

प रि प त्र

**विषय :** दिल्ली/ NCR से बाहर रहने वाले और क्षेत्रीय कार्यालयों/शाखा कार्यालयों/प्रयोगशालाओं (CL के अलावा) के बीआईएस कर्मचारियों/ पेंशनभोगियों/ पारिवारिक पेंशनभोगियों के लिए नई Out-Patient Treatment (OPD) चिकित्सा नीति।

दिल्ली और आसपास के NCR क्षेत्रों जैसे नोएडा, गुडगांव, गाजियाबाद, फरीदाबाद और साहिबाबाद के बाहर रहने वाले बीआईएस कर्मचारी/ पेंशनभोगी/ पारिवारिक पेंशनभोगी वर्तमान में CGHS, CSMA और AMA चिकित्सा सुविधाओं का लाभ उठा रहे हैं। जबकि दिल्ली/ NCR से बाहर रहने वाले और क्षेत्रीय कार्यालयों/ शाखा कार्यालयों/ प्रयोगशालाओं (CL के अलावा) के बीआईएस कर्मचारी/ पेंशनभोगी/ पारिवारिक पेंशनभोगियों को चिकित्सा सुविधाएं प्राप्त करने में कठिनाइयों का सामना करना पड़ रहा है। इस कारण, उनके लिए बेहतर चिकित्सा सुविधाओं की तलाश करने के लिए एक उच्च स्तरीय समिति का गठन किया गया था।

2. समिति ने अपनी रिपोर्ट प्रस्तुत की और बीआईएस में इसके कार्यान्वयन करने हेतु 06 अगस्त 2024 को आयोजित Executive Committee की 159 वीं बैठक में इसे विधिवत मंजूरी दे दी गई। नई चिकित्सा नीति में दो भाग हैं— Out-Patient Treatment (OPD) और In-Patient Treatment (IPD)। In-Patient Treatment (IPD) की सुविधाओं के विवरण को अंतिम रूप दिया जा रहा है, और इसके कार्यान्वयन के लिए GSD द्वारा यथासमय परिपत्र जारी किया जाएगा।

3. तदनुसार, दिल्ली/NCR से बाहर रहने वाले और क्षेत्रीय कार्यालयों/शाखा कार्यालयों/ प्रयोगशालाओं (CL के अलावा) के बीआईएस कर्मचारियों/ पेंशनभोगियों/ पारिवारिक पेंशनभोगियों हेतु Out-Patient Treatment (OPD) के लिए विधिवत अनुमोदित नई चिकित्सा नीति, बीआईएस में कार्यान्वयन के लिए प्रसारित की जाती है और इसे Annexure-I के रूप में संलग्न किया गया है। OPD की यह नई चिकित्सा नीति दिल्ली/ NCR से बाहर रहने वाले और क्षेत्रीय कार्यालयों/ शाखा कार्यालयों/ प्रयोगशालाओं (CL के अलावा) के बीआईएस सेवारत कर्मचारियों/ पेंशनभोगियों/ पारिवारिक पेंशनभोगियों द्वारा प्राप्त सभी पिछले चिकित्सा सुविधाओं आदेशों को रद्द कर देगी।

4. Out-Patient Treatment (OPD) सुविधा के तहत, सेवारत और सेवानिवृत्त बीआईएस लाभार्थियों के पास हर साल वित्तीय वर्ष के पहले महीने में दो योजनाओं- Scheme A or Scheme B में से किसी एक को चयन करने का विकल्प होगा (Annexure-I में उल्लिखित)। एक बार किसी वित्तीय वर्ष के लिए विकल्प को स्थिर कर दिया जाए तो उसे अगले वित्तीय वर्ष में ही बदला जा सकता है।

5. दिल्ली/ NCR से बाहर रहने वाले और क्षेत्रीय कार्यालयों/ शाखा कार्यालयों/ प्रयोगशालाओं (CL के अलावा) के बीआईएस सेवारत कर्मचारियों के लिए Out-Patient Treatment (OPD) सुविधा का लाभ उठाने के लिए Option Form OPD-(S) for BIS Serving Employees Annexure-II में दिया गया है। दिल्ली/ NCR से बाहर रहने वाले बीआईएस पेंशनभोगियों/ पारिवारिक पेंशनभोगियों के लिए Out-Patient Treatment (OPD) सुविधा का लाभ उठाने हेतु Option Form OPD-(P) for BIS Pensioners/ Family Pensioners Annexure-III में दिया गया है।

6. दिल्ली/ NCR से बाहर रहने वाले और क्षेत्रीय कार्यालयों/ शाखा कार्यालयों/ प्रयोगशालाओं (CL के अलावा) के बीआईएस कर्मचारी/ पेंशनभोगी/ पारिवारिक पेंशनभोगी को Annexure-IV में रखे गए BIS/DGO (486)/2024 dated 07 May 2024 का क्रमांक 1.5 के तहत जारी प्रत्यायोजित शक्तियों के अनुसार Out-Patient Treatment (OPD) के लिए अनुमति प्राप्त करनी होगी।

7. इसके अलावा, Scheme A का विकल्प चयन करने वालों के लिए, दिल्ली/ NCR से बाहर रहने वाले और क्षेत्रीय कार्यालयों/ शाखा कार्यालयों/ प्रयोगशालाओं (CL के अलावा) के बीआईएस सेवारत कर्मचारी को चिकित्सा व्यय की प्रतिपूर्ति के लिए फॉर्म F19 भरना होगा जो Annexure-V में दिया गया है, जबकि दिल्ली/NCR से बाहर रहने वाले बीआईएस पेंशनभोगी/ पारिवारिक पेंशनभोगी चिकित्सा व्यय की प्रतिपूर्ति के लिए फॉर्म MRC (P) for outside Delhi/NCR भरेंगे जो Annexure-VI में दिया गया है। साथ ही, Scheme-B चयन करने वालों के लिए, स्व-प्रमाणन के आधार पर प्रतिपूर्ति का फॉर्म Annexure-VII में दिया गया है।

8. दिल्ली/ NCR से बाहर रहने वाले और क्षेत्रीय कार्यालयों/ शाखा कार्यालयों/ प्रयोगशालाओं (CL के अलावा) सेवानिवृत्त/ पारिवारिक पेंशनभोगी या कर्मचारी जो सेवानिवृत्त होने वाले हैं, उन्हें 5000/- रुपये का एकमुश्त भुगतान करना होगा।

संलग्न: उपरोक्तानुसार

हमारा संदर्भ : स्था-I/29:2/2/(2021)

दिनांक : 19 सितम्बर 2024

परिचालित: बीआईएस इंटरनेट/ बीआईएस वेबसाइट के माध्यम से क्षेत्रीय कार्यालय/ शाखा कार्यालय/ प्रयोगशालाएं (केंद्रीय प्रयोगशाला के अलावा)

नोट: परिपत्र में जहां भी हिन्दी भाषा के माध्यम से किसी प्रकार का संशय उत्पन्न होगा वहाँ पर अंग्रेजी भाषा का परिपत्र मान्य होगा।

शैल अख्तर  
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20/9/24

**परिपत्र / CIRCULAR**

**Subject :** New OUT-PATIENT TREATMENT (OPD) Medical Policy for BIS Employees/ Pensioners /Family Pensioners of ROs/ BOs/ Labs (other than CL) and residing outside Delhi/NCR

BIS Employees/ Pensioners/ Family Pensioners residing outside Delhi and adjoining NCR areas like Noida, Gurgaon, Ghaziabad, Faridabad and Sahibabad are currently availing CGHS, CSMA and AMA Medical Facilities. However, BIS Employees/ Pensioners/ Family Pensioners of ROs/ BOs/ Labs (other than CL) and residing outside Delhi/NCR are facing difficulties in availing medical facilities. Therefore, in order to explore better medical facilities for them, a high level committee was constituted.

