

**NATIONAL SEEDS CORPORATION LIMITED, NEW DELHI**

**(A Government of India Enterprise)**

**NSC EMPLOYEES MEDICAL ATTENDANCE RULES**

1. **Objective :**

These Rules are designed to provide a certain measure of social security to employees and their family members against various types of illnesses during the period of their employment in the Corporation.

2. **Applicability & Coverage :**

Since, the employees and their families who are working in the Head Office of the Corporation have been extended the CGHS facility; these Rules shall not be applicable on employees availing the CGHS facilities. Moreover these Rules shall replace the existing Medical Attendance Rules incorporated in the Staff Regulations and other practices being followed with regard to the facility of outdoor and indoor medical treatment of employees and their family members and shall come into force w.e.f. 01<sup>st</sup> April, 2014. These Rules shall be applicable to;

- (i) All regular employees of the Corporation including CMD & Functional Directors and those on probation.
- (ii) Family members of the employees covered by this Scheme.
- (iii) Those employees who are working on deputation with NSC who opt to be governed by the medical facilities of NSC in toto, instead of the medical facilities applicable in their parent organization, within a period of one month of joining the Corporation; and
- (iv) Those working on temporary basis in a regular scale of pay and against a regular post.

This Scheme shall, however, not be applicable to the casual and daily paid workers and those engaged on contract basis unless specifically provided for in their appointment terms.

3. **Definitions** :

**“Authorised Medical Attendant”** (AMA) means a Medical Officer of NSC, Government Hospital, a hospital / dispensary run by a Local Municipal Body and such other Physicians / Surgeons etc. practicing in Allopathic / Homeopathic and Ayurvedic systems of medicines who should be possessing at least a Bachelor or Graduate Degree in the above systems of medicines, as the case may be, and duly registered with Medical Council or other concerned Govt. authority.

**“Authorised Specialist”** means any Registered Medical Practitioner with Post Graduate Medical Degree in any specialised medical field working in a hospital or included in the list of specialists approved by the Management from time to time.

**“Corporation”** shall mean the National Seeds Corporation Ltd.

**“Family”** will include :

- (i) Wife or husband, whether having independent income or not.
- (ii) Parents.
- (iii) Unmarried / Widowed daughters till they start earning or get married, whichever is earlier.
- (iv) Sons until they attain the age of 25 years or start earning, whichever is earlier.

**Note :**

*(1) The family members from serial number (ii) to (iv) should be wholly dependant on the employee and their income from all sources put together should not exceed the financial limit prescribed by the Government of India (from time to time) and adopted by the Corporation, which at present is Rs.3,500/- PM (plus the amount of Dearness relief, if any, admissible on the above amount in case of Government Pensioners), on the date of consideration of claim.*

*Income by way of self-employment, family business and family agriculture work, and recurring periodical interest income on fixed deposits, Bonds, Dividends, house property, land holdings should be taken into account for the purpose of assessing income. Lump sum non recurring income, e.g., CPF benefits, Government of India Price Bonds, Gratuity, Commuted Gratuity, Insurance benefits etc. should not regarded as income for the purpose of this rule.*

*(2) The Family members from serial no. (iii) and (iv) should be residing with the employee besides being fully dependent on him / her. The family members at*

serial No. (ii) i.e. parents residing with either the employee or the rest of the family members in a station other than the employee's head quarter are also eligible for medical reimbursement.

- (3) A female employee has a choice to include either her parents or her parents in law; option exercised can be changed only once during the entire service period, with the approval of Competent Authority.
- (4) If the spouse of the employee is in receipt of fixed medical allowance in her / his organization, the NSC employee can avail medical facilities under these rules for himself and members of family residing with him except for the spouse.
- (5) The spouse of the employee working in other Govt. / Non-Govt. Organisations, which provides medical services to its employees, may choose either the facilities provided under these rules or the facilities provided by the organization in which the spouse is employed. If both husband and wife are employees of the Corporation, only one of them may avail of the benefits of these rules for the family according to their option except that dependent parents of both will be included independently for the purpose of these benefits subject to other conditions for their inclusion being satisfied.
- (6) Every employee shall be required to furnish a declaration regarding the income and the residence of parents once in the beginning of every calendar year. Such declaration shall also include the names and details about age and income of other family members who are fully dependent upon the employee and normally residing with him. The Head of Department of the concerned employee shall generally verify and countersign the declaration before forwarding it to the head of HR Department. Any new inclusion and continuance of dependency shall be counter-checked by concerned HR Department before taking it on record with due approval of head of HR Department in case of employees of Corporate Office and Marketing Offices; and Farm Head in case of employees of Farms. A format of the declaration is enclosed at **Appendix –I**. A copy of the declaration shall thereafter be forwarded to Finance Department for record so that dependency need not be verified on each occasion by them during the year.
- Such of the employees who fail to submit the said declaration upto 31<sup>st</sup> January shall not be entitled for reimbursement of medical expenses in respect of their dependent family members, except with specific approval of Competent Authority which may be accorded due to genuine reasons for not being able to submit the same.
- (7)(a) Addition of a family member as dependent can be allowed by the Competent Authority after due enquiry / consideration; if
- (i) Parents become dependent on the employee;
  - (ii) Marriage of the employee takes place requiring inclusion of spouse's name; or
  - (iii) Birth of a child.
- (b) Deletion of a family member as dependent can be allowed by the Competent Authority ; if
- (i) An existing member becomes ineligible to be included (i.e. falling outside the scope of dependency); or
  - (ii) Divorce of spouse; or
  - (iii) Death of eligible member in the family.
- (c) Addition / Deletion of a family member from existing dependents list should be reported to the HR Department within a period of one month of its occurrence.

