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केन्द्रीय भण्डारण निगम
(भारत सरकार का उपक्रम)

CENTRAL WAREHOUSING CORPORATION

(A Govt. of India Undertaking)

जन-जन के लिए भण्डारण/Warehousing for Everyone



No. CWC/CO-PD0PLCY/18/2023-PERSONNEL

Dated: 01.02.2024


CIRCULAR

SUBJECT: AMENDMENT IN THE CENTRAL WAREHOUSING CORPORATION EMPLOYEES MEDICAL ATTENDANCE SCHEME...reg.

With the approval of the Board of Directors in its 388th meeting held on 23.12.2023, the Medical Attendance scheme for Employees of the Corporation has been amended and is enclosed herewith.

These rules shall supersede all the earlier instructions issued in this regard and shall come into force w.e.f. 01.04.2024. Henceforth, the facility of reimbursement towards outdoor medical treatment for Rs 6400 per quarter in respect of group C & D employees shall be dispensed with effect from 01.04.2024.

The Empanelled rates of Holy Family Hospital, Okhla Road, New Delhi, CGHS Rates and rates of AIIMS hospital shall be issued by Admin section separately.


Digitally signed by
SIDHARTH RATH
Date: 2024.02.01
12:47:08 +05'30'

(Dr. Sidharth Rath)
General Manager (Personnel)

**(Authority: Agenda item No. 388.02
of 388th meeting of the Board of
Directors held on 23.12.2023)**

Distribution To:

1. All HoDs, CWC, CO, New Delhi.
2. All Regional Managers, CWC, Regional Offices to create awareness/ ensure circulation to all Warehouses.
3. PPS to MD/ PPS to Dir (M&CP)/ Sr. PA to Dir (Fin)/ PPS to Dir (Pers), CWC, CO, New Delhi.
4. Secretary General, Federation of Central Warehousing Corporation Employees Union, New Delhi- for information and acknowledgement.
5. GM (Systems), CWC, CO New Delhi- for implementation in HRMS & uploading the Circular on Website.
6. GM (Admin), CWC, CO New Delhi- for circulating the Empanelled rates of Holy Family Hospital, Okhla Road, New Delhi, CGHS Rates and rates of AIIMS Hospital.

C.O.: 4/1, Siri Institutional Area, August Kranti Marg, Hauz Khas, New Delhi-110016.

Tel.26566107 **Website:-www.cewacor.nic.in**

CENTRAL WAREHOUSING CORPORATION

MEDICAL ATTENDANCE SCHEME

1. SHORT TITLE:

This scheme shall be called “Central Warehousing Corporation Employees Medical Attendance scheme”. The scheme shall come into effect from 01st April 2024.

2. PURPOSE:

The rules are formulated to provide a certain measure of social security to the employees and their family members against various types of illness which occurred them during the employment.

3. SCOPE AND APPLICABILITY:

The rules shall apply to the following:

- (i) All regular employees of the Corporation and those on probation.
- (ii) All those on deputation from a Government department, or other Public Sector Undertaking who opt to be governed by these rules instead of by the Rules in force in their parent organization within a month of joining the corporation.
- (iii) These rules are not applicable to casual and daily rated/adhoc employees and those engaged on contractual basis unless specially provided for in the appointment terms.

4. DEFINITIONS:

1. **"Authorized Medical Attendant"** (AMA) means any qualified & registered medical practitioner. For the treatment of special diseases under Clause 7 (2) such as cancer, chronic heart diseases, chronic renal diseases, chronic liver diseases, etc. the authorized medical attendant shall mandatorily be specialized in the field of possessing MD/MS qualification (as applicable) for consideration for reimbursement under the Rules.
2. **"Specialist"** means any Registered Medical Practitioner with a Post Graduate degree in any specialized branch of Medicine.
3. **"Family"** means:
 - a) The employee's spouse and unmarried children or step children or legally adopted children wholly dependent on the employee, irrespective of whether they are residing with the employee or not,
 - b) Married daughters who have been divorced, abandoned, or separated from their husbands and widowed daughters and are residing with the employee and are wholly dependent on the employee,

- c) Parents and /or stepmother/stepfather residing with and wholly dependent on the employee, and they normally reside with the employee concerned at his/her duty station or with rest of his/her family at a place other than his/her duty station.
- d) Unmarried minor brothers as well as unmarried, divorced, abandoned, separated from their husband, or widowed sisters residing with and wholly dependent on the employee, provided their parents are either not alive or are themselves wholly dependent on the employee.