2. The Committee submitted its report and it was duly approved in the 159th meeting of Executive Committee held on 06 August 2024, for its implementation in BIS. The New Medical Policy consists of two parts – Out-Patient Treatment (OPD) and In-Patient Treatment (IPD). The details of the In-Patient Treatment (IPD) facilities are under finalization, and circular for its implementation shall be issued by GSD in due course.

3. Accordingly, the duly approved New Medical Policy for Out-Patient Treatment (OPD) for BIS Employees/ Pensioners/ Family Pensioners of ROs/ BOs/ Labs (other than CL) and residing outside Delhi/NCR, for implementation in BIS is hereby circulated and enclosed herewith as **Annexure-I**. This new medical policy for Outdoor treatment will supersede all previous orders on medical facilities availed by the BIS Serving Employees/ Pensioners/ Family Pensioners of ROs/ BOs/ Labs (other than CL) and residing outside Delhi/NCR.

4. Under the Out-Patient Treatment (OPD) facility, Serving and Retired BIS Beneficiaries shall have option to opt either of the two schemes- Scheme A or Scheme B every year in the first month of the financial year (**mentioned in Annexure-I**). Once the option is freezed for the financial year, it can only be changed in the next financial year.

5. **Option Form OPD-(S) for BIS Serving Employees** of ROs/ BOs/ Labs (other than CL) and residing outside Delhi/NCR to avail Out-Patient Treatment (OPD) Facility is placed at **Annexure-II**. **Option Form OPD-(P) for BIS Pensioners/ Family Pensioners** residing outside Delhi/NCR to avail Out-Patient Treatment (OPD) facility is placed at **Annexure III**.

6. BIS Employees/ Pensioners/ Family Pensioners of ROs/ BOs/ Labs (other than CL) and residing outside Delhi/NCR shall obtain permission for Out-Patient Treatment (OPD) as per the delegated powers issued vide Sl. No. 1.5 of BIS/DGO (486)/2024 dated 07 May 2024 is placed at **Annexure IV**.

7. Further, for those **opting Scheme A, BIS Serving Employees** of ROs/ BOs/ Labs (other than CL) and residing outside Delhi/NCR shall fill **Form F19** for reimbursement of the medical expenses is placed at **Annexure V** while **BIS Pensioners/ Family Pensioners** residing outside Delhi/NCR shall fill **Form MRC(P)** for outside Delhi/NCR for reimbursement of the medical expenses is placed at **Annexure VI**. Also, for those **opting Scheme B**, the form for reimbursement on self-certification basis is placed at **Annexure-VII**.

8. Retired/Family Pensioners or Employees of ROs/ BOs/ Labs (other than CL) and residing outside Delhi/NCR who are going to retire shall make a one-time lump-sum payment of Rs.5000/-.

Encl.: As above

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(शोएब अख्तर)  
निदेशक (स्थापना)  
29/09/2024

हमारा संदर्भ : स्था-1/29:2/2/(2021)

दिनांक : 19 सितम्बर 2024

परिचालित : बीआईएस इंटरनेट के माध्यम से क्षेत्रीय कार्यालय/ शाखा कार्यालय/ प्रयोगशालाएँ (केंद्रीय प्रयोगशाला के अलावा)  
Circulated to Regional/ Branch Offices/ Labs (other than CL) through BIS Intranet.

**I) OUT-PATIENT TREATMENT****i) Out-door Treatment:**

a. Serving and Retired BIS Beneficiaries shall have an option to opt either of the schemes, which are mentioned below, Employee will have an option to submit for the desired option every year in the first month of the financial year. Once the option is freeze for the financial year, it can only be change in the next financial year.

**b. Scheme – A**

Serving and Retired employees shall have an option to opt for scheme A in which they are entitled to their entitled annual ceiling as medical reimbursement as mentioned below on submission of bills.

**For Serving Employees:**

| Level         | Annual Ceiling (In INR) |
|---------------|-------------------------|
| Level 1 to 7  | 80000                   |
| Level 8 to 14 | 120000                  |

**For Retired Employees:**

| Level         | Annual Ceiling (In INR) (70% of ceiling of serving employee) |
|---------------|--|
| Level 1 to 7  | 56000  |
| Level 8 to 14 | 84000  |

**c. Scheme B:**

Serving as well as retired employees will have an option to opt for OPD reimbursement (as mentioned below), on self-certification basis, limited to the 80% of the annual ceiling amount mentioned in Scheme A as per their entitlement. This amount is given on quarterly basis on self-certification basis.

**For Serving Employees:**

| Level         | Annual Ceiling (In INR) (80% of Scheme A) |
|---------------|---|
| Level 1 to 7  | 64000                                     |
| Level 8 to 14 | 96000                                     |

**For Retired Employees:**

| Level         | Annual Ceiling (In INR) (80% of Scheme A) |
|---------------|---|
| Level 1 to 7  | 44800                                     |
| Level 8 to 14 | 67200                                     |

- d. Increase of Rs 10000 and Rs 15000 after every three financial years will be carried out** in the OPD ceiling of serving employees of Level 1 to 7 and level 8 to 14 respectively.
- e. Similarly, increase of Rs 8000 and Rs 12000 after every three financial years will be carried out** in the OPD ceiling of retired employees of Level 1 to 7 and level 8 to 14 respectively.
- f.** A total amount of Rs. 20,000/- with an increment of Rs 3000 every three financial year shall be provided for both Dental and Physiotherapy to all BIS officials (both Retired and Serving) who opt for Scheme A or Scheme B **on submission of actual bills**. The said amount shall be in addition to the annual OPD ceiling being provided for both the Schemes for Serving and Retired BIS officials. Once the said amount of Rs. 20,000/- is exhausted by the beneficiaries, no further amount shall be provided and all further expense in respect of dental and Physiotherapy shall be within OPD ceiling only.
- g.** The consultation fee as per actuals / all medicines / vaccination / all tests including packages prescribed by registered medical practitioner/specialist doctor advice shall be admissible within the OPD ceiling including chronic disease expenditure.
- h.** To consider the dependency condition, financial Income limit of the family members from all sources (including pension, temporary increase on pension or stipend etc.) shall be as per CGHS rules. Pension for defining financial ceiling is excluding Dearness allowance.
- i.** It is clarified that retired employees may undergo Health Checkup within their OPD ceiling as defined in Scheme A or Scheme B.
- j.** The claims for reimbursement of medical expenses shall be made within six months.
- k.** It is clarified that BIS beneficiaries may opt for system of medicine as present in CGHS i.e. Allopathy, Homeopathy, Ayurvedic and Unani. Minimum qualification of Medical practitioner will be Bachelor of Medicine and Bachelor of Surgery (MBBS) and Bachelor of Dental Surgery for Allopathy. Bachelor of Homeopathic Medical Sciences for Homeopathy. Bachelor of Ayurvedic Medical Sciences for Ayurvedic and Bachelor of Unani Medical Sciences for Unani system of Medicines. Specialist Doctor shall be Doctor of Medicine or Medical Surgeon and above.
- l.** The BIS beneficiaries shall be allowed to avail the facility of the artificial appliances (in addition to the existing one) such as: Wheel Chair (Non-Motorized). Insulin Pump (Only in cases of Juvenile DM), orthopedic Prosthesis (Non-Motorized) and any other appliances as approved under CGHS provided that the reimbursement of the same would be as per the prevailing CGHS rates or actual whichever is lower. Any amount over and above CGHS rates shall be borne by employees only as per existing guidelines. This shall be over and above OPD limits.

iii. **Pathological Test/Imaging**

- a) All Test/Imaging shall be allowed for reimbursement when the test is done from any NABL accredited labs or CGHS approved labs for all beneficiaries. Reimbursement will be made as per actuals within OPD ceiling.
- b) The followings high cost test shall be reimbursed over and above OPD ceiling and is applicable to both Scheme A and Scheme B:

- I. MRI scans
- II. CT scans
- III. PET scans
- IV. Cancer or Tumor marker tests
- V. Nuclear Medicine Imaging/test
- VI. DEXA scans
- VII. Biopsy (Including CT guided), if done as OPD procedure
- VIII. EEG (Electro-Encephalogram)
- IX. ERCP
- X. Any other single test costing more than Rs. 3000.

iv. **Chronic Disease/Permanent Disability**

There are two categories of chronic diseases as mentioned in lists at Annexure B and C for both serving as well as retired employees.