#### 4. **Medical Benefits :**

The employees of the Corporation to whom these regulations apply will be eligible to be reimbursed / paid the expenses incurred by them from time to time during the course of their employment on the medical treatment of themselves and their dependent family members subject to the stipulations and monetary ceilings prescribed in these Rules.

Medical treatments for the purpose of these rules will include the following:

(a) **Outdoor (Outpatient) Treatment :**

Actual reimbursement of Doctor's Fee, medicines etc., subject to the annual ceiling prescribed by the Management from time to time, will be admissible for the outdoor (outpatient) treatment taken by the employee or his / her family members from an Authorised Medical Attendant (AMA) at his clinic or his house or at the outpatient department of a hospital / dispensary for any disease including charges for pathological, bacteriological, radiological investigations and other methods of diagnosis, dental, ophthalmological, maternity, anti-rabies treatment, first aid & dressing, physiotherapy, nebulizer treatment etc., prescribed by an Authorised Medical Attendant, on production of valid receipts / Cash Memos etc. The homeopathic / ayurvedic outdoor treatment taken by the employee and his / her family members will also be admissible for reimbursement if the same is taken from a doctor practicing in these systems of medicines and duly supported by a valid prescription and cash memos for the medicines purchased, subject to overall annual financial ceiling for outpatient treatment.

(b) **Special Diseases :**

Reimbursement for the expenses on outdoor (outpatient) treatment taken from a Specialist by an employee or his / her family members for treatment of special diseases specified in the Govt. of India rules (such as TB, Cancer (Hodgkin's disease, Leukaemias), Mental, Leprosy, Thalassemia Major, Poliomyelitis (Cerebral Palsy, Spastics), Chronic Active Hepatitis B, C & D infections) & Diabetes, Cardiovascular disease, hypertension, chronic respiratory disease and chronic renal failure. Homeopathic and Ayurvedic treatment for the above special diseases will also be admissible if taken from a hospital specialised in such systems of medicines, but not from individual Doctors / Specialists.

**(c) Reimbursement for outpatient treatment taken for post operative follow up :**

Reimbursement for outdoor treatment taken by an employee or his / her family members for treatment in case of following cases will also be allowed at the rates prescribed under CGHS, within the overall annual ceiling prescribed for outdoor treatment during the tenure of his employment with the Corporation:

- (i) Post operative cases of Cardiac Surgery / Cardiology, including Angiography / Angioplasty, Pacemaker, Coronary Stents etc. for a period of one year after the Medical procedure.
- (ii) Post operative Joint Replacement / Implant cases (including physiotherapy) for a period of one year.
- (iii) Post operative major Neurosurgical cases for a period of one year.
- (iv) Post operative Organ Transplant cases.
- (v) Chemotherapy treatment and medicines prescribed by the concerned hospital before and after surgery etc.
- (vi) Dialysis treatment undertaken at a kidney hospital on the advice of a Kidney Specialist.

The maximum annual ceiling for reimbursement of OPD treatment by the employee and his family members in respect of (a), (b) & (c) above shall be limited to a sum equal to one month's basic pay of the concerned employee or Rs.30,000/-, whichever is less. However, if any employee exhausts the above ceiling during the financial year due to extra expenses on special diseases specified at (b) above or post-operative follow-up treatment specified at (c) above, such additional claims for outdoor treatment in respect of (b) & (c) above, may be referred to F&A Department, Corporate Office on 1<sup>st</sup> & 16<sup>th</sup> of each month for consideration / special approval of the Competent Authority for the extra expenses incurred over and above the annual ceiling.

However, it shall be ensured that while considering the cases under (b) & (c) above for reimbursement beyond the annual ceiling, only the amount related to actual expenditure on special diseases or post operative treatment specified above shall be considered for reimbursement after the exhaustion of the annual ceiling and the expenditure in respect of medicines / tests etc. for any other disease shall not be

payable even if prescribed by the AMA / hospital in the same prescription. No medicines shall be purchased for or disbursed to the regular employees and their family members by the Farm Dispensaries for any treatment prescribed by any Doctor including Corporation's Doctors, except medicines required for first aid and emergency cases. The medicines prescribed by the Corporation's own Doctor shall also be purchased from market by the concerned employee and reimbursement claimed as per rules, within the prescribed annual ceiling.

**The Competent Authority for approval in case of (a) above will be Head of concerned Regional Offices in respect of Regional Office's employees. GM (HR) in respect of employees of Corporate Office and heads of Regional Offices. In case of (b) and (c) above the Competent Authority will be GM (HR) in concurrence with GM (F&A) in Corporate Office, in respect of all employees below the level of GMs on the recommendations of concerned Regional Managers. The claims of General Managers and above will require the approval of Director (Fin.) through GM (F&A) except GM (F&A)'s own case, which will be submitted directly to Director (Fin.) by HR Department.**

As drugs for the above post operative treatment are costly, the cash memos of the medicines should be got countersigned and stamped from the treating specialist / surgeon and enclosed along with reimbursement claims for treatment of (c) above, from time to time.