“Dependency” The term dependency means that the income from all sources including pensions and pension equivalent of DCRG (Death cum retirement Gratuity) benefit is upto the limit as prescribed by the Ministry of Health and Family Welfare, Government of India and as amended from time to time. However, there is no such limitation of income in respect of spouse.

Note:

- (i) For the purpose of dependency, employee shall submit the information as per format enclosed at **Annexure-I** to this scheme along with the Income Certificate (Any income including Nil income) issued by appropriate authority. The format shall be submitted by all the employees of the Corporation by 31st March of every year irrespective of the fact whether they had submitted said declaration in the previous year or not.

Age-Limit for dependents shall be as follows:

Sr. No.	Relation with Family Member	Criteria
1.	Son	Till he starts earning or attains the age of 25 years, whichever is earlier.
2.	Daughter	Till She starts earning or gets married, irrespective of age limit, whichever is earlier.
3.	Son suffering from any permanent disability of any kind (Physical or Mental)	Irrespective of age limit
4.	Dependent divorced/ abandoned or separated from their husband / widowed daughters and depended unmarried/ divorced abandoned or separated from their husband/widowed sisters	Irrespective of age limit
5.	Minor brother (s)	Up to the age of becoming a major.

- (ii) The female employees will be given the choice to include her parents or parents-in-law for which they have to give a declaration immediately after marriage and this option can be changed only once during the entire period of her service.

- (iii) For reckoning the income, the pension originally sanctioned and not the pension after commutation will be taken into account for determining the entitlement and coverage.
 - (iv) 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 the parents of both will be included independently for the purpose of these benefits, subject to the other conditions for their inclusion being satisfied.
 - (v) Husband or the wife of an employee, as the case may be, employed in the Govt. or any other Public Sector Undertaking or any other local body which provide medical facilities would be entitled to choose either the facilities provided by Corporation or by his/her employer. Where the spouse of the employee chooses to avail of the medical facilities from Corporation, he/she is required to produce a certificate that (i) he/she is not availing medical facilities from his/her organization and (ii) his/her spouse employed in other organization is not in receipt of fixed monthly medical allowance.
 - (vi) Dependent parents if already availing medical facility under any of the Govt./PSU scheme, insurance etc. may be considered for availing medical facility under "CWC Medical Attendance Scheme" only in case of 'hospitalization' provided the same benefit is not being availed by them under any of the scheme mentioned above simultaneously for the same treatment. Declaration to this effect may be submitted by the employee before availing the facility.
4. **"Hospital"** includes a Nursing Home also which has a valid Registration from Directorate of Health Services of Central Govt./State Govt/UTs/any other Medical Institute registered by appropriate authority.
 5. **"Corporation"** means the Central Warehousing Corporation established under Section 3 of the Warehousing Corporation Act, 1962 (58 of 1962).
 6. **"Managing Director"** means the Managing Director of the Corporation.

5. MEDICAL BENEFITS:

The employees of the Corporation, to whom this scheme apply, shall be eligible to be 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 limit prescribed in this scheme.

6. MEDICAL TREATMENT COVERED:

- (a) Medical treatment for the purpose of this scheme shall include treatment in any of the systems of medicine i.e. Allopathy, Ayurveda, Homeopathy and Naturopathy.

The treatment can be availed: -

- i) at the consulting room of an Authorized Medical Attendant,
- ii) at the residence of the family,
- iii) at the outpatient department of any hospital,
- iv) as indoor patient of any hospital or nursing home.

However, for medical treatment of any disease through Ayurveda, Naturopathy and Homeopathy indoor accommodation charges shall not be allowed unless the Medical Practitioner prescribe for hospitalisation of the patient.