- a. Chronic disease mentioned in Annexure B/ Permanent Disability of more than 50% (Only Applicable to those Serving and Retired officials who opt for Scheme A, i.e. NOT application to those who opt for Scheme B)

1. For the expenditure incurred towards treatment of chronic diseases mentioned at Annexure-B/ Permanent Disability of more than 50%, and additional 40% of the entitled annual ceiling shall be admissible subject to the conditions that the annual ceiling limit for OPD expense is exhausted during the financial year for both serving and retired employees.
2. Issuance of Chronic Certificate/Permanent Disability certificate, on the recommendation of attending medical consultant.

**b. Chronic/Critical disease mentioned in Annexure C (Applicable to both Serving and Retired Official who has chosen either of the scheme, i.e. either Scheme A or Scheme B)**

To meet the expenditure incurred for the treatment for the critical diseases mentioned in Annexure- C the expenditure so incurred will over and above the annual OPD ceiling limit. In other words, for treatment of diseases mentioned in Annexure-C there shall be 100% reimbursement to both serving and retired employees subject to the issuance of Chronic Certificate.

- c. Chronic Certificate/Permanent Disability certified by any Specialist Doctor (MD/MS & above) including Specialist Doctors of Government Hospital shall be

accepted with respect to the treatment of Chronic diseases mentioned in Annexure B and Annexure C. An undertaking to be submitted by the beneficiary annually along with Chronic certificate format is annexed as Annexure -D

v. **Home Based Treatment:**

a) In case of the following conditions, the home based treatment shall be provided which are out of the purview of OPD ceiling.

I. Coma

II. Head injury resulting into paralysis of all the four limbs causing patient to become bed-ridden.

b) Condition of Home based Treatment

I. Applicable to employee, spouse and dependent children only.

II. It is allowed in situations only where the patient is bed ridden (paralysis of limbs/loss of bowel & bladder control/ feeding through Nasogastric tube etc.), and patient is on parenteral medication/ nutrition.

III. The medicines, injections, syringes/ needles etc. (consumable) will be paid on production of prescription form the attending consultant and purchase vouchers. The items like dressing material, diapers, thermometers, sanitizers, food supplements etc. are not payable.

IV. In case of requirement of nursing care at home – the same will be allowed @ Rs. 25000/- per month or actual whichever is less for metro cities subject to the production of valid letter of agreement between the nursing care agency and the employee. The agreement shall contain the credentials of nursing staff being deputed.

V. In case of other cities, the nursing charges will be allowed as per following rates

**'Y' Class of cities = Rs. 20000/-**

**'Z' Class of cities = Rs. 17500/-**

VI. In case of requirement of physiotherapy services the same will be provided at the prevailing CGHS rates on prescription of the attending consultant.

vi. **Financial Contribution by Retired/Family Pensioners to become member of the scheme:**

a. Retired/Family Pensioners or employees who are going to retire and would like to avail this scheme shall make a one-time lump sum payment of Rs 5000.

b. All Pensioners/Family Pensioners who wish to avail BIS medical benefit scheme have to submit life certificate for themselves and their dependents yearly in the beginning of financial year, i.e. in the month of April.

c. Pensioner may add his/her dependent parents, who are not taking medical facility from any other source, as a part of family for the purpose of availing retired medical benefit scheme subject to meeting the financial condition of dependency of the family member

**vii. Annual Medical Health Check Up for Employees**

- a. The Health package can be availed every year by serving employees which includes the tests as mentioned in Annexure E.
- b. These annual medical health checkups shall be considered over and above annual OPD ceiling and shall be availed from NABL accredited labs or CGHS approved labs.

| Sl. No. | Particulars  | Frequency | Remarks |
|---------|--|-----------|---------|
| 1       | Complete Blood Count (CBC)   | Annually  |         |
| 2       | Hemoglobin (Hb)  | Annually  |         |
| 3       | Hematocrit (Hct)   | Annually  |         |
| 4       | Mean Corpuscular Volume (MCV)  | Annually  |         |
| 5       | Mean Corpuscular Hemoglobin (MCH)  | Annually  |         |
| 6       | Mean Corpuscular Hemoglobin Concentration (MCHC)   | Annually  |         |
| 7       | Red Blood Cell Count (RBC)   | Annually  |         |
| 8       | White Blood Cell Count (WBC)   | Annually  |         |
| 9       | Differential White Blood Cell Count  | Annually  |         |
| 10      | Platelet Count   | Annually  |         |
| 11      | Urinalysis   | Annually  |         |
| 12      | Random Blood Sugar (RBS)   | Annually  |         |
| 13      | Fasting Blood Sugar (FBS)  | Annually  |         |
| 14      | Lipid Profile (Total Cholesterol, HDL, LDL, VLDL)  | Annually  |         |
| 15      | Thyroid Function Test (TFT) (T3, T4, TSH)  | Annually  |         |
| 16      | Electrolytes (Sodium, Potassium, Calcium, Magnesium)   | Annually  |         |
| 17      | Renal Function Test (Creatinine, Urea)   | Annually  |         |
| 18      | Liver Function Test (ALT, AST, ALP, Bilirubin)   | Annually  |         |
| 19      | Prothrombin Time (PT)  | Annually  |         |
| 20      | Partial Thromboplastin Time (PTT)  | Annually  |         |
| 21      | Coagulation Profile  | Annually  |         |
| 22      | ECG  | Annually  |         |
| 23      | Chest X-Ray  | Annually  |         |
| 24      | ECG with ST-T Segment Analysis   | Annually  |         |
| 25      | ECG with Heart Rate and Rhythm Analysis  | Annually  |         |
| 26      | ECG with ST-T Segment Analysis and Heart Rate and Rhythm Analysis  | Annually  |         |
| 27      | ECG with ST-T Segment Analysis, Heart Rate and Rhythm Analysis, and ST-T Segment Analysis  | Annually  |         |
| 28      | ECG with ST-T Segment Analysis, Heart Rate and Rhythm Analysis, ST-T Segment Analysis, and Heart Rate and Rhythm Analysis  | Annually  |         |
| 29      | ECG with ST-T Segment Analysis, Heart Rate and Rhythm Analysis, ST-T Segment Analysis, Heart Rate and Rhythm Analysis, and ST-T Segment Analysis                                 | Annually  |         |
| 30      | ECG with ST-T Segment Analysis, Heart Rate and Rhythm Analysis, ST-T Segment Analysis, Heart Rate and Rhythm Analysis, ST-T Segment Analysis, and Heart Rate and Rhythm Analysis | Annually  |         |