Further, the reimbursement under (c) above will be permissible only if the above post operative treatment is taken from the specialist of same hospital in which initial treatment / operation was taken and also subject to prior permission of Competent Authority. Such reimbursement may be allowed by G.M. (F&A) for an initial period of one year from the date of discharge from the hospital, and in case any further extension is medically essential, fresh recommendation from the concerned specialist will be required to be obtained for further continuance of such treatment. The reimbursement in such cases at CGHS rates shall be admissible only for the specific diseases / cases specified above and the cost of medicines tests etc. which are not related to the particular disease will not be admissible under this category.

(d) **Preventive Health Check up** : With an aim to develop a system to assess the health status of the employee and his / her spouse and to provide preventive, and follow up services to the employees / spouses, all employees and their spouses between the age of 40 to 50 years can avail the facility of preventive health check up after every 2 years. The employees / spouses of the age of 50 years and above can avail this facility every year. In order to avail this facility which is voluntary in nature, the employees and their spouses may get the following tests carried out at a major hospital in the vicinity of his / her work place.

<b>Male</b>	<b>Female</b>
CBC; Blood Sugar (Fasting & PP); LFT; KFT; T3 T4 TSH; Lipid Profile and ECG, X-Ray / (Ultrasound if prescribed).	CBC; Blood Sugar (Fasting & PP); LFT; KFT; T3 T4 TSH; Lipid Profile; ECG and PAP Smear, X-Ray / (Ultrasound if prescribed).

After getting the above pathological / radiological investigations done from a major hospital, the employee / spouse should visit the concerned Specialist / Doctor specified for review of Annual Executive Health Check-up cases or any other specialist in the hospital for undergoing history taking, general physical examination etc. Any additional investigation prescribed by the Hospital may also be got done from the same hospital and thereafter the employee / spouse should obtain a complete medical report from the hospital about the status of his / her health. A copy of the Doctor's prescription along with the medical report of the Specialist shall be submitted by the employee to the Head of the HR Department for keeping the same in his / her personal file. An amount of Rs. 1,500/- each or actual, whichever is lower, shall be reimbursed to the employee on submission of a medical claim. This reimbursement up to the above limit of Rs. 1500/- each shall not be counted for the purpose of annual ceiling fixed for outdoor treatment. However, any extra amount over and above the ceiling incurred by the employee on tests etc. if claimed will be counted within the overall annual ceiling fixed for outdoor medical treatment.

In case of Sr. Officers, Directors & CMD, for whom annual medical check up is compulsory under the Annual Performance Appraisal Rules, the reimbursement of expenditure will be on actual basis for the type of tests / investigations prescribed

under Govt. Rules or any other test / investigation prescribed by the specialists at the time of undergoing annual check up.

**5.0. Indoor / inpatient Treatment :**

5.1. The employees will be entitled for reimbursement of actual expenses incurred by them on indoor treatment of themselves or their family members if such treatment is taken in any of the following hospitals subject to monetary ceiling on room rents and any other exception / exclusion in rates / items / conditions, specified in these rules:-

1. All Central / State Government hospitals, primary health centres and dispensaries including those maintained by local Municipal Committees and District Boards.
2. All hospitals / dispensaries run by Public Sector Undertakings.
3. All maternity and child welfare centres with facilities for indoor treatment run by State Governments.
4. Cantonment hospitals run by Cantonment Boards or Government.
5. All Railway hospitals;
6. All hospitals fully funded by the Central Government or State Government.
7. Rajiv Gandhi Cancer Hospital, Rohini, Delhi. Oncology / Cancer related Indoor Treatment (incl. Chemotherapy)
8. Holy Family Hospital, Okhla, New Delhi-25 Indoor Treatment of all Diseases
9. Any other hospital having proper infrastructure with minimum 30 beds, preferably recognized by the State Government / CGHS / C.S. (M.A.) Rules, subject to the condition that reimbursement of medical expenses incurred on indoor treatment in such hospitals will be allowed and regulated at the rates prescribed under CGHS or the actual expenses, whichever is lower, and further subject to any exception / exclusion in rates / items and any other condition wherever specified in these Rules.
10. Any other hospital which may be empanelled in future by NSC for reimbursement of medical expenses on indoor treatment either on actual basis or on CGHS rates, as the case may be.

**5.2. Intimation regarding indoor treatment :**

The employee who himself or his family member is admitted or plans to be admitted for indoor (inpatient) treatment in a hospital, shall submit an intimation to this effect to the head of HR Department within 24 hours of admission in the prescribed Form (**Appendix-II**), indicating name, age and relationship with patient, name, status and location of hospital, nature of disease and estimated expenditure likely to be incurred etc. Such intimation can also be communicated by FAX. The indoor medical treatment should preferably be taken in



the city where the employee is posted or the nearest city / district head quarters if the city in which he is posted is not covered by CGHS. If indoor treatment is taken in a place other than above, travel expenses, if any, shall be borne by the employee himself unless allowed in exceptional cases by the CMD / Functional Director / Farm Head / or GM (HR) / GM (F&A).

