 8-4-1972).

4. G.I., D.P. & A.R. Letter No. 11023/5/78-AIS (III), dated 8-3-1979.— According to the orders issued by the Government of India *vide* decision No. 3 Rule 14 of the All India Services (Medical Attendance) Rules, 1954, the State Governments can under Rule 14 of the Rules permit reimbursement of the cost of medical treatment and attendance taken abroad in a suitable and deserving case, even though it is outside the scope of the Rules as laid down in sub-rule 1 (2). In such cases however, the Government of the India do not, as a matter of principle, accept any liability, though in very special cases, they make payment equivalent to what proper treatment would have cost in India itself.

4.2. The question of reimbursement of expenses over treatment abroad for Central Government employees has been reconsidered and the Government should be made to any person for medical treatment secured outside India. Pending cases should be decided on this principle, subject to any specific commitments already made by the Government being honoured.

4.3. The above decision applies to all the Central Government servants, the All India Services officers serving at the Centre, and the employees of Public Sector undertakings under the Government of India.

4.4. The State Government have been requested to considered adopting the same policy in respect of the members of All India Services working in connection with the affairs of the State as well as the State Government employees.

5. G.I., DP & AR Letter No. 11023/7/83-AIS (III), dated 7-11-1983.—The question of reimbursement of expenses over treatment abroad for Central Government employees has been further considered and it has now been decided that the guidelines as in the annexure to Department of Personnel and A.R. Letter No. 11023/83/AIS (III), dated 7th November, 1983 (reproduced below) should be adopted in dealing with the cases relating to request for medical treatment abroad.

5.2. The above decision also applies to members of the Services serving at the Centre.

5.3. The State Government have been requested to consider adopting the same policy in respect of the members of All India Services working in connection with the affairs of the State as well as the State Government employees.

ANNEXURE TO M.H.A. DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS

Letter No. 11023/7/83-AIS (III), dated 7th November, 1983

Guidelines to be adopted in dealing with cases relating to Medical Treatment abroad—

(i) As a rule, reimbursement of cost of medical treatment incurred abroad should not be allowed.

(ii) In exceptional cases necessitation treatment of a kind yet to be widely established in the country, where Government servants on medical advice choose to go on their own for treatment abroad reimbursement could be authorised by the Director General of Health Services but should be limited to the expenditure that would have been incurred had such treatment been received in India in a Government Hospital or in a private hospital or nursing home specially recognised and accepted by the Director General of Health Services. The question of reimbursement of air passage in such cases should not arise at all.

(iii) Foreign exchange may released to Government servants for purpose of treatment abroad to the same extent as is permissible to private citizens.

(iv) Hospitals and clinics indicated in paragraph 3 below have facilities for specialist treatment for which requests are generally received for treatment abroad and in respect of which treatment facilities in ordinary Government hospitals are still inadequate. The Services provided by these hospitals may be availed by eligible Government servants. In such cases reimbursement should be allowed to D.G.H.S. being satisfied about the reasonableness of the claim.

(v) Pending cases of reimbursement claims may be dealt with on the basis of the guidelines indicated in (i) to (iv) above.

Note.—1. Only these cases which may have been brought up for consideration on or after 9th February, 1982 and not finally decided by that date would be deemed to be pending cases to qualify for such consideration.

2. The following ailments have been identified by the D.G.H.S. as being such for which facilities for treatment in India are not yet widely established.

(i) Cadaver Kidney Transplant.

(ii) Old operated by-pass surgery cases (in which the initial operation was done abroad) needing revascularization.

(iii) Bone Marroy transplant.

(iv) Operative correction for high *muyopia* cases.

(v) Complex cyanote-Heart-Lesion and newly born infants suffering from heart diseases.

2.1. To consider cases of the above type, a Medical Board should be constituted at the State level by the State Director of Health Services. The Board should make specific recommendations and also give reasons for recommending treatment abroad. It should also certify that the treatment is not available in India. The certificate should be endorsed by the Director of Health Services, and sent to the Director General of Health Services, New Delhi, for his approval.

2.2. For purposes of reimbursement, as envisaged in these guidelines, the schedule of charges as applicable for private ward treatment at the All India Institute of Medical Sciences, New Delhi, in force from time to time should be adopted.

3. The following Institutions have been identified as having facilities for specialist treatment :—

(a) *Bye-pass coronary surgery*:

(i) Southern Railways Headquarters Hospitals, Perambur, Madras.

(ii) Christian Medical College and Hospital, Vellore.

(iii) H.E.M. Hospital, Bombay.

(iv) Jaslok Hospital, Bombay.

(v) Bombay Hospital, Bombay.

(vi) Kasturba Hospital, Bhopal.

(vii) Sree Chitra Tribunal Institute of Medical Sciences and Technology, Trivandrum.

(b) *Kidney Transplant* :

(i) Christian Medical College and Hospital, Vellore.

(ii) All India Institute of Medical Science, New Delhi.

(iii) Post-Graduate, Institute, Chandigarh.

(iv) Jaslok Hospital, Bombay.

(c) *Blood Cancer* :

(i) Tata Memorial Hospital, Bombay.

(ii) Cancer Institute, Adayar, Madras.

(d) *Complicated heart surgery cases.*

(i) Southern Railway, Hospital, Perambur, Madras.

(ii) Christian Medical College and Hospital, Vellore.

(iii) K.E.M. Hospital, Bombay.

(iv) All India Institute of Medical Sciences, New Delhi.

(v) Bombay Hospital, Bombay.

(vi) G.B. Pant Hospital, Delhi.

(vii) Sree Chitra Tribunal Institute of Medical Sciences and Technology, Trivandrum.

(viii) Post Graduate Institute, Chandigarh.

(ix) S.S.K.M. Hospital, Calcutta.

(x) Samaritan Hospital, Alwaye (Kerala).

(xi) Kasturba, Hospital, Bhopal (BHEL).

(xii) N.M. Wadia Institute of Cardiology, Pune.

6. G.I., M.H.A. Letter No. 7/10/63-AIS (III), dated 1-9-1963.—The Government of India have held that executive instructions giving general additional concessions in the matter of medical treatment and attendance to the members of the All India Service outside the scope of the All India Services (Medical Attendance) Rules, 1954, can be issued by the State Government not under Rule 14 (ii) of the said Rules but under the residuary powers resting with the State Governments in respect of officers serving in connection with the affairs of the States.

7. G.I., M.H.A. Letter No. 7/10/63-AIS (III), dated 10-8-1994—The Government of India have held that ordinarily a member of the service is expected to receive treatment from the 'Authorised Medical Attendant' which term includes 'the principal medical officer' appointed by the Government to attend its officers, a medical officer equal in rank or immediately junior to such principal officer and attached to the same hospital or dispensary.

In exceptional cases, however, reimbursement of the cost of medical treatment incurred on the advice of the private practitioner can be reimbursed by the State Government by invoking Rule 14 (ii) of the AIS (Medical Attendance) Rules, 1954, if the State Government are satisfied of the existence of special circumstances in which treatment could not be had through the Authorised Medical Attendant and the refusal to reimbursement such cost is likely to cause under hardship to the officer. Insofar as Central Government employees are concerned, their cases are regulated in terms of Ministry of Finance O.M. No. 2192-EV (5)/62, dated the 17th April, 1963.

8.1. G.I., M.H.A. Letter No. 7/2/65-AIS (III), dated 20-4-1965.—The Government of India have held that no limit has been prescribed for the amount up to which the controlling officer can allow reimbursement either under the AIS (Medical Attendance) Rules, 1954 or the Central Services (Medical Attendance) Rules, 1944. However sanction of the Government will be necessary if the claim is admitted in term of Rule 14 (ii) of the AIS (Medical Attendance) Rules, 1954.

8.2 The State Government are the competent authority to regulate such procedural matters.

9. G.I., M.H.A. Letter No. 7/7/61-AIS (III), dated 26-4-1961.—The Government of India have held that under Rule 14 (ii)—

(i) The State Government are themselves competent to grant to an All India Service officer serving connection with the affairs of the State any concession relating to medical attendance or treatment which is not authorised under the A.I.S. (Medical Attendance) Rules, 1954. The States Government can, therefore, grant 'Nursing Home' facilities to a member of the Service serving in connection with the affairs of the State under this rule.

(ii) It is open to the State Government to allow reimbursement of expenses when treatment has been taken from a doctor other than the Authorised Medical Attendance in cases of emergencies due to the non-existence of any Government/recognised hospital within a reasonable distance from the place where the patient fell.

Executive Instructions/Orders issued by the Government of India under the All India Services (Medical Attendance) Rules, 1954

1. Claims for reimbursement of medical expenses—Procedure for drawal of—G.I., M.H.A. Letter No. 31/16/56-AIS (I), dated 17-11-1956.—The form of application and the various certificates prescribed for the Central Government servants under the Central Services (Medical Attendance) Rules, 1944, as amended by the Ministry of Health from time to time, shall, with necessary modifications, be used for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of members of the All India Services and their families. [*See* also *Ranjit Singh* v. *State of Punjab*, (2009) 1 SCC 233].

2. Reimbursement of medical expenses—Preferring of claims—Fixing of time limits—G.I., M.H.A. Letter No. 31/3/57-AIS (III), dated 13-3-1957 read with Letters No. 6/6/59-AIS (III), dated 12-5-1959 and 7/22/60-AIS (III), dated 25/10/1960.—(1) The Government of India have decided that claims for reimbursement of medical expenses of Central Government servants should invariably be preferred with six months from the date of completion of treatment as shown in the essentially certificate of the authorised medical attendant/medical officer concerned. The bills for reimbursement of charges on account of medical attendance and treatment should be countersigned by the controlling authorities, who are empowered to countersign the travelling allowance bills of the officers concerned. In the case of members of the Service who are their own controlling officers in regard to travelling allowance bills, medical bills concerning them and members of their families shall be countersigned by the members themselves. Specific sanction to the reimbursement of medical charges is not ordinarily necessary. If, however, a claim for reimbursement of medical charge is not countersigned and preferred, within six months one year of the date of completion of treatment should be subject to investigation by the Accountant General in accordance with the provisions of Rules 123 and 124 of the General Financial Rules, Volume I, respectively. If a special sanction is accorded for reimbursement of any charges in relaxation of the rules, that sanction should be deemed to be operative from the date of its issue and the period of six months/one year will count from that date.

(2) If the State Government have no objection, the same procedure and time limit may also be prescribed in the case of All India Service Officers preferring claims under All India Services (Medical Attendance) Rules, 1954.

3. Delegation of powers of Heads of Departments.—Letters No. 8/8/66-AIS (III), 14-7-1966, 11023/5/75-AIS (III), 19/1/1976, 11623/16/76-AIS (III), 14/12/1977, 11023/5/76-AIS (II), 19/8/1976.

4. Concessions regarding treatment of tuberculosis or leprosy—G.I., M.H.A. Letter No. 6/1/58-AIS (III), dated 16-4-1958, read with O.M. No. 6/1/58-AIS (III), dated 30/8/1958.—In exercise of the powers conferred under clause (ii) Rule 14 of the All India Services (Medical Attendance) Rules, 1954, the administrative Ministry in respect of All India Services officers working in connection with the affairs of the Union, and the State Governments, in respect of officers working in connection with the affairs of the State, may reimburse incurred by the officers in the following cases:—

(i) *Post treatment check up.*—A member of the Service who has suffered from tuberculosis or leprosy and who has obtained treatment in accordance with the relevant rules and orders, will be entitled to reimbursement of fee for obtaining the certificate of fitness for return to duty. If he is required to undergo post-treatment check-up with a specialist, he will also be entitled to reimbursement of fees for medical examinations during such periodical check-up as well as travelling allowance from his place of duty to the headquarters of the specialist and back. Post-treatment follow-up should, however, be done by a recognised T.B., specialist/institution, stationed at or nearest to the place of ex-T.B. patient. The specialist, if necessary may call for the complete records of the ex-patient from the institution where he was treated originally.

(ii) *Ambulance charges.*—Reimbursement of ambulance charges will also be allowed even if the ambulance used belonged to a social service organisation such as the Red Cross Society.

5. Adjustment of medical charges between Railways and Civil Department—G.I., M.H.A. Latter No. 6/1/58-AIS (III), dated 30th August, 1958 read with 7/2/60-AIS (III), dated 2nd March, 1960.—The medical charges in respect of treatment at Railway hospitals, which have been declared by the Government of India as Government hospitals, shall be adjusted between Railways and Civil Department as follows :—

(i) As the Railway spend about Rs. 17.3 per employee per annum, they will recover the same amount from the State Government in the case of All India Services officers and their families. The per capital charge of Rs. 17.3 per annum includes for indoor treatment, the cost of medicines generally stored in the Railway hospitals but costly drugs and injections, which are not ordinarily stores in a Railway hospital stoppage beds, consultation with non-railway specialists diet charges etc., will have to be paid for separately.

(ii) No consultation fees will be charged at the hospital.

(iii) Visits to the residence of officers and their families would be on private account for which officers should pay Railway Officers directly at the prescribed rates, which at present, are as follows :—

Visiting Medical Officers	Fees to be paid by officers whose pay is Rs. 375 p.m. and upwards	Fees to be paid by officers whose pay is less than Rs. 375 p.m.
(1)	(2)	(3)
D.M.O.	Rs. 6 per visit	Rs. 4 per visit
A.M.O.	Rs. 5 per visit	Rs. 4 per visit
Assistant Surgeon Grade I	Rs. 3 per visit	Rs. 2.50 per visit
Assistant Surgeon Grade II	Rs. 2 per visit	Rs. 1.50 per visit

Higher fees will be charged for night visits.

(iv) No extra fees for conveyance are to be charged by the visiting officers except in exceptional circumstances, *e.g.*, very long distances. Such cases will be treated on merits and the decision of the Chief Medical Officer of the Railway shall be final.

(v) Recoveries on account of charges for medical facilities at the hospital during in-patient treatment will be as indicated below :

Special wards	Rs. 15 per diem exclusive of diet charges.
General wards	Rs. 5 per diem exclusive of diet charges.

Besides the above, charges for other special services like X-ray and laboratory examinations, pathological test, surgical operations and confinement will also be recovered.

(vi) All expenses *e.g.* charges for medical attendance, hospital accommodation, nursing, medicines, X-Ray examinations, other laboratory examinations, operation delivery fees etc. are reimbursement under the All India Services (Medical Attendance) Rules, 1954. Reimbursement on account of diet charge is, however, not admissible.

(vii) All hospital charges will in the first instance be paid by officers direct to hospital authorities. Officers will subsequently claim refund from Government to the extent admissible under the rules.

Note.—The per capita cost indicated in sub-para (i) above is calculated by dividing the total expenditure of medical services by the total number of employees in service in that year on all Indian Railways. It is, therefore, liable for variation from year to year.

6. Medical attendance and treatment in the St. Geroge's Nursing Home Bombay—Reimbursement of charges—G.I., M.H.A. Letter No. 7/3/60-AIS (III),

dated 19-3-1960.—The Government of India have decided that the Nursing Home at the St. George Hospital, Bombay should be treated as a recognised institution for purpose of medical attendance and treatment of the All India Service officers serving in connection with the affairs of the Union and stationed in Bombay State, who are in receipt of a pay of over Rs. 500 per mensem and the members of their families. In view, however, of the fact that the charges levied by the Nursing Home for the professional services rendered by the attending doctors on their own treatment and/or the treatment of members of their families in the Nursing Home, will be allowed subject to the following conditions :

(i) The treatment should be received only at the hands of Government doctors of the hospitals and not at the hands of private doctors and private specialists who are allowed to treat patients at the Nurshing Home.

(ii) The reimbursement of visiting fees of the doctors in the case of persons drawing a pay of Rs. 1,000 per mensem would be restricted to a maximum of Rs. 16 for the first visit and Rs. 10 for subsequent visit.

(iii) The reimbursement of anaesthetist's charges would be restricted to a maximum of Rs. 50 for a minor operation and Rs. 100 for a major operation.

(vi) The Reimbursement of operation charges would be made in full at the rates prescribed by the Government of Bombay.

(v) The reimbursement of surgeon's charges would be restricted to a maximum of Rs. 500 in the case of a major operation and a maximum of Rs. 130 in the case of a minor operation. This will be in addition to the other usual hospital charges.

(2) The Government of Bombay may extend the above concession to All India Services officers serving in the connection with the affairs of the State in exercises of the powers vested in them by Rule 2 (d) and Rule 14 (ii) of the All India Services (Medical Attendance) Rules, 1954.

7. Reimbursement of fees paid to Honorary Specialists in the State of Bombay—G.I., M.H.A. Letter No. 7/3/60-AIS (III), dated 19-3-1969.—The Government of India have decided that, since there are no Government specialists in the State of Bombay, honorary specialist attached to Government hospitals should be regarded as Government specialists in respect of All India Services Officers, serving in connection with the affairs of the Union and stationed in Bombay State, and the fees paid to them for consultations in their private consulting rooms reimbursed to the officers in accordance with the rates prescribed for Government specialists. The honorary specialists should, however, be consulted on the advice of the authorised medical attendant and with the prior approval of the Surgeon General with the Government of Bombay. The consultation with the honorary specialists at their private consulting rooms will be permissible only in emergent cases and in all other cases such consultation should be held at the hospitals without payment of any fees.

(2) The Government of Bombay may extend the above concessions to All India Services Officers serving in connection with the affairs of the State in exercise of the powers vested in them by Rule 2 (d) and Rule 14 (ii) of the All India Services (Medical Attendance) Rules, 1954.

8. Recognition of Indian system of Medicine and Homeopathy—Procedure regarding.—Please *See* Annexure II—Letter No. 11023/76-AIS (III), dated 2-1-1977.

9. Concessions regarding treatment of members suffering from tuberculosis, cancer and poliomyelitis.—The Government of India have decided that the following concessions which are admissible to the Central Government servants under the Central Services (Medical Attendance) Rule, 1944, should be extended to members of the All India Services serving in connection with the affairs of the Union. The State Government may extend these concessions to members of the All India Services serving in connection with the affairs of the State also.

TUBERCULOSIS

(i) *Consultation.*—If a Government specialist in tuberculosis diseases is not available, consultation on the advice of the authorised medical attendant with a specialist in T.B. diseases recognised as such by the State Administrative Medical Officers concerned will be admissible. Where the authorised medical attendant proposes to advise a member to consult a specialist in T.B. diseases, the approval of the Chief Administrative Medical Officer of the State concerned shall be obtained. The specialist consulted should, as far as possible, be a medical officer equal in status to the authorised medical attendant and if such a specialist is in Government service, he should charge fees at the following rates.—

	For the first consultation	For each subse-quent consulta-tion in respect of the same case
	Rs.	Rs.
(a) For a specialist not below the rank of Civil Surgeon	16	10
(b) For a specialist of the rank of Civil Assistant Surgeon Grade I	5	3
(c) For a specialist of the rank of Civil Assistant Surgeon Grade II	3	2

In respect of consultations with specialists, who are not in the service of the Government, the fees paid to them for consultations should be reimbursed to the members concerned to the extent of the rates indicated above.

(ii) *Treatment in a Sanatorium.*—If the specialist in T.B. diseases certifies that treatment in a T.B. Sanatorium is necessary, the member concerned will be entitled to treatment at a recognised sanatorium, located at or nearest to the place of duty which can, in the opinion of the T.B. specialist, provide the necessary and suitable treatment and where accommodation for him is available. A list

of T.B. institutions recognised for the purpose is given in Appendix I. Where in the opinion of the T.B. Specialist, the member concerned does not require treatment in a T.B. Sanatorium, he will be entitled to receive treatment in a hospital in the State which can provide the necessary treatment. These concessions are admissible to members of their families also.

Members of the Service and the members of their families, who fail to get accommodation in a recognised T.B. institution or for whom treatment as an inpatient in a Government hospital and/or a recognised T.B. institution is not considered necessary, may on the advice of the authorised medical attendant, be allowed to receive treatment at the out-patient department of a Government hospital and/or recognised T.B. institution at or near the place where they fall ill or at the consulting room of a T.B. specialist, subject to the following conditions :—

(i) that a certificate signed by the authorised medical attendant or the Government recognised specialist is submitted to the effect that the patient was advised to receive treatment as an out-door patient at the consulting room of the T.B. Specialist, as they failed to get necessary accommodation at the recognised T.B. institution or treatment as an in-patient in a recognised T.B. institution was not considered necessary, and

(ii) that a certificate from the authorised medical attendant and/or the Government recognised T.B. specialist is submitted to the effect that the patient had reasonable chances of recovery if otherwise than as an in-patient in a recognised T.B. institution.

Reimbursement of consultation fees paid to the authorised medical attendant and for a Government recognised specialist for treatment at his consulting room will be allowed in full at the prescribed rates for the first consultation and at two-thirds for each subsequent consultation. The cost of medicines, which will include the cost of drugs injected but not the professional fees for administering the injection, will be reimbursible in full, if otherwise admissible under the Rules.

(iii) *Travelling allowance.*—A member of the Service and the members of his family sent to a recognised sanatorium for treatment under the advice of the authorised medical attendant or the T.B. Specialist consulted will be entitled to travelling allowance for the journeys performed by rail and road to and from the place of treatment. Travelling allowance will not be admissible for journeys performed by air. If the T.B. Specialist consulted certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompanying him to the place of treatment, then the attendant may draw T.A. for the onward and return journeys.

A member of the service will be entitled to travelling allowance at tour rate for the rail and road journey; but no halting allowance will be paid. A member of his family referred for treatment, will be entitled to the actual single railway fare for the class of accommodation, to which the member of the Service is entitled, or of any lower class, by which the patient travels, for the rail journey and actual cost of transit not exceeding the travelling allowance

admissible to the member of the Service for journey by road. An attendant accompanying a patient will be granted actual single railway fare of the appropriate class in which the patient travels, or by a lower class, by which the attendant actually travels, for the rail journey, and actual cost of the transit not exceeding the travelling allowance admissible to the member concerned for journey by road.

The outward journey will be deemed to have commenced from the headquarters of the member of the Service or from the place, from which the patient actually travels, whichever is nearer to the sanatorium. Likewise, the return journey will be deemed to have ended at the headquarters or at the place, to which the patient actually travels, whichever is nearer.

For purpose of reimbursement of travelling allowance for the return journey, a certificate testifying to the actual performance of the journey from the Medical Superintendent of the sanatorium or any other doctor-in-charge of the case in the sanatorium, whom for all practical purposes is the authorised medical attendant of the patient while at the sanatorium, will be acceptable.

CANCER

(i) *Treatment*: A member of the Service or a member of his family may receive treatment for cancer at the nearest recognised hospitals providing such treatment, subject to the conditions that such treatment is recommended by the authorised medical attendant and that the prior approval of the State Administrative Medical Officers concerned is obtained. A list of the hospitals recognised for this purpose is given in Appendix II. If the Medical Superintendent of the recognised hospital, to whom the patient was sent for treatment by the authorised medical attendant considers that special treatment is necessary, he may refer the patient to the Tata Memorial Hospital, Bombay, or the Cancer Institute, Madras.

(ii) *Travelling Allowance* : A member of the Service and the members of his family sent to a recognised hospital for treatment of cancer under the advice of the authorised medical attendant will be entitled to travelling allowance for the journeys performed by rail and road to and from the place to treatment. Travelling allowance will not be admissible for the journeys performed by air or by Air-Conditioned accommodation on trains. If the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompanying him to the place of treatment, he may draw travelling allowance for the onward and return journeys.

A member of the Service will be entitled to travelling allowance at tour rates for the rail and road journey, but no halting allowance will be paid. A member of his family, referred for treatment will be entitled to the actual single railway fare for the class of accommodation, to which the patient travels for the rail journey, and actual cost of transit not exceeding the travelling allowance admissible to the member of the service for journey by road. An attendant accompanying the patient will be granted actual single railway fare of the appropriate class by which the patient travels, or by a lower class by which the attendant actually travels for the rail journey and actual cost transit not exceeding the travelling allowance admissible to the member concerned for journey by road.

The outward journey will be deemed to have commenced from the headquarters of the Government servant or from the place, from which the patient actually travels, whichever is nearer to the hospital. Likewise, the return journey will be deemed to have ended at the headquarters or at the place, to which this patient actually travels, whichever is nearer.

(iii) *Post-treatment check-up* : A member of the Service, who has suffered from cancer and who has obtained treatment in accordance with the relevant rules and orders, will be entitled to reimbursement of fees for obtaining the certificate of fitness for return to duty. If he is required to undergo post-treatment checkup with a specialist, he will be entitled to reimbursement of fees for medical examinations during such periodical checkup as well as travelling allowance by rail and road from his place of duty to the headquarters of the specialist and back. Post-treatment follow-up should, however, be done by a recognised cancer specialist/institution stationed at or nearest to the place of duty of the ex-patient. The specialist, if necessary, may call for the complete records of the ex-patient from the institution where he was treated originally.

(iv) *Ambulance charges* : Reimbursement of ambulance charges will also be allowed even if the ambulance used belonged to a social service organisation such as the Red Cross Society etc.

POLIOMYELITIS

(i) *Treatment* : A member of the Service or a member of his family may receive treatment for poliomyelitis at the nearest recognised hospital providing such treatment, subject to the conditions that such treatment is recommended by the authorised medical attendant and that the prior approval of the State Administrative Medical Officers concerned is obtained. A list of the hospitals recognised for this purpose is given in Appendix III.

(ii) *Travelling Allowance* : A member of the Service and the members of his family sent to a recognised hospital for treatment of poliomyelities under the advice of the authorised medical attendant will be entitled to travelling allowance for the journeys performed by rail and road to and from the place of treatment. Travelling allowance will not be admissible for the journeys performed by air or by Air-Conditioned accommodation on trains. If the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompanying him to the place of treatment, he may draw travelling allowance for the onward and return journeys.

A member of the Service will be entitled to travelling allowance at tour rates for the rail and road journey, but no halting allowance will be paid. A member of his family, referred for treatment will be entitled to the actual single railway fare for the class of accommodation, to which the member of the service is entitled or of any lower class by which the patient travels, for the rail journey, and actual cost of transit not exceeding the travelling allowance admissible to the member of the service for journey by road. An attendant accompanying the patient will be granted actual single railway fare of the appropriate class by which the patient travels, or by a lower class, by which the attendant actually travels for the rail journey and actual cost transit not exceeding the travelling allowance admissible to the member concerned for journey by road.

The outward journey will be deemed to have commenced from the headquarters of the Government servant or from the place, from which the patient actually travels, whichever is nearer to the hospital. Likewise, the return journey will be deemed to have ended at the headquarters or at the place, to which this patient actually travels, whichever is nearer.

MENTAL DISEASES

(i) *Treatment.*—A member of the Service may receive coming from mental disease will be entitled to travelling Government Recognised Mental Hospital on the advice of the authorised medical attendant and with the prior approval of the Chief Medical Officer of the State, subject to the condition that the duration of the treatment, for which reimbursement of medical expenses will be admissible to the member concerned, should not exceed six months unless the Medical Superintendent of the Mental Hospital concerned certifies that treatment for a reasonable period up six months beyond the six-months limit is likely to lead to complete recovery of the patient. A list of recognised mental hospitals is given in Appendix IV.

(ii) *Travelling Allowance.*—A member of the Service suffering from mental disease will be entitled to travelling allowance (by rail and road and not by air) for the outward and return journeys in the manner indicated below when sent for consultation/treatment in a Mental Hospital.

(a) the rail journey in question, actual fare for the entitled or lower, class by which the patient may actually travel; and

(b) for the road portion of the journey or for journeys between stations connected by road only travelling allowance at half the rate of the road mileage admissible under the All India Services (Travelling Allowance) Rules, 1954.

If the authorised medical attendant certifies in writing that it is unsafe for the patient to travel unattended and that an attendant is necessary to accompany him to the place of consultation/treatment, the attendant accompanying class, in which the patient is entitled to travel or of a lower class, by which the attendant actually travels.

Journeys by air or by Air-Conditioned accommodation on trains are not permissible.

The outward journey should be deemed to have commenced from the headquarters of the member of the Service or from the place, from which the patient actually travels, whichever, is nearer to the place of consultation/ treatment. Likewise, the return journey will be deemed to have ended at the headquarters of at the place, at which the patient actually travels, which ever is nearer.

For the road portion of the journey the attendant will be allowed the actual cost of transit not exceeding the travelling allowance admissible to the members of the Service concerned.

(iii) The concessions mentioned in (i) and (ii) above will also be admissible to the members of the family of a member of the Service provided the treatment for such diseases is taken in a Government Mental Hospital.

APPENDIX I

List of T.B. Institutions recognised for the purpose of medical treatment of Members of the All India Services and Members of their Families suffering from Tubercular Diseases

Andhra Pradesh :

1. T.B. Hospitals, Iramnuma.
2. T.B. Sanatorium, Vikarabad (Anathgiri).
3. T.B. Clinic, Dapirpura.
4. Government King George Hospital, Visakhapattanam.
5. Government Wellesey Tuberculosis Sanatorium, Bellary.
6. Visranthipuram Sanatorium, Rajahmundhry.

Assam :

1. Reid Provincial Chest Hospital, Shillong.

Bihar :

1. Itki Sanatorium, Itki.
2. Patna Medical College Hospital, Patna.
3. Ramakrishna Mission T.B. Sanatorium, Ranchi.

Bombay :

1. Bel. Air Sanatorium, Dalkaith, Panchgani.
2. Hillside Sanatorium, Vengurla.
3. Wanless Tuberculosis Sanatorium, Wanlesswadi, Distt. Satara.
4. Group of Hospitals for Tuberculosis, Bombay.
5. Salvation Army Hospital, Anand Distt. Kaira.
6. Telegaon General Hospital and Convalescent Home, Talegaon (Dhabhada, Distt. Poona).
7. Padmavati Sanatorium, Baroda.
8. Hospital for the disease of the chest, Camp Aunda, Poona.
9. Karnataka Health Institute, Hospital and Sanatorium, Ghattaprabha (Distt. Belgaum).
10. Tuberculosis Clinic, Nagpur.
11. K.J. Mehta T.B. Hospital, Amargarh (via Songadh).
12. V.C. Nath T.B. Sanatorium, Bharapur.

Delhi :

1. Silver Jubilee Tuberculosis Hospital, Delhi.
2. Tuberculosis Clinic, Queens Road Delhi.
3. New Delhi Tuberculosis Centre, New Delhi.

4. Rama Krishna Mission Free Tuberculosis Clinic, Karol Bagh, New Delhi.

Himachal Pradesh :

1. Government of T.B. Clinic Mahasau, Mashobra.
2. Government of T.B. Clinic, Mandhi.

Karala :

1. Tuberculosis Hospital, Nagarcoil.
2. Kerala Varma Sanatorium, Mulakannathukavu.
3. T.B. Clinic and Demonstration Centre, Trivandrum.
4. T.B. Clinic Attached to the District Hospital, Kottayam.
5. T.B. Clinic, Palurathy.
6. Civil Hospital, Trichur.
7. Government Headquarters Hospital, Kozhikode.

Madhya Pradesh :

1. Tuberculosis, Clinic, Jabalpur.
2. Tuberculosis Sanatorium, Pendra Road.
3. T.B. Wards J.A. Hospitals, Gwalior.
4. T.B. Wards, M.T. Hospitals, Indore.
5. T.B. Sanatorium, Rao (Indore).

Madras :

1. Government T.B. Institute, Madras.
2. Government T.B. Hospital, Madras.
3. Coimbatore T.B. Sanatorium, Peelamedu, P.O. Avanashi.
4. Government Headquarters Hospital, Coimbatore.
5. Government Headquarters Hospital, Tanjore.
6. Government Headquarters Hospital, Tiruchirapalli.
7. Government Erskine Hospital, Madurai.
8. Union Mission Tuberculosis Sanatorium Arogyavaram, Chittoor District.
9. Coimbatore, District Jubilee Tuberculosis Sanatorium Perundurai, Coimbatore District.
10. Government General Hospital, Madras.
11. Santosh Memorial Tuberculosis Sanatorium, Tambaram, Madras.
12. Rajaji Tuberculosis Sanatorium, Tiruchirapalli.
13. Mahatma Gandhi Memorial Tuberculosis Sanatorium, Sengipatti (Tanjore District).

Mysore :

1. P.K. Sanatorium, Mysore.

2. S.D.S. Sanatorium, Bangalore.
3. Government Tuberculosis Sanatorium, Bangalore.

Orissa :

1. T.B. Clinic Attached to the A.C.B. Medical College Hospital, Cuttack.

Punjab :

1. Lady Linlighgow Sanatorium, Kasauli.
2. Lady Irwin Sanatorium, Jubar.
3. King Edward Sanatorium, Dharampore.
4. Victoria, Jubilee Hospital, Amritsar.
5. R.B. Sir Gujjarmal Kesra Deve Sanatorium, Amritsar.
6. T.B. Clinic, Patiala.
7. Hardings Sanatorium, Dharampore (Simla Hills).

Rajasthan :

1. T.B. Sanatorium, Jaipur.
2. G.G.J.T.B. Hospital, Bikaner.
3. T.B. Clinic, Jodhpur.
4. M.G. Hospital, Jodhpur.
5. Madar Union Sanatorium, Madar.

Uttar Pradesh :

1. K.E. VII Sanatorium, Bhowali.
2. King George Medical College Hospital, Lucknow.
3. Kasturbe T.B. Clinic and Hospital, Lucknow.
4. Central T.B. Clinic, Kanpur.
5. T.B. Sanatorium, Dakpathar, Distt. Dehra Dun.
6. T.B. Clinic, Allahabad.

West Bengal :

1. Kanchrapara Tuberculosis Hospital.
2. Jadabpur Tuberculosis Jobabpur.
3. S.B. Dey Sanatorium, Kurseong.
4. T.B. Clinic attached to the Calcutta Medical College, Calcutta.
5. M.R. Bangur, T.B. Sanatorium, Bigri Midnapur.

APPENDIX II

List showing the Names of Hospitals recognised for the purpose of Medical Treatment of Members of the All India Services and their Families suffering from Cancer.

I. **Hospitals for Men and Women (general) :**

1. District Civil Hospital, Simla.

2. Victoria Jubilee Hospital, Amritsar.
3. Memorial Hospital, Ludhiana.
4. King George Hospital, Visakhapattnam.
5. Government General Hospital, Madras.
6. Government Stanley Hospital, Madras.
7. Assam Medical College, Dibrugarh.
8. Welsh Missin Hospital Shillong.
9. Patna Medical College Hospital, Patna.
10. Medical College Hospital, Calcutta.
11. Chittaranjan Cancer Hospital, Calcutta.
12. R.C.B. Medical College Hospital, Cuttack.
13. Sarojini Naidu Hospital, Agra.
14. Tata Memorial Hospital, Bombay.
15. Miraj Medical Centre, Miraj (Bombay).
16. Seth Yedilal Sarabhai General Hospital, Ahmedabad.
17. Cancer Institute, Madras.
18. Irwin Hospital, New Delhi.

II. **Hospitals for Women and Children only :**

1. Lady Reading Hospital, Simla.
2. Government Hospital of Women and Children, Madras.
3. Chittaranjan Seva Sadan, Calcutta.
4. Lady Hardings Medical College Hospital, New Delhi.

III. **Hospitals for Men, Women and Children :**

1. General Hospital, Trivandrum.
2. S.M.S. Hospital, Jaipur.
3. M.G. Hospital, Jodhpur.
4. Osmania General Hospital, Hyderabad Deccan.
5. Sir Takhatsinghji Hospital, Bhavnagar.
6. J.A. Hospital, Lashkar, (Gwalior).
7. M.T. Hospital, Indore.
8. Irwin Hospital, Jamnagar.

APPENDIX III

List showing the Names of Institutions recognised for the purpose of Medical Treatment of Members of the All India Services and their Families suffering from Polimyelitis.

1. Government General Hospital, Madras.

2. Government Stanley Hospital, Madras.
3. J.J. Hospital, Bombay.
4. B.J. Hospital, for Children, Bombay.
5. Bat Jerbai Wadia Hospital for Children, Parel, Bombay.
6. Chittaranjan Seva Sadan, Calcutta.
7. Presidency General Hospital, Calcutta.
8. Nil Ratan Sarkar Medical College, Hospital, Calcutta.
9. R.G. Kar Medical College Hospital, Calcutta.
10. Fraser Hospital, Burdwan.
11. Medical College Hospital, Calcutta.
12. Victoria Jubilee Hospital, Amritsar.
13. Medical College Hospital, Nagpur.
14. Sarojini Naidu Hospital, Agra.
15. G.M. and Associated Hospital, Lucknow.
16. A.M.C. Hospital, Dibrugarh.
17. Medical College Hospital, Patna.
18. Medical College Hospital, Darbhanga.
19. M.T. Hospital, Indore.
20. B.C. Roy Polio Clinic Hospital, Calcutta.

APPENDIX IV

List of Hospitals recognised for the Treatment of Members of the All India Services suffering from Mental Diseases.

Andhra Pradesh	Mental Hospital, Eragadda, Hyderabad Dn.
	Mental Hospital, Waltair.
Assam	Mental Hospital, Tezpur.
Bihar	Indian Mental Hospital, Ranchi.
	Hospital for Mental Diseases, Ranchi.
Bombay	N.M. Mental Hospital, Thana,
	Mental Hospital, Ratnagiri.
	Central Mental Hospital, Yeravada, Poona.
	Mental Hospital, Ahmedabad.
	Mental Hospital, Baroda.
	Mental Hospital, Bhavnagar.
	Mental Hospital, Nagpur.
	Mental Hospital, Kutch.

Kerala	Mental Hospital, Kozhikode.
	Mental Hospital, Trivandrum.
	Madhya Pradesh, Mental Hospital, Gwalior.
	Mental Hospital, Indore.
Madras	Government Mental Hospital, Madras.
Mysore	Mental Hospital, Bangalore.
	Mental Hospital, Dharwar.
Punjab	Mental Hospital, Amritsar.
Rajasthan	Mental Hospital, Jaipur.
	Mental Hospital, Jodhpur.
Uttar Pradesh	Mental Hospital, Banaras.
	Mental Hospital, Bareilly.
	Mental Hospital, Agra.

[G.I., M.H.A. Letter No. 6/3/59-AIS (III), dated 24-12-1959, read with Letter No. 7/14/61-AIS (III), dated 31-8-1961.]

ANNEXURE I

No. 8/8/66-AIS (III), dated 14-7-1966.—Instructions have been issued by M/o Finance *vide* OM No. F 49 (15) EV/59, dated 21-5-1969 and 21(2)-EV(B)/62, dated 17-4-1963 regarding reimbursement of medical expenses incurred by the Central Government servants and the All India Services Officers serving in connection with the affairs of the Union, on having medical attendance treatment in emergent circumstances from sources other than those from whom it is permissible under the relevant Medical Attendance Rules. The State Government may adopt these orders in respect of All India Services Officers serving in connection with the affairs of State delegating the powers of the allowing the State Government. The medical attendance and treatment will include the cost of all facilities mentioned in clauses (f) and (k) of Rule of the AIS (MA) Rules, 1954 including cost of medicines, fees for administration of injections and visiting fees, charged by the Medical Officers and Private Practitioners who are not authorised Medical Attendants of the officers in question.

Copy of Ministry of Finance (Exp.) O.M. No. 49 (15)-EV/59, dated 21-5-1959

At present all cases where Central Government servants and members of their families receive medical attendance/treatment in emergent circumstances from sources other than those from whom it is permissible under the relevant Medical Attendance Rules, are referred to the Ministries of Finance/Health for allowing reimbursement of the Medical expenses by special sanction. Such cases are referred to the Ministries of Finance/health irrespective of the amount involved. In the past it has been noticed that in the majority of such cases medical attendance and/or treatment were received either from Railway/Military/ Factory/ Local Board (District and Municipal Boards, Local Funds and Panchayats) hospitals or from doctors attached thereto, or from private practitioners, due

to the non-existence of any Government/recognised hospital within a reasonable distance from the place where the patient fell ill. With a view to cutting out delays in the settlement of such cases caused by frequent references to the Ministries of Finance and Health, the President has been pleased to delegate powers to all Ministers/Heads of Department to allow refund of medical expenses upto a maximum limit of Rs. 50/- in each case where they are satisfied that although refund is not permissible under the strict application of the various Medical Attendance Rules, the circumstances of the case warranted medical attendance/treatment being had from hospital and doctors mentioned above, in the absence of Government/recognised hospital or doctor within a reasonable distance from the place where the patient fell ill. The reasonableness of the distance may be allowed only to the extent admissible under the relevant Medical Attendance and subject to general spirit of those Rules being observed. Doubtful case should continue to the referred to the Ministries of Finance/Health.

Copy of Min. of Finance (Exp.) O.M. No. F.21 (2) EV(B)/62, dated 17-4-1963

1. In modification of the orders contained in this Ministry's Office Memorandum No. F. 49 (15)-EV/59 dated 21-5-1959 (copy enclosed) for ready reference on the above subject, the President has been pleased to decide that the existing limit of Rs. 50 laid down in the above orders shall be raised to Rs. 100 in each case.

2. Ministries and Heads of Department may henceforth allow refund of medical expenses upto Rs. 100 in each case in relaxation of the relevant Medical Attendance Rules subject to the consideration and conditions set out in the aforesaid orders.

3. The powers referred to above may also be exercised in cases where medical attendance and treatment is received in a private hospital, as a result of serious accident, or in advice of the Authorised Medical Attendant.

4. These powers can also be exercised in cases where medical attendance and treatment is received from Government doctors other than the Authorised Medical Attendant, or in Government recognised hospitals or institutions without following the prescribed procedure of obtaining prior approval of the Authorised Medical Attendant, Chief Administrative Medical Officer of the State etc. and in cases where medical tests like X-ray, Blood examination etc., are got done in private clinics due to absence of facilities in Government hospitals/ institutions or due to severity of ailment which confines the patient to bed.

5. Doubtful cases should, however, be referred to the Ministry of Health for their advice, who would consult the Ministry of Finance, if necessary.

6. It has also been decided that in the types of cases referred to above, where the amount exceeds Rs. 100 refund may be allowed by the Ministries and Heads of Departments in relaxation of various Medical attendance Rules and orders issued thereunder in consultation with the Ministry of Health only. (That Ministry will be free to consult the Ministry of Finance in cases of doubt).

7. It has further been decided that :

(a) in cases where medical attendance/treatment is received in State/added hospital in Calcutta, which has not been specifically recognised by the Government of India for medical attendance/ treatment of Central Government employees and members of their families *i.e.* in respect of which Schedule of Charges has not been published by the Ministry of Health, reimbursement of medical expenses to the extent otherwise admissible may be allowed by the Ministry/Heads of Departments, where necessary and justified, in direct consultation with the Director of Health Services. West Bengal, Calcutta. The Director of Health Services, West Bengal will be deemed to be the final authority to decide whether the charges on account of accommodation and other expenses recovered from a Central Government employee in such a hospital are reasonable and suited to the status of the Government servant concerned. The same procedure may be adopted in the case of hospital in respect of which the Schedules of Charges have been published by the Government of India but such Schedules have undergone changes, till such charges are communicated to all concerned by the Government of India Ministry of Health.

(b) in cases where artificial appliances have to be purchased (*e.g.*, for diseases like polio, T.B. etc. or in cases requiring surgical operations etc.) reimbursement of expenses incurred in connection with the procurement of such artificial appliances (*e.g.* travelling expenses, hospitalization charges etc. if any) including the actual cost of the appliance, may, where necessary and justified, be allowed by the Ministries/Heads of Departments, in consultation with the Ministry of Health direct. Such cases need not be referred to the Ministry of Finance.

8. The powers referred to in these orders shall not be exercised by the Heads of the Departments in their own cases. In such cases sanction of the higher authority should be obtained.

9. These order also apply to the Central Government employees who are beneficiaries of the Contributory Health Service Scheme *mutatis mutandis*.

10. Pending cases may be decided in the light of these orders.

11. In their application to persons serving in the Indian Audit and Accounts Departments, these orders issue after consultation with the Comptroller and Auditor General of India.

Copy of DP&AR Letter No. 11023/5/75-AIS(III), dated 19-1-1976).

I am directed to refer to the Ministry of Home Affairs letter No. 8/8/66-AIS (III), dated 14th July, 1966 and to forward herewith a copy of a Ministry of Finance O.M. No. F-26(10)-EV(B)/74 dated 16th July, 1974. It is requested that the State Government may adopt the orders contained therein in respect of members of the All India Services working under them.

Copy of Min. of Finance (Exp.) O.M. 26(10)EV-B/79 of 16-7-1974

The question of reimbursement of indoor medical treatment in private hospitals was raised by the staff in the National Council of the J.C.M. and on the basis of the decision taken in the National Council, the President is pleased to decide that in partial modification of the orders contained in Finance Ministry's Office Memorandum No. F21(2)-EV-B/62 dated 17-4-1963 the ceiling of Rs. 100 up to which Ministries/heads of department were at present delegated powers for sanctioning reimbursement in each case where treatment was received in private hospitals as a result of serious accidents or on the advice of the authorised medical attendants mentioned therein, would be raised to Rs. 250 where Ministries and heads of departments consider claims in respect of the employees of their subordinate and lower formations. In other cases as at present, the claims in respect of reimbursement for treatment in private hospitals would be examined on merits by the Ministry of Health.

2. The other conditions mentioned in the Ministry's Office Memorandum No. F.49 (15)/59 dated 21-5--1959, and Office Memorandum No. F.21(12)-EV(B)/62 dated 17-4-1963 will, however, continue to be observed.

3. In their application to the persons serving in the Indian Audit and Accounts Departments these orders issue after consultation with Comptroller and Auditor General of India.

Copy of DP & AR Letter No. 11023/16/76-AIS (III), dated 14-12-1977.

I am directed to enclose a copy of the Ministry of Finance (Department of Expenditure) Office Memorandum No. 22(3)-EV(B)/76, dated 18-6-1876 regarding reimbursement of the cost of Heart Pace Maker and its replacement. In accordance with these orders, the reimbursement of the cost of Heart Pace Maker and the replacement of its pulse generator has been brought within the purview of the delegated powers in terms of their Office Memorandum No. F.21(2)-EV(B)/62, dated 17-4-1963.

2. Attention in this connection is invited to the Ministry of Home Affairs Letter No. 8/8/66/AIS (III), dated 14-7-1966 (copy enclosed with its enclosures) under which the instructions contained in the Ministry of Finance (Department of Expenditure) O.M. dated 17-4-1963 were adopted in respect of All India Services Officers serving in connection with the Affairs of the State, directing further that powers allowing refund in such cases may be delegated to the Heads of Departments under the State Government.

3. It has also been decided that the orders contained in the Ministry of Finance (Department of Expenditure) O.M. No. F.22(3)-EV(B)/76, dated 18-6-1976 may also be adopted in respect of All India Services and the powers of reimbursement of the cost of Heart Pace Maker and the replacement of its pulse generator may also be delegated to the Heads of Departments of the State Government. The initial supply of the Heart Pace Maker as well as the replacement of the pulse generator will in all cases be made only on the recommendation of the Department of Health of the State concerned.

4. Wherever the supply is approved by the Department of Health of the State concerned, the administrative authority would make payment direct to the supplying agency and not direct to the member of the All India Service concerned.

5. These orders also apply to the members of the All India Services serving in connection with the affairs of the Union and who are beneficiaries of Central Government Health Scheme.

Copy of Ministry of Finance (Exp.) O.M. No. F,22(3)-EV(B), dated 18-6-1976.

1. The undersigned is directed to say that a question has been raised whether the reimbursement of the expenses incurred on the purchase of Heart Pace Maker or its replacement is covered by the powers delegated to Ministries/Heads of Department in terms of para 7(b) of this Ministry's Office Memorandum No. F.21(2)-EV(B)/62, dated 17-4-1963. The matter has been considered carefully and the President has been pleased to decide that the reimbursement of the cost of Heart Pace Maker and the replacement of its pulse generator should also be brought within the purview of the delegated powers in terms of the above mentioned para 7(b). But the initial supply of the Heart Pace Maker as well as the replacement of the pulse generator will in all cases be made only on the recommendation of the Director General of Health Services cannot as a matter of course.

2. Wherever the supply is approved by DGHS, the administrative authority would make the payment direct to the supplying agency and not direct to the Government servant concerned.

3. The orders also apply to Central Government employees who are beneficiaries of Central Government Health Scheme.

4. Insofar as persons serving in the India Audit and Accounts Department are concerned, these orders have been issued after consultation with the Comptroller and Auditor General of India.

5. A question was raised as to who would be the sanctioning authority for allowing medical re-reimbursement of Rs. 250 and Rs. 500 to members of the All India Services serving at the headquarters of the State Governments and those serving at places outside the State Government Headquarters. The matter has been considered in consultation with the Ministry of Finance and the position is clarified as under :—

(i) in respect of All India Services officers serving at the headquarters in the Ministries/Department of the State Governments *viz.*, State Government's Capital such as Bombay, Calcutta, Lucknow etc., the Heads of Department *viz.*, Secretary, Special Secretary, Chairman, Board of Revenue, Commissioner and other officers of equivalent status who are Heads of the Ministries/Departments would be empowered to sanction amounts upto Rs. 250 in each case; and

(ii) in respect of members of the All India Services serving outside the State Government's headquarters *viz.* outside the capital of the State Governments heads of Departments *viz.*, Secretary Special Secretary, Chairman, Board of Revenue, Commissioner and Secretary and other officers of equivalent status who are Heads of Ministries/Departments would be empowered to sanction amounts upto Rs. 500 in each case.

2. DP & AR Letter No. 11023/5/76-AIS (III), dated 19-8-1976—In case the amounts mentioned at (i) and (ii) above are exceeded, the matter shall be decided by the cadre authority (*e.g.* Appointment Department, Departments

of Personnel etc.) in consultation with the Health Department of the State Government concerned. (This disposes Government of Rajasthan Letter No. 3/8/(1)/Apptts. (A)-1/68, dated 13-3-1976).

Copy of DP AR Letter No. 11023/14/78-AIS (III), dated 6-1-1979.

1. I am directed to enclose a copy of the Ministry of Finance (Department of Expenditure) O.M. No. F. 23 (5)-EV (B)/77 dated 18-9-1978, regarding the reimbursement of the cost of replacement of diseased heart Valves. In accordance with these orders, the reimbursement of the cost of heart Valve, has been brought within the purview of the delegated powers in terms of their earlier O.M. No. F 21(2) EV (B)/62 dated 17-4-1963, a copy of which is attached to this Department's Letter No. 11023/16/AIS, dated 14-12-1977.

2. It has been decided that the orders contained in the Ministry of Finance O.M. No. F 23(5)-EV (B)/77 dated 18-9-1978 may be adopted in respect of member of All India Services and the powers of reimbursement of the cost of replacement of diseased heart Valves may be delegated to the Heads of Department of the State Government. The initial supply of the heart Valves will however, in all cases be made only on the recommendation of the Department of Health of the State concerned.

Wherever the supply is approved by the Department of Health of the State concerned, the administrative authority would make payment direct to the supplying agency and not direct to the member of the All India Service, concerned. These orders also apply to the members of the All India Services serving in connection with the affairs of the Union and who are beneficiaries of the Central Government Health Scheme.

Copy of Ministry of Finance (Exp.) O.M. No. F 23 (5) EV (B) 77, dated 18-9-1978

Subject :. Reimbursement of the cost of replacement of diseased Heart Valves—Delegation of powers.

1. The undersigned is directed to say that a question has been raised whether the reimbursement of the cost of the replacement of diseased Heart Valves is covered by the powers delegated to the Ministries/Heads of Departments in terms of para 7 (b) of this Ministry's Office Memorandum No. F 21 (2)-EV(B)/62 dated the 17-4-1965. The matter has been considered carefully and the President has been pleased to decide that the reimbursement of the cost of replacement of diseased Heart Valves should also be brought within the purview of the delegated powers in terms of the above-mentioned para 7(b). The initial supply of the Heart/Valves will, however, in all cases be made only on the recommendation of the Director General of Health Services.

2. Wherever the supply is approved by D.G.H.S. the Administrative authorities would make the payment direct to the supplying agency and not direct to the Government servant concerned.

3. These orders also apply to the Central Government employees who are beneficiaries of Central Government Health Scheme.

4. Insofar as person serving in the Indian Audit and Accounts Department are concerned, these orders have been issued after consultation with the Comptroller and Auditor General of India.

5. Hindi version of this O.M. is enclosed.

Copy of Letter No. 11023/4/76-AIS (III), dated 21-1-1977

1. I am directed to say that in accordance with the Government of India decision No. 13 below Rule 2 of the All India Services (Medical Attendance) Rules, 1954, the State Governments are competent to recognise Unani Ayurvedic Hospitals for the purpose of treatment of All India Services Officers serving in connection with the affairs of the State. The Government of India (Ministry of Health and Family Planning) have issued orders/instructions regarding the procedure to be followed regarding medical treatment under Indian System of Medicine and Homeopathy in respect of General Government servants *vide* their O.M. No. 29-16/71-MA dated 14-9-1972 (copy enclosed).

2. It has been decided that the provisions contained in the Deptt. of Health's O.M. referred to in para 1 above may also be adopted in respect of the members of All India Services.

3. The authorised Medical Attendant in respect of members of the AIS will have the same meaning as mentioned in para 2 (i) (a) of the Ministry of Health and Family Planning O.M. No. 29-16/71-MA, dated 14-9-1972, to in para 1 above, and also under Rule 2 (a) of the AIS (Medical Attendance Rules), 1954.

I am to request that the contents of this Letter may be brought to the notice of the members of the service working under the State Government.

Copy of Deppt. of Health Letter No. 29-16/71-MA, dated 14-9-1972.

Subject.—Central Services (Medical Attendance) Rules, 1944 and orders Recognition of Indian Systems of Medicine and Homeopathy-under the—

1. Reference is invited to this Ministry's Office Memorandum No. 28-26/61-HI, dated the 6-11-1961 reproduced as Government of India decision No. 5 at page 11 of the Compilation of Central Services (Medical Attendance) Rules, 1944 and orders (1964 edition). It was clarified under para 2 that under the Medical Attendance Rules, modern system of medicine only is recognised and other systems of medicines such as Ayurvedic, Unani, or Homoeopathy amount covered by these rules, and that Ayurvedic etc, hospitals are not recognised for the purpose of aforesaid orders even though some of the State Governments have recognised such hospitals for the treatment of their own employees. This decision was based to the policy of Government according to which Allopathic (Modern) scientific medicine should continue to be the basis for the development of the National Health Services in the country. The above mentioned policy decision has recently undergone modification according to which the Union and State Governments have been directed that Allopathic, Indian and Homeopathic Systems of medicine should contribute towards the development of the National Health Services in the country.

2. The question of giving effect to the aforesaid revised policy decision insofar as medical attendance and treatment of Central Government servants and members of their families under the provisions of the Central Services (Medical Attendance) Rules, 1944 have been under the consideration of the Government for some time past. It has been decided as follows :—

(i) Authorised medical attendance for the purposes of these orders within the meaning of Rule 2 of the Central Services (Medical Attendance) Rules, 1944, will means.

(a) In respect of a Government servant who belongs to a Central Service Class I, or whose pay is not less than Rs. 500 per mensem, Class I officers belonging to Ayurveda, Unani, Siddha and Homeopathy Medical Services of the State or Central Government or any other qualified medical officer, appointed by the Government, to attend its officers in the district ;

(b) In respect of a Government servant not belonging to a Central Service, Class I whose pay is less than Rs. 500 per mensem, but more than Rs. 150/- per mensem, a Class II Gazetted Officer of the Department of Indian Medicine or Homoeopathy of a State or Central Government, or any other qualified Medical Officer, appointed by the Government to attend its officers in the station ;

(c) In respect of any other Government servant, the physicians-in charge of Government, Government aided, Municipal and Panchayati dispensaries of Ayurveda, Siddha, Unani and Homoeopathy systems of medicine and/or any other qualified medical officer, similarly appointed.

N.B. : The term 'qualified' would means in the case of Ayurveda, Unani and Siddha, persons processing recognised medical qualifications as included in the II, III and IV Schedules of the Indian Medicines Central Council Act, 1970. As far as Homoeopathy is concerned, it would include the recognised medical qualifications as notified in the II Schedule of the Homoeopathy Central Council Bill, 1971,

(ii) Rates of fees for purposes of re-imbursement.

(a) Class I officers belonging to Ayurveda, Unani, Siddha and Homeopathic Medical Services of the State or Central Government or any other medical officers of equivalent status appointed by the Government.....Rs. 16.

(b) Class II Officers of the Departments of Indian Medicine and Homoeopathy of a State or Central Government or any other medical officer of an equivalent status appointed by the Government .....Rs. 3 :

(c) Others.....Rs. 3.

Provided that in respect of medical officers of the State Governments who are not allowed to receive any payment, no fees would be re-imbursable.

Note.—The fees prescribed in clauses (a) and (b) above will be payable for consultation at the consulting room of the authorised medical attendant or at the residence of the patient.

(iii) List of admissible medicines for purposes of reimbursement : Ayurveda, Siddha, Unani and Homoeopathy.

The list of medicines in these systems approved for purposes of reimbursement with indication of maximum prices against each medicine is given in Annexure I. Is this Annexure, lists of medicines have been drawn up in three categories *viz.*

(a) Costly medicines and treatment like panchakarama therapy which may be prescribed only by class I officers or by a doctor of equivalent rank.

(b) General medicines which may be prescribed by all authorised medical and attendants, and

(c) Restricted medicines which may be deemed to be medical tonics having curative properties which may be prescribed only be a Class I and Class II officers or by a doctor of equivalent rank.

The cost of medicines will be re-imbursed on the basis of the prices indicates in the catalogues of the pharmacies concerned. The cost of medicines indicated in Annexure I will however, be applicable in the case of medicines manufactured by private practitioners, who may be nominated as authorised medical attendants for the purpose of these rules.

3. List of approved Pharmacies/Drugaists Ayurveda, Unani, Siddha and Homoeopathy,—Central Government servants should purchase Ayurveda/ Unani/Siddha/Homeopathic medicines prescribed by their Authorised Medical Attendances from the pharmacies or concerns or their authorised dealers indicated in the list attached to Annexure II.

4. With a view to ensure that the incidence of expenditure on medical reimbursement in the Indian Systems of medicine and Homoeopathy does not tend to be unduly heavy it has further been decided that all claims pertaining to restricted and costly medicines and cost on therapy like panchakarama preferred by the Central Government employees in these systems should be required to be countersigned by the State Directors/ Officers-in-charge of Indian Systems of Medicine or Homoeopathy Department of the State/ Administration or Central Government concerned. In cases where no Indian systems of Medicine or Homoeopathy department exist, such claims may be countersigned by the Directors of Health Services of the State concerned or by any other of Indian Systems of Medicine/ Homoeopathy Branch in the Ministry of Health and Family Planning (Department of Health) as may be authorised for the purpose. In other cases, the Controlling authorities will be empowered to dispose of claims as provided in the Central Services (Medical Attendance) Rules in accordance with these orders.

5. These orders will take effect from the 15th October, 1972. These orders are also applicable to Central Government servants and members of their families stationed in or passing through Calcutta.

6. Insofar as persons serving in the Indian Audit and Accounts Departments are concerned, these orders have been issued after consultation with the Comptroller and Auditor General of India.

ANNEXURE I

List of Ayurvedic Medicines for Reimbursement Scheme

(A) Costly Medicines

Sl. No.	Name of Yoga	Quantity	Approx. Price
1	2	3	4
1.	Migramadasava	15 ml	25.20
2.	Sinduradi Lepa	250 gm	20.00
3.	Multadi Mahajana	10 gm	10.00
4.	Svarna Sindurn	0 gm	6.00
5.	Siddha Makradhvaja	3 gm	22.50
6.	Svarna Papati	3 gm	12.00
7.	Mukta Pisti	1 gm	15.00
8.	Mukta Bhasma	1 gm	16.00
9.	Rajata Bhasma	5 gm	8.00
10.	Svarna Bhasma	1 gm	40.00
11.	Kalyana Sundra Rasa	1.50 gm	12.00
12.	Kastuti Bhairava Rasa	3 gm	28.00
13.	Kumarakalyana Rasa	3 gm	30.00
14.	Garbhachintamani Rasa (Brhat)	3 gm	15.00
15.	Ghaturbhuja (with Gold)	3 gm	18.00
16.	Chinromanicchaturmukha Raja	1.50 gm	9.00
17.	87 Chran Navarathara Jamgagnka Rasa	5 gm	40.00
18.	Brhat Kasluri Bhairva Rasa	3 gm	30.00
19.	Brhat Vatachintamani Rasa	3 gm	24.00
20.	Mahalakshmivilasa Rasa	3 gm	8.00
21.	Yogendra Rasa	3 gm	26.00
22.	Ratnagiri Rasa	3 gm	19.00
23.	Rasarja Rasa	3 gm	12.00
24.	Rajamrganka Rasa	3 gm	11.00
25.	Vasantamalati Rasa	3 gm	11.00
26.	Vasantakusumskar Rasa	3 gm	18.00
27.	Svarnabimpati Rasa	3 gm	18.00
28.	Svarnasutashekhera Rasa	10 gm	20.00

1	2	3	4
(B) General Medicines			
1. KASHTAUSHADHA			
		Arishta and Asava	
1.	Abhyarishta	500 gm	4.00
2.	Amrtarishta	500 gm	4.00
3.	Ayaskrti	500 gm	5.00
4.	Arvindasava	500 ml	5.00
5.	Asokarishta	500 ml	4.00
6.		500 ml	4.00
7.	Kanakasava	400 ml	4.50
8.	Kutajarishta	500 ml	4.50
9.	Kumaryasava	500 ml	5.50
10.	Khadirarisht	500 ml	5.00
11.	Chandanasava	500 ml	4.50
12.	Jirakadyarishta	500 ml	5.50
13.	Dashamularishta	500 ml	5.00
14.	Devadarvadyarish	500 ml	5.00
15.	Patrangasava	500 ml	5.50
16.	Parthadyarishta	500 ml	5.00
17.	Pippalyasava	500 ml	4.50
18.	Panamavasava	500 ml	4.50
19.	Balarista	500 ml	4.00
20.	Mustakadyarishta	500 ml	4.00
21.	Wodhrasava	500 ml	4.50
22.	Rohitakarishta	500 ml	4.00
23.	Lohsava	500 ml	5.00
24.	Vasakasava	500 ml	5.00
25.	Vidangarishta	500 ml	5.00
26.	Sarastarishia	500 ml	6.00
27.	Sarivadyasava	500 ml	5.00
ARAKS			
1.	Ajamodarka	500 ml	4.00
2.	Karpuradhyarka	500 ml	—
3.	Jatamamsyurka	500 ml	5.00
4.	Satpusparka	500 ml	4.00

1	2	3	4
AVALEHA AND PAKE			
1.	Agastya Rasayana	500 mg	10.00
2.	Amritabhallatakavaleha	500 mg	10.00
3.	Eladi Modaka	500 mg	10.00
4.	Kantakarvavaleha	500 mg	6.00
5.	Kalyanaka Guda	500 mg	7.50
6.	Kutajavaleha	500 mg	10.00
7.	Kushmanda Rasayana	500 mg	70.50
8.	Guda Pippali	500 mg	10.00
9.	Chinchadi Leham (Laghu)	500 mg	15.00
10.	Chtrake Haritaki	500 mg	10.00
11.	Dantiharitaki	500 mg	10.00
12.	Dashamula Haritaki	500 mg	10.00
13.	Narikela Khanda	500 mg	8.50
14.	Bilwadi Leham	500 mg	11.00
15.	Bharngiguda	500 mg	9.00
16.	Madhusuhi Rasayana (Bhht)	500 mg	14.00
17.	Manibhadra Guda (Yoga)	500 mg	6.00
18.	Vasavaleha	500 mg	10.00
19.	Satavari Cuda	500 mg	12.50
20.	Siva Gutika	500 mg	12.50
21.	Suranavaleh	500 mg	9.00
22.	Sambhagyasunthi Avaleha	500 mg	11.00
23.	Haridrakhanda	500 mg	12.00
24.	Hrdyavirechana Leha	500 mg	10.00
25.	Vasakushmanna Khanda	500 mg	12.50
26.	Prhat Haridra Khanda	500 mg	12.50
KYATHA (Churan/Pravahi)			
1.	Amrottare Kashaya	450 ml/mg	5.00
2.	Ardha Bilvadi Kashaya	450 ml/mg	5.00
3.	Ashtavarga Kashyaya	450 ml/mg	5.00
4.	Argvadhadhi Katha	450 ml/mg	4.00
5.	Gandharvahastadi Kashaya	450 ml/mg	5.00

1	2	3	4
6.	Gojivadi Kayatha	450 ml/mg	5.00
7.	Chinnodhavadi Kashaya	450 ml/mg	5.00
8.	Tripanchamoola Katha	450 ml/mg	5.00
9.	Trayahtyadi Katha	450 ml/mg	5.00
10.	Dashamula Katutraya Kashaya	450 ml/mg	5.00
11.	Dashamula Katha	450 ml/mg	5.00
12.	Pachakoladi Kasamula Kashaya	450 ml/mg	5.00
13.	Darunagargdi Kashaya	450 ml/mg	5.00
14.	Devadaradi Katha	450 ml Rs/ mg	5.00
15.	Drakshndi Katha	450 ml/mg	5.00
16.	Nayopayam Katha	450 ml/mg	5.00
17.	Nimbadi Katha	450 ml/mg	5.00
18.	Nyagrodhadi Katha	450 ml/mg	5.00
19.	Paroladi Katha	450 ml/mg	5.00
20.	Patolamuladi Katha	450 ml/mg	5.00
21.	Panchatikta Katha	450 ml/mg	5.00
22.	Panchavalkadi Katha	450 ml/mg	5.00
23.	Parhadi Katha	450 ml/mg	5.00
24.	Pashanabhedi Katha	450 ml/mg	5.00
25.	Punarnavadi Katha	450 ml/mg	5.00
26.	Punarnavashtaka Katha	450 ml/mg	5.00
27.	Balarjirakad Kashaya	450 ml/mg	5.00
28.	Bharngayadi Kashaya	450 ml/mg	5.00
29.	Manjishrhadi Katha (Maha)	450 ml/mg	5.00
30.	Mustakaranjadi Kashaya	450 ml/mg	5.00
31.	Rasnadi Kashaya	450 ml/mg	5.00
32.	Rasannairandadi Kashaya	450 ml/mg	5.00
33.	Vasagudducyadi Katha	450 ml/mg	5.00
34.	Vidaryadi Katha	450 ml/mg	5.00
35.	Sadanga Katha	450 ml/mg	5.00
36.	Saptasara Kashaya	450 ml/mg	5.00

1	2	3	4
	GUGGULU		
1.	Abhaya Guggulu	50 mg	5.00
2.	Kanchanara Guggulu	50 mg	5.00
3.	Kaishra Guggulu	50 mg	5.00
4.	Ookshuradi Guggulu	50 mg	5.00
5.	Trayodashanga Guggulu	50 mg	5.00
6.	Triphala Guggulu	50 mg	4.00
7.	Panchamrat Loha (Guggulu)	50 mg	5.00
8.	Punarnavadi Guggulu	50 mg	3.00
9.	Yogaraja Guggulu	50 mg	15.00
10.	Yogaraja Guggulu (Maha)	50 mg	20.00
11.	Yogaraja Laksha Guggulu	50 mg	4.00
12.	Varari Guggulu	50 mg	5.00
13.	Saptavimsatika Guggulu	50 mg	5.00
14.	Simhanada	50 mg	4.00
15.	Nava Guggulu	50 mg	4.00
	GHRTAS		
1.	Amrta Bhallatka Ghrta	200 mg	7.00
2.	Ashoka Ghrta	200 mg	7.00
3.	Indukanra Ghrta	200 mg	8.00
4.	Kalyanaka Ghrta	200 mg	7.00
5.	Kalyanaka Ghrta (Maha)	200 mg	8.00
6.	Kasisadi Ghrta	200 mg	12.00
7.	Changeri Ghrta	200 mg	8.00
8.	Jatyadi Ghrta	200 mg	6.00
9.	Tiktaka Ghrta	200 mg	5.00
10.	Tiktaka Ghrta (Maha)	200 mg	800
11.	Triphala Ghrta	200 mg	6.00
12.	Triphala Ghrta (Maha)	200 mg	8.00
13.	Dashamula Ghrta	200 mg	5.00
14.	Dashamula Sastripalaka Ghrta (Jrara)	200 mg	6.00
15.	Dashamulasastripalaka Ghrta (Udara)	200 mg	8.00
16.	Dadimadi Ghrta	200 mg	7.00
17.	Dhanvantara Ghrta	200 mg	9.00

1	2	3	4
18.	Narasimha Ghrta Rasaya	200 mg	6.00
19.	Nirijudi Ghrta	200 mg	7.00
20.	Panchagvya Ghrta (Maha)	200 mg	6.00
21.	Panchagvya Ghrta (Maha)	200 mg	8.00
22.	Panchatikta Guggulu Ghrta	200 mg	5.00
23.	Panchatikta Guggulu Ghrta	200 mg	7.00
24.	Patoladi Ghrta	200 mg	6.50
25.	Phala Ghrta (Brhat)	200 mg	7.50
26.	Phala Ghrta (Brhat)	200 mg	10.00
27.	Lasunadi Ghrta	200 mg	9.00
28.	Vastyamayantaka Ghrta	200 mg	12.00
29.	Vidarpadi Ghrta	200 mg	10.00
30.	Satpala Ghrta	200 mg	10.00
31.	Sarasvata Ghrta	200 mg	10.30
32.	Sukumara Ghrta	200 mg	10.15
	CHURNA YOGA		
1.	Ashwagandhadi Churna	250 mg	5.00
2.	Aeipattikara Churna	260 mg	7.00
3.	Intnppeekana Churna	250 mg	3.00
4.	Eladi Churna	250 mg	3.00
5.	Kapittashtaka Churna	250 gm	3.00
6.	Gangadhara Churna	250 gm	2.40
7.	Chandanadi Churna	250 mg	3.00
8.	Chitrakadi Churna	250 gm	4.00
9.	Jatiphaladi Churna	250 gm	5.00
10.	Talishadi Churna	250 gm	4.25
11.	Triphala Churna	250 gm	3.00
12.	Triphala Churna	250 gm	5.00
13.	Nayika Churna	250 gm	3.00
14.	Narasimha Churna	250 gm	3.50
15.	Narayana Churna	250 gm	3.50
16.	Nibadi Churna	250 gm	4.50
17.	Nvagrodhadi Churna	250 gm	3.00
18.	Penchasakara Churna	250 gm	5.03

1	2	3	4
19.	Pashyanuga Churna	250 gm	5.00
20.	Balachaturbhadrika Churna	250 gm	7.00
21.	Yavanyaei Churna	250 gm	6.00
22.	Naishvanara Churna	250 gm	2.00
23.	Srangyadi Churna	250 gm	3.00
24.	Samudradya Churna	250 gm	5.50
25.	Stipaladi Churna	250 gm	10.50
26.	Sudarshana Churna	250 gm	5.00
27.	Ayadishta Nirechana Churna	250 gm	6.00
28.	Hingavashtaka Churna	250 gm	9.00
29.	Hingvaphadi Churna	250 gm	4.00
30.	Hingvadi Churna	250 gm	5.00
	TAILA YOGAS		
1.	Annu Taila	60 ml	8.00
2.	Arimadadi Taila	50 ml	2.50
3.	Asanabivdi Taila	450 ml	9.00
4.	Kanaka Taila	100 ml	10.00
5.	Kasisadi Taila	50 ml	2.00
6.	Kashtharakshasa Taila	50 ml	1.60
7.	Kottan-cukkadi Taila	450 ml	9.00
8.	Guduchvadi Taila	50 ml	2.50
9.	Gandha Taila	450 ml	7.00
10.	Grahanimihra Taila	250 ml	2.00
11.	Ghalamogra Taila	50 ml	1.50
12.	Chitrakadi Taila	450 ml	9.50
13.	Jatyadi Taila	430 ml	10.00
14.	Jyotishmati Taila	450 ml	12.00
15.	Tungadrumadi Taila	450 ml	12.00
16.	Tuvaraka Taila	450 ml	12.00
17.	Narayana Taila	100 ml	4.50
18.	Nalpamaradi Taila	450 ml	9.00
19.	Nirgundi Taila	50 ml	3.25
20.	Panchaguna Taila	50 ml	3.00
21.	Pinda Taila	450 ml	10.00

1	2	3	4
22.	Pippalyadi Taila	450 ml	11.00
23.	Prasarini Taila	10 ml	5.00
24.	Bala Taila	100 ml	3.50
25.	Bala Guducyadi Taila	200 ml	5.00
26.	Bala Dhatryadi Taila	200 ml	7.00
27.	Balasvagandhalakshad Taila	200 ml	6.50
28.	Balahathadi Taila	200 ml	5.50
29.	Manjishthadi Taila	200 ml	5.50
30.	Madhuyashsad Taila	200 ml	6.50
31.	Marichadi (Braht)	100 ml	3.00
32.	Masha Taila (Braht)	100 ml	6.00
33.	Lakshadi Taila	450 ml	10.00
34.	Lakshadi Taila (Maha)	450 ml	12.00
35.	Vaca Lasunici Taila	450 ml	9.00
36.	Vajraka Taila	450 ml	8.50
37.	Vishagarbha Taila (Laghu)	450 ml	4.00
38.	Vishagarbha Taila (Maha)	100 ml	4.00
39.	Vishatinduka Taila	200 ml	6.50
40.	Shushkamulaka Taila	50 ml	2.00
41.	Shada Bindu Taila	50 ml	2.00
42.	Sahacharadi Taila	450 ml	10.00
43.	Saindhvadi Taila	450 ml	10.00
44.	Saindhavadi Taila (Braht)	50 ml	1.70
45.	Somaraji Taila	50 ml	1.30
46.	Ningutriguma Taila	200 ml	8.50
	DRAVIKA YOGA		
1.	Sankha Drabaka	10 ml	1.50
	LAVANA KSHARA		
1.	Arka Lavana	10 mg.	3.65
2.	Apamarga Kshara	10 gm	0.65
3.	Aboaya Lavana	10 gm	0.65
4.	Avittoladi Bhasma (Kshara)	10 gm	0.65
5.	Kadali Kshara	10 gm	0.65
6.	Kalyana Kshara	10 gm	0.65

1	2	3	4
7.	Narikela Lavana	10 gm	0.65
8.	Pan Viraladi Bhasma (Kshara)	10 gm	0.65
9.	Palasha Kshara	10 gm	0.65
10.	Mulaka Kshara	10 gm	0.65
11.	Yava Kshara	10 gm	0.80
	LEPA YOGA		
1.	Kaccuradi Chuma Lepa	250 gm	15.00
2.	Kalaka Churna Lepa	250 gm	7.00
3.	Grhadhummadi Lepa	250 gm	5.00
4.	Tutthadi Lepa	250 gm	7.00
5.	Dasanga Lepa	250 gm	5.50
6.	Pathyadi Lepa	250 gm	5.00
7.	Ransadi Chuma (Lepa)	250 gm	6.00
8.	Rasnttamadi Lepa	250 gm	10.00
9.	Lepa Goli	5 gm	1.00
10.	Sethaghna Lepa	50 gm	5.00
11.	Saraspadi Pralepa	250 gm	5.00
12.	Darushatklepa	50 gm	5.00
	VATI GUTIKA		
1.	Agnitundi Vati	10 gm	1.30
2.	Ashtaksari Gutika	10 gm	1.30
3.	Eladi Gutika	10 gm	1.00
4.	Kasturyadi Gutika	10 gm	8.00
5.	Kankayana Gutika	10 gm	1.50
6.	Kutajaghana Vati	10 gm	1.50
7.	Khadiradi Gutika (Mukharoga)	10 gm	1.50
8.	Khadiradi Gutika (Kasa)	10 gm	1.50
9.	Gandhaka Vati	10 gm	1.15
10.	Corochanadi Vati	10 gm	8.00
11.	Chandraprabha Vati	10 gm	2.00
12.	Chitrakad Gutika	10 gm	1.00
13.	Gukkuma Tippalayadi Gutika	10 gm	1.00
14.	Dugdha Vati (South)	10 gm	6.00
15.	Dhanwantara Gutika	10 gm	4.00

1	2	3	4
16.	Naga Gutika	10 gm	1.60
17.	Navajivan Vati	10 gm	1.80
18.	Prabhakara Vati	10 gm	3.00
19.	Pranda Gutika	10 gm	1.00
20.	Plihari Vatika	10 gm	1.50
21.	Bilavadi Gutika	10 gm	1.50
22.	Brahmi Vati	10 gm	1.50
23.	Marma Gutika	10 gm	2.00
24.	Marikadi Vati	10 gm	1.00
25.	Mansamitra Vatika	10 gm	8.00
26.	Mukkamukkatwadi Gutika	10 gm	1.50
27.	Mrtasamjivani Gutika	10 gm	2.00
28.	Yakrtashula Vinashini Vatika	10 gm	1.50
29.	Rajahpravartini Vati	10 gm	2.00
30.	Tuvaogadi Vati	10 gm	1.25
31.	Lasundi Vati	10 gm	1.25
32.	Vishammushti Vati	10 gm	1.25
33.	Saptarangi Ghana Vati	10 gm	2.00
34.	Sivagutika (Laghu)	10 gm	3.00
35.	Sankha Vati	25 gm	1.40
36.	Sankha Vati (Maha)	10 gm	1.00
37.	Sankara Vati	10 gm	2.60
38.	Sarpagandha Ghana Vati	10 gm	3.00
39.	Sudarsana Ghana Vati	10 gm	1.50
40.	Sulaharana Yoga	10 gm	0.80
41.	Shlavajrini Vatika	10 gm	1.50
42.	Surana Vataka (Brhat)	10 gm	4.00
43.	Saubhagya Vati	10 gm	1.75
44.	Sanjivani Vati	10 gm	1.20
	VARTI NETRA BINDU		
1.	Elnira Kulambu	10 gm	1.50
2.	Karpuradi Kulambu	10 gm	1.25
3.	Krishnanjana	10 gm	2.50
4.	Chandrodaya Varti	10 gm	1.00

1	2	3	4
5.	Tamradi Gutika	10 gm	1.50
6.	Vimla Varti	10 gm	1.50
7.	Narikeladi Kulambu	10 gm	1.50
	SATVA		
1.	Guduri Satva	25 gm	1.55
	II. RASA YOGA (Kuppipakwa-Rasayana)		
			Group B
1.	Kantavallabha Rasa	10 gm	4.00
2.	Mallasinura	10 gm	2.00
3.	Rasakarpura	10 gm	2.00
4.	Rasa Sindura	3 gm	3.00
5.	Vatagni Kumar Rasa	10 gm	5.00
6.	Samirapannaga Rasa	3 gm	3.00
7.	Svarana Vinga	3 gm	3.00
	PARPATI		
1.	Pancamrta Parpati	3 gm	2.25
2.	Bola Parpati	10 gm	4.00
3.	Raa Parpati	10 gm	4.00
4.	Lauha Parpati	10 gm	5.00
5.	Sveta Parpati	10 gm	0.50
6.	Tamra Parpati	10 gm	4.00
	PISTI		
1.	Akika Pisti	10 gm	2.00
2.	Tranakantamani Pisti	3 gm	3.00
3.	Pravala Pisti	10 gm	5.00
4.	Zaharamohara Pisti	10 gm	2.00
	LAUHA		
1.	Amlapittantaka Lauha	10 gm	2.50
2.	Chandanadi Lauha	10 gm	2.50
3.	Tapyadi Lauha	10 gm	6.00
4.	Dharti Lauha	10 gm	2.00
5.	Pippalayadi Lauha	10 gm	3.00
6.	Putapakya Vismajvrantaka Lauha	5 gm	10.00
7.	Pradarantaka Lauha	10 gm	2.00

1	2	3	4
8.	Gangandi Lauha	10 gm	5.00
9.	Yakradari Lauha	10 gm	1.50
10.	Yakradhari Lauha (Maha)	10 gm	2.50
11.	Rohitaka Lauha	10 gm	2.50
12.	Varunadi Lauha	10 gm	2.00
13.	Nayayasa Lauha	10 gm	3.00
14.	Vidangadi Lauha	10 gm	1.50
15.	Santamarata Lauha	10 gm	2.00
16.	Sarvajvarahara Lauha	10 gm	3.00
17.	Silajatvadi Lauha	10 gm	5.00
18.	Raktapittantaka Lauha	10 gm	3.00
	BHASAMA		
1.	Abharaka Bhasma	10 gm	3.50
		(Ordinary 101 times)	101.00
2.	Kapardika Bhasma	10 gm	1.50
3.	Kasisa Bhasma	10 gm	1.50
4.	Kukkutandetvak Bhasma	5 gm	1.50
5.	Godanti Bhasma	10 gm	1.50
6.	Tankana Bhasma	10 gm	0.50
7.	Tamra Bhasma	5 gm	2.00
8.	Naga Bhasma	10 gm	4.00
9.	Pravala Bhasma	10 gm	5.50
10.	Mandura Bhasma	10 gm	1.25
11.	Mayura Puchcha Bhasma	10 gm	3.00
12.	Muktashukti Bhasma	10 gm	2.00
13.	Yasada Bhasma	10 gm	2.25
14.	Lauh Bhasma	10 gm	3.00
15.	Vanga Bhasma	10 gm	4.00
16.	Vajraksnta Bhasma	3 gm	5.00
17.	Sankha Bhasma	10 gm	1.00
18.	Srnga Bhasma	10 gm	1.50
19.	Svaranamakshika Bhasma	10 gm	2.50
20.	Haritala Bhasma	10 gm	2.00
21.	Rauppamkshika Bhasma	10 gm	3.00

1	2	3	4
	MANDURA		
1.	Punarnava Mandura	10 gm	1.50
2.	Mandura Vataka	10 gm	1.50
3.	Satvari Mandura	10 gm	1.20
4.	Navayash Mandura	10 gm	1.50
	RASA YOGAS		
1.	Amlapittanataka Rasa	10 gm	1.00
2.	Arshakuttara Rasa	10 gm	2.00
3.	Ashvakancuki Rasa	10 gm	1.75
4.	Ananda Bhairava Rasa	10 gm	3.00
5.	Arogyavardhini Gatika	10 gm	3.00
6.	Ichchhabhedi Rasa	10 gm	2.00
7.	Ekangavira Rasa	10 gm	7.00
8.	Karpura Rasa	10 gm	4.80
9.	Gandhaka Rasayana	10 gm	5.00
10.	Kaphaketu Rasa	10 gm	1.30
11.	Krimimudgara Rasa	10 gm	2.00
12.	Ganganasundra Rasa	10 gm	3.00
13.	Garbhapala Rasa	10 gm	3.20
14.	Chaturabhuja Rasa (without goli)	10 gm	3.00
15.	Chaturmukha Rasa	3 gm	10.00
16.	Chandakala Rasa	10 gm	3.00
17.	Chandramorta Rasa	10 gm	2.00
18.	Talakeshwara Rasa	10 gm	3.00
19.	Tribuvanakirit Rasa	10 mg	2.00
20.	Dentobhadaka Dantaka Rasa	10 gm	6.00
21.	Pratapalenkcshvara Rasa	10 gm	3.00
22.	Prabhakra Rasa	10 gm	3.00
23.	Bolabad Rasa	3 gm	9.50
24.	Mahagendhaka Rasa	10 gm	3.50
25.	Mahavaragajarkusa Rasa	10 gm	7.00
26.	Mrtyuniaya Rasa	10 gm	3.00
27.	Rasamanikya	10 gm	3.50
28.	Laghumalinivasanta Rasa	10 gm	3.50

1	2	3	4
29.	Lakshminarayana Rasa	10 gm	6.50
30.	Lakshminarayana Rasa (Naradiya)	10 gm	3.00
31.	Lokanatha Rasa	10 gm	3.00
32.	Vatakulantaka Rasa	10 gm	4.00
33.	Vatagajankusha Rasa	10 gm	3.00
34.	Vatagajankusha Rasa	10 gm	2.00
35.	Varishoshana Rasa	10 gm	8.00
36.	Vedanataka Rasa	10 gm	8.00
37.	Srinrpativallabha Rasa	10 gm	8.00
38.	Shringabhara Rasa	10 gm	3.25
39.	Shrirshula Vajra Rasa	10 gm	2.20
40.	Shvasakuthara Rasa	10 gm	3.00
41.	Siddhapraneshvara Rasa	10 gm	2.40
42.	Suchikabharana Rasa	10 gm	6.00
43.	Sutaghekharar Rasa	10 gm	5.20
44.	Sutikabharana Rasa	33 gm	13.00
45.	Smrtisagasa Rasa	3 gm	5.00
46.	Hidayaranava Rass	3 gm	5.00
47.	Nagarjuna Rasa	3 gm	4.00

LIST OF AYURVEDIC MEDICINES FOR REIMBURSEMENT SCHEME

Sl. No.	Name of Yoga	Quantity	Restricted Medicine Approx Price
1	2	3	4
			Rs. P.
1.	Aswagandhadyarista	500 ml	5.00
2.	Ahiphenasava	30 ml	9.00
3.	Karpurasava	100 ml	7.50
4.	Dashamularishra (Kasturi)	500 ml	6.00
5.	Darhsharishta	500 ml	6.00
6.	Madvikarishta	500 ml	5.00
7.	Aswagandhadi Lehava	500 ml/gm	10.00
8.	Chyavanaprasha	500 gm	8.00

1	2	3	4
9.	Drakshadyahvaleha	500 gm	0.00
10.	Brahmarasayana	500 gm	10.00
11.	Brahmi Rasayana	500 gm	16.00
12.	Mrdvikadi Leha	500 gm	10.00
13.	Amrtaprasha Charta	200 ml	10.00
14.	Chagaladya Charta	200 gm	11.00
15.	Brahmi Ghrta	200 gm	8.00
16.	Dashanasansakara Churna	250 gm	8.30
17.	Bhaskara Lavana Churna	250 gm	6.20
18.	Gomutraharitaki Churna	250 gm	13.00
19.	Bhallataka Rasayana Churna	250 gm	8.00
20.	Kayyonyadi Taila	450 ml	10.00
21.	Karpasasthadi Taila	450 ml	10.00
22.	Kukkurmadi Taila	50 ml	1.00
23.	Dhanvantara Taila (101 times)	50 ml	10.00
24.	Narayana Taila (Maha)	100 ml	6.00
25.	Kakirabhala Taila 25 ml (101 times)	450 ml ordinary	11.00
26.	Chandapabala Kshadi Taila	10 ml	4.00
27.	Dhanvanatara Tai Taila	450 ml	14.00
28.	Nibibharan Taila	450 ml	13.00
29.	Prabhanjana Vimardhana Taila	450 ml	12.00
30.	Bhran Gamalakadi Taila	200 ml	5.00
31.	Bhrngaraja Taila	250 ml	5.00
32.	Lavanga Taila	10 ml	2.02
33.	Makradhvaja	3 gm	3.00
34.	Trivang Bhasma	10 gm	5.00
35.	Brhat Vagasavara Rasa	3 gm	9.80

UNANI MEDICINES (Costly Medicines)

	Name of medicine	Quantity	Price
1.	Habbe-Amber Monya	100 pils	50.00
2.	Kaushta Marwareed	10 gm	120.00
3.	Kushta Tila (Qurs)	20 tab	20.00
4.	Kushta Tila Marwareedi	10 gm	240.00

1	2	3	4
5.	Darsha'sha	60 gm	12.00
6.	Dawaul Misk M'otadll Jawahardar	125 gm	12.00
7.	Jawarsih-e-Zar'ooni Ambari	125 gm	22.00
8.	Khamira Marwareed	125 mg	20.00
9.	Khamira Marwareed Ba Nuskha Kalan	125 gm	31.50
10.	Mufarreh Yaqooti Mo'tadil	125 gm	20.50
11.	Roghan-e-Badiyan	100 ml	20.00
12.	Roghan-e-Qaranfal	100 ml	20.00
13.	Roghan-e-Sandal	100 ml	40.00
14.	Jawahar Mohra	1 gm	8.00

LIST OF UNANI MEDICINES FOR REIMBURSEMENT SCHEME

(General Medicines) ('B')

Sl. No.	Name of the medicine	Quantity	Price
1	2	3	4
			Rs. P.
1.	Banadiqnil Buzoor	100 pills	3.00
2.	Babb-e-A raaraqi	100 pills	2.00
3.	Habb-e-Bawaseer	100 pills	9.00
4.	Habb-e-Bukhar	100 pills	8.00
5.	Habb-e-Dabba Atfal	100 pills	4.00
6.	Habb-e-Eyaraj	Kilo	65.00
7.	Habbe-Hamal	100 pills	15.00
8.	Habb-e-Hilteet	100 pills	2.00
9.	Habb-e-Jund	100 pills	12.00
10.	Habb-e-Jawahar	100 pills	26.00
11.	Habb-e-Jalinoos	100 pills	9.00
12.	Habb-e-Jadwar	100 pills	20.00
13.	Habb-e-Jograj Googal	100 pills	5.00
14.	Habb-e-Kabid Naushadri	100 pills	2.00
15.	Hobb-e-Katha	100 pills	3.00
16.	Habb-e-Khubsul Badeedo	100 pills	2.00
17.	Habb-e-Mudir	100 pills	22.50
18.	Habb-e-Marwareedi	100 pills	15.00
19.	Habb-e-Mubarak	-	-

1	2	3	4
20.	Habb-e-Muqolo	100 pills	1.80
21.	Habb-e	100 pills	9.00
22.	Habb-e-Pachlena	100 pills	2.50
23.	Habb-e-Papita	100 pills	3.00
24.	Habb-e-Pechish	100 pills	15.00
25.	Habb-e-Rall	100 pills	5.00
26.	Habb-e-Rasaut	100 pills	2.50
27.	Habbe-e-Shaheeqa	100 pills	7.50
28.	Habb-e-Shifa	100 pills	1.50
29.	Habb-e-Siyah Chashm	100 pills	7.50
30.	Habb-e-Suranjan	100 pills	4.00
31.	Habb-e-Surfa	100 pills	2.15
32.	Habb-e-Surkh Chashm	100 pills	10.00
33.	Habbe-e-Tinkar	100 pills	2.50
34.	Habbe-e Tursh Mushtahi	100 pills	5.80
35.	Habbe-e-Zahar Mohra	100 pills	4.00
36.	Qurs-e Aksir Falij-o-Laqwa	100 tab	6.00
37.	Qurs-e-Deedan	100 tab	6.00
38.	Qurs-e-Ghafls	100 tab	3.00
39.	Qurs-e-Gulnar	100 tab	3.00
40.	Qurs-e-Habis	100 tab	6.00
41.	Qurs-e-Kafoo	100 tab	5.00
42.	Qurs-e-Kalunja	100 tab	2.00
43.	Qurs-e-Kahruba	100 tab	8.00
44.	Qurs-e-Maltibasant	100 tab	7.50
45.	Qurs-e-Mulayaon	100 tab	12.00
46.	Qurs-e-Musakkin	100 tab	6.00
47.	Qurs-e-Musallas	100 tab	37.50
46.	Qurs-e-Salajeet	100 tab	8.50
49.	Qurs-e-Qure Satra	100 tab	3.00
50.	Qurs-e-Tabasheer Qabiz	100 tab	2.50
51.	Qurs-e-Tabasheer Mulayyam	100 tab	3.00
52.	Qurs-e-Tutiya-e-Kabir	100 tab	12.50
53.	Qurs-e-Zarishk	100 tab	4.00
54.	Qurs-e-Ziabitus	100 tab	2.00

1	2	3	4
	JOHAR		
1.	Johar-e-Munaqqa	1 gm	2.00
2.	Johar Seen	1 gm	1.00
	KOHAL		
1.	Kohal Bayaz	10 gm	1.00
2.	Kahal Chikni Dawa	10 gm	2.00
3.	Kahal Mul-e-Kunjad	10 gm	2.50
4.	Kohal-ul-Jawahar	10 gm	10.00
	MARHAM		
1.	Marham Baqoon	100 gm	1.80
2.	Marham Dakhliyun	100 gm	2.00
3.	Marham Jadwar	100 gm	3.50
4.	Marham Kafoori	100 gm	3.50
5.	Marham Mozu	100 gm	1.80
6.	Marham Quba	100 gm	10.00
7.	Marham Raal	100 gm	4.00
8.	Marham Sa-eeda Chob-e-Neem Wala	100 gm	3.50
9.	Marham Ushaq	100 gm	2.25
10.	Qairooti Arad-e-Karsana	100 gm	3.50
11.	Zimad Jalinoos	100 gm	2.50
12.	Zimad Bars	100 gm	2.50
13.	Zimad Kibreet	100 gm	2.00
14.	Zimad Sumbul-ut-Teeb	100 gm	2.50
	KUSHTAJAT		
1.	Kushta Abrak Kalan	10 gm	2.00
2.	Kushta Abrak Siyah	10 gm	2.00
3.	Kushta Abrak Sufeed	100 gm	1.00
4.	Kushta Aqeeq	10 gm	2.25
5.	Kushta Baiza Mrugh	10 gm	1.00
6.	Kushta Bussud	10 gm	1.00
7.	Kushta Faulad	10 gm	5.00
8.	Kushta Fanlad Sard	10 gm	4.00
9.	Kushta Goadanti	10 gm	1.00
10.	Kushta Hartal Waraqu	10 gm	2.00

1	2	3	4
11.	Kushta Hajrul Yabood	10 gm	2.00
12.	Kushta Jast	10 gm	1.00
13.	Kushta Khabsul Hadeed	10 gm	1.00
14.	Kushta Khar Mohra	10 gm	1.00
15.	Kushta Marjan Jawaharawala	10 gm	25.00
16.	Kushta Marjan	10 gm	2.00
17.	Kushta Mirgangm	10 gm	5.00
18.	Kushta Musallas	10 gm	8.00
19.	Kushta Nugra	10 gm	20.00
20.	Kushta Para	10 gm	10.00
21.	Kushta Qalai	10 t	1.00
22.	Kushta Qamul Iyyal	10 t	2.50
23.	Kushta Sadaf	10 gm	2.50
24.	Kushta Sang-e-Sar-e-Mahi	10 gm	8.00
25.	Kushta Sankh	10 gm	10.00
26.	Kushta Shingruf	10 gm	12.00
27.	Kushta Surb	10 gm	2.50
28.	Kushta Tootiya	10 gm	2.50
29.	Kushta Yashab	10 gm	2.00
30.	Kushta Yaqoot	10 gm	3.00
31.	Kushta Zhar Mohra	10 gm	3.00
32.	Kushta Zamarud	10 gm	15.00
	MAJOON		
1.	Anoshdaru Sada	125 gm	1.60
2.	Anoshdaru Lulvi	125 gm	9.00
3.	Dabeedul Ward	125 gm	6.50
4.	Dawaul Kurkum Kabir	125 gm	10.00
5.	Dawaul Misk Har Sada	125 gm	10.00
6.	Dawaul Misk Moitadil Sada	125 gm	4.50
7.	Dayaqooza	125 gm	-
8.	Halwa	250 gm	3.00
9.	Halwa Salab	250 gm	5.00
10.	Halwa Supari Pak	250 gm	5.00
11.	Itrifal-e-Deedan	125 gm	2.00

1	2	3	4
12.	Itrifal-e-Ghudadi	125 gm	4.00
13.	Itrifal-e-Kabir	125 gm	2.50
14.	Itrifal-e-Kishneezi	125 gm	2.00
15.	Itrifal-e-Mulayyan	125 gm	3.25
16.	Itrifal-e-Muq	125 gm	2.50
17.	Itrifal-e-Sagheer	125 gm	2.00
18.	Itrifal-e-Sahtra	125 gm	2.50
19.	Itrifal-e-Ustukhuddus	125 gm	5.50
20.	Itrifal-e-Zamani	125 gm	4.75
21.	Jawarish Amla Sada	125 gm	2.75
22.	Jawarish-e-Anarain	125 gm	3.50
23.	Jawarish-e-Bishasa	125 gm	3.25
24.	Jawarish-e-Falafili	125 gm	3.50
25.	Jawarish-e-Jalinoos	125 gm	12.50
26.	Jawarish-e-Kamooni	125 gm	3.00
27.	Jawarish-e-Kamooni Kabir	152 gm	3.50
28.	Jawarish-e-Kamooni Mushil	125 gm	2.75
29.	Jawarish-e-Mastagi	125 gm	4.30
30.	Jawarish-e-Mastagi Ba	125 gm	6.50
31.	Nuskha Kalan	-	-
32.	Jawarish-e-Oood-e-Shireen	125 gm	5.25
33.	Jawarish-e-Ood Trush	125 gm	3.50
34.	Jowarish-e-Podina	125 gm	2.50
35.	Jawarish-e-Qurtum	125 gm	3.25
36.	Jawarish-e-Safarjali Mushil	125 gm	4.00
37.	Jawarish-e-Sahhi	125 gm	4.50
38.	Jawarish-e-Shahikswan	125 gm	3.00
39.	Jawarish-e-Tamar-Hindi	125 gm	1.75
40.	Jawarish-e-Zanjabeel	125 gm	3.75
41.	Jawarish-e-Zareedbni Sada	125 gm	10.25
42.	Khamira Abresham Sada	125 gm	3.50
43.	Khamira Abresham 'Ood Mastagi Wala	125 gm	10.50
44.	Kharira Abreshm Sheera 'Unnabwala'	125 gm	3.50
45.	Khamira Gaozahan Ambari	125 gm	4.00

1	2	3	4
46.	Kharira Gozahan 'Amari Jawaharwala'	125 gm	4.00
47.	Khamira Gaozahan 'Ambari Jadwar 1Ood-e-Saleeb Wala'	125 gm	2.75
48.	Khamira Gaozahan Sada	125 gm	2.50
49.	Khamira Khash-Kahash	125 gm	1.50
50.	Khamira Sandal Sada	125 gm	1.50
51.	Laboob-e-Barid	125 gm	2.00
52.	La'ooq-e-Behdana	125 gm	1.25
53.	La' ooq-e-Katan	125 gm	1.75
54.	La'ooq-e-Nazli	125 gm	1.75
55.	La'ooq-e-Motadil	125 gm	-
56.	La'ooq-e-Sipistan	125 gm	2.25
57.	La'ooq-e-Khayarshambar	125 gm	2.00
58.	Laooq-e-Zeequn-Nafas	125 gm	1.75
59.	Ma'joon-e-Bqrab	125 gm	1.50
60.	Ma'Joon-e-Arad Khurma	125 gm	2.00
61.	Ma'Joon-e-Aspand Sokhtanl	125 gm	3.50
62.	Ma'joon-e-Azaragu	125 gm	7.00
63.	Ma'joon-e-Baladur	125 gm	5.00
64.	Ma'joon-e-Bhamanain	125 gm	5.75
65.	Ma'joon-e-Brahami	125 gm	3.35
66.	Ma'joon-e-Bussud	125 gm	3.50
67.	Ma'joon-e-Chobehini	125 gm	3.50
68.	Ma'joon-e-Falasifa	125 gm	4.00
69.	Ma'joon-e-Fanjnosh	125 gm	3.00
70.	Ma'joon-e-Fatnaji	125 gm	2.25
71.	Ma'joon-e-Hajrul Yahood	125 gm	4.00
72.	Ma'joon-e-Hamal 'Ambari' Alvihani	125 gm	13.50
73.	Ma'joon-e-Jograj Googal	125 gm	2.50
74.	Ma'joon-e-Juzam	125 gm	2.00
75.	Ma'joon-e-Kalan	125 gm	5.00
76.	Ma'joon-e-Kalkalanaj	195 gm	3.00
77.	Ma'joon-e-Koabsul Hadded	125 gm	3.00
78.	Ma'joon-e-Khadar	125 gm	6.50

1	2	3	4
79.	Ma'joon-e-Kundur	195 gm	3.00
80.	Ma'joon-e-Masikul Bol	125 gm	4.00
81.	Ma'joon-e-Mocharas	125 gm	3.00
82.	Ma'joon-e-Mughalliz Jawahar Wali	125 gm	5.50
83.	Ma'joon-e-Muql	125 gm	2.50
83-A.	Ma'joon-e-Najah	125 gm	2.50
84.	Ma'joon-e-Nankhawah	125 gm	3.00
85.	Ma'joon-e-Pambadan	125 gm	4.25
86.	Ma'joon-e-Piyaz	125 gm	4.00
87.	Ma'joon-e-Raahul Momineen	125 gm	4.50
88.	Ma'joon-e-Sa'lab	125 gm	7.50
89.	Ma'joon-e-Sangdana Murgh	125 gm	3.55
90.	Ma'joon-e-Soeag Sonth (Majoon-e-Zaulabal)	125 gm	2.75
91.	Ma'joon-e-Ali Khani	125 gm	5.75
92.	Ma'joon-e-Suranjan	125 gm	3.50
93.	Ma'joon-e-Supari Pak	125 gm	4.00
94.	Ma'joon-e-Talkh	125 gm	4.50
95.	Ma'joon-e-Ushba	125 gm	2.75
96.	Ma'joon-e-Zabeeb	125 gm	3.25
97.	Ma'joon-e-Teewaj	125 gm	5.00
98.	Mufarreh Barid Jahardar	125 gm	8.50
99.	Mufarreh Barid Sada	125 gm	3.50
100.	Mufarreh A'zam	125 gm	12.50
101.	Tiryaqe-Arba	125 gm	5.00
102	Tiryaq-e-Farooq	125 gm	8.00
103.	Tiryaq-e-Nazla	125 gm	2.50
	ROGHANIYAT		
1.	Roghan-e-Ajweyan	100 ml	3.00
2.	Roghan-e-Aqrab	100 ml	2.00
3.	Roghan-e-Babchi	100 ml	1.25
4.	Roghan-e-Babuna	100 ml	1.50
5.	Roghan-e-Banafsa	100 ml	3.00
6.	Roghan-e-Behraza	100 ml	3.00
7.	Roghan-e-Babilawan	100 ml	6.00

1	2	3	4
8.	Roghan-e-Dahtura	100 ml	6.00
9.	Roghan-e-Gul	100 ml	2.00
10.	Roghan-e-Kadu Shireen	100 ml	9.50
11.	Roghan-e-Kafoor	100 ml	4.00
12.	Roghan-e-Kahu	100 gm	3.00
13.	Roghan-e-Kuchia	100 gm	3.00
14.	Roghan-e-Loban	100 gm	3.00
15.	Roghan-e-Malkanngni	100 gm	3.00
16.	Roghan-e-	100 gm	9.00
17.	Roghan-e-Mastagi	100 gm	4.00
18.	Roghan-e-Qust	100 gm	10.00
19.	Roghan-e-Sadab	100 gm	3.50
20.	Roghan-e-Seer	100 gm	2.00
21.	Roghan-e-Shila	100 gm	5.00
22.	Roghan-e-Suranjan	100 gm	3.00
23.	Roghan-e-Surkh	100 gm	4.00
24.	Roghan-e-Turb	100 gm	3.00
25.	Roghan-e-Zift	100 gm	3.00
26.	Roghan-e-Luboob-e-Saha	100 gm	8.00
27.	Roghan-e-Zaitoon	100 gm	6.00
	SUFFOF		
1.	Eyaraj-e-Faiqra	100 gm	10.00
2.	Dawa Deputy Saheb Wali	100 gm	20.00
3.	Namak-e-Jalinoos	600 tb	10.65
4.	Samak-e-Shaikhur Raees	100 gm	15.00
5.	Namak-e-Shaikhur Raees	100 gm	3.50
6.	Sufoof-e-Bars	100 gm	3.50
7.	Sufoof-e-Chutki	100 gm	2.25
8.	Sufoof-e-Habisud Dam	100 gm	6.00
9.	Sufoof-e-Amlah	100 gm	8.00
10.	Sufoof-e-Indrijulab	100 gm	2.25
11.	Sufoof-e-Khsneezi	100 gm	1.20
12.	Sufoof-e-Longa	100 gm	3.30
13.	Sufoof-e-Mehazzil	100 gm	2.25

1	2	3	4
14.	Sufoof-e-Moya	100 gm	2.25
15.	Sufoof-e-Mulayyan	100 gm	2.25
16.	Sufoof-e-Muquiyasa	100 gm	2.25
17.	Sufoof-e-Sailan	100 gm	2.25
18.	Sufoof-e-Surkh	100 gm	1.00
19.	Sufoof-e-Teen	100 gm	2.00
20.	Sufoof-e-Tehal	100 gm	2.00
21.	Zaroof-e-Katha	100 gm	2.25
22.	Zaroor-e-Aula	100 gm	4.00
	SAIYALAT		
1.	'Are-e-' Ahjeeb	10 ml	3.00
2.	Arq-e-Ajwayen	750 ml	2.50
3.	Arq-Ambar	750 ml	6.00
4.	Arq-e-Baniyan	750 ml	2.00
5.	Arq-e-Mushk	750 ml	2.80
6.	Arq-e-Charaita	750 ml	2.80
7.	Arq-e-Gaozaban	750 ml	2.00
8.	Arq-e-Gulnb	750 ml	8.00
9.	Arq-e-Haichi	750 ml	5.00
10.	Arq-e-Keora	750 ml	6.00
11.	Arq-e-Kasni	750 ml	2.70
12.	Arq-e-Mako	750 ml	2.65
13.	Arq-e-Mundi	750 ml	2.30
14.	Arq-e-Murakkab Musaffi-e-Khoon	750 ml	2.75
15.	Arq-e-Pudina	750 ml	2.70
16.	Arq-e-Shahtra	750 ml	2.00
17.	Arq-e-Sheer Murakkar	750 ml	3.30
18.	Arq-e-Ushka	750 ml	3.30
19.	Qutoor-e-Ramad	10.20 ml	1.00
20.	Saayyal-e-Raulad	10.10 ml	2.50
21.	Sayyat Kaloor	10 ml	1.10
	SHARBAT		
1.	Sikanjbeer-e-Buzpori	750 gm	5.20
2.	Sikanjeb-e-Nai	750 gm	—

1	2	3	4
3.	Sharbat-e-E'Jaz	750 gm	5.70
4.	Sharbat-e-Ahmad Shah	750 gm	6.50
5.	Sharbat-e-Anar Tursh	750 gm	5.60
6.	Sharbat-e-Anjbar	750 gm	4.70
7.	Sharbat-e-Arzani	750 gm	6.20
8.	Sharbat-e-Belgiri	750 gm	6.20
9.	Sharbat-e-Banafsha	750 gm	5.20
10.	Sharbat-e-Buzoori Mu'tadil	750 gm	5.20
11.	Sharbat-e-Deenar	750 gm	4.70
12.	Sharbat-e-Faryadras	750 gm	5.20
13.	Sharbat-e-Gudhal	750 gm	5.00
14.	Sharbat-e-Habb-ul-Aas	750 gm	6.20
15.	Sharbat-e-Khash Khash	750 gm	6.80
16.	Sharbat-e-Milofar	750 gm	4.70
17.	Sharbat-e-Sadar	750 gm	5.60
18.	Sharbat-e-Tamar Haindi	750 gm	5.60
19.	Sharbat-e-Toot Sipah	750 gm	5.45
20.	Sharbat-e-Unnab	750 gm	5.20
21.	Sharbat-e-Ustukhuddus	750 gm	6.00
22.	Sharbat-e-Ward Mukarrar	750 gm	6.50
23.	Sharbat-e-Zoofa Murakkab	750 gm	6.60
24.	Sharbat-e-Zoofa Sada	750 gm	6.50
	SHIYAFAT		
1.	Shiyaf-e-Abyaz	100 tab	5.00

LIST OF UNANI MEDICINES FOR REIMBURSEMENT SCHEME (Restricted Medicines) ('C')

Sl. No.	Name of the Medicine	Quantity	Price
1	2	3	4
1.	Habb-e-Ambar	100 pills	20.00
2.	Habb-e-Mumsik	100 pills	26.00
3.	Habb-e-Nishatr	100 pills	35.00
4.	Hubopb-ul-Asra	125 gm	6.50
5.	Luboo-e-H 'zam	125 gm	12.50

1	2	3	4
6.	Luboob-e-Kabir (Khas)	125 gm	8.00
7.	Luboob-e-Mo' ladil	125 gm	2.50
8.	Luboob-e-Sagheer	125 gm	4.50
9.	Ma'joob-e-Jaai	125 gm	16.50
10.	Ma'joon-e-Jalinoos Lulvi	125 gm	15.50
11.	Gulqand Gulab	Kilo	6.00
12.	Murabha Amla	Kilo	4.00
13.	Roghan-e-Amla	100 ml	1.00
14.	Roghan-e-Baiza Murgh	100 ml	5.00
15.	Roghan-e-Chambeli	100 ml	3.00
16.	Roghan-e-Kharateen	100 gm	5.00
17.	Roghan-e-Pista	100 ml	10.50
18.	Tila Almas	One pill	4.00
19.	Tila Surkh	100 gm	11.00
20.	Tila Musakkin	100 gm	8.00
21.	Tila Muskkawal	10 gm	4.00
22.	Tita Urusak	3 gm	3.80
23.	Sunoon-e-Mujalli	100 gm	2.25
24.	Sunoon-e-Tambaku	100 gm	2.25
25.	Sikanjbeen-e-Leemu	per bottle	4.70
26.	Sikanjbeen Sada	per bottle	4.70
27.	Sharbat-e-Anar Shireen	per bottle	5.20

SHIDU MEDICINE FOR REIMBURSEMENT SCHEME

Costly Medicine 'A'

Sl. No.	Name of the Medicine	Quantity	Price
1	2	3	4
	Mathirai		
1.	Gorojani Mathirai	1 gm	1.50
2.	Kasturi Mathirai	1 gm	7.60
3.	Maha Yeladi Kuiikai	1 gm	1.30
4.	Maha Vasantha Kusumakaram	1 gm	2.50

1	2	3	4
	Chenduram		
1.	Kashya Kulanthakan	1 gm	12.20
2.	Purna Chandrodayam	1 gm	3.90
	Barpam		
1.	Muthu Barpam	1 gm	2.60
2.	Thangaa Barpam	1 gm	12.40
	Mezhugu and Kuzhambu		
1.	Jathi Jambera Kazhambu	1 gm	3.50
2.	Mahaveera Mezhugu	1 gm	2.10
3.	Nandi Mezhugu	1 gm	1.70
4.	Nelanjaana Mai	1 gm	2.20
5.	Rasaa Gandi Mezhugu	1 gm	9.50
6.	Vana Mezhugu	1 gm	3.50
	Churnam		
1.	Myliragathi Churnam	125 gms	5.50
2.	Sivathai Churnam	125 gms	5.80
	Rasayanam		
1.	Parangi Rasayanam	125 gms	3.50
2.	Gowri Chitemani	10 gms	3.70
3.	Kadikers Chendruram	2 gm	1.60
4.	Rasa Chenduram	1 gm	0.80
5.	Mandhura Chenduram	10 gms	3.40
6.	Naga Chenduram	10 gms	5.00
7.	Velli Chenduram	1 gm	1.30
8.	Thalaga Chenduram	10 gms	3.00
	Barpam		
1.	Pavala Barpam	2 gms	2.70
2.	Velli Barpam	1 gm	1.30
3.	Thalaga Barpam	10 gms	8.80
	Pathuangam		
1.	Thirumurthi Pathuangam	10 gms	10.00
2.	Parangipattai Pathuangam	10 gms	3.00
	Mezhugu and Kuzhambu		
1.	Agasthiyar Kuzhanmbu	1 gm	1.60
2.	Pancha Sootha Mezhugu	1 gm	3.70
3.	Vizha Kuzhmbu	1 gm	1.40

1	2	3	4
	Churnam		
1.	Elathi Churnam	125 gms	5.90
2.	Inji Churnam	125 gms	2.50
3.	Jeeraka Churnam	125 gms	2.50
4.	Seenthil Churnam	125 gms	3.40
5.	Thalisadhi Churnam	125 gms	3.00
6.	Eladi Churnam (in tablet form)	125 gms	2.80
	Lehyam		
1.	Injil Lehyam	125 gms	3.00
2.	Karisalai Lehyam	125 gms	2.70
3.	Maha Valladhi	125 gms	2.60
4.	Narathai Lehyam	125 gms	2.50
5.	Vepasani Lehyam	125 gms	3.90
	Rasayanam		
1.	Inji Rsayanam	125 gms	2.20
2.	Ganthaka Rasayanam	125 gms	2.30
	Thailam		
1.	Chirattai Thailam	15 M. Lit.	1.10
2.	Kazharehi	195 M. Lit.	3.50
3.	Karappan Thailam	15 M. Lit.	1.10
4.	Sidharthi Thailam	125 M. Lit.	3.30
5.	Nasiroganesa	125 M. Lit.	3.80
6.	Gana Thailam	125 M. Lit.	7.50
	Lalappu Maranthu		
1.	Aya Bingaraja Karpam	125 gms	4.40
2.	Amrttha Vennai	50 gms	1.20
3.	Bhavana Kudukkai	125 gms	4.20
4.	Mehha Rana Ralimbua	15 gms	2.60
5.	Vellai Mezhugu	90 gms	1.20
6.	Venga Cennai	125 M. Lit.	3.20
Karuppu			
1.	Pattu Karuppu	5 gms	3.00
2.	Thalaga Karuppu	5 gms	2.60
Choornam (Ghunai Marunthu)			
1.	Thri Kadugu	125 gms	2.20

1	2	3	4
Kudineer Choornam			
1.	Kaba Jawara	125 gms	2.50
2.	Vasantha Kummakaram	1 gm	1.20
3.	Kowsignar Kuzhambu	1 gm	1.20
4.	Pancha Deeyagni Churuman	125 gms	3.70
5.	Kesari Lehyam	125 gms.	2.40
6.	Arakku Thailam	125 M. Lit.	2.50

RATES OF REIMBURSEMENT INDICATED BY ADVISER (Homoeopathy) for Homeopathy Medicines

A. For a single dose of potentised drug in 5 grain of Sacchrum Lactis

		Rs. Ps.
Upto	30 Potancy	0.20
Upto	200 Potancy	2.25
Upto	1000 Potancy	0.50
Upto	100 M. Potancy	1.50
Upto	50 M. Potancy	2.00
Upto	CM Potancy	2.50

B. Mother Tincture List enclosed as per appendices (a) to (c)

C. External Tropical Ointments

For 15 gm	Rs. 1.50	(Indian Quality)
Mullein Oil 10 cc.	Rs. 3.00	(Indian Quality)
Mullein Oil 10 cc.	Rs. 5.00	(Imported Quality)
Cinsraria 100 cc (Succus)	Rs. 4.00	(Indian Quality)
Cineraria 100 cc (Succus)	Rs. 8.00	(Imported Quality)

D. Homoeopahtic or Biochemic Tablets etc.

(No proprietary name)

For 20 gr.	Rs. 1.50	(Indian Quality)
For 20 gr.	Rs. 4.25	(Imported Quality)

LIST OF HOMEOPATHIC HIGH PRICED MOTHER TINCTURE

For 5 ml Indian amount not to exceed listed below :

Sl. No.	Name of the drug	Price
		Rs. P.
1.	Crocus Sativa	5.00
2.	Drosera rotun	2.50
3.	Ginsong	2.50
4.	Moschus tunquin	5.00

Appendix 'B'

LIST OF HOMOEOPATHIC HIGH PRICED MOTHER TINCTURES

For 5 ml (Imported) amount not to exceed listed below :

Sl. No.	Name of the Drug	Price
		Rs. P.
1.	Arunea Diadema	6.00
2.	Asterias Rub.	6.00
3.	Crocus Sativa	6.00
4.	Doliches Pur	5.00
5.	Justicia Adharoda	6.00
6.	Mephitis	7.25
7.	Micromeria	6.00
8.	Moschus	11.60
9.	Myristica Sebifera	3.50
10.	Vesicaria Com.	3.50
11.	Yohimbinum	3.50

Appendix 'C'

LIST OF HOMOEOPATHIC MEDIUM PRICED MOTHER TINCURES

For 5 ml (Indian) amount not to exceed Rs. 2

Sl. No.	Name of the Drug	Sl. No.	Name of the Drug
1.	Acid citric	28.	Geranium maculatum
2.	Acid Hydrochloric	29.	Guaiacum

3.	Acid Sulphuric	30.	Hydrastic can
4.	Aconite nap	31.	Igntia Amara
5.	Acthus cynapium	32.	Ipecacuanha
6.	Agaricus Musc.	33.	Illicum Anisatum
7.	Alstonia constricta	34.	Jcaranda caroba
8.	Alteris constricta	35.	Mullein Oil
9.	Amyl Nit	36.	Myristics Sebefern
10.	Anantherum mur	37.	Myrtus Communis
11.	Analia recemosa	38.	Nuphar Luteum
12.	Aritium Lappa	39.	Oenanthe Crocata
13.	Argentieum Nit	40.	Pareira brava
14.	Arnica Mout	41.	Passiflora Incarnata
15.	Badiaga	42.	Pinus Lambretana
16.	Balsamum Peru	43.	Resorcin
17.	Bppisia Tintoria	44.	Sanguinaria canaa
18.	Bellis Perennis	45.	Secal Cornutum
19.	Cactus grand	46.	Spigelia anthel
20.	Cina	47.	Tamus communis
21.	Cinner Mr. succus	48.	Terebinthina
22.	Clernatis Erecta	49.	Teucrium mar
23.	Coca	50.	Vaccinium myrt
24.	Collinsonia canadensis	51.	Vesicaria Com
25.	Colocynthis	52.	Uran Nit.
26.	Echinacea Ang	53.	Yohimbinum
27.	Erigeron canadens		

Appendix 'D'

LIST OF HOMOEOPATHIC MEDIUM PRICED MOTHER TINCTURES

For 5 ml. (Imported) amount not to exceed Rs. 2

1.	Acalyph Indie	2.	Acid Nit
3.	Acid Thos	4.	Aesculus Hip
5.	Allium Cepa	6.	Alfalfa
7.	Aloes	8.	Alnus
9.	Aletris Farinosa	10.	Bryonia alba
11.	Oactus grand	12.	Caladium Seg

13.	Carica Papaya	14.	Cedron
15.	Chamomilla	16.	Chelone glab
17.	Colchinum	18.	Drosera rot
19.	Echinacea Aug	20.	Euphrasia
21.	Ficus Rel	22.	Ginseng
23.	Hydrastic can	24.	Ledum Palutre
25.	Mullein Oil	26.	Nuphar Luteum
27.	Nyctanthes	28.	Gccimum can
29.	Oenanthe Crocatta	30.	Pulsatila nig
31.	Resorien	32.	Rhus ven
33.	Sarracenia Purp	34.	Spiranthes
35.	Teucrium mar, ver	36.	Vibunum Prun.

Appendix 'E'

LIST OF HOMOEOPATHIC MEDIUM PRICED MOTHER TINCTURES

For 5 ml. (Imported) amount not to exceed Rs. 1.

1. Acalyphin

All the drugs except included in Annexure (a), (b), (c) and (d).

ANNEXURE I

List of Approved Ayurvedic, Unani and Siddha Pharmacies under the Reimbursement Scheme

1. Hamdard Dwakhana, Lal Kuan, Delhi-6.
2. Aamdam Dwakhana, Lal Kuan, Delhi-6.
3. Sharma Laboratories, Lal Kuan, Delhi-6.
4. Dawakhana Tibbia College, Muslim University, Aligarh.
5. Chi Chi Pharmacy, Rani Talao, Surat.
6. Shri Baidyanath Ayurved Bhawan (P) Ltd., Calcutta.
7. Dabur (Dr. S.K. Burman) Private Ltd., Calcutta and Faridaba.
8. Aphalic Pharmaceutical Limited, Station Road, Ahmednagar.
9. Zandu Pharmaceutical Works Limited, Gokhale Road, South Bombay 25.
10. Ayurveda Reshala, Poona.
11. Sadhana Aushadhalaya (Dacca) (26 B.K. Paul Avenue).
12. Gurukul Kangri Pharmacy, Hardwar, P.O. Gurukul Kangri, District Saharanpur.
13. The Arya Vaidya Pharmacy Limited, Trichy Road, Coimbatore.

14. Indian Medicin Practitioners Cooperative Pharmacy and Stores Limited, Adyar, Madras-20.

15. The Keralvarma Ayurvedic Co-operative Pharmacy Limited, Trichur.

16. Co-operative Drugs Factory, Ranikhet.

17. Dhutapapeswar Industries (P) Limited, Panvel, Maharashtra.

18. Raka Laboratories, Relief Road, Ahmedabad-1.

19. Risikul Ayurvedic Pharmacy, Hardwar.

20. Laksamivilasam Vaidyasala, Trivandrum.

21. Madhava Ayurvedic Pharmacy, Ernakulam (Kerala).

22. Arya Vaidyashala, Kottakkal (Kerala).

23. Dhanvantari Laboratories, Calcutta and Bangalore.

24. Utkal Co-operative Ayurvedic Pharmacy, P.O. Berhampur (Orissa).

25. Navashakti Ayurvedica Pharmacy, Bhusalwal (Maharashtra).

26. Dhanvantari Adurvedic Pharmacy, Katra Baghian, Amritsar.

27. D.A.V. College Pharmacy, Jullundur.

28. Patlad Mahal Ayurvedic Pharmacy, Nadia, Maharashtra.

29. Ayurved Vikas Mandal Pharmacy, Janagadh, Gujarat.

30. Siddha Pharmacy, Tirvantiyur (Tamil Nadu).

31. All State Ayurvedic Pharmacies in various States of India.

32. Any other Pharmacy or Individuals manufacturing medicines for the purpose of their patients notified by the Government of India.

ANNEXURE II

List of Homeopathic Pharmacists

1. M/s. L.R. Bhandari and Sons, Hanging, Bridge, Darya Ganj Chowk, Delhi-6.

2. M/s. Ramakrishna Pharmaceuticals, 2-3-67/125, Beg Anberpet, Hyderabad (Andhra Pradesh).

3. M/s. Father Mullers Charitable Institutions, 17-804, Father Muller Road, Kankandy, Bangalore-3.

4. M/s. St. George's Homeopathic Pharmacy, 16-139-A, Balanatta, Kankandy, Bangalore-2 (Mysore).

5. M/s. Economic Homeo Pharmacy, 89, Netaji Subhas Road, (Ground Floor), Calcutta-1.

6. M/s. Hahnemann Publishing Co. (P) Limited, 169, B.B. Banguly Street, Calcutta-12.

7. M/s. M. Bhattacharya and Company (P) Limited, 73 Netaji Subhas Chandra Road, Calcutta-12.

8. M/s. National Homoeo Laboratory, 100, Acharya Jagdish Bose Road, Calcutta-1.

9. M/s. Sunder Homoeo Sadan, 113, Netaji Subhas Road, Calcutta-1.

FOREIGN PHARMACISTS

1. M/s. Willnar Schiwada (West Germany).

2. M/s. Boerioke and Tage (U.S.A.).

3. M/s. Dr. Madaus and Company (West Germany).

10. Government of India DP & AR No. 11023/14/80-AIS (III) dated 21.7.1981—The Government of India have decided to extend the provisions contained in the Ministry of Health and Family Welfare O.M.No. 14025/31/79 MS. dated 26-9-80 (copy reproduced below) regarding reimbursement of the cost of artificial appliances to the members of the All India Services serving in connection with the affairs of the Union. The State Government have been requested to adopt these orders in respect of the members of the All India Services, serving in connection with the affairs of the State.

Copy of the Letter No. S. 14025/31/79-MS. dated the 26-9-1980, from the Government of India, Ministry of Health & Family Welfare.

The undersigned is directed to invite a reference to para 7(b) of the Ministry of Finance Office Memorandum No. 21 (2)-EV(B)/62, dated 17-4-1963 (copy enclosed) which provides for reimbursement of expenses incurred in connection with the procurement of artificial appliances where necessary and justified to those covered under the CS(MS) Rules, 1944, by the Ministries/ Heads of Department in consultation with the Department of Health. The question of rationalisation and streamlining of the existing procedure involved in the reimbursement of the expenses incurred on artificial appliances, its replacement, repair and adjustment has been under consideration of the Government of India. The question of drawing up a list of such artificial appliances whose cost would be reimbursable to those covered under the CS(MA) Rules, 1944, has also been under consideration of the Government of India and it has now decided as under :—

(1) The list of artificial appliances whose cost would be reimbursable to the government officials and the entitled members of their families covered under the CS(MA) Rules, 1944 is enclosed.

(2) The expenses incurred on the purchase, replacement, repair and adjustment of these appliances may be reimbursed to the government employee when these are certified essential by a specialist in the concerned speciality in the hospitals recognised under the CS (MA) Rules, 1944. The repairs and adjustments where necessitated under advice of the medical specialist should be got done by the Rehabilitation Department of the Medical Colleges and hospitals, Artificial Limb Centre, Pune and such other centre and organisations recognised for this purpose by the Central or State Government. Where, however, under the advice of the Medical specialist the artificial appliance is to be repaired/ adjusted, it has

to be ensured that the cost of repairs/adjustment of appliance is less than the cost of replacement thereof.

2. It has also been decided by the Government to delegate power to all Ministries/Heads of Department to allow reimbursement of expenses incurred on the procurement/adjustment/repairs of these appliances subject to the condition that these have been done when they are certified as essential by a specialist in the concerned specialists in the government/recognised hospitals under the CS(MA) Rules, 1944 and have been purchased/repaired from the Rehabilitation Department of the Medical Colleges and Hospitals, Artificial Limb Centre, Pune and such other centre and organisations recognised for this purpose by the Central or State Government.

3. These orders will, however, not be applicable to the Artificial appliances which are covered under the specific orders of the Government of India *e.g.* Heart Pace Maker and replacement of its Rules generator and cost of replacement of deceased Heart valves *vide* Ministry of Finance O.M. No. 22(3)EV(B)/76, dated 18-6-1976, O.M. No. 22(3)-EV(B)/77, dated 18-9-1978 and Ministry of Health and F.W. No. S-14025/58/78-MS, dated 18-8-1978 (copies enclosed).

4. These orders have been issued in consultation with the Department of Personnel & AR.

LIST OF ARTIFICIAL APPLIANCES ANNEXED TO MEOM. NO. S-14025/31/79-MS, DATED THE 26th SEPTEMBER, 1980

S.No.	Artificial Appliances
1.	Unilateral long leg brace without hip joint.
2.	Hip joint with pelvic band.
3.	Spinal Brace.
4.	Unilateral short leg brace.
5.	Shoe or Boot-Protective or aiding to paralysed or week leg.
6.	Bilateral hip joint with pelvic band/week leg.
7.	Bilateral long leg Brace without hip joint.
8.	Bilateral short leg Brace.
9.	Lumbe sacral or spinal support or Back support.
10.	Taylor's Brace.
11.	Milwaukee Brace.
12.	Mesmaid Splint.
13.	Posterior slab.
14.	Cervical Brace four post.
15.	Rigid Cervical Collar with head extension.
16.	Cervical Collar.
17.	Dynamic Splint (Aluminium).

18. Cock up Splint (plain Aluminium).
19. Cock up Splint (Plastic) or long opponents.
20. Turn Buckle Splint.
21. Nuckle Bender Splint.
22. Anterior Knee Guard Splint.
23. Denis Brown Splint.
24. Congenital Talipus Equino Varos/Valgus Splint.
25. Short Opponents P.V.C. (Plastic).
26. Knee Cage.
27. Long Opponents with M.P. Fl. bar and finger.
28. Extension (Plastic) Dynamic.
29. Boot with C and E heel and arch support.
30. C and E heel.
31. Arch Support.
32. M.T. pad.
33. M.T.E. Raising.
34. T. Strap.
35. Sponte heel.
36. Wedge 1/8".
37. Univarsal raising 1".
38. Foot drop Splint.
39. Below Knee prosthetics (P.T.B. type Prosthetics).
40. A.K. Prosthetics.
41. Aluminium adjustable above knew right splint.
42. Plastic sholder abduction splint.
43. Plaster of Paris or Gypsona cast.
44. Modified Shoes.
45. Below Elbow Prosthesis.
46. Hooks.
47. Cosmetic Hand.
48. Splint for C.D.H.
49. Splint for Elbow.
50. Above Elbow and below elbow Prosthetics.
51. Corset.
52. Wheel Chair.

53. Protective shoes with microceillular rubber without nails of ten with additional gadgets like adjustable springs and rockers.

54. Crutches.

55. Walking iron with Plaster Casts.

56. Capliers.

57. Braces.

58. Artificial limbs.

Copy of the Office Memorandum No. S 14925/58/75 MC, dated 18th August, 1978.

The undersigned is desired to say that representations have been received in this Ministry that in the case of diseases like polio an appliance is fitted to a child which has to be readjusted or replaced periodically as the child grows or the affected part improves. After careful consideration it has now been decided that re-imbursement cost of artificial appliances should be allowed only after three years, for a maximum limit of three times, in respect of an individual, under Central Services (Medical Attendance) Rules, 1944. The reimbursement cost of artificial appliances should be allowed only when these are certified as essential by a specialist in the concerned speciality in the hospitals and these are purchased from Rehabilitation Department of Medical College/Hospitals. Artificial Limbs, Centre, Pune and such other centres and organisations recognised for the purpose.

2 Insofar as persons serving in the Indian Audit and Accounts Departments are concerned, these orders have been issued after consultation with the Comptroller and Auditor General of India.

3. **Govt. of India DP & AR No. 4/11/73-AIS (III), dated 27-9-1975.**—This issues with concurrence of the Ministry of Finance *vide* their U.O.No. 3520/EV(B) 78, dated the 3-7-1978 and will take effect from the date of issue of this memorandum.

In supersesrion of all previous orders on the subject, the Central Government have issued orders to the effect that the list of medicines included in Schedule I & II appended to Central Services (Medical Attendance) Rules, 1944, as amended from time to time, shall be the list of medicines not reimbursable to a member of the All India Service or a member of his/her family under the All India Services (Medical Attendance) Rules, 1954.