**Annexure A**

| <b>Benefits Applicable to Employee</b>      |  |                    |   |  |
|---|--|--------------------|---|--|
| <b>Coverage</b>                             | <b>Brief Description</b>   | <b>Sum Insured</b> | <b>Sub Limit</b>                              | <b>Sub option</b>  |
| In-patient Hospitalization Expenses Cover   | Hospitalization covered up to Sum Insured  | 2000000.00         | NA  | NA   |
| Day Care Treatment Cover                    | Any Treatment taken under Day Care Covered up to Sum Insured   |                    | NA  | 100% of Sum Insured  |
| Pre-Hospitalization Medical Expenses Cover  | Medical Expenses covered up to 30 Days before date of Hospitalization                                  |                    | NA  | 30 days  |
| Post-Hospitalization Medical Expenses Cover | Medical Expenses covered up to 60 Days after date of Hospitalization (including physiotherapy at home) |                    | NA  | 60 days (including physiotherapy at home at actuals)       |
| Road Ambulance Cover                        | Ambulance charges covered as per actuals   |                    | Rs 10000                                      | NA   |
| Domiciliary Hospitalization Cover           | Medical Expenses towards Domiciliary Hospitalization covered up to Sum Insured                         |                    | Other limits & conditions 100% of Sum Insured | NA   |
| Donor Expenses Cover                        | In-patient Hospitalization Expenses of Donor covered up to Sum Insured                                 |                    | Other limits & conditions 100% of Sum Insured | NA   |
| Implants                                    | Charges of implants as per actuals   |                    | NA  | NA   |
|   | <b>Brief Description</b>   | <b>Sum Insured</b> | <b>Sub Limit</b>                              | <b>Sub option</b>  |
| Maternity Expenses Cover                    | Maternity expenses related to : Normal Delivery, Routine or elective C-                                | 100000.00          | NA  | Normal Delivery<br>Routine or elective C- section delivery |

|   |  |   |    |   |
|---|--|---|----|---|
|   | section delivery,<br>Complicated Pregnancy   |   |    |   |
| Artificial Reproduction Technology  | Treatments like In-vitro Fertilisation (IVF), intrauterine insemination (IUI), etc | 5,00,000  | NA | NA                                      |
| In-patient Hospitalization – Percentage Limit on Room Rent/Amount Limit On Room Rent/Limit on Room Type | Room Rent Up to Single Private Room for Normal & No Capping for ICU                | 1% of the sum insured for private room.<br>2% of the sum insured for ICU.<br>(In %) | NA | Room category up to single Private Room |
| In-patient hospitalization cover for Ayush Treatment  | Ayush Sum Insured-20% of Sum Insured   | 400000.00   | NA | NA                                      |
| Corporate Buffer (At group level)   | Corporate buffer for INR 100000000/-   | 100000000.00  | NA | NA                                      |
| Waiting Period  | Pre-existing disease Waiting Period  | Covered from day 1  |    |   |
| Waiting Period  | Initial Waiting Period for hospitalization   | Covered from day 1  |    |   |
| Waiting Period  | Specified Disease/Procedure Waiting period   | Covered from day 1  |    |   |
| Waiting Period  | Maternity waiting period   | Covered from day 1  |    |   |

## Annexure B

Chronic Diseases as applicable to those who opt for Scheme A. (Both Serving and Retired Officials):

1. Tuberculosis
2. Metabolic Diseases
3. Epilepsy
4. Pemphigus
5. Bronchial Asthma
6. Hepatitis – B
7. Hepatitis – C
8. Nephrotic Syndrome
9. Ulcerative Colitis
10. Aplastic Anemia
11. Chronic Renal Failure
12. Parkinson
13. Hypothyroidism & Myxedema
14. Hyperthyroidism (Thyotoxicosis)
15. Open Angle Glaucoma
16. Retinal Detachment
17. COPD
18. Diabetes
19. Schizophrenia
20. Bronchitis
21. Cystic Fibrosis
22. Sarcoidosis
23. Systemic Hypertension
24. Cardiac Arrhythmias
25. Osteoporosis & All Types of Arthritis
26. Crohn's Disease
27. Muscular Dystrophy
28. Ankylosis Spondylitis etc.
29. SLE
30. Ischemic/Rheumatic Heart Diseases
31. Interstitial Lung Disease (ILD)

### Annexure C

100% Reimbursement is applicable for the following critical/Chronic diseases subject to the issuance of Chronic Certificate for both Serving and Retired BIS official:

1. Kidney Dialysis
2. Thalassemia
3. Cancer
4. Hemophilia
5. Post Organ Transplant Medication
6. Cirrhosis of Liver
7. HIV infection (AIDS)
8. Diabetes Type - I

**Bureau of Indian Standards**  
**Chronic Certificate**

This is to certify this Sh / Smt \_\_\_\_\_ (Name of patient) aged \_\_\_\_\_ Years (Relationship) of Sh / Smt \_\_\_\_\_. Who is working/ has worked (in case or retired employee) as \_\_\_\_\_ (Designation) in Bureau of Indian Standards is suffering from \_\_\_\_\_ disease which is Chronic disease mentioned at serial no \_\_\_\_\_ of Annexure \_\_\_\_\_ of BIS Medical Policy and is under treatment of Doctor (Specialist/MD/MS/Hospital) \_\_\_\_\_ Registration no \_\_\_\_\_ Since \_\_\_\_\_.

Medicine/Drugs/Tests to be included under Chronic Diseases are

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

The above mentioned prescribed medicine are subject to review of patient condition.

Signature of the Doctor: \_\_\_\_\_  
Name of the Doctor:

\_\_\_\_\_ Rubber seal with Regn No:  
\_\_\_\_\_

**Annexure – E**

| <b>Tests admissible for serving BIS employees (once in every year)</b> |
|--|
| Eye (Fundus) Examination   |
| TMT  |
| ECHO   |
| S. Vit – D3 Level  |
| Tonometry  |
| PSA (For Men)  |
| PAP (For Women)  |
| Hemogram   |
| 1. HB%   |
| 2. TLC   |
| 3. DLC : P/L/M/E/B   |
| 4. ESR   |
| 5. Peripheral Smear  |
| Blood Sugar- F/PP  |
| Liver Function Test  |
| Kidney Function Test   |
| Lipid Profile  |
| Cardiac Profile  |
| 1. S. LDH  |
| 2. CK-MD   |
| 3. S.CRP   |
| 4. SGOT  |
| USG – Whole Abdomen  |
| ECG  |
| X-Ray Chest  |
| Mammography  |

**OPTION FORM FOR BIS SERVING EMPLOYEES OF ROs/ BOs/  
LABS (OTHER THAN CL) AND RESIDING OUTSIDE DELHI/NCR  
TO AVAIL OUT-PATIENT TREATMENT (OPD) FACILITIES**

1. Name and Designation of the Employee : .....
2. Emp. No. : .....
3. Place of Posting : .....
4. Basic Pay : .....
5. Present Residential Address : .....
- .....
6. Contact Number : ( M ) ..... ( R ) .....
7. E-mail ID : .....