- (b) It will also include all necessary specialized attention like pathological, radiological and other methods of diagnosis, dental and ophthalmological services, maternity and surgery etc. Medical equipment recommended by the Doctor as necessary for the treatment are also reimbursable.
- (c) The term medical treatment for OPD means the medical treatment undertaken without admitting the patient in Hospitals/Nursing Homes and IPD means medical treatment undertaken during the hospitalization of the patient. However, the charges for medicine etc. prescribe on discharge summary to be administered post hospitalization shall be treated under OPD.
- (d) Medical treatment includes the Health check-up and vaccination as prescribed by the Medical Practitioner.

7. MONETARY CEILING TO THE REIMBURSEMENT OF EXPENSES ON MEDICAL TREATMENT:

1. **(i) Monetary ceiling** for reimbursement of medical expenses for outdoor treatment for an individual employee and his family members for a Financial year would be one-month Basic Pay plus Dearness Allowance as on 1st April or date of joining of the employee during the respective financial year.
- (ii) Consultation Fee:** Consultation fee paid to the Doctor for visiting on each occasion shall be reimbursable in full subject to the outdoor ceiling limit as mentioned in clause 7(1)(i).
- (iii) Medical equipment(s):** The reimbursement towards expenditure on Medical equipment(s) viz. Pulse Oximeter, BP Monitor machine, Thermometer, Weighing Machine, Steamer, Sugar Testing Machine, Nebulizer, Denture, Spectacles & contact lenses (for self and spouse), etc. shall be allowed during the financial year subject to the combined ceiling limit of Rs.25,000/- with ceiling of Rs.5,000/- for each items against submission of proper bills/invoice. Reimbursement of medical equipment

under Clause 6(b) for outdoor treatment to be made within the above-prescribed ceiling.

(iv) Off- The-Shelf Medicines: The amount for off-the-shelf medicines which can be reimbursed without prescription of Doctor shall be restricted to Rs.5,000/- in a financial year within the annual outdoor medical ceiling for the following common ailments:

- Cold
- Cough
- Sore Throat
- Fever
- Aches
- Pain
- Stomach Upset and indigestion
- Nausea and Vomiting
- Minor burns, skin rashes and itching
- Allergies

Medicines approved for marketing in India shall be claimed for reimbursement under the said ceiling without prescription of Doctor.

(v) If, in any particular financial year, employees who do not spend full amount available to them for outdoor medical expenditure, the unspent balance amount will be carried forward to the subsequent financial years.

2. **Special Diseases:**

Below mentioned diseases shall be considered as 'Special Diseases' for the purpose of reimbursement if under taken as out patient:

- i) Tuberculosis(TB)
- ii) Cancer
- iii) Coronary artery disease - causing Ischemic Heart disease
- iv) Epilepsy
- v) Chronic Renal disease (Renal Failure)
- vi) Leprosy
- vii) Paralysis
- viii) Chronic depression
- ix) Poliomyelitis
- x) Glaucoma
- xi) Chorionic Liver diseases.
- xii) Haemolytic disorder

For special diseases, initial in-principle approval for treatment for employee and his dependents shall be accorded by Director (Pers.) based on recommendation of HoD/RM concerned in a prescribed format (**Annexure-II**). In case of Managing Director, Functional Directors, CVO, HoDs and Regional Managers, the Competent authority is Director (Personnel). For Dir.(Pers.), the approving authority is Director (Fin.). Personnel Division at Corporate Office shall receive and convey the approval to employee concerned, Finance Division and concerned HoD/Regional Office. Separate Accounts shall be maintained for 'Special

Diseases'. Bills against 'Special Diseases' shall be met out of 'Special Disease' Account.

Initial payment against the 'Special Disease upto Rs. 1 lakh in a year shall be passed on approval of RM/HoD concerned. Subsequent payment beyond Rs. 1 lakh shall be made with prior approval of Director (Pers.).

For outdoor medical ceiling for Coronary Artery Disease – causing Ischemic Heart Disease, it is clarified that the reimbursement is admissible in respect of outdoor expenditure on medication after heart surgery/ angiography/ angioplasty.

8. HOSPITALIZATION (Indoor Treatment):

- (i) For medical treatment requiring hospitalization and indoor attention, full reimbursement would be made of the expenses incurred if the treatment is undertaken in:
 - (a) Government Hospital.
 - (b) Government aided Hospital.
 - (c) Charitable Trust Hospital
 - (d) Hospitals run by other PSUs.
 - (e) Hospitals empanelled by the Corporation (CWC).
- (ii) Period of Hospitalization shall begin from the date of admission of the patient in the Hospital till the date of his/her discharge from the Hospital.
- (iii) If the employee or his/her family member undergoes indoor treatment in a private/un-empanelled hospitals, reimbursement of expenses incurred would be made, but the same would, in no case, exceed the following limits:-

(a) In respect of self, spouse, children, dependent parents, parents in law for female employee.	Empanelled Rates prescribed for treatment by Holy Family Hospital, Okhla Road, New Delhi.
(b) In respect of others	Rates prescribed under CGHS.

Note:

1. In case treatment is taken in any Hospital other than the Hospital mentioned clause 8(i) and the rates of any item/procedure is not found and/or specified in the Schedule of Charges of Holy Family Hospital, reimbursement of expenses for such item/ procedure would be made as per AIIMS or CGHS rates whichever is higher.
2. The rates fixed by CGHS, AIIMS and Holy Family Hospital, Okhla Road, New Delhi and empanelled hospitals for various items shall be circulated from time to time.

9. PROVISION FOR IVF TREATMENT:

- (a) Requests for IVF treatment shall be considered only on the basis of advice tendered by the Head of Department of Gynaecology and Obstetrics of a Government / Private Medical institution provided the institution has the necessary facilities including equipment and trained manpower for carrying out the procedure.
- (b) There should be clear evidence of failure of conventional treatment before permitting IVF treatment procedure.
- (c) The age of woman undergoing IVF treatment procedure should be between 21 and 39 years.
- (d) The woman has to be married and living with her husband.
- (e) The IVF treatment procedure shall be allowed only in cases of infertility where the couple has no living issue.
- (f) Reimbursement of expenditure incurred on IVF procedure shall be allowed upto a maximum of three fresh cycles in case of failure /miscarriage in any cycle.
- (g) Per cycle rates of IVF procedure of concerned Medical Institution to be considered for reimbursement if treatment is taken in a Govt. Medical Institution or an Empanelled Medical Institution.
- (h) In principle approval shall be required from Director (Personnel) on recommendation of HoD/ Regional Manager for seeking reimbursement before undergoing the IVF treatment.
- (i) There will be a onetime permission for availing IVF treatment consisting of three cycles in total, which would be admissible for the beneficiary.

10. COMPULSORY MEDICAL CHECK UP OF EMPLOYEES

- (i) Employees attaining the age of 50/55 years shall undergo compulsory medical check-up from the empanelled hospital of the corporation or Registered Medical Practitioner.
- (ii) The expenditure incurred on compulsory medical check-up shall be reimbursed at Corporation's cost within the annual outdoor medical ceiling of the concerned employee as mentioned in clause 7(1)(i).
- (iii) The medical check-up normally includes, interalia, history and general physical examination, routine Urine & Stone examination, eye Examination – Ophthalmology assessment, X-ray Chest (P.A. view),

Resting Electro Cardiography, Hematology (HB-TLC-DLC-ESR & Blood group), Bio-chemist Acid (Blood sugar, Fasting, PP Cholesterol, Triglycerides, Urea, Creatinine & Gamma G.T) and for gynae check-up with Pap Smear. In case there is suggestion of any abnormality, the employee shall be subject to further detailed investigation and treatment as considered necessary. Further, employees as a preventive measure may undergo medical check-up of item not included in the above list within the annual outdoor medical ceiling.

