



भारत सरकार Government of India
रेल मंत्रालय Ministry of Railways
(रेलवे बोर्ड Railway Board)

COMPENDIUM

of

Important letters/Advance Correction Slips

for

Amendments to

Indian Railways Medical Manual, 2000

Issued

During the Year 2011

By :

HEALTH DIRECTORATE

COMPENDIUM

Of

**Important letters/Advance
Correction Slips**

For

Amendments to

**Indian Railways Medical Manual,
2000**

Issued

During the year 2011

BY

HEALTH DIRECTORATE

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No:2012/H/23/1

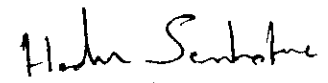
New Delhi, dt. 18.2.2012

**The General Managers,
All Indian Railways & Production Units.**

**Sub: Amendments to the Indian Railway Medical Manual,
2000 (4th Edition) Advance Correction Slips and
Important letters issued thereto during the year 2011
for updating the same.**

Please find enclosed herewith copies of all important letters and Advance Correction Slips issued from 1.1.2011 to 31.12.2011 for incorporating the amendments made to various paras of the Indian Railway Medical Manual, 2000. Copies of the IRMM, 2000 already sent to the Zonal Railways may be got updated accordingly.

This is for your information and necessary action so that all amendments made and correction slips issued from time to time, during the year 2011 may be incorporated in the IRMM-2000 for doing the needful in the matter.



(Mrs.H.K.Sanhotra)

**Deputy Director/Health & Family Welfare
Railway Board.
Ph:44135**

INDEX

S.No.	File No.	Date of issue	Subject	Page No.
1.	2005/H/6-4/Policy-II	18.1.11	Reimbursement of Medical expenses- procedure of disposal.	1
2.	2010/H/1/3/9(QPR)	21.1.11	Quarterly Performance review	2
3.	2011/H-1/6/1	21.1.11	Intensified Pulse Polio Immunization Programme:National Immunization days	3-4
4.	2011/H-1/10/6	28.1.11	Hospital Waste Management.	5-6
5.	2010/H-1/11/36/DC(JCM)	1.2.11	Submission of proposals of recognition of hospitals-reg.	7-10
6.	2008/H-1/12/1(policy)	17.3.11	Extension to the arrangement relating to provision of reimbursement of expenditure incurred on the Dental Treatment of Railway beneficiaries.	11-12
7.	2010/H-1/11/36/DC(JCM)	29.3.11	Corrigendum- Submission of proposals of recognition of hospitals-reg.	13-16
8.	2010/H-1/9/6/Misc	18.4.11	National Vector Borne Disease Control Programme (Diagnosis and treatment of malaria in India).	17-35
9.	2010/H-1/9/6/Misc	18.4.11	National Vector Borne Disease Control Programme (National Drug Policy on Malaria).	36-43
10.	2010/H-1/3/9	20.5.11	Framework for award of comprehensive Health Care Shield & Comprehensive Health Care Cup awarded during Railway Week Central function and Framework for quarterly performance.	44
11.	2008/H/5/18	20.5.11	Periodic Medical examination-relaxation for Loco Pilots declared with type II diabetes-Amendment to Annexure III (Para 509, 512)-12.7.2 of IRMM.	45-49

S.No.	File No.	Date of issue	Subject	Page No.
12.	2005/H-1/12/34	01.6.11	Extension to the scheme of "Honorary Visiting Specialists" in all the Railway hospitals all over Indian Railways.	50-51
13.	2010/H-1/2/21	07.06.11	Grant of medical facilities to dependent relatives-raising the income ceiling.	52-55
14.	2011/H-1/9/2	27.6.11	Food Safety and Standard Rules, 2011.	56-59
15.	2011/H/5/9	1.7.11	Medical decategorisation of staff-Issuance of proper certificate.	60
16. (ACS-1)	2011/H-1/18/6/ ACS	26.7.11	Membership of national/international institutions and reimbursement of membership fees of societies.	61-68
17.	2010/H-1/11/36/DC(JCM)	5.8.11	Submission of proposals of recognition of hospitals-reg.	69
18.	2011/H-1/1/1	11.8.11	Family Welfare Programme on All Indian Railways- Allocation of funds for year 2011-12.	70-75
19.	2011/H/6-4/Policy-1	30.9.11	Reimbursement of medical expenses-delegation of powers to Divisional Railway Managers.	76-81
20.	2011/H/6-4/Policy-I	30.9.11	Modification of Para 648 of IRMM-2000.	82-85
21.	2010/H-1/12/9/Dental Policy	30.11.11	Indian Railway Medical Manual-2000- Amendment of Para 239(1) there of revision in honorarium of Part Time Dental Surgeons.	86-89
21.	2008/H/5/3	20.1.11	Medical fitness of Railway employee/candidate who have undergone Tympanoplasty.	90-91
22.	2009/H/5/34	31.1.11	Irregularities in conduct of PME.	92
23.	2011/H/5/Misc	18.2.11	Issue of sick certificate to RPF Personnel.	93

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

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No.2005/H/6-4/Policy-II

New Delhi, dt. 8.01.2011

The General Manager,
All Indian Railways, Production Units.

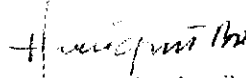
CORRIGENDUM

Sub: Reimbursement of Medical Expenses – Procedure of disposal
Ref: Board's letter of even number dated 22.06.2010(S.No.10 Health/2010)

In partial modification of Board's letter of even number dated 22.06.2010(S.No.10 Health/2010) on the above cited subject, it is advised that Para 1 of the letter may be read as under:-

"Arising out demand made by Staff Side in the DC/JCM meeting held in August, 2009".

The rest of the contents of Board's letter No.2005/H/6-4/Policy-II dated 22.06.2010 (S.No.10 Health/2010) will remain unchanged.

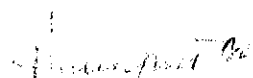

(Dr. B.N./Annigeri)
Executive Director, Health(Genl.)
Railway Board

New Delhi, dt. 8.01.2011

No 2005/H/6-4/Policy-II

Copy forwarded to:

1. Chief Medical Directors/All Indian Railways.
2. FA&CAO/All Indian Railways.



(Dr. B.N. Annigeri)
Executive Director Health(Genl.)
Railway Board

No.2005/H/6-4/Policy-II

New Delhi, dt. 8.01.2011

Copy forwarded to:

1. Principal Director of Audit/All Indian Railways (Including PUs)
2. Deputy Comptroller and Audit General of India (Railways), Room No.224, Rail Bhawan, New Delhi.


For Financial Commissioner/Railways

Copy to F(E) Spl. Branch/Railway Board

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MOST IMMEDIATE

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No.2010/H/1/3/9 (QPR)

New Delhi, dated : 21.1.2011

Chief Medical Directors,
All Indian Railways,
New Delhi.

Sub : Quarterly Performance Review.
Ref : This office letters of even number dated 17.3.2010
31.8.2010, 1.10.2010 and 15.10.2010.

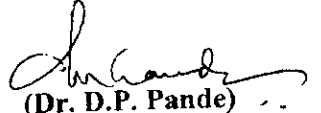
Reference may please be made to this office letter of even number dated 17.3.2010 vide which the exercise of Quarterly Performance Review was initiated. It is expected that similar Quarterly Performance Review exercise is being carried out at the Zonal Level with respective Constituent Unit In-charges (MD, CMS of Divisions/Production Units).