**8. Option for availing Out-Patient Treatment (OPD) Facility [Please Tick (✓) only one]**  
{Once the option is freezed for the financial year, it can only be changed in the next financial year}

| <b>Under Scheme A <input type="checkbox"/></b>  | <b>Under Scheme B <input type="checkbox"/></b> |                         |              |       |               |        |  |                               |                         |              |       |               |       |
|---|--|-------------------------|--------------|-------|---------------|--------|--|-------------------------------|-------------------------|--------------|-------|---------------|-------|
| Entitled to following annual ceiling as medical reimbursement on submission of bills: <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Level (as per last pay drawn)</th> <th style="width: 70%;">Annual Ceiling (In INR)</th> </tr> </thead> <tbody> <tr> <td>Level 1 to 7</td> <td>80000</td> </tr> <tr> <td>Level 8 to 14</td> <td>120000</td> </tr> </tbody> </table> <p><b>Kindly Note :</b> In cases of Chronic Diseases/ Permanent Disability, additional 40% of the entitled annual ceiling shall be admissible.</p> | Level (as per last pay drawn)                  | Annual Ceiling (In INR) | Level 1 to 7 | 80000 | Level 8 to 14 | 120000 | Entitled to reimbursement on self-certification basis, limited to the 80% of the annual ceiling amount mentioned in Scheme A. This amount is given on quarterly basis on self-certification basis. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Level (as per last pay drawn)</th> <th style="width: 70%;">Annual Ceiling (In INR)</th> </tr> </thead> <tbody> <tr> <td>Level 1 to 7</td> <td>64000</td> </tr> <tr> <td>Level 8 to 14</td> <td>96000</td> </tr> </tbody> </table> | Level (as per last pay drawn) | Annual Ceiling (In INR) | Level 1 to 7 | 64000 | Level 8 to 14 | 96000 |
| Level (as per last pay drawn)   | Annual Ceiling (In INR)                        |                         |              |       |               |        |  |                               |                         |              |       |               |       |
| Level 1 to 7  | 80000  |                         |              |       |               |        |  |                               |                         |              |       |               |       |
| Level 8 to 14   | 120000   |                         |              |       |               |        |  |                               |                         |              |       |               |       |
| Level (as per last pay drawn)   | Annual Ceiling (In INR)                        |                         |              |       |               |        |  |                               |                         |              |       |               |       |
| Level 1 to 7  | 64000  |                         |              |       |               |        |  |                               |                         |              |       |               |       |
| Level 8 to 14   | 96000  |                         |              |       |               |        |  |                               |                         |              |       |               |       |

9. Scheme availed for the Financial Year : 1 Apr 20 \_\_ \_\_ to 31 Mar 20 \_\_ \_\_

10. Is spouse of the employee availing medical facilities from local bodies/private organizations? YES/NO

**11. Details of Dependent Family Members :**

| S. No. | Name of Family Member | Relationship | Date of Birth |
|--------|-----------------------|--------------|---------------|
|        |                       | Self         |               |
|        |                       |              |               |
|        |                       |              |               |
|        |                       |              |               |
|        |                       |              |               |
|        |                       |              |               |
|        |                       |              |               |

12. Are all the persons whose names are given above are dependent upon you and are residing with you? YES / NO

Indicate Otherwise : .....

.....

**13. Encl. [Please Tick (✓) as applicable]**

- Self-attested copy of Identity Card (Mandatory)
- Self-attested copies of Proof of Identity of each dependent (Mandatory)
- Self-attested life certificate of self and each dependent (Mandatory)
- Self-attested copies of Disability certificate
- Any other document (please specify) : \_\_\_\_\_

**Signature of Applicant**

.....

**DECLARATION**

I hereby declare that :

- i. the statements made above are true and that the person included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same;
- ii. I undertake to intimate to BIS Authority if there is any change in dependency criteria of my family members included in this form;
- iii. the particulars of dependent family members of my family as given are correct and nothing has been concealed. If any information is found wrong/false at any stage, I shall be held liable for the same and I shall also be liable for any action, as per rule.

**Dated :**

**Signature of Applicant**

.....

**FOR OFFICIAL USE**

The information furnished by the applicant has been verified and found to be correct.

**Dated :**

**Signature of Authorized Officer (With Stamp)**

.....

**IMPORTANT**

- I. A copy of the current address proof of residence/affidavit (in case of change in address) should be attached.
- II. Please attach Proof of Identity of each member of Family (including self) whose names are proposed to be included as part of your family. Proof of identity can include Aadhar Card/ e-Aadhar Card with Photograph/ PAN Card/ Passport/ Permanent Driving License/ Voter's Card with Photograph/ Bank Passbook with Photograph/ Photo Identity proof issued by a Gazetted Officer on official letterhead/ Photo Identity proof issued by a People's Representative on official letter head/ Valid recent Identity Card issued by a recognized College, University/ Employee ID/ Bar Council Identity Card with Photograph.
- III. **Definition of Family:**
- a) Husband/ Wife\* (\* First wife only)
  - b) Dependant Parents/ Step Mother (in case of adoption, only adoptive & not real parents)
  - c) If adoptive father has more than one wife, the first wife only.
  - d) A female employee has a choice to include either her dependent parents or her dependent parents – in law.
  - e) **Children** including legally adopted children, step children and children taken as wards subject to the following conditions:

|       |   |   |
|-------|---|---|
| (i)   | Son   | Till he starts earning or attains the age of 25 years, whichever is earlier.                      |
| (ii)  | Daughter  | Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier. |
| (iii) | Son Suffering from any permanent disability of any kind (physical or mental) as defined below   | Irrespective of age limit.  |
| (iv)  | Dependent divorced/ abandoned or separated from their husband/ widowed daughters and dependent unmarried/ divorced abandoned or separated from their husband/ widowed sisters | Irrespective of age limit.  |
| (v)   | Dependent Minor brother(s)  | Upto the age of becoming a major.   |

- IV. For the purpose of availing OPD facilities for a disabled son above 25 years, please attach a copy of the certificate of disability issued by the competent authority.
- V. **'Disability'** will be AS DEFINED IN SECTION 2(1) OF 'THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996)' WHICH IS REPRODUCED BELOW:
- "(1) 'DISABILITY' MEANS
- (I) BLINDNESS
  - (II) LOW VISION
  - (III) LEPROCY CURED
  - (IV) HEARING IMPAIRMENT
  - (V) LOCOMOTOTR DISABILITY
  - (VI) MENTAL RETARDATION
  - (VII) MENTAL ILLNESS"

- VI. **Dependency:**  
**Members of family (other than spouse) whose income is less than Rs.9000/- per month are treated as dependents and are normally residing with the beneficiary.**

**OPTION FORM FOR BIS PENSIONERS/ FAMILY PENSIONERS  
RESIDING OUTSIDE DELHI/NCR TO AVAIL OUT-PATIENT TREATMENT (OPD) FACILITY**

1. Name and Designation of the Pensioner : .....
2. PPO No. : .....
3. Year of Superannuation : .....
4. Basic Pension : .....
5. Present Residential Address : .....
- .....
6. Contact Number : ( M ) ..... ( R ) .....
7. E-mail ID : .....

**8. Option for availing Out-Patient Treatment (OPD) facility [Please Tick (✓) only one]**  
{Once the option is frozen for the financial year, it can only be changed in the next financial year}

| <b>Under Scheme A <input type="checkbox"/></b>  |                                | <b>Under Scheme B <input type="checkbox"/></b>   |                                |
|---|--------------------------------|--|--------------------------------|
| Entitled to following annual ceiling as medical reimbursement on submission of bills:   |                                | Entitled to reimbursement on self-certification basis, limited to the 80% of the annual ceiling amount mentioned in Scheme A. This amount is given on quarterly basis on self-certification basis. |                                |
| <b>Level (as per last pay drawn)</b>  | <b>Annual Ceiling (In INR)</b> | <b>Level (as per last pay drawn)</b>   | <b>Annual Ceiling (In INR)</b> |
| Level 1 to 7  | 56000                          | Level 1 to 7   | 44800                          |
| Level 8 to 14   | 84000                          | Level 8 to 14  | 67200                          |
| <b>Kindly Note :</b> In cases of Chronic Diseases/ Permanent Disability, additional 40% of the entitled annual ceiling shall be admissible. |                                |  |                                |

9. Scheme availed for the Financial Year : 1 Apr 20 \_\_ \_\_ to 31 Mar 20 \_\_ \_\_

10. Is spouse of the pensioner availing medical facilities from local bodies/private organizations? YES/NO

**11. Details of Dependent Family Members :**

| S. No. | Name of Family Member | Relationship | Date of Birth |
|--------|-----------------------|--------------|---------------|
|        |                       | Self         |               |
|        |                       |              |               |
|        |                       |              |               |
|        |                       |              |               |
|        |                       |              |               |
|        |                       |              |               |

12. Are all the persons whose names are given above are dependent upon you and are residing with you? YES / NO

Indicate Otherwise : .....