11. ENTITLEMENT TO ACCOMMODATION IN CASE OF HOSPITALIZATION:

- (a) The employee, his/her spouse and children and dependents parents while undergoing indoor treatment in hospitals will be entitled to accommodation as per the following rates:

Designation	Entitlement of Room Type	Room Rent Per day (Rs.)	
		X Class city as per HRA	Y & Z Class city as per HRA
Board level & CVO	Suites	12000	8000
E-5 & above	Deluxe	9500	6400
E-1 to E-4	Single	7500	5000
S-III to S-VI	2 Bedded	5600	3800
S-I & S-II	3 Bedded	4100	2750

- (b) The indoor treatment rate shall be regulated according to the entitled room type rates.
- (c) The other dependents shall be entitled to accommodation as permissible under CGHS:

Designation	Room Rent per day (Rs.)
E-1 & above	4500
S-III to S-VI	3000
S-I & S-II	1500

12. EXPENSES FOR PURCHASE OF MEDICINE:

All expenses on purchase of medicines on advice of a medical attendant or the hospital authorities where treatment is undertaken as per Clause 6 or on the purchase of "Off The Shelf Medicines" for Common Ailments as per clause 7.1(iv) will be reimbursed subject to prescribed ceiling of outdoor treatment as mentioned in clause 7(1)(i).

13. DENTAL TREATMENT:

Charges for the supply of dentures, cleaning, polishing of teeth, filling of teeth with gold or the dental treatment for cosmetic reasons are not reimbursable.

Apart from the above, the Dental treatment expenses shall be reimbursable subject to the ceiling limit of outdoor treatment as mentioned in clause 7(1)(i).

14. OPHTHALMIC TREATMENT:

Actual expenditure incurred on eyes check-up & treatment will be reimbursed subject to prescribed ceiling for outdoor treatment as mentioned in clause 7(1)(i).

15. PATHOLOGICAL AND OTHER EXPENSES:

Expenses incurred on pathological & other investigations including physiotherapy would be reimbursed if such were on the advice of an authorized medical attendant or by the hospital authorities.

In case of outdoor medical treatment, the same shall be covered under the outdoor ceiling limit as mentioned in clause 7(1)(i).

16. REIMBURSEMENT PROCEDURE:

Reimbursement of expenses on medical treatment under these rules shall be made to the employee preferring a bill for this purpose enclosing the prescription of the Medical Attendant/hospital etc. (except for off-the-shelf medicines prescribed at Clause No. 7(1)(iv) and the cash vouchers for the purchase of medicines and incurring of other expenses from the concerned chemist, laboratory, hospital etc. All the bills may be submitted directly to the Accounts Division for the purpose of check and reimbursement of the admissible amount. **(Annexure-III)**

Time Limit for submission of Medical Claim: Such claims should be strictly preferred not later than 6 months from the end of the month in which they are incurred. Claims preferred after 6 months from the end of the month in which they are incurred shall not be entertained under any circumstances. Claims should be submitted on prescribed application form.

17. GENERAL:

- (i) **Grant of Advance:** Competent Authority may grant advance to the employees to enable them initially to meet expenditure on indoor-medical treatment for themselves and their dependent family members up to 60% of the estimated expenditure provided by the Hospital. Payment of advance amount shall be paid directly to Hospitals. However, in case of special circumstances, payment of advance amount may be disbursed to

the employee with the approval of Competent Authority. The employee shall ensure that the bills to be submitted within fifteen days after discharge from the Hospital.

- (ii) The Plastic Surgery for Cosmetic reason or Treatment for Cosmetic purpose is not reimbursable.
- (iii) Employees shall be responsible for submission of any infructuous bills.
- (iv) For empanelled hospitals, the direct payment system would continue.
- (v) Issuing of Authorization letter to the empanelled hospitals for the indoor treatment of employees and their dependent under direct payment system:

The Authorisation letter can be issued on the recommendation of Doctor concerned mentioned with the date of admission by the HoD (Personnel) at Corporate Office/ Regional Managers for the officials working under their jurisdiction. The medical bills raised by the concerned hospitals will be settled by the Finance Division of Corporate Office/ Accounts Section of concerned Regional Office.

18. INTERPRETATION AND RELAXATION:

The Managing Director has the power to interpret these rules in case of doubt and his decision will be final. Managing Director may also relax the provisions of these Rules in individual cases of hardship for reasons to be recorded in writing.

19. MODIFICATION/ AMENDMENT OF RULES/ DELEGATION OF POWERS:

Board of Directors may modify, amend, append, and delete any of the provisions of the rules as deemed necessary from time to time.

Declaration to be submitted at the beginning of every calendar year under Medical Attendance Rules

I _____ (Name) _____ (Designation)
_____ (CPF Code) do hereby declare that:

- (i) The following members of my family are wholly dependent upon me under CWC TA/DA Rules & Medical Attendance Rules:

Sr. No.	Name	Date of Birth	Relationship	Residing with me since	Status (Married / Unmarried/ Widow)	Monthly Income (In Rupees)
1.	2.	3.	4.	5.	6.	7.

Note 1: For determining dependency of family members (except spouse), income from all sources including pensions and pension equivalent of DCRG (Death cum retirement Gratuity) benefit is less than Rs.9000/- plus amount of DA on Basic pension per month on 1st January. The dependency shall be regulated as per the terms & conditions laid down by the Central Government in terms of CGHS rules, as amended from time to time. Age-Limit for dependents shall be as follows:

Sr. No.	Relation with Family Member	Criteria
1.	Son	Till he starts earning or attains the age of 25 years, whichever is earlier.
2.	Daughter	Till She starts earning or gets married, irrespective of age limit , whichever is earlier.
3.	Son suffering from any permanent disability of any kind (Physical or Mental)	Irrespective of age limit
4.	Dependent divorced/ abandoned or separated from their husband / widowed daughters and depended unmarried/ divorced abandoned or separated from their husband/widowed sisters	Irrespective of age limit
5.	Minor brother (s)	Up to the age of becoming a major.

Note 2:

For the purpose of monthly income ceiling, the same will be worked out by adding the following elements for whole year and then divided by 12.

- Gross Income from employment/profession
- Income from agriculture
- Pension (plus Dearness Relief, if any)
- Interest from deposits with banks/Financial Institutions/Post Offices/other establishments etc.
- Rent from House/Land Holdings
- Fees/Consultation Fee/Tuition Fee/Coaching Fee etc.
- Honorarium for lectures/Talks etc.
- Other sources

- (ii) Particulars of other members of my family who are not dependent on me are given as under.

Sr. No.	Name	Date of Birth	Relationship	Residing with me since	Status (Married / Unmarried/ Widow)	Employment / Profession
1.	2.	3.	4.	5.	6.	7.

Please tick (✓) whichever is applicable:

- (iii) My father/ mother/ parent namely _____ is/ are wholly dependent on me and that he/ she/ they normally reside with me at _____
- (iv) My wife/husband is employed in _____/ is not employed, and she/he will/will not claim reimbursement from CWC or her/his employer.
- (v) My Son/ Daughter _____ aged _____ is unemployed and wholly dependent on me
- (vi) My brother(s)/unmarried sister employed in _____ (Govt./Public Sector/Private Sector) will not claim reimbursement of medical expenses in respect of dependents from whom I shall claim.
- (vii) My father and mother is/are drawing/not drawing pension/family pension. Their monthly income including pension and family pension / income from all other sources as mentioned in Note 2 above is less than Rs.9000/- plus amount of DA on Basic pension per month.
- (viii) My mother is a widow and her total monthly income including pension and all sources as mentioned in Note 2 above is less than Rs.9000/- plus amount of DA on Basic pension per month, if any.
- (ix) My other brother(s)/sister/(s) are not contributing to the upkeep of my dependent(s) because of the following reasons:

I fully understand that in case the above declaration is found to be wrong, I render myself to disciplinary action under the extant rule.

Signature of the Employee

CPF Code _____
Designation _____
 Place of Posting _____

Declaration to be submitted at the time of joining the Corporation and at the beginning of every calendar year under CWC Medical Attendance Rules

My parents, Father Shri _____ and Mother, Smt. _____ are wholly dependent on me.