Reference may also be made to this office letter of even number dated 31.8.2010, vide which it was advised that the exercise of Quarterly Performance Review at the Zonal level is to be carried out in the months of April, July, October and January for review of the performance during the immediate preceding quarter ending March, June, September and December respectively.

It is, therefore, desired that Quarterly Performance Review at the Zonal level be carried out in the month of January 2011 for review of the performance during the preceding quarter ending December 2010. Brief of these meetings may please be sent through email at the following email addresses: - dgrhs@rb.railnet.gov.in, edhp@rb.railnet.gov.in & dhfw@rb.railnet.gov.in, and, also to edh@rb.railnet.gov.in and dih@rb.railnet.gov.in.

The Quarterly Performance Review Meeting at the Board level shall be held in the month of Feb. 2011. Exact date and venue shall be communicated in due course. But, without waiting for the same, the Zonal Railways should send the data relating to performance of the respective Zone during the quarter ending Dec. 2010 at the above email IDs.

Please acknowledge receipt.


(Dr. D.P. Pande)
Exe. Director Health (P)

Copy to: 1) General Managers, All Indian Railways & Production Units.
2) Sr. Professor (HM)/ RSC/BRC.

URGENT

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD**

No. 2011/H-I/6/1.

New Delhi, dated 30.01.2011

**The General Managers,
All Indian Railways &
Production Units.**

**Sub: Intensified Pulse Polio Immunization Programme: National
Immunization Days (NIDs) on 23rd January 2011 and 27th
February 2011.**

**Ref: Government of India, Ministry of Health & Family Welfare's
D.O.letter No. T-22014/01/2010 – Imm (Pt) dated 17th January
2011.**

As per the direction given by Ministry of Health and Family Welfare, Govt. of India's letter mentioned above, the next round of Pulse Polio National Immunisation Days (NIDs) will be held on 23rd January 2011 and 27th February 2011.

It is, therefore, requested to provide maximum support for successful implementation of the programme instruct all concerned divisions to:

- a) Coordinate with the State Governments to set up booths, at all major stations of States, from where trains originate or terminate;
- b) As in the past, allow vaccination teams to immunize children in moving trains;
- c) Set up PPI booths in all Railways colonies and to ensure that children of all families of railway men avail themselves of immunization;
- d) Allow the State Governments to set up booth at all railway stations for transit passengers having children of below 5 years of age and for immunizing children in the train;
- e) Allow the railway stations and railway coaches to be used for display of posters and other IEC materials; and
- f) Advise all railway men to motivate their neighbors of availing of immunization.

The detailed guidelines issued vide this office letter of even no. 20.9.2000 and 12.05.2005 are to be followed for implementation of the PPI Programme over Railways during this round also.

Ministry of Health & Family Welfare, Government of India is also advising the States to coordinate with respective Railway authorities in the States/Districts for support.

The performance report may please be submitted within 10 days of the completion of the Pulse Polio Round, on the existing Proforma.

Handwritten signature and date: 20/11/11

(Dr. Rajiv Kumar Jain)
Director (Health & Family Welfare) (SAG)
Railway Board
E.Mail: dhfw@rb.railnet.gov.in
Phone: 011-23388373, 23303395.
Tele Fax: Rly 11-23303985, 23388373
Mobile: 9910487408

Copy to:

1. Shri P.K. Pradhan, I.A.S, Additional Secretary & Mission Director (NRHM), Government of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi -110108 (with reference to his D.O. letter No. T-22014/01/2010 – Imm (Pt) dated 17th January 2011),
2. Chief Medical Directors, All Indian Railways.
3. Chief Medical Superintendents, All Production Units.

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/ MINISTRY OF RAILWAYS
(रेलवे बोर्ड)/RAILWAY BOARD

No. 2011/H-I/10/6

New Delhi, dated : 28.1.11

**Chief Medical Directors,
All Indian Railways.**

Sub : Hospital Waste Management.

Guidelines for Hospital Waste Management exist in para 910 of Indian Railway Medical Manual Volume -II Third Edition 2000. In addition, Ministry of Environment and Forests, Government of India has notified Bio Medical Waste (Management and Handling) Rules 1998 and Bio Medical Waste (Management and Handling) (Amendment) Rules 2003 in exercise of the powers conferred by section 6,8 and 25 of the Environment (Protection) Act 1986.

The same are notified in Gazette of India dated July 27th 1998 and September 17th 2003.

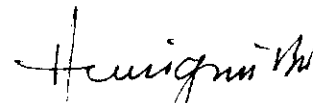
They are also available on the following website :
<http://www.moef.nic.in/legis/hsm.htm> .

The above rules interalia lay down the rules for generation, collection, receipt, treatment, disposal, handling, segregation, packaging, transportation, storage etc. of Bio Medical Waste generated from Hospitals, dispensaries, Pathological Laboratories, Blood Bank etc. The rules also lay down the requirement for maintenance of records for the above activity.

It is pertinent to mention that treatment and disposal procedure/technology of 10 types of Bio Medical Waste viz. 1) Human Anatomical Waste, 2) Animal Waste, 3) Microbiology & Biotechnology Waste, 4) Waste Sharps, 5) Discarded Medicines and Cytotoxic drugs, 6) Solid Waste (Items contaminated with blood, and body fluids including cotton, dressings, soiled plaster casts, lines, beddings, other material contaminated with blood), 7) Solid Waste (wastes generated from disposable items other than the waste sharps such as tubings, catheters, intravenous sets etc.), 8) Liquid Waste, 9) Incineration Ash and 10) Chemical Waste are also laid down in the above referred Rules.

It is, therefore, imperative that the above Rules are strictly complied with in all Railway Health Care facilities in your jurisdiction. A comprehensive review be carried out on the same and feed back on the action taken/remedial measures initiated and results thereof be communicated to this office at the earliest.

Please acknowledge receipt.



(Dr. B.N. Annigeri)

Executive Director /Health (G)

Railway Board

Telefax : 23386882, Phone : 23303717Rly. 43717

Email : edh@rb.railnet.gov.in

Copy to: 1) The General Managers, All Indian Railways and Production Units.

2) Sr. Prof. (HM), Railway Staff College, Vadodara

From
01-02-11

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2010/H-1/36/DC(JCM)

New Delhi, dated

01.02.2011

The General Managers/CMDs
All Indian Railways.

**Sub.: Submission of proposals for recognition of hospitals –
reg.**

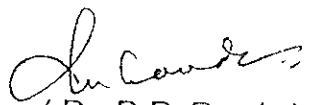
Ref.: Board's letter of even no. dated 08/10.06.10

Instructions have been issued to CMDs of Zonal Railways vide Board's letters No.2007/H-1/11/Misc dated 11.05.07 (copy enclosed) and 2010/H-1/11/71(WCR) dated 27.04.10 for sending the proposals for recognition of hospitals in accordance with the prescribed check list. In spite of this, it has been observed that incomplete proposals without requisite information as per the checklist are being submitted by the Railways. The proposals have, therefore, to be returned for want of complete information from the Railways due to which delays occur and proposals keep pending. A comprehensive revised checklist has been prepared in the light of above shortcomings in Railways proposals. It may be ensured that complete details as specified in the revised checklist/s as enclosed are sent.