.....

**13. Encl. [Please Tick (✓) as applicable]**

Self-attested copy of PPO (Mandatory)

Self-attested copies of Proof of Identity of each dependent (Mandatory)

Self-attested life certificate of self and each dependent (Mandatory)

Self-attested copies of Disability certificate

Any other document (please specify) : \_\_\_\_\_

**Signature of Applicant**

.....

**DECLARATION**

I hereby declare that :

- i. the statements made above are true and that the person included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same;
- ii. I undertake to intimate to BIS Authority if there is any change in dependency criteria of my family members included in this form;
- iii. the particulars of dependent family members of my family as given are correct and nothing has been concealed. If any information is found wrong/false at any stage, I shall be held liable for the same and I shall also be liable for any action, as per rule.

**Dated :**

**Signature of Applicant**

.....

**FOR OFFICIAL USE**

The information furnished by the applicant has been verified and found to be correct.

**Dated :**

**Signature of Authorized Officer (With Stamp)**

.....

**IMPORTANT**

- I. A copy of the current address proof of residence/affidavit (in case of change in address) should be attached.
- II. Please attach Proof of Identity of each member of Family (including self) whose names are proposed to be included as part of your family. Proof of identity can include Aadhar Card/ e-Aadhar Card with Photograph/ PAN Card/ Passport/ Permanent Driving License/ Voter's Card with Photograph/ Bank Passbook with Photograph/ Photo Identity proof issued by a Gazetted Officer on official letterhead/ Photo Identity proof issued by a People's Representative on official letter head/ Valid recent Identity Card issued by a recognized College, University/ Employee ID/ Bar Council Identity Card with Photograph.
- III. **Definition of Family:**
- a) Husband/ Wife\* (\* First wife only)
  - b) Dependant Parents/ Step Mother (in case of adoption, only adoptive & not real parents)
  - c) If adoptive father has more than one wife, the first wife only.
  - d) A female employee has a choice to include either her dependent parents or her dependent parents – in law.
  - e) **Children** including legally adopted children, step children and children taken as wards subject to the following conditions:

|       |   |   |
|-------|---|---|
| (i)   | Son   | Till he starts earning or attains the age of 25 years, whichever is earlier.                      |
| (ii)  | Daughter  | Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier. |
| (iii) | Son Suffering from any permanent disability of any kind (physical or mental) as defined below   | Irrespective of age limit.  |
| (iv)  | Dependent divorced/ abandoned or separated from their husband/ widowed daughters and dependent unmarried/ divorced abandoned or separated from their husband/ widowed sisters | Irrespective of age limit.  |
| (v)   | Dependent Minor brother(s)  | Upto the age of becoming a major.   |

- IV. For the purpose of availing OPD facilities for a disabled son above 25 years, please attach a copy of the certificate of disability issued by the competent authority.
- V. **'Disability'** will be AS DEFINED IN SECTION 2(1) OF 'THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996)' WHICH IS REPRODUCED BELOW:
- "(1) 'DISABILITY' MEANS
- (I) BLINDNESS
  - (II) LOW VISION
  - (III) LEPROCY CURED
  - (IV) HEARING IMPAIRMENT
  - (V) LOCOMOTOTR DISABILITY
  - (VI) MENTAL RETARDATION
  - (VII) MENTAL ILLNESS"

**VI. Dependency:**

**Members of family (other than spouse) whose income is less than Rs.9000/- per month are treated as dependents and are normally residing with the beneficiary.**

## Annexure-IV

BIS/DGO(486)/2024 DT. 07.05.2024

| Sl. No. of Schedule of Regulations          | S. No. | Budgeted Head of Expenditure  | Authority to whom Power for Administrative and Financial Approval is delegated                        | Extent of Delegation | Conditions under which Powers to be exercised  |
|---|--------|---|---|----------------------|--|
| (1)   | (2)    | (3)   | (4)   | (5)                  | (6)  |
| <b>1. To sanction recurring expenditure</b> |        |   |   |                      |  |
|   | 1.5    | CGHS & Other Medical Benefits- Employees                                |   |                      |  |
|   |        | a) Indoor Treatment   | Concerned Activity Head at HQ /CVO/ DDG of concerned Region/ Heads at BOs/Head of Labs/ Head of NITS  | Full Powers          | DD(A&F)/AD(A&F)/SO (Admn. & Fin.) attached to concerned Delegated Authority to first examine the case and make its recommendation to Delegated Authority as per CGHS/CSMA Rules.   |
|   |        | b) Permission for tests and specialized OPD treatment under CSMA Rules  | Concerned Activity Head at HQ /CVO/ DDG of concerned Region/ Heads at BOs/Head of Labs/ Head of NITS  | Full Powers          | After the administrative approval for indoor/outdoor treatment, Test and Investigation, the payment of Advance and settlement of Claims (as per GOI Guidelines on CGHS/CSMA) can be made by DD(A&F)/AD(A&F)/SO looking after Accounts at HQ/ ROs/BOs/ Labs/ NITS (subject to the limits given at Para 4 of General Conditions) |
|   |        | c) Permission for tests and investigations not covered under CGHS Rules | Concerned Activity Head at HQ /CVO/ DDG of concerned Region/ Heads at BOs/ Head of Labs/ Head of NITS | Full Powers          |  |
|   |        | d) Outdoor Treatment  | Concerned Activity Head at HQ /CVO/ DDG of concerned Region/ Heads at BOs/ Head of Labs/ Head of NITS | Full Powers          | Where no permission is required from office as per CGHS/CSMA rules, from the office, the payment may be released by DD(A&F)/AD (A&F)/SO looking after Accounts at HQ/ ROs/BOs/ Labs/NITS (subject to the limits given at Para 4 of General Conditions)   |

| Sl. No. of Schedule of Regulations          | S. No. | Budgeted Head of Expenditure              | Authority to whom Power for Administrative and Financial Approval is delegated | Extent of Delegation | Conditions under which Powers to be exercised  |
|---|--------|---|--|----------------------|--|
| (1)   | (2)    | (3)                                       | (4)  | (5)                  | (6)  |
| <b>1. To sanction recurring expenditure</b> |        |   |  |                      |  |
|   |        | e) Payment of Annual Contribution to CGHS | DF/DAC/ DDGF   | Full Powers          | As per the rate of Annual Contribution fixed by CGHS. Once the approval of competent authority has been obtained, Section Officer of the concerned department can sign bank payment voucher for payment.   |
|   | 1.6    | Medical Benefits- Pensioners              |  |                      |  |
|   |        | a) Indoor Treatment                       | DF/DAC/ DDGF/ All DDGRs/ Heads at BOs  | Full Powers          | The DD(A&F)AD(A&F)/ SO (Admn & Fin.) attached to concerned Delegated Authority to first examine the case and make its recommendation to Delegated Authority as per CGHS/CSMA Rules.<br><br>After the administrative approval for indoor/outdoor treatment, Test and Investigation, the payment of Advance and settlement of Claims (as per GOI Guidelines on CGHS/CSMA) can be made by DD(A&F)/ AD (A&F)/ SO looking after Accounts at HQ/ ROs/BOs/ Labs/NITS (subject to the limits given at Para 4 of General Conditions). |

| Sl. No. of Schedule of Regulations          | S. No.  | Budgeted Head of Expenditure  | Authority to whom Power for Administrative and Financial Approval is delegated | Extent of Delegation | Conditions under which Powers to be exercised  |
|---|---------|---|--|----------------------|--|
| (1)   | (2)     | (3)   | (4)  | (5)                  | (6)  |
| <b>1. To sanction recurring expenditure</b> |         |   |  |                      |  |
|   |         | b) Permission for tests and specialized OPD treatment under CSMA Rules  | DF/DAC/ DDGF/ All DDGRs/ Heads at BOs  | Full Powers          | Where no permission is required from Office as per CGHS/CSMA rules, from the office, the payment may be released by DD(A&F)/AD (A&F)/SO looking after Accounts at HQ/ ROs/BOs/ Labs/NITS (subject to the limits given at Para 4 of General Conditions) |
|   |         | c) Permission for tests and investigations not covered under CGHS Rules | DF/DAC/ DDGF/ All DDGRs/ Heads at BOs  | Full Powers          |  |
|   |         | d) Outdoor Treatment  | DF/DAC/ DDGF/ All DDGRs/ Heads at BOs  | Full Powers          |  |
|   |         | e) Payment of Annual Contribution to CGHS                               | DF/DAC/ DDGF   | Full Powers          |  |
|   |         |   |  |                      | As per the rate of Annual Contribution fixed by CGHS.<br><br>Once the approval of competent authority has been obtained, Section Officer of the concerned department can sign bank payment voucher for payment.  |
|   | 1.7     | Interest Subsidy on HBL   | DF/ DAC/ DDGF  | Full Powers          | As per the policy issued by Finance Deptt.   |
|   | 1.8 (a) | Staff Welfare (Payment of Official Newspaper/ Magazines etc.)           | Heads of BOs/Labs/NITS DRA/Head(GSD)   | Full Powers          | As per guidelines issued by DDGA   |

|   |   |   |                |           |          |
|---|---|---|----------------|-----------|----------|
| <b>भारतीय मानक ब्यूरो</b><br><b>BUREAU OF INDIAN STANDARDS</b>  |   | <b>चिकित्सा परिचार उपचार के संबंध में किए गये व्यय के भुगतान के लिए आवेदन प्रपत्र</b><br><b>FORM FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE</b> |                | <b>FI</b> | <b>9</b> |
| विभाग/अनुभाग<br>Dept./Section   |   |   | दिनांक<br>Date |           |          |
| केन्द्रीय सरकार के कर्मचारियों और उनके परिवारों के चिकित्सा परिचार उपचार के संबंध में किए गये व्यय के भुगतान के लिए आवेदन प्रपत्र (नोट : प्रत्येक रोगी के लिए अलग प्रपत्र का प्रयोग करें)<br>Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government Servants or their families (Note : Every patient should fill in separate form) |   |   |                |           |          |
| <b>प्राधिकृत चिकित्सा परिचारक द्वारा चिकित्सा उपचार हेतु/अस्पताल में उपचार हेतु*</b><br><b>For Medical Attendance by Authorised Medical Attendant/For Treatment in a Hospital*</b>  |   |   |                |           |          |
| 1.  | सरकारी कर्मचारी का नाम और पदनाम<br>Name and designation of Government servant   |   |                |           |          |
| (i)   | विवाहित या अविवाहित/whether married or unmarried  |   |                |           |          |
| (ii)  | यदि विवाहित है, स्थान जहाँ पत्नी/पति कार्यरत है<br>if married, the place where wife/husband is employed   |   |                |           |          |
| 2.  | कार्यालय का नाम<br>Office in which employed   |   |                |           |          |
| 3.  | मूल नियमों में दी गई परिभाषा के अनुसार वेतन तथा अन्य प्राप्तियाँ पृथक-पृथक दिखाएं/Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately  |   |                |           |          |
| 4.  | कार्य स्थान /Place of duty  |   |                |           |          |
| 5.  | वास्तविक निवास पता / Actual residential address   |   |                |           |          |
| 6.  | रोगी का नाम तथा कर्मचारी से उनका संबंध (बच्चों की स्थिति में उनकी आयु भी लिखें)<br>Name of the patient and his/her relationship to the Government servant (In the case of Children state age also)  |   |                |           |          |
| 7.  | स्थान जहाँ रोगी बीमार हुआ/Place at which the patient fell ill   |   |                |           |          |
| 8.  | मांगी गई राशि का विवरण/ Details of the amount claimed   |   |                |           |          |
| <b>I अस्पताल उपचार /Hospital Treatment</b>  |   |   |                |           |          |
| अस्पताल अथवा डिस्पेंसरी का नाम /Name of the hospital/dispensary   |   |   |                |           |          |
| अस्पताल उपचार के व्यय का अलग-अलग विवरण दें /Charges for hospital treatment, indicating separately the charges for –   |   |   |                |           |          |
| (i)   | आवास/Accommodation: (यह बताएँ कि क्या आवास सरकारी कर्मचारी के स्तर या/अथवा वेतन के अनुसार था और उस स्थिति में जहाँ आवास सरकारी कर्मचारी के स्तर से अधिक हो, तो यह प्रमाण पत्र संलग्न करना होगा कि वह आवास जो उनके अधिकार के दायरे में हो उपलब्ध नहीं था।/State whether it was according to the status or pay of the Government servant and in cases where the accommodation is higher than the status of the Government servant, a certification should be attached to the effect that the accommodation to which he was entitled was not available.) |   |                |           |          |

|  |  |
|--|--|
|  | (ii) खुराक / Diet  |
|  | (iii) शल्य चिकित्सा या चिकित्सा उपचार / Surgical operation or medical treatment or confinement   |
|  | (iv) रोग निदान, रोगाण्विक, एक्स-रे तथा ऐसे ही अन्य परीक्षणों के विवरण :<br>Pathological, bacteriological, radiological or other similar tests, indicating -  |
|  | क) अस्पताल या प्रयोगशाला का नाम जहां परीक्षण किये गए<br>a) the name of the hospital or laboratory at which undertaken, and   |
|  | ख) क्या परीक्षण अधिकृत चिकित्सा अधिकारी के परामर्श पर किये गए थे ? यदि हाँ, तो इस संबंध में प्रमाण पत्र संलग्न करें<br>b) whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, a certificate to that effect should be attached  |
|  | (v) दवाइयाँ / Medicines  |
|  | (vi) बाजार से खरीदी गई दवाइयों की कीमत (दवाइयों की सूची नकदी मीमो तथा अनिवार्यता प्रमाण पत्र लगाएँ)/<br>Special medicines (Cash memos and the essentiality certificates should be attached)  |
|  | (vii) साधारण नर्सिंग / Ordinary nursing  |
|  | (viii) विशेष नर्सिंग (जैसा कि नर्सों को विशेष तौर से रोगी की सेवा में लगाया हो) यह बताएं कि क्या वे इस रोग के प्रभारी चिकित्सा अधिकारी के परामर्श पर नियुक्त किए गए हैं अन्यथा कर्मचारी या रोगी की प्रार्थना पर? पहले के संदर्भ में, प्रभारी चिकित्सा अधिकारी द्वारा जारी एवं अस्पताल के चिकित्सा अधीक्षक द्वारा हस्ताक्षरित प्रमाण पत्र संलग्न करना होगा।<br>special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Government servant or patient. In the former case a certificate from the medical officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached. |
|  | (ix) एंबुलेंस फीस / Ambulance charges (आने-जाने का जो सफ़र तय किया हो बताएँ/state the journey - to and fro - undertaken)   |
|  | (x) कोई अन्य व्यय (जैसा कि रोशनी, पंखा, हीटर, वातानुकूलन, इत्यादि) यदि उपरोक्त सेवाएँ सभी रोगियों को दी जाने वाली सेवाएँ हो और यह रोगी की इच्छा पर निर्भर न करता हो तो यह भी बताएँ।<br>Any other charges, e.g., charges for electric light, fan, heater, air-conditioning, etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient.  |
| टिप्पणी १: यदि उपचार सरकारी कर्मचारी के निवास पर CS(MA) अधिनियम १९४४ के नियम ७ के अंतर्गत प्राप्त हुआ हो, तो उस उपचार का विवरण दें और इन नियमों के अनुसार प्राधिकृत चिकित्सा परिचारक से एक प्रमाण पत्र संलग्न करें।<br><b>Note 1.</b> - If the treatment was received by the Government servant at his residence under Rule 7 of the C.S.(M.A.) Rules, 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.                   |  |
| टिप्पणी २: यदि उपचार सरकारी अस्पताल की अपेक्षा किसी अन्य अस्पताल में मिला हो, आवश्यक विवरण दें और 'नजदीकी सरकारी अस्पताल में वांछित उपचार का प्रावधान नहीं है' ऐसा प्राधिकृत चिकित्सा परिचारक से प्रमाण पत्र प्रदान करें।<br><b>Note 2.</b> - If the treatment was received at a hospital other than a Government hospital, necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished. |  |