My father Shri _____ was employed with _____ and superannuated w.e.f. _____ and his monthly income from all sources is Rs _____

My mother Smt. _____ was employed with _____ and superannuated w.e.f. _____ and her monthly income from all sources is Rs. _____

I hereby declare that the income of my parents from all sources is _____ and is not exceeding the income ceiling of Rs _____ as prescribed in CWC TA/DA Rules & Medical Attendance Rules.

I fully understand that in case the above declaration is found to be wrong, render myself to disciplinary action under the extant rules.

Name of the Employee: _____

Signature of the Employee: _____

CPF Code: _____

Place of Posting: _____

Date:

Place:

Through Controlling Officer

Note:

A specific declaration is to be submitted by the employee regarding previous employment/occupation of the parents and in case parent(s) was / were previously employed, the employee shall submit the following documents for consideration of dependency of such parent(s):

1. Service Certificate
2. Documents issued by employer towards superannuation benefits
3. Copy of PPO (if applicable)
4. Income Certificate issued by Collector/Tehsildar/Revenue officer/local revenue authority

Annexure-II

SPECIAL DISEASE CERTIFICATE

This is to certify that Shri / Smt. _____ (name of patient)
aged _____ years, _____ (relationship) of Shri/
Smt./Ms. _____, who is working as
_____ (designation) in Central Warehousing Corporation,
is suffering from _____ disease which require a prolonged treatment.

Signature of the Doctor

Name of the Doctor: _____

Rubber seal with Regn. No. _____

APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES

- 1. Name of the Employee : _____
- 2. Designation /CPF No. : _____
- 3. Place of posting/Division : _____
- 4. Status-Regular/Deputationist : _____
- 5. Present Basic Pay : _____
- 6. Name of patient & relationship : _____
- 7. Nature of illness : _____

8. OUTDOOR TREATMENT

- (i) No.& Dates of consultations & fee paid for each consultation : _____
- (ii) Charges for pathological, bacteriological, radiological or other tests undertaken : _____
- (iii) Cost of Medicines : _____

9. INDOOR TREATMENT

- i) Name of the hospital : _____
- ii) Date of admission : _____
- iii) Date of discharge : _____
- iv) Name of attending Doctor : _____
- v) Names of specialists : _____
- vi) Expenses incurred on
 - (a) Medicines : _____
 - (b) Consultation Fees : _____
 - (c) Laboratory/X-ray etc. test : _____
 - (d) Nursing : _____
 - (e) Ambulance charges : _____
 - (f) Accommodation : _____

10. OFF-THE-SHELF

- i) Cold : _____
- ii) Cough/Sore Throat : _____
- iii) Fever : _____
- iv) Aches/pain : _____
- v) Stomach upset/Indigestion : _____
- vi) Nausea and Vomiting : _____
- vii) Minor Burns, Skin Rashes, Itching : _____
- viii) Allergies : _____

Total amount claimed : _____

I hereby declare that:

The statements in this 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 and is residing with me. The payment/ bills in respect of this claim has been claimed for the first time. The bills/payment in this claim shall/ has not be/ been claimed again neither from CWC nor from any other entity. I agree to indemnify CWC for any mis-statement in my claim /declaration.

Signature of Employee: _____

Date:

The above bill has been checked in accordance with CWC Medical Attendance Rules and the following charges are admissible/ inadmissible:

Sl.No.	Service	Amount Claimed	Amount Not Admissible	Amount Admissible
(i)	Consultant Fees			
(ii)	Cost of medicines			
(iii)	Laboratory Tests			
(iv)	X-Ray Examination			
(v)	Other Tests			
(vi)	Accommodation			
(vii)	Compulsory Medical check-up			
(viii)				
(ix)				
(x)				

1. Total amount reimbursable :
2. Amount already advanced to the employee :
3. Amount now to be paid :
4. Amount recoverable/payable from/to the employee :

(Accounts Officer)
Date: _____

Sanctioned for _____

(Sanctioning Authority)
Date: _____