5.3. **Room rent Charges during hospitalization:**

The entitlement of room rent during hospitalization of the employee or his family member will be regulated as under :

Sl. No.	Pay Scale/Status	Ward entitlement	Monetary ceiling per day*
1	CMD	Private Ward (Single Bed Deluxe)	Actual
2	Functional Director	Private Ward (Single Bed Deluxe)	Rs.4,000/-
3	Rs.29100-54500 & above or equivalent, but below the level of Functional Director	Private Ward (Single Bed)	Rs. 3,000/-
4	Rs.16400-40500 upto and including scale of Rs.24900-50500 & equivalent	Semi-Private Ward (2 to 3 beds)	Rs.2,000/-
5	Rs.12600-32500 and below & equivalent	General Ward (4 to 10 beds)	Rs. 1,000/-

*Note : \*1. These ceiling are applicable to district level hospitals and above. However, in the case of hospitals / nursing homes located in smaller towns below district head quarters, the room rent charges will not exceed 75% of the above ceilings.*

*2. The above rates will be **all inclusive** and nothing extra on account of any Taxes / charges for any other facility availed will be payable unless specified in these Rules. If treatment is taken in a higher category of ward for any reason, then the expenditure over and above the above entitlements will have to be borne by the employee himself.*

*3. Nursing charges up to a ceiling 20% of room rent charges or actual whichever is lower, shall be payable in addition to basic rate, if essentially levied by the hospital.*

*4. Diet charges wherever prescribed as compulsory by the treating hospital shall be payable to the patients entitled to general ward accommodation @*

- 10% of entitled room rent charges.*
- 5. The charges in CCU / ICU wherever certified as essential by the hospital will be payable at actual with specific approval of Competent Authority on weekly basis.*
  - 6. Day care charges in cases where room is not allotted / available / required will be restricted to 50% of room entitlement or actual whichever is lower.*
  - 7. In case of following types of indoor treatment the patient will be allowed separate isolated accommodation if certified as essential by the Medical Superintendent of the treating hospital:*
    - Patients with burn injuries (25% or more burns)*
    - Serious accidents resulting in multiple fractures*
    - Serious head injury cases*
    - Cases where the patient is suffering from an infectious disease and admitted in an isolated ward meant for such patients,*
  - 8. If the indoor treatment is taken from a hospital whose rates for room rent / Treatment / procedure / tests etc. are lower than the prescribed rates, then the actual charge incurred by the patient shall be reimbursed.*

5.4. **Non-admissibility of certain medicines / preparations :**

The reimbursement for the cost of following types of items shall not be admissible for indoor or outdoor treatment:

- Product manufactured / marketed / classified as food supplements, multi foods, baby foods, invalid foods, beverages, drinks, cosmetics, toiletry items or disinfectants and such of the ayurvedic / homeopathic / unani preparations which are prescribed by an allopathic doctor.
- Proprietary preparation of medicine should, as far as possible, be avoided particularly when cheaper generic substitutes of equal therapeutic value are available.
- Vaccines in general will be inadmissible, except for Hepatitis B, influenza and Leptovac medicines for high risk individual recommended by a specialist in the field and immunization vaccines for children of employees upto the age of 5 years prescribed by AMA / Specialists.
- Cost of dentures, dental treatment for cosmetic reasons, spectacles, glucometer, hearing aids, Nebulizer, CPAP / BIPAP machines or any instrument meant for domiciliary treatment or for monitoring the health status or any special items like special chair / mattress for patients.
- Any other vitamins / minerals / anti oxidants which are inadmissible under the rules of Govt. of India.

#### **5.5. Reimbursement of expenses on inpatient treatment on “Package Rate” basis:**

Reimbursement for inpatient treatment shall be made at the package rates, wherever available, and restricted to the rates and other conditions prescribed by CGHS from time to time.

- (a) “Package Rate” shall mean and include lump sum cost of inpatient treatment / day care / diagnostic procedure for which a patient has been permitted by the Competent Authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to)- (i) Registration charges (ii) Admission charges (iii) Accommodation charges including patients diet (iv) Operation charges (v) Injection charges (vi) Dressing charges (vii) Doctor / Consultant visit charges (viii) ICU / ICCU charges (ix) Monitoring charges (x) Transfusion charges (xi) Anaesthesia charges (xii) Operation theatre charges (xiii) Procedural charges / surgeon’s fee (xiv) Cost of surgical disposables and all sundries used during hospitalization (xv) Cost of medicines (xvi) Related routine and essential investigations (xvii) Physiotherapy charges etc. (xviii) Nursing care and charges for its services.
- (b) Cost of Implants / stents / grafts is reimbursable in addition to package rates as per CGHS ceiling rates for Implants /stents / grafts or as per actual, in case there is no CGHS prescribed ceiling rates.
- (c) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.
- (d) Package rates envisage upto a maximum duration of indoor treatment as follows:  
12 days for Specialised (Super Specialities) treatment.  
7 days for other Major Surgeries  
3 days for Laparoscopic surgeries / normal deliveries; and  
1 day for day care /Minor surgeries
- (e) However, there are certain procedures where there is no prescribed ‘package rate’ under CGHS. Similarly, there are medical emergencies where the treatment is mainly conservative. The admissible amount in such cases is calculated item wise, room rent, procedures, investigation, etc.

#### **5.6. Reimbursement of charges for other items during inpatient treatment :**

- (a) The employees will be entitled to reimbursement of charges on blood transfusion subject to the condition that the treating physician certifies that the specific blood group was not available in the hospital and the charges of blood are comparative with the rates of Red Cross, State / Central Government hospitals / AIIMS.
- (b) As far as possible, treatment for major surgeries like Kidney / Liver, Neuro / Organ transplants, Cancer, Brain, Open Heart Surgeries, Knee / Hip Implants should be taken from a major Government hospital in the concerned state or AIIMS, New Delhi, PGIMER / PGIMS, JIPMER (Chandigarh / Rohtak / Lucknow / Pondicherry respectively) and such other Govt. Medical Institutions in other States and reimbursement for medical expenses incurred on such major surgeries and other treatment at above Government institutions may be reimbursed on actual basis subject to any exception / exclusion / condition prescribed in these rules. In case treatment for the above mentioned surgeries is taken from any other CGHS / Government recognised Super Speciality Hospital, the reimbursement on 'package' basis at the CGHS rates may be allowed.
- (c) The cost of Coronary Stents, Rotablator, Single / Dual Chamber Pacemaker, Bypass Surgery, Angioplasty, Intra Ocular Lens & Phaco Surgery, Cost of Knee and Hip Implants, cost of Artificial Appliances, Neuro Implants, cost of Cochlear Implant incurred during the indoor treatment may be considered for reimbursement at CGHS rates with the approval of the Competent Authority.
- (d) Reimbursement of expenses incurred on surgery / post operative care of the donor of the kidney to the employee and his family members for transplantation may be considered for approval as per CGHS rates by the CMD in accordance with the rules applicable to Central Government employees.
- (e) Reimbursement of charges for special Aya / Attendant charges will be allowed in special cases where the same are essentially required as per the advice of the Medical Superintendent / Incharge of the treating hospital, subject to the specific approval of Competent Authority and also maximum ceilings of rates applicable under CGHS.

6.0. **Grant of Medical Advance for indoor treatment:**

- Medical advance limited to 80% of the estimated expenditure as per entitlement of the concerned employee can be allowed on submission of request in prescribed Form (**Appendix-III**) along with supporting documentary evidence from the

concerned hospital / nursing home where indoor treatment is to be taken or being taken.

- The advance shall be sanctioned by the concerned Regional Managers, where the employee is posted, Director (Finance) at Corporate Office for employees of Corporate Office & Regional Managers.
- Before grant of medical advance, the sanctioning authority will ensure the genuineness of the request for advance and the eligibility of room rent etc. and the confirmation from personnel record about the patient being a family member as per the latest declaration submitted by the employee in the beginning of that particular year.
- Any advance of more than Rs.10,000/- shall be paid through cheque only, drawn in the name of the concerned hospital.
- The advance may be drawn / released in more than one instalment depending upon progress of treatment. For drawal of second and subsequent advance the concerned employee will be required to submit a copy of provisional bill / details indicating that the first advance has been fully adjusted / utilised along with documentary evidence in the shape of receipts of the concerned hospital and cash memos of medicines / tests etc.
- The amount paid as medical advance either to the employee or to the approved hospital will not be adjusted in the books of accounts unless the expenditure has been approved by the Competent Authority and the bill has been passed by the finance department. In this regard, the payment released to the hospital directly on the request of the concerned employee shall also be treated as advance to the concerned employee who shall be responsible for its proper utilization and obtaining / receiving the refund from the concerned hospital, of the excess amount deposited with the hospital, if any.
- The refund of unutilized Advance received by the employee from the hospital or any other unutilized amount out of the advance drawn shall be refunded by the employee to the Corporation within a period of 10 days after discharge from the hospital without waiting for submission of final bill or its approval. The medical reimbursement claim along with bills, receipts and vouchers (in original) and copies of prescription, discharge summary and other reports of pathological tests etc. in cases where employee has drawn advance will be submitted by the

employee within a maximum period of 30 days after discharge from the hospital in **Appendix-IV**. In case the medical claim is not submitted within the above period, the employee will be liable to pay interest at the prevailing rate of penal interest on the amount of total advance drawn or any unutilised / refunded / inadmissible amount and the same shall be deducted in lump sum from the salary of the month in which the period of 30 days has expired, and balance from the salary of subsequent months or any arrears payable, without any notice to him, besides being liable for any disciplinary action against him by the Management especially in cases of misuse of Advance or misuse of medical facility. The Cash Memos / Bills of medicines purchased from outside or tests done outside on the advice of the hospital should be duly countersigned by the treating Doctor / AMA or by the Medical Superintendent / Incharge of the concerned hospital. The medical reimbursement claims submitted after a period of two months of discharge in case of indoor treatment where advance was drawn or 6 months in other cases including claims for OPD treatment shall be treated as time barred / lapsed unless revived by Competent Authority depending on exceptional circumstances of each case. Not more than one month's medicines will be reimbursed at a time even if the same are prescribed for a longer period.

- The head of the concerned finance department shall cause to maintain proper record for monitoring the adjustment of the medical advances granted to the concerned employees and for monitoring the overall expenses incurred on medical facilities to the Corporation employees.
- In exceptional circumstances, in case of serious illness / accident where the employee being the patient is unable to apply for the Advance, the advance may be sanctioned by the Competent Authority on the basis of an application made on his behalf by the spouse of the employee or other legal heir in writing after due verification. Reimbursement claims for indoor treatment of employees who have died during or after hospitalization will be payable to the spouse or in his / her absence to the nominee / legal heir, as the case may be, on the approval of GM (HR).

7.0. **Ambulance charges** in emergent cases at the time of admitting patients and on their discharge shall be reimbursed on actual basis if the ambulance of the concerned local hospital / Government hospital / local administration is used or subject to a maximum of

Rs.500/- each side if any other Ambulance is used for transporting the patient in serious cases. The reimbursement of Ambulance charges will be subject to the conditions that:

- The facility of ambulance will be used only where it is absolutely essential keeping in view the condition of the patient at the time of admission / discharge and not in a routine manner.
- The Specialist treating the patient certifies in writing that conveyance of the patient by any other mode would have definitely endangered the patient's life or would grossly aggravate his / her condition.
- That the journey is undertaken within the municipal limits of same city or the nearest hospital recognized by Management / CGHS for indoor treatment.

8.0. **Grant of Travelling Charges for Medical Treatment:**

CMD / GM (HR) / GM (F&A) / and / or any other Competent Authority authorised by CMD in this behalf, may, if he is satisfied that circumstances exist justifying such action, may :-

- (i) Authorise the grant of Travelling Allowance to any employee enabling him to consult Specialists for the purpose of hospitalization at any place other than that in which the employee is stationed in accordance with the provisions of the Rules.
- (ii) In case of emergency, authorise the grant of Travelling Allowance to the Authorised Medical Attendant or a Specialist for enabling him to undertake a journey to any place where an employee has fallen ill and from which he is unable to move.

9.0. **Competent Authorities for approval of Indoor Treatment claims**

The Competent Authorities for approval of Indoor Treatment claims of employees will be the concerned Head of Regional Offices in respect of employees posted in Regional Offices; and Director (Fin.) in respect of employees posted at Corporate Office, except the special cases where requirement of CMD's approval has been specified in these Rules, which will be submitted to CMD through Director (Fin.). Further, all cases where the total bill for such treatment exceeds rupees one lakh shall require the approval of CMD, which will be submitted to CMD through Director (Fin.) for approval.

10.0. **Empanelment of Hospitals / Nursing Homes** :

The Corporate Office, on the recommendations of Regional Offices shall take necessary steps for empanelment of major hospitals having infrastructural facilities for treatments of specialised diseases such as Heart, Kidney, Liver, Eyes, Paediatric, Gynaecological, Ophthalmic, Orthopaedic, Cancer and general diseases etc. in the vicinity and the district / State headquarters of the Regional Offices so that the employees and their family members may be able to take indoor treatment whenever required. Only such major / reputed / specialised hospitals shall be empanelled which are already recognised by the Govt. of India for treatment of persons covered under CGHS and who are also agreeable to charge NSC employees at the rates applicable under CGHS for various facilities / treatments during hospitalisation applicable at the particular place.

11.0. **General** :

- (1) CMD and GM (HR) may, from time to time issue such orders as may be expedient for the purpose of the proper administration of these regulations including the adoption of such safeguards as are necessary to prevent their abuse and to make such provisions as are expedient for the purpose of providing such cases or category of cases or any circumstances or category of circumstances as are not adequately covered by these regulations.
- (2) The dependent family members of the deceased employee will be eligible for medical treatment to the extent available in Farm hospital during the retention of Corporation's accommodation by such dependants, subject to a maximum of six months from the date of death and subject to specific approval of head of concerned Farm. However, no reimbursement of expenditure for indoor treatment outside or on medicines etc. purchased will be admissible.
- (3) Employees shall also be eligible for reimbursement of charges incurred on Medical treatment in the following circumstances:
  - (a) During tour of an employee to an outstation.



- (b) Where in cases of transfer, his / her family members stay temporarily for a period not exceeding 4 months at the old station with specific approval of Competent Authority.
  - (c) Where members of his / her family proceed to another station during children's school / college vacation, provided that they do not do so only for medical treatment of any member without specific approval.
  - (d) During pre-authorized leave spent at other station.
  - (e) During education of a dependent child outside headquarter of an employee with specific approval of Competent Authority and if information in this regard has been furnished in the Annual Declaration.
- (4) The cost of pathological / radiological test and / or medicines disbursed / administered by doctor himself included in the bill of any individual Doctor / Specialist (other than a hospital) shall not be reimbursable unless the same are supported by proper Cash Memos of Chemist / Laboratory. Such prescribed medical tests etc. may be got done from a separate Lab or hospital and prescribed medicines be purchased from registered chemists unless such medicines / dressings / injections / oxygen / nebulizer / glucose etc. are administered to a patient in emergency at the clinic of such individual doctor and in such cases the reimbursement will be admissible subject to overall ceiling of OPD treatment.
- (5) Reimbursement of not more than 30 days medicine shall be allowed on one occasion for any particular treatment.

**12.0. Interpretation and relaxation :**

- The Chairman-cum-Managing Director has the authority to interpret these regulations and to modify / withdraw any of these rules without previous notice of its intention and to give effect thereto from the date of issue or from any other subsequent date. In case of any doubt or dispute in regard to interpretation of these Rules, the decision of the Chairman-cum-Managing Director shall be final.
- The CMD will have the authority to allow any person for any medical treatment in any hospital within India in cases where medical condition of such patient so requires.
- The CMD will have the authority to approve relaxation of any of the provisions of these Rules and / or the supplementary rules and / or the amendments issued thereto

in respect of a category or categories of employees for reasons to be recorded in writing. However, he may at his discretion seek a decision of the Board of Directors on matters involving substantial questions of policy.

- In case any particular aspect related to the Medical facilities is not covered in these Rules, the matter shall be referred to CMD for taking a final decision, which shall also be updated in these Rules.

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**NATIONAL SEEDS CORPORATION OF INDIA LIMITED  
NAME OF THE FARM/OFFICE \_\_\_\_\_**

**DECLARATION ABOUT FAMILY MEMBERS FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES**

**AS ON 1<sup>st</sup> April, 2014**

**(To be submitted on first week of January every year)**

I, \_\_\_\_\_ (Name) \_\_\_\_\_ (Designation) working at \_\_\_\_\_ (office) do hereby declare that:

1. The members of my family and other dependents for whom I shall be claiming reimbursement of medical expenses are as under :

Sl. No	Name (Shri/Smt.)	Date of Birth /Age	Relationship with employee	Martial Status (Married/Unmarried/Widow)	Since when residing with employee
1			Self		
2					
3					
4					
5					
6					

2. My wife / husband is employed in \_\_\_\_\_/is not employed, and she / he will / will not claim reimbursement from NSC OR her / his employer.

3. My brother (s) / unmarried sister (s) employed in \_\_\_\_\_ (Govt. Public Sector/Private Sector) will not claim reimbursement of medical expenses in respect of above dependents (Parents/Brothers/Sisters) for whom I shall claim.

4. My other brother (s)/sister (s) are not contributing to the upkeep of my dependent (s)(Parents/Brothers/Sisters) because of the following reasons :

\_\_\_\_\_

5. My son / daughter as indicated at serial No. \_\_\_\_\_ above is presently living at \_\_\_\_\_ for pursuing higher studies in \_\_\_\_\_.

6. Certified that the person (s) for whom reimbursement will be claimed by me is/are wholly dependent on me and residing with me. Their income from all sources put together does not exceed the existing prescribed limit under the Medical Attendance Rules in each case.

7. I undertake to inform the Management about deletion/addition in the above list within a period of 30 days of occurrence.

Signature of the employee

Name \_\_\_\_\_

Date :

SIGNATURE & COMMENTS OF THE CONTROLLING OFFICER :

To be forwarded to : HR Department for Approval & Record

**NATIONAL SEEDS CORPORATION LIMITED**  
**NAME OF FARM/OFFICE \_\_\_\_\_**

**INTIMATION FORM TO BE SUBMITTED AT THE TIME OF HOSPITALIZATION**

I, \_\_\_\_\_ (Name) \_\_\_\_\_ (Designation) working at \_\_\_\_\_ (office) hereby intimate that myself/the following member of my family, is to be admitted in the hospital for indoor treatment on \_\_\_\_\_ :

<b>Name of the dependent patient (Shri/Smt.)</b>	<b>Age</b>	<b>Relationship with employee</b>	<b>Martial Status (Married/Unmarried/Widow)</b>
		Self	

2. Address of Hospital & Name of the Treating Doctor :
3. Whether recognised under CGHS :
4. Nature of Disease / Ward in which admitted :
5. Place at which patient had fallen sick :
6. Likely number of days of Indoor Treatment :
7. Any other information :

Certified that the above person is wholly dependent on me under the Medical Attendance Rues and his/her name is already intimated/included in the list of Dependents.

Signature of the employee

Name \_\_\_\_\_

Contact No : \_\_\_\_\_

Place :

Date :

To

H R Department

\_\_\_\_\_

\_\_\_\_\_

**NATIONAL SEEDS CORPORATION LIMITED**

**NAME OF THE FARM/OFFICE \_\_\_\_\_**

**Medical Advance Form**

1. Name & Designation of Employee :
2. Pay Scale & Basic Pay :
3. Employee No. :
4. Name and age of the dependent patient & relationship with the employee : ..... Age ..... Years
5. Nature of disease suffering from :
7. Name of the Hospital & date of admission :
8. Whether hospital recognized by NSC or under CGHS/CS (MA) Rules. :
9. Estimated expenditure in detail based on CGHS rates (to be supported with documentary evidence from the concerned Hospital). :
10. Amount already deposited from own pocket :
11. Amount of advance applied for and dates when required to be deposited (Advance may be released in one or more instalments) :
12. Whether any earlier medical advance is outstanding? :  
If so, amount outstanding and reasons for not rendering the account.

I certify that the patient is my \_\_\_\_\_ and is fully dependent and residing with me and his/her name is already included in the Dependents List already submitted by me in the beginning in the year. I hereby undertake that the above Advance would be utilized by me only for the purpose for which the same is being drawn and I shall render the account for same within the stipulated period, failing which the same may be recovered in lumpsum from my salary (and other dues) along with prevailing rate of penal interest besides being liable for any departmental action under the Corporation's rules.

**Signature of the Employee**

- Encls. : 1. Prescription of hospital advising Admission  
2. Hospital Estimate  
3. Any other supporting document  
4. Copy of Identity Card duly authenticated ( in case of employees of other Farm/Office)

Date :

SIGNATURE OF THE FORWARDING OFFICER :

SIGNATURE OF THE APPROVING AUTHORITY :

**NATIONAL SEEDS CORPORATION LIMITED**  
**NAME OF FARM/OFFICE \_\_\_\_\_**

**CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES**

- 1 Name, Designation of employee and Department : \_\_\_\_\_
- 2 Basic Pay & Scale of Pay : Rs. \_\_\_\_\_ ( Scale \_\_\_\_\_ )
- 3 Name of the patient and relationship : \_\_\_\_\_
- 4 Place at which the patient had fallen sick : \_\_\_\_\_
- 5 Name of the Hospital from which treatment taken : \_\_\_\_\_
- 6 Name of the Treating Doctor/Surgeon : \_\_\_\_\_
- 7 Whether recognized by NSC/CGHS/CS(MA)/Govt. Hospital : \_\_\_\_\_
- 8 Whether the patient was declared as dependent in the Service Record : \_\_\_\_\_
- 9 Whether requisite intimation was sent to Management, if so, date of intimation (copy enclosed) : \_\_\_\_\_
- 10 Amount of medical Advance drawn, if any : \_\_\_\_\_
- 11 Particulars of reimbursement :
- |                    |  |   |           |
|--------------------|--|---|-----------|
| (i)                | Doctor/Surgeon Fees                        | : | Rs. _____ |
| (ii)               | Cost of Medicines/Injections/Implants etc. | : | Rs. _____ |
| (iii)              | Charges for Accommodation/Day Care/ICU     | : | Rs. _____ |
| (iv)               | Pathological Charges                       | : | Rs. _____ |
| (v)                | Charges for surgery/Operation Theatre      | : | Rs. _____ |
| (vi)               | Nursing Charges                            | : | Rs. _____ |
| (vii)              | Ambulance Charges                          | : | Rs. _____ |
| (viii)             | Diet Charges                               | : | Rs. _____ |
| (ix)               | Any other charges (Please specify)         | : | Rs. _____ |
|                    | (i) Rs. _____                              | } | Rs. _____ |
|                    | (ii) Rs. _____                             |   |           |
|                    | (iii) Rs. _____                            |   |           |
|                    | (iv) Rs. _____                             |   |           |
| <b>Grand Total</b> |  | : | Rs. _____ |

I Certify that the particulars given above are correct and the expenditure has actually been incurred by me on medical treatment of self or a member of my family.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Signature of Controlling Officer \_\_\_\_\_

Date : \_\_\_\_\_

Encls. : (Originals)

Forwarded to Finance Department

**FOR OFFICE USE ONLY**

Checked, verified and passed for payment of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

- Inadmissible amount with details

- Approval of Competent Authority taken on \_\_\_\_\_ (enclosed)

**ACCTS. ASSTT./JE (F&A)**

**AO/AM (F&A)**

**AGM / GM (F&A)**

**LIST OF EMPANELMENT HOSPITAL BY NSC FOR DIAGNOSTIC CENTRE/HOSPITALS ON CGHS RATES (FOR HEAD OFFICE, NEW DELHI)**

S. No.	Name of Hospital/Address	Area/Locality	Given Consent for providing facility for Outdoor/Indoor/Diagnostic
1.	Dr. Gulati Imaging Institute J-16, Hauz Khas Enclave, Main Aurobindo Marg, New Delhi- 110016 Tel: 011-49515253 E-mail- <a href="mailto:info@drgulatiimaging.com">info@drgulatiimaging.com</a> Website: <a href="http://www.drgulatiimaging.com">www.drgulatiimaging.com</a>	Hauz Khas	Diagnostic
2	Dr. M. L. Aggarwal X-ray & USG. Clinic A-1/150, Safdarjung Enclave New Delhi- 110029 Ph: 26105271, 26108922 Mob: 9711476800 E-mail- <a href="mailto:docravi_agg@yahoo.com">docravi_agg@yahoo.com</a> , <a href="mailto:docravi_agg@gmail.com">docravi_agg@gmail.com</a>	Safdarjung	Diagnostic
3	Jeewan Nursing Home & Hospital 2-B, Pusa Road New Delhi- 110005 Phone:- 42430246, 42430247, 42430248, 42430249 Fax: 25851939 E-mail- <a href="mailto:jeewancarevs@yahoo.co.in">jeewancarevs@yahoo.co.in</a>	Pusa Road	Hospital
4	Jeewan Mala Hospitals Pvt. Ltd. 67/1, New Rohtak Road New Delhi- 110005 Tel: 47774141, 23511474-77 Fax: 011-47774242, 23670347 E-mail: <a href="mailto:info@jmh.in">info@jmh.in</a> Website: <a href="http://www.jmh.in">www.jmh.in</a> , <a href="http://www.gynaecendoscopy.in">www.gynaecendoscopy.in</a>	New Rohtak Road	Hospital
5	Jaipur Golden Hospital 2-Institutional Area, Sector-3, Rohini New Delhi- 110085 Mob:- 9968240003 Fax: 011-27518121 E-mail: <a href="mailto:ravinder@jghdelhi.net">ravinder@jghdelhi.net</a> Website: <a href="http://www.jghdelhi.net">www.jghdelhi.net</a>	Rohini	Hospital
6	Dr. B. L. Kapur Memorial Hospital Pusa Road New Delhi- 110005 Tel: 011-30403040 Fax: 011-25752885 E-mail: <a href="mailto:info@blkhospital.com">info@blkhospital.com</a> Website: <a href="http://www.blkhospital.com">www.blkhospital.com</a>	Pusa Road	Hospital
7	Rockland Hospital B-33-34, Qutab Institutional Area New Delhi- 110016 Tel: 011-41222222, 47667100 to 47667499 Fax: 41688765 E-mail- <a href="mailto:info@rocklandhospital.net">info@rocklandhospital.net</a> Website: <a href="http://www.rocklandhospital.com">www.rocklandhospital.com</a>	Qutab Institutional Area	Hospital
8	Delhi Hear & Lung Institute 3mm-II, Panchkuian Road New Delhi- 110055 Tel: 42999999, 23538351 Fax: 42999802, 42999961 E-mail- <a href="mailto:info@dhli.in">info@dhli.in</a> Website: <a href="http://www.dhli.in">www.dhli.in</a>		

**Note: The list will be updated from time to time if any additional Hospitals/Diagnostic/ Eye Hospital to the above list after acceptance of Empanelment by Hospitals/Diagnostic Centre.**