| II. विशेषज्ञ का परामर्श / Consultation with Specialist  |  |         |
|---|--|---------|
| प्राधिकृत चिकित्सा परिचारक को छोड़कर किसी विशेषज्ञ अथवा चिकित्सा अधिकारी को दी गई फीस, निम्नलिखित विवरण दें: / Fees paid to a Specialist or a Medical Officer other than the authorised medical attendant, indicating   |  |         |
| (क) जिस चिकित्सा अधिकारी से परामर्श किया गया उनका नाम और पदनाम तथा संबंध अस्पताल अथवा डिस्पेंसरी का नाम/Name and designation of the Specialist or Medical Officer consulted and hospital to which attached  |  |         |
| (ख) कितनी बार परामर्श किया तथा उनकी तिथियां और प्रत्येक परामर्श के लिए दी गई फीस / the number and dates of consultations and the fees charged for each consultation   |  |         |
| (ग) क्या परामर्श अस्पताल में या परामर्श केन्द्र पर या रोगी के निवास स्थान पर किया गया/whether consultation was had at the hospital, at the consulting room of the Specialist or Medical Officer, or at the residence of the patient, and  |  |         |
| घ) क्या विशेषज्ञ या चिकित्सा अधिकारी से प्राधिकृत चिकित्सा परिचारक की सलाह पर गया था और राज्य के मुख्य प्रशासनिक चिकित्सा अधिकारी की अनुमति प्राप्त कर ली गई थी। यदि हां, तो इस संबंध में प्रमाण पत्र लगायें/whether the Specialist or Medical Officer was consulted on the advice of the authorised medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached. :  |  |         |
| 9.  | मांगी गई कुल राशि / Total amount claimed         | रु./ Rs |
| 10.   | लिया गया न्यूनतम अग्रिम / Less advance taken on  | रु./ Rs |
| 11.   | मांगी गई कुल निवल राशि /Net amount claimed       | रु./ Rs |
| 12.   | संलग्न प्रलेखों की सूची/ List of enclosures      |         |
| <b>कर्मचारी द्वारा की जाने वाली घोषणा/DECLARATION TO BE SIGNED BY THE EMPLOYEE</b>  |  |         |
| मैं प्रमाणित करता हूँ कि/I hereby declare that  |  |         |
| (१) इस आवेदन में प्रत्येक कथन मेरी सर्वोत्तम जानकारी और विश्वास के अनुसार सही है और जिस व्यक्ति के लिए चिकित्सा खर्च किया गया है वह मुझ पर पूर्णतया निर्भर है।<br>(1) the statements in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.  |  |         |
| (२) मेरे निवास स्थान से २ किलो मीटर के घेरे में दवाइयां/औषधियां बेचने वाली कोई सरकारी उचित दर दुकान/सहकारी उपभोक्ता भंडार/औषध भंडार नहीं है अथवा केंद्रीय या राज्य सरकार का स्थानीय निकाय अथवा सहकारी समिति अधिनियम के अधीन मान्यता प्राप्त किसी अन्य संगठन द्वारा कोई औषध डिपो नहीं खोला गया है।<br>(2) that there are no Govt. fair price shop/cooperative consumer store/medical centre selling medicines/drugs or Central/State Govt. sponsored local outlet or any organization running medicine depot recognized under the Cooperative Societies Act in the radius of 2 kilometers from my place of stay. |  |         |
| लेखा विभाग को प्रस्तुत<br>Submitted to Accounts Dept.   | कर्मचारी के हस्ताक्षर /Signature of the employee |         |
| *जो लागू न हो काट दें/Strike out whichever is not applicable  |  |         |

**BUREAU OF INDIAN STANDARDS**  
**MEDICAL REIMBURSEMENT CLAIM FORM FOR OUT-PATIENT TREATMENT (OPD)**  
**FACILITY FOR BIS PENSIONERS RESIDING OUTSIDE DELHI/NCR**

1. Name of the Pensioner/ Family Pensioner :  
2. PPO No./ Pensioner Identity Card :  
3. Full Address :  
4. Contact Number :  
5. E-mail ID :  
6. Patient's Name :  
7. Relationship with the Pensioner/  
Family Pensioner :  
8. Name & Address of the hospital/  
diagnostic center/ imaging center where  
treatment is taken or test are done :  
9. Treatment for which reimbursement claimed :  
10. Total amount claimed :  
11. Name of the Bank .....  
SB A/c No .....  
Branch MICR Code .....  
IFSC Code .....

**DECLARATION**

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I agree for the reimbursement as is admissible under the rules.

Date :  
Place :

Signature of the Pensioner/ Family Pensioner  
P.P.O No.

**BUREAU OF INDIAN STANDARDS**

**SCHEME-B**

**SELF-CERTIFICATION MEDICAL REIMBURSEMENT CLAIM UNDER OUT-PATIENT  
TREATMENT (OPD) FACILITY FOR BIS EMPLOYEES/ PENSIONERS/ FAMILY  
PENSIONERS OF ROs/ BOs/LABS (OTHER THAN CL) AND RESIDING OUTSIDE DELHI/NCR**

1. Name of the Applicant & Designation :
2. Employee No./ PPO No. :
3. Place of posting (for serving employees) :
4. Full Residential Address :
5. Contact Number :
6. E-mail ID :
7. Patient's Name & Relation :
8. Name & Address of the hospital/  
diagnostic center/ imaging center where  
treatment/ test is to be done :
9. Treatment for which the reimbursement is  
being claimed :
10. Total amount already claimed during the year :

11. Please tick (✓) the quarter for which the amount is being claimed :

| Sl. No.                    | Monthly Quarter   | Amount being claimed (₹) |
|----------------------------|-------------------|--------------------------|
| 1 <input type="checkbox"/> | Apr __ to June __ |                          |
| 2 <input type="checkbox"/> | July __ to Sep __ |                          |
| 3 <input type="checkbox"/> | Oct __ to Dec __  |                          |
| 4 <input type="checkbox"/> | Jan __ to Mar __  |                          |

(Please ensure that the amount being claimed in this quarter and the amount already claimed during the year is under the specified Annual Ceiling as mentioned below)

| For Serving Employees |                         | For Retired Employees |                         |
|-----------------------|-------------------------|-----------------------|-------------------------|
| Level                 | Annual Ceiling (In INR) | Level                 | Annual Ceiling (In INR) |
| Level 1 to 7          | 64000                   | Level 1 to 7          | 44800                   |
| Level 8 to 14         | 96000                   | Level 8 to 14         | 67200                   |

12. Name of the Bank .....
- SB A/c No .....
- Branch MICR Code .....
- IFSC Code .....
- .....

**DECLARATION**

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I agree for the reimbursement as is admissible under the rules.

Date :  
Place :

Signature of the Applicant  
P.P.O No./ Emp. No.