3. In this connection, the Railways were also advised vide Board's letter of even no. dated 08.10/06.10 (copy enclosed) that the proposals should be sent to Board three months before the expiry of the existing contract. It has been observed that these instructions are not being followed in spite of lapse of six months and the proposals for recognition of hospitals are still being sent to Board's office after expiry of the period of recognition. Therefore, it is reiterated that the instructions contained in the letter mentioned above may be adhered to and complete proposals may be sent to the Board's office for processing the cases in time.

4. This issues with the concurrence of Finance Directorate of the Ministry of Railways.

DA: as above
5 (Five)


(Dr. D.P. Pande)
Executive Director Health (Plg.)
Railway Board

21/2/11

CHECK LIST
(For recognition for the first time)

1. Justification for the proposal mentioning the present status of Railway Hospital i.e. no. of Doctors, staff or men on roll vis. a vis. sanctioned strength, services provided by it, any future plan for expansion, No. of Honorary Consultants/Visiting Specialists (specialty wise) and CMPS and why despite existing facilities referral services are still required.
2. Justification for recognition/extension with technical aspect i.e. number of beds/facilities/specialties/services offered/medical set up etc. at the proposed hospital.
3. Total number of Railway beneficiaries catered by the Railway Hospital.
4. In the Specialties for which Railway hospital do not have facilities, if there are any reputed Government Hospitals rendering services in those specialties.
5. Total number of recognized hospitals in the city/zone with details. If so, how are facilities/parameters mentioned as 2 above are different or better in the present proposal.
6. Basis for selection of proposed hospital – by nomination or Search Committee. Effort should be made to locate at least 3 or more hospitals with similar level of service and negotiate better rates for Railways.
7. No. of CGHS empanelled hospital in the city for general purposes or for Specialty in which referral service is sought.
8. In CGHS covered states/cities, hospitals should be recognized only on CGHS rates or even lower. Names of the hospitals empanelled by CGHS can be obtained from CGHS website. Even in non-CGHS places, all out efforts should be made to recognize hospital on CGHS (city-specific) rates only.
9. Comparative statement of package rates, as well as diagnostic charges of other recognized hospitals in the city and with the CGHS rate of that city or the nearest city in tabulated form.

10. Letter of willingness of the hospital concerned.
11. Three copies of rates list of hospital duly verified by the competent authority.
12. Reasons for recognition of more than one hospital, if that is proposed
13. Concurrence of the Finance along with verbatim comments of FA&CAO
14. Approval of GM.

CHECK LIST

(For extension for extension of recognition for the sixth time)

1. No. of patients referred to in the past three years to the proposed as well as any other hospital (Specialty wise) Private & Government and expenditure billed and reimbursed/paid thereof.
2. Efforts made to explore development of other hospitals which have emerged in the meanwhile, who may offer more competitive rates/services. This exercise needs to be carried out after at least every three years or earlier.
3. As per extant practice a hospital, for the first time, is recognized by Railway Board and thereafter Railways have the power to renew extension for next five years subject to the condition that tariff of the hospital is not raised above 5%. However, as per extant practice, Railway Board have been recognizing hospitals as per CGHS approved rates. Therefore, in actual practice a private hospital might have been recognized at CGHS approved rates at Board's level, but on subsequent extension of recognitions at Railway's level the hospital might raise tariff by less than/upto 5%. It is clarified that once a hospital is recognized on CGHS rates, their rates should not be revised upwards unless CGHS rates are revised further.

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2008/एच-1/12/1 (पॉलिसी)

नई दिल्ली, दिनांक: 17.03.2011

महाप्रबंधक,
सभी भारतीय रेलें।

विषय: रेलवे लाभार्थियों की दंत चिकित्सा पर खर्च की गई राशि की प्रतिपूर्ति के प्रावधान की अवधि बढ़ाना।

संदर्भ: बोर्ड का 16.04.2009 का समसंख्यक पत्र।

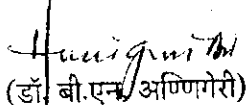
इस कार्यालय के 02.09.2002 के समसंख्यक पत्र के तहत 30.09.2004 तक की अवधि के लिए रेलवे लाभार्थियों द्वारा दंत चिकित्सा पर खर्च की गई राशि की प्रतिपूर्ति के प्रावधान की अवधि बढ़ाने के लिए रेल मंत्रालय की मंजूरी प्रदान की गई थी। इस प्रावधान की अवधि को उन्हीं निबंधन एवं शर्तों पर समय-समय पर बढ़ाया गया है। इसे बोर्ड के दिनांक 16.04.2009 के समसंख्यक पत्र के द्वारा अंतिम बार 13.09.2008 से दो वर्ष की अवधि के लिए बढ़ाया गया था।

रेल मंत्रालय ने अब उपर्युक्त प्रावधान को उन्हीं निबंधन एवं शर्तों पर 12.09.2010 से 11.09.2012 तक और दो वर्षों की अवधि के लिए बढ़ाने का विनिश्चय किया है।

बहरहाल, सभी महाप्रबंधकों को भेजे गए बोर्ड (सदस्य कार्मिक) के 25.10.2002 के समसंख्यक अ.शा. पत्र के अनुसार किसी रेलवे अस्पताल/स्वास्थ्य यूनिट में अंशकालिक/पूर्णकालिक दंत सर्जन तैनात किए जाने और मूलभूत सुविधाएं मुहैया कराने पर यह सुविधा स्वतः ही वापस ले ली गई मानी जाएगी और तत्पश्चात् ऐसे मामलों में कोई प्रतिपूर्ति अनुमेय नहीं होगी।

यह सुनिश्चित किया जाए कि प्रतिपूर्ति निर्धारित दरों के अनुसार ही की जाए। उन सभी मामलों में, जिनमें प्रतिपूर्ति निर्धारित सीमा से अधिक स्वीकृत की गई हो, रेलवे स्तर पर जिम्मेदारी अवश्य ही निर्धारित की जाए।

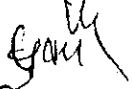
इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है।


(डॉ. बी.एन. अण्णगोरी)
कार्यपालक निदेशक/स्वास्थ्य (जी)
रेलवे बोर्ड

सं. 2008/एच-1/12/1 (पॉलिसी)

नई दिल्ली, दिनांक: 17.03.2011

1. निदेशक, लेखा परीक्षा, सभी भारतीय रेलें।
2. भारत के उप नियंत्रक एवं महालेखा परीक्षक (रेलें), कमरा सं. 222, रेल भवन, नई दिल्ली को प्रेषित।


कृते वित्त आयुक्त/रेलें

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
(रेलवे बोर्ड/RAILWAY BOARD)

No.2008/H-1/12/1(Policy)

New Delhi, dated/7.03.2011

General Managers,
All Indian Railways.

**Sub: Extension to the arrangement relating to provision
of reimbursement of expenditure incurred on the
Dental treatment of Railway beneficiaries.
Ref: Board's letter of even no. dated 16.04.2009.**

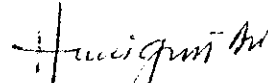
Sanction of the Ministry of Railways was accorded for the arrangement relating to provision of reimbursement of expenditure incurred on the Dental treatment by Railway beneficiaries for a period upto 30.09.2004 vide this office letter of even no. dated 02.09.2002. This arrangement has since been extended from time to time, on the same terms and conditions, last being for a period of two years from 13.09.2008 vide Board's letter of even no. dated 16.04.2009.

Ministry of Railways have now decided to extend the aforesaid arrangement, further for a period of two years from 12.09.2010 till 11.09.2012, on the same terms and conditions.

However, this facility would stand withdrawn automatically in case any Railway hospital/health unit is provided with part time/ full time dental surgeon and infrastructure facilities in terms of Board (MS)'s d.o. letter of even number dated 25.10.2002 to all General Managers and no reimbursement would be permissible in such cases thereafter.

It may be ensured that re-imbusement may be made only as per rates prescribed. In all cases whose re-imbusement has been sanctioned beyond the prescribed limit, responsibility may be fixed at railway's level, without fail, in each case.

This issues with the concurrence of the Finance Dte. of the Ministry of Railways.


(Dr. B.N. Annigeri)

Executive Director/H(G)
Railway Board

No. 2008/H-1/12/1(Policy)

New Delhi, dated/7.03.2011

1. The Director of Audit, All Indian Railways.
2. The Dy. Comptroller & Auditor General of India (Railways), Room No. 222, RailBhavan, New Delhi


for Financial Commissioner/Railways

Copy for DDF(E) 1 & F (E) Spl., Railway Board.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

(3 pgs)

No.2010/H-1/11/36/DC(JCM)

New Delhi, dt 29.3.11.

The General Managers,
All Indian Railways.

CORRIGENDUM

Sub: Submission of proposals of recognition of hospitals-
regarding.

Ref: Board's letter of even no. dt.1.2.11. (Copy enclosed)

Instructions have been issued for adhering to the check list for recognition of hospitals for the first time and for further extension for the sixth time vide Board's above mentioned letter.

The check list issued for extension for the sixth time should be in addition to and should include all the fourteen points as given in the check list for recognition for the first time.

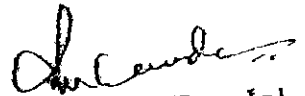
Current CGHS rates of 2010 effective from 1.09.2010 are based on the classification of the hospitals as NABH Accredited, non- NABH and Super Speciality Hospitals. Therefore, the rates quoted should specify as to which category the hospital belongs.

All the other contents of the letter will remain the same.

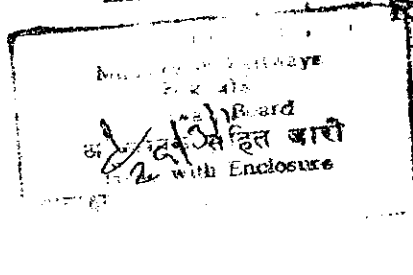
This issues with the concurrence of the Finance Directorate of the Ministry of Railways.

Revised checklist as attached.

Copy to: CMD's - All Indian Rlys.


(Dr. D.P. Pande)

Executive Director Health (Plg)
Railway Board.



(For recognition for the first time)

1. Justification for the proposal mentioning the present status of Railway Hospital i.e. no. of Doctors, staff or men on roll vis. a vis. sanctioned strength, services provided by it, any future plan for expansion, No. of Honorary Consultants/Visiting Specialists (specialty wise) and CMPS and why despite existing facilities referral services are still required.
2. Justification for recognition/extension with technical aspect i.e. number of beds/facilities/specialties/services offered/medical set up etc. at the proposed hospital.
3. Total number of Railway beneficiaries catered by the Railway Hospital.
4. In the Specialties for which Railway hospital do not have facilities, if there are any reputed Government Hospitals rendering services in those specialties.
5. Total number of recognized hospitals in the city/zone with details. If so, how are facilities/parameters mentioned as 2 above are different or better in the present proposal.
6. Basis for selection of proposed hospital - by nomination or Search Committee. Effort should be made to locate at least 3 or more hospitals with similar level of service and negotiate better rates for Railways.
7. No. of CGHS empanelled hospital in the city for general purposes or for Specialty in which referral service is sought.
8. In CGHS covered states/cities, hospitals should be recognized only on CGHS rates or even lower. Names of the hospitals empanelled by CGHS can be obtained from CGHS website. Even in non-CGHS places, all out efforts should be made to recognize hospital on CGHS (city-specific) rates only.
9. Comparative statement of package rates as well as diagnostic charges of other recognized hospitals in the city and with the CGHS rate of that city or the nearest city in tabulated form.

10. Letter of willingness of the hospital concerned.
11. Three copies of rates list of hospital duly verified by the competent authority.
12. Reasons for recognition of more than one hospital, if that is proposed
13. Concurrence of the finance along with verbatim comments of FA&CAO
14. Approval of GM.

CHECK LIST

(For extension of recognition for the sixth time)
(In addition to the check list of fourteen points)

1. No. of patients referred to in the past three years to the proposed as well as any other hospital (Specialty wise) Private & Government and expenditure billed and reimbursed/paid thereof.
2. Efforts made to explore development of other hospitals which have emerged in the meanwhile, who may offer more competitive rates/services. This exercise needs to be carried out after at least every three years or earlier.
3. As per extant practice a hospital, for the first time, is recognized by Railway Board and thereafter Railways have the power to renew extension for next five years subject to the condition that tariff of the hospital is not raised above 5%. However, as per extant practice, Railway Board have been recognizing hospitals as per CGHS approved rates. Therefore, in actual practice a private hospital might have been recognized at CGHS approved rates at Board's level, but on subsequent extension of recognition at Railway's level the hospital might raise tariff by less than/up to 5%. It is clarified that once a hospital is recognized on CGHS rates, their rates should not be revised upwards unless CGHS rates are revised further.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

No. 2010/H-1/9/6/Misc

New Delhi, dated 18.4.2011

Chief Medical Directors,
All Indian Railways.

Sub: National Vector Borne Disease Control Programme (NVBDCP)

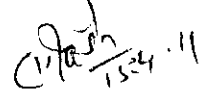
Enclosed please find 'Guidelines for Diagnosis and Treatment of Malaria in India 2010' issued by Government of India, National Vector Borne Disease Control Programme, Directorate General of Health Services and National Institute of Malaria Research. The guidelines are also available at the following Website:

<http://nvbdc.gov.in/Doc/Technical-Guidelines-Malaria-2010.pdf>

The aim of the above Guidelines is to guide the medical professionals on the current methods of diagnosis and treatment based on the national drug policy (2010). The manual deals with the treatment of uncomplicated malaria and specific anti malarials for severe disease. The general management should be carried out according to the clinical condition of the patient and judgment of the treating physician.

The Guidelines should be widely circulated amongst the Medical Officers working under your control

Please acknowledge receipt.



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Copy for information to :

1. Dr. AC Dhariwal, Director, National Vector Borne Disease Control Programme, Directorate General of Health Services, Ministry of Health & Family Welfare, 22-Sham Nath Marg, Delhi-110054 (Reference to his D.O. Letter No. 5-3/2011(I&E)/MES Main dated 30.3.2010)
2. Sr. Professor (HM), Railway Staff College, Vadorara.

- 107 -

Guidelines for Diagnosis and Treatment of Malaria in India

2010



Government of India



National Institute of Malaria
Research



National Vector Borne
Disease Control Programme

Preface

Malaria is a major public health problem in India, accounting for sizeable morbidity, mortality and economic loss. Apart from preventive measures, early diagnosis and complete treatment are the important modalities that have been adopted to contain the disease. In view of widespread chloroquine resistance in *Plasmodium falciparum* infection, and other recent developments, the national policy has been revised to meet these challenges.

The guidelines on 'Diagnosis and Treatment of Malaria in India (2009)' were developed during the brainstorming meeting organized by the National Institute of Malaria Research (NIMR) and sponsored by WHO Country Office in India. The same have now been revised in light of changed national drug policy in 2010. These guidelines are the collaborative effort of National Vector Borne Disease Control Programme, National Institute of Malaria Research and experts from different parts of the country. The aim of this endeavour is to guide the medical professionals on the current methods of diagnosis and treatment based on the national drug policy. This manual deals with the treatment of uncomplicated malaria and specific antimalarials for severe disease. The general management should be carried out according to the clinical condition of the patient and judgement of the treating physician. The warning signs of severe malaria have been listed so as to recognize the condition and give the initial treatment correctly before referring them to a higher facility.

It is hoped that these guidelines will be useful for health care personnel involved in the treatment of malaria.

Director, NIMR

Director, NVBDCP

Contents

1. Introduction	1
2. Clinical features	1
3. Diagnosis	2
4. Treatment of uncomplicated malaria	3
5. Treatment failure/Drug resistance	5
6. Treatment of severe malaria	8
7. Chemoprophylaxis	11
8. Recommended reading	12
9. Contributors	13
10. Feedback Form	

1. Introduction

Malaria is one of the major public health problems of the country. Around 1.5 million confirmed cases are reported annually by the National Vector Borne Disease Control Programme (NVBDCP), of which about 50% are due to *Plasmodium falciparum*. Malaria is curable if effective treatment is started early. Delay in treatment may lead to serious consequences including death. Prompt and effective treatment is also important for controlling the transmission of malaria.

In the past, chloroquine was effective for treating nearly all cases of malaria. In recent studies, chloroquine-resistant *P. falciparum* malaria has been observed with increasing frequency across the country. The continued treatment of such cases with chloroquine is probably one of the factors responsible for increased proportion of *P. falciparum* relative to *P. vivax*.

A revised *National Drug Policy on Malaria* has been adopted by the Ministry of Health and Family Welfare in 2010 and these guidelines have been prepared for healthcare personnel including clinicians involved in the treatment of malaria.

2. Clinical features

Fever is the cardinal symptom of malaria. It can be intermittent with or without periodicity or continuous. Many cases have chills and rigors. The fever is often accompanied by headache, myalgia, arthralgia, anorexia, nausea and vomiting. The symptoms of malaria can be non-specific and mimic other diseases like viral infections, enteric fever etc.

Malaria should be suspected in patients residing in endemic areas and presenting with above symptoms. It should also be suspected in those patients who have recently visited an endemic area. Although malaria is known to mimic the signs and symptoms of many common infectious diseases, the other causes should also be suspected and investigated in the presence of following manifestations:

- Running nose, cough and other signs of respiratory infection
- Diarrhoea/dysentery
- Burning micturition and/or lower abdominal pain
- Skin rash/infections
- Abscess
- Painful swelling of joints
- Ear discharge
- Lymphadenopathy

All clinically suspected malaria cases should be investigated immediately by microscopy and/or Rapid Diagnostic Test (RDT).

3. Diagnosis

3.1 Microscopy

Microscopy of stained thick and thin blood smears remains the gold standard for confirmation of diagnosis of malaria. The advantages of microscopy are:

- The sensitivity is high. It is possible to detect malaria parasites at low densities. It also helps to quantify the parasite load.
- It is possible to distinguish the various species of malaria parasite and their different stages.

3.2 Rapid Diagnostic Test

Rapid Diagnostic Tests are based on the detection of circulating parasite antigens. Several types of RDTs are available (<http://www.wpro.who.int/sites/rdt>). Some of them can only detect *P. falciparum*, while others can detect other parasite species also. The latter kits are expensive and temperature sensitive. Presently, NVBDCP supplies RDT kits for detection of *P. falciparum* at locations where microscopy results are not obtainable within 24 hours of sample collection.

RDTs are produced by different companies, so there may be

differences in the contents and in the manner in which the test is done. The user's manual should always be read properly and instructions followed meticulously. The results should be read at the specified time. It is the responsibility of the health care personnel doing a rapid test for malaria to ensure that the kit is within its expiry date and has been transported and stored under recommended conditions. Failure to observe these criteria can lead to false/negative results. It should be noted that *Pf* HRP-2 based kits may show positive result up to three weeks after successful treatment.

Early diagnosis and treatment of cases of malaria aims at:

- Complete cure
- Prevention of progression of uncomplicated malaria to severe disease
- Prevention of deaths
- Interruption of transmission
- Minimizing risk of selection and spread of drug resistant parasites.

4. Treatment of uncomplicated malaria

All fever cases diagnosed as malaria by RDT or microscopy should promptly be given effective treatment.

4.1 Treatment of *P. vivax* malaria

Confirmed *P. vivax* cases should be treated with chloroquine in full therapeutic dose of 25 mg/kg divided over three days. In some patients, *P. vivax* may cause relapse (A form of *P. vivax* or *P. ovale* parasites called as hypnozoites remain dormant in the liver cells. These hypnozoites can later cause a relapse). For its prevention, primaquine should be given at a dose of 0.25 mg/kg body weight daily for 14 days under supervision. Primaquine is contraindicated in known G6PD deficient patients, infants and pregnant women.

Caution should be exercised before administering primaquine in areas known to have high prevalence of G6PD deficiency, therefore, it should be tested if facilities are available. Primaquine can lead to hemolysis in G6PD deficiency. Patient should be advised to stop primaquine immediately if he/she develops symptoms like dark coloured urine, yellow conjunctiva, bluish discolouration of lips, abdominal pain, nausea, vomiting etc. and should report to the doctor immediately.

4.2 Treatment of *P. falciparum* malaria

Artemisinin Combination Therapy (ACT) should be given to all confirmed *P. falciparum* cases found positive by microscopy or RDT. This is to be accompanied by single dose primaquine (0.25 mg/kg body weight) on Day 2.

ACT consists of an artemisinin derivative combined with a long acting antimalarial (amodiaquine, lumefantrine, mefloquine or sulfadoxine-pyrimethamine). The ACT recommended in the national programme in India is artesunate + sulfadoxine-pyrimethamine (SP). Presently, fixed dose combinations of artemether + lumefantrine, artesunate + amodiaquine and blister pack of artesunate + mefloquine are registered for marketing in India and are available for use. Other ACTs which will be registered and authorized for marketing in India may also be used as alternatives.

Oral artemisinin monotherapy is banned in India

Artemisinin derivatives must never be administered as monotherapy for uncomplicated malaria. These rapidly acting drugs, if used alone, can lead to development of drug resistance.

4.3 Treatment of malaria in pregnancy

ACT should be given for treatment of *P. falciparum* malaria in second and third trimesters of pregnancy, while quinine is recommended in the first trimester. *P. vivax* malaria can be treated with chloroquine.

4.4 Treatment of mixed infections

Mixed infections with *P. falciparum* should be treated as falciparum malaria. However, antirelapse treatment with primaquine can be given for 14 days, if indicated.

4.5 Treatment based on clinical criteria without laboratory confirmation

All efforts should be made to diagnose malaria either by microscopy or RDT. However, special circumstances should be addressed as mentioned below:

- If RDT for only *P. falciparum* is used, negative cases showing signs and symptoms of malaria without any other obvious cause for fever should be considered as 'clinical malaria' and treated with chloroquine in full therapeutic dose of 25 mg/kg body weight over three days. If a slide result is obtained later, the treatment should be adjusted according to species.
- Suspected malaria cases not confirmed by RDT or microscopy should be treated with chloroquine in full therapeutic dose.

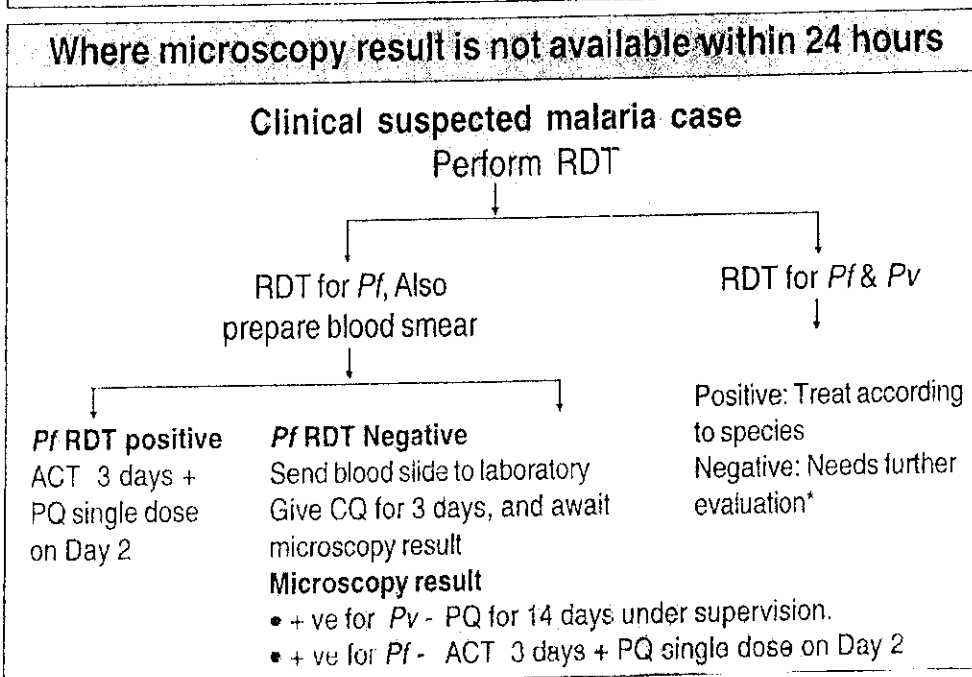
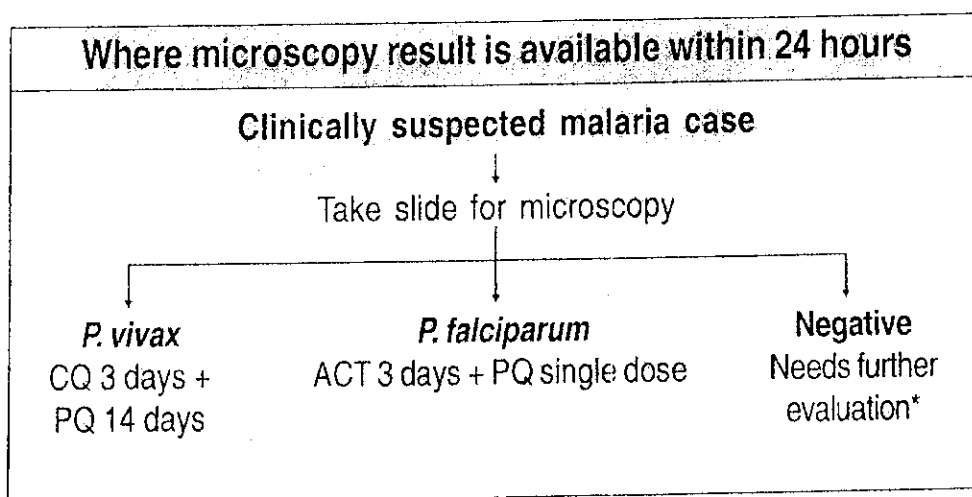
4.6 General recommendations for the management of uncomplicated malaria

- Avoid starting treatment on an empty stomach. The first dose should be given under observation.
- Dose should be repeated if vomiting occurs within 30 minutes.
- The patient should be asked to report back, if there is no improvement after 48 hours or if the situation deteriorates.
- The patient should also be examined for concomitant illnesses.

The algorithm for diagnosis and treatment is as follows:

5. Treatment failure/Drug resistance

After treatment patient is considered cured if he/she does not have fever or parasitaemia till Day 28. Some patients may not respond to treatment which may be due to drug resistance or treatment failure, specially in falciparum malaria. If patient does not re-



*Look for other causes of fever; repeat blood slide examination after an appropriate interval

Table 1. Chloroquine for *P. vivax*

Age in years	Number of tablets		
	Day 1 (10 mg/Kg)	Day 2 (10 mg/Kg)	Day 3 (5 mg/Kg)
<1	½	½	¼
1 – 4	1	1	½
5 – 8	2	2	1
9 – 14	3	3	1½
15 & above	4	4	2

Table 2. Primaquine for *P. vivax* (Daily Dosage for 14 days)

Age in years	Daily dosage (in mg base)	No. of tablets (2.5 mg base)
< 1	Nil	Nil
1 – 4	2.5	1
5 – 8	5.0	2
9 – 14	10.0	4
15 & above	15.0	6

Note: Primaquine should be given for 14 days under supervision.
Do not give Primaquine to pregnant women and infants and G6PD deficiency cases.

Table 3. ACT (Artesunate + SP) dosage schedule for *P. falciparum*

Age in years		Number of tablets		
		1 st Day	2 nd Day	3 rd Day
< 1	AS	½	½	½
	SP	¼	Nil	Nil
1 – 4	AS	1	1	1
	SP	1	Nil	Nil
5 – 8	AS	2	2	2
	SP	1½	Nil	Nil
9 – 14	AS	3	3	3
	SP	2	Nil	Nil
15 and above	AS	4	4	4
	SP	3	Nil	Nil

AS – Artesunate 50 mg, SP – Sulfadoxine 500 mg + Pyrimethamine 25 mg

Table 4. Primaquine for *P. falciparum* (Single dose on Day 2)

Age in years	Dosage (in mg base)	No. of tablets (7.5 mg base)
< 1	Nil	0
1 – 4	7.5	1
5 – 8	15	2
9 – 14	30	4
15 & above	45	6

Note: Do not give Primaquine to pregnant women, infants and G6PD deficiency cases.

spond and presents with following, he/she should be given alternative treatment.

Early treatment failure (ETF): Development of danger signs or severe malaria on Day 1, 2 or 3, in the presence of parasitaemia; parasitaemia on Day 2 higher than on Day 0, irrespective of axillary temperature; parasitaemia on Day 3 with axillary temperature $\geq 37.5^{\circ}\text{C}$; and parasitaemia on Day 3 $\geq 25\%$ of count on Day 0.

Late clinical failure (LCF): Development of danger signs or severe malaria in the presence of parasitaemia on any day between Day 4 and Day 28 (Day 42) in patients who did not previously meet any of the criteria of early treatment failure; and presence of parasitaemia on any day between Day 4 and Day 28 (Day 42) with axillary temperature $\geq 37.5^{\circ}\text{C}$ in patients who did not previously meet any of the criteria of early treatment failure.

Late parasitological failure (LPF): Presence of parasitaemia on any day between Day 7 and Day 28 (Day 42) with axillary temperature $< 37.5^{\circ}\text{C}$ in patients who did not previously meet any of the criteria of early treatment failure or late clinical failure.

Such cases of falciparum malaria should be given alternative ACT or quinine with Doxycycline. Doxycycline is contraindicated in pregnancy, lactation and in children up to 8 years. Treatment failure with chloroquine in *P. vivax* malaria is rare in India.

6. Treatment of severe malaria

6.1 Clinical features

Severe manifestations can develop in *P. falciparum* infection over a span of time as short as 12 – 24 hours and may lead to death, if not treated promptly and adequately. Severe malaria is characterized by one or more of the following features:

- Impaired consciousness/coma
- Repeated generalized convulsions
- Renal failure (Serum Creatinine > 3 mg/dl)
- Jaundice (Serum Bilirubin > 3 mg/dl)
- Severe anaemia (Hb < 5 g/dl)
- Pulmonary oedema/acute respiratory distress syndrome

- Hypoglycaemia (Plasma Glucose <40 mg/dl)
- Metabolic acidosis
- Circulatory collapse/shock (Systolic BP <80 mm Hg, <50 mm Hg in children)
- Abnormal bleeding and Disseminated intravascular coagulation (DIC)
- Haemoglobinuria
- Hyperthermia (Temperature >106° F or >42° C)
- Hyperparasitaemia (>5% parasitized RBCs)

Foetal and maternal complications are more common in pregnancy with severe malaria; therefore, they need prompt attention.

6.2 Diagnosis of severe malaria cases negative on microscopy

Microscopic evidence may be negative for asexual parasites in patients with severe infections due to sequestration and partial treatment. Efforts should be made to confirm these cases by RDT or repeat microscopy. However, if clinical presentation indicates severe malaria and there is no alternative explanation these patients should be treated accordingly.

6.3 Requirements for management of complications

For management of severe malaria, health facilities should be equipped with the following:

- Parenteral antimalarials, antipyretics, antibiotics, anticonvulsants
- Intravenous infusion facilities
- Special nursing for patients in coma
- Blood transfusion
- Well-equipped laboratory
- Oxygen

If these items are not available, the patient must be referred without delay to a facility, where they are available.

6.4 Specific antimalarial treatment of severe malaria

Severe malaria is an emergency and treatment should be given promptly. **Parenteral artemisinin derivatives or quinine should be used irrespective of chloroquine sensitivity.**

- **Artesunate:** 2.4 mg/kg body weight i.v. or i.m. given on admission (time=0), then at 12 hours and 24 hours, then once a day (Care should be taken to dilute artesunate powder in 5% Sodium bicarbonate provided in the pack).
- **Quinine:** 20 mg quinine salt/kg body weight on admission (i.v. infusion in 5% dextrose/dextrose saline over a period of 4 hours) followed by maintenance dose of 10 mg/kg body weight 8 hourly; infusion rate should not exceed 5 mg/kg body weight per hour. Loading dose of 20 mg/kg body weight should not be given, if the patient has already received quinine. **NEVER GIVE BOLUS INJECTION OF QUININE.** If parenteral quinine therapy needs to be continued beyond 48 hours, dose should be reduced to 7 mg/kg body weight 8 hourly.
- **Artemether:** 3.2 mg/kg body weight i.m. given on admission then 1.6 mg/kg body weight per day.
- **α - β Arteether:** 150 mg daily i.m. for 3 days in adults only (not recommended for children).

Note:

- Once the patient can take oral therapy, further follow-up treatment should be as below:
 - Patients receiving parenteral quinine should be treated with oral quinine 10 mg/kg body weight three times a day to complete a course of 7 days, along with doxycycline 3 mg/kg body weight per day for 7 days. (Doxycycline is contraindicated in pregnant women and children under 8 years of age; instead, clindamycin 10 mg/kg body weight 12 hourly for 7 days should be used).
 - Patients receiving artemisinin derivatives should get full course of oral ACT. However, ACT containing mefloquine should be avoided in cerebral malaria due to

neuropsychiatric complications.

- **Intravenous preparations should be preferred over intramuscular preparations. Parenteral treatment should be given for minimum of 24 hours once started.**
- **In first trimester of pregnancy, parenteral quinine is the drug of choice.** However, if quinine is not available, artemisinin derivatives may be given to save the life of mother. In second and third trimester, parenteral artemisinin derivatives are preferred.

6.5 Severe malaria due to *P. vivax*

In recent years, increased attention has been drawn to severe malaria caused by *P. vivax*. Some cases have been reported in India, and there is reason to fear that this problem may become more common in the coming years. Severe malaria caused by *P. vivax* should be treated like severe *P. falciparum* malaria.

7. Chemoprophylaxis

Chemoprophylaxis is recommended for travellers, migrant labourers and military personnel exposed to malaria in highly endemic areas. Use of personal protection measures like insecticide-treated bednets should be encouraged for pregnant women and other vulnerable populations.

7.1 Short-term chemoprophylaxis (less than 6 weeks)

Doxycycline: 100 mg daily in adults and 1.5 mg/kg body weight for children more than 8 years old. The drug should be started 2 days before travel and continued for 4 weeks after leaving the malarious area.

Note: Doxycycline is contraindicated in pregnant and lactating women and children less than 8 years.

7.2 Long-term chemoprophylaxis (more than 6 weeks)

Mefloquine: 5 mg/kg body weight (up to 250 mg) weekly and should be administered two weeks before, during and four weeks after leaving the area.

Note: Mefloquine is contraindicated in cases with history of convulsions, neuropsychiatric problems and cardiac conditions.

8. Recommended reading

1. Malaria in India. Guidelines for its control. National Vector Borne Disease Control Programme. <http://www.nvbdc.gov.in/malaria-new.html>
2. National drug policy on malaria (2010). Ministry of Health and Family Welfare/Directorate of National Vector Borne Disease Control Programme, Govt. of India. <http://www.nvbdc.gov.in>
3. Rapid diagnostic tests. Website of WHO Regional Office for the Western Pacific. <http://www.wpro.who.int/sites/rdt>
4. WHO Guidelines for the Treatment of Malaria, second edition. Geneva, World Health Organization (2010). <http://www.who.int/malaria/publications/atoz/9789241547925/en/index.html>
5. Regional guidelines for the management of severe falciparum malaria in small hospitals, World Health Organization, Regional Office for South-East Asia (2006). New Delhi, WHO/SEARO. http://www.searo.who.int/LinkFiles/Tools_&_Guidelines_Smallhospitals.pdf
6. Regional guidelines for the management of severe falciparum malaria in large hospitals. World Health Organization, Regional Office for South-East Asia (2006). New Delhi, WHO/SEARO. http://www.searo.who.int/LinkFilesTools_&_Guidelines_LargeHospitals.pdf
7. Drug resistance in malaria. WHO/CDS/CSR/DRS/2001.4
8. Kochar DK, Das A, Kochar SK *et al.* (2009). Severe *Plasmodium vivax* malaria: A report on serial cases from Bikaner in northwestern India. *Am J Trop Med Hyg* 80 (2): 194–198.

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Feedback Form

Guidelines for Diagnosis and Treatment of Malaria in India

1. Are these guidelines useful? :
2. Are they user friendly? :
3. Do they give complete information on the subject? :
4. Do they give the message regarding diagnosis and treatment of malaria clearly? :
5. Any suggestion to improve the guidelines? :

Name

.....

Designation

.....

Name and Address of Institute

.....

Telephone No.

.....

E-mail:

.....

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

No. 2010/H-1/9/6/Misc

New Delhi, dated 18.4.2011

Chief Medical Directors,
All Indian Railways.

Sub: National Vector Borne Disease Control Programme (NVBDCP)

Directorate of National Vector Borne Disease Control Programme, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India have issued 'National Drug Policy on Malaria (2010)' (copy enclosed). The same are also available in the following website:

<http://nvbdcp.gov.in/Doc/drug-policy-2010.pdf>

This drug policy keeps in view of the availability of more effective antimalarial drugs and drug resistance status in the country. As per the revised drug policy all confirmed *P. falciparum* cases either by microscopy or Rapid Diagnostic Test (RDT) in the country should be treated with Artemisinin Combination Therapy (ACT).

It is requested that the above Drug Policy on Malaria be shared with all Medical Officers and paramedical personnel working in your jurisdiction for implementation.

Please acknowledge receipt.

Please
acknowledge
receipt

0/0
18/4/11

(डा. राजीव कुमार जैन) / (Dr. Rajiv Kumar Jain),
निदेशक/स्वास्थ्य एवं प.क./Director (Health & FW) (SAG),
रेलवे बोर्ड/Railway Board.
E.Mail: dhfw@rb.railnet.gov.in
Phone: Rly: 030-43395, MTNL23303395.
Tele Fax: MTNL: 011-23388373,
MTNL: 011-23303985

Copy for information to:

1. Dr. AC Dhariwal, Director, National Vector Borne Disease Control Programme, Directorate General of Health Services, Ministry of Health & Family Welfare, 22-Sham Nath Marg, Delhi-110054)Reference to his D.O. Letter No. 5-3/2011(I&E)/MES Main dated 30.3.2010).
2. Sr. Professor (HM), Railway Staff College, Vadorara.



**NATIONAL DRUG POLICY
ON
MALARIA
(2010)**



सत्यमेव जयते

**Directorate of National Vector Borne Disease Control
Programme**

(Directorate General of Health Services)

Ministry of Health and Family Welfare

22-Shamnath Marg, Delhi-110054.

NATIONAL DRUG POLICY ON MALARIA (2010)

Preamble

Malaria is one of the major public health problems of the country. Around 1.5 million laboratory confirmed cases of malaria are annually reported in India. Around 50% of the total malaria cases reported is due to *P.falciparum*. One of the reasons attributed to rise in proportion of *P.falciparum* cases is resistance to chloroquine, which was used for a long time as the first line of treatment of malaria cases. *P.falciparum* infections are known to lead to severe malaria, if timely treatment with effective drugs is not administered.

The National Drug Policy on Malaria was first formulated in 1982 and has subsequently been reviewed and revised periodically. The present National Drug Policy for Malaria (2010) has been drafted keeping in view the availability of more effective antimalarial drugs and drug resistance status in the country.

Early diagnosis and complete treatment is one of the key strategies of the National Malaria Control Programme. All fever cases clinically suspected of malaria should be investigated for confirmation of malaria by either microscopy or Rapid Diagnostic Test (RDT)¹.

In high Pf predominant areas where it is not possible to get microscopy results within 24 hours, ASHAs/other community health volunteers/MPWs should be provided with rapid diagnostic kits and anti-malarials (including ACT) for early diagnosis and treatment of *P.falciparum* cases.

Effective treatment of malaria under the National Drug Policy aims at:

- Providing complete cure (clinical and parasitological) of malaria cases
- Prevention of progression of uncomplicated malaria into severe malaria and thereby reduce malaria mortality
- Prevention of relapses by administration of radical treatment
- Interruption of transmission of malaria by use of gametocytocidal drugs
- Preventing development of drug resistance by rational treatment of malaria cases.

¹ At present, only Pf RDTs are being supplied under NVBDCP

Treatment of uncomplicated malaria

1. All fever cases suspected to be malaria should be investigated by microscopy or RDT.
2. *P. vivax* cases should be treated with chloroquine for three days and Primaquine for 14 days. Primaquine is used to prevent relapse but is contraindicated in pregnant women, infants and individuals with G6PD deficiency.

Note: Patients should be instructed to report back in case of haematuria or high colored urine / cyanosis or blue coloration of lips and Primaquine should be stopped in such cases. Care should be taken in patients with anaemia.

3. *P. falciparum* cases should be treated with ACT (Artesunate 3 days + Sulphadoxine-Pyrimethamine 1 day). This is to be accompanied by single dose primaquine on day 2.
4. Pregnant women with uncomplicated *P. falciparum* should be treated as follows:
 - 1st Trimester: Quinine
 - 2nd & 3rd Trimester: ACT

Note: Primaquine is contra indicated in pregnant woman

5. In cases where parasitological diagnosis is not possible due to non-availability of either timely microscopy or RDT, suspected malaria cases will be treated with full course of chloroquine, till the results of microscopy are received. Once the parasitological diagnosis is available, appropriate treatment as per the species, is to be administered.
6. Presumptive treatment with chloroquine is no more recommended.
7. Resistance should be suspected if in spite of full treatment with no history of vomiting, diarrhoea, patient does not respond within 72 hours, clinically and parasitologically. Such cases not responding to ACT, should be treated with oral quinine with Tetracycline / Doxycycline. These instances should be reported to concerned District Malaria /State Malaria Officer/ROHFW for initiation of therapeutic efficacy studies.

DRUG SCHEDULE FOR TREATMENT OF MALARIA UNDER NVBDCP

Treatment of *P.vivax* cases

1. **Chloroquine:** 25 mg/kg body weight divided over three days i.e. 10mg/kg on day 1, 10mg/kg on day 2 and 5mg/kg on day 3.
2. **Primaquine:** 0.25 mg/kg body weight daily for 14 days.

Age-wise dosage schedule for treatment of *P.vivax* cases

Age (in years)	Tablet Chloroquine (150 mg base)			Tablet Primaquine* (2.5 mg base)
	Day - 1	Day - 2	Day -3	Day - 1 to Day - 14
< 1	½	½	¼	0
1 - 4	1	1	½	1
5 - 8	2	2	1	2
9 -14	3	3	1½	4
15 & above	4	4	2	6

* Primaquine is contraindicated in infants, pregnant women and individuals with G₆PD deficiency. 14 day regimen of Primaquine should be given under supervision.

Treatment of uncomplicated *P.falciparum* cases

1. Artemisinin based Combination Therapy (ACT)*

- Artesunate 4 mg/kg body weight daily for 3 days

Plus

- Sulfadoxine (25 mg/kg body weight) – Pyrimethamine (1.25 mg/kg body weight) on first day

* ACT is not to be given in 1st trimester of pregnancy.

Age-wise dosage schedule for treatment of *P.falciparum* cases

Age (in years)	1 st Day		2 nd Day		3 rd Day
	Artesunate (50 mg)	SP*	Artesunate (50 mg)	Primaquine (7.5 mg base)	Artesunate (50 mg)
<1	½	¼	½	0	½
1 - 4	1	1	1	1	1
5 - 8	2	1 ½	2	2	2
9 -14	3	2	3	4	3
15 & above	4	3	4	6	4

* Each Sulphadoxine-Pyrimