



केन्द्रीय भण्डारण निगम
(भारत सरकार का उपक्रम)
CENTRAL WAREHOUSING CORPORATION
(A GOVT. OF INDIA UNDERTAKING)



जन जन के लिए भण्डारण - WAREHOUSING FOR EVERY ONE

No. CWC/MS-7/PRMCS/Admn. 1308A

Dated: 14.09.2018

CIRCULAR

Sub: Reimbursement of outdoor medical expenses in respect of retired employees

Consequent upon the changes in the Income Tax Act, 1961, it has been decided to dispense with the system of submission of medical bills for availing the facility of outdoor medical treatment upto an amount of Rs. 15,000/- per year by the ex-CWC employees. In its place, with immediate effect, the amount upto Rs. 15,000/- shall be disbursed towards outdoor medical treatment to the retired employees on the basis of certification as per the enclosed format.

Retired employees may submit the certificate at any time during the course of financial year. However, payment shall be disbursed only in the months of October and April. One employee can submit only one such certification in a year. Multiple certification for part amount shall not be entertained. All other terms and conditions as per circular No. CWC/MS-7/Admn.(Part-II)/47D dated 26.07.2007 and No. CWC/MS-7/Admn. dated 31.05.2010 regarding post retirement medical benefit to the retired employees shall continue to apply.

For the financial year 2018-19, the balance left over amount against each retired employee may be disbursed on the basis of certification as mentioned above.

The disbursing officer shall ensure that there is no excess/double payment made to the employees and the disbursement should take place only on the basis of bonafide certificates.

Arvind Chaudhri
14-09-18

(Arvind Chaudhri)

Group General Manager (Pers.)

Encl: as above

Copy to:

1. All HoDs, CWC, CO, New Delhi.
2. GM(Fin.), CWC, CO, New Delhi/All RMs, CWC, ROs, _____ - with the request to arrange implementation of the guidelines.
3. PPS to MD/PS to Dir.(MCP)/PS to Dir.(Fin.) - for information please.
4. GM(MIS), CWC, CO, New Delhi - for arranging to upload on CWC website.

CERTIFICATE

This is to certify that I have incurred an amount of Rs. _____ (Rupees _____) towards outdoor medical treatment for self and dependant spouse for the financial year _____.

It is further certified that my spouse is employed in _____/not employed and the spouse is claiming/not claiming medical reimbursement. The amount may be remitted to my Bank A/c as per details given below :-

S. B. A/c No.	
Bank Name & Branch Address	
IFCS Code of Bank	

I further confirm that I have not claimed any amount till date and shall not claim in future towards outdoor medical treatment for the above financial year.

Signature
Name
Designation
Place of posting

Passed for payment of Rs. _____
(Rupees _____)

AM(SG)/SAM(SG)

Note: The retired employees please submit the certificate alongwith the I-Cards i.e. issued by CO/Concerned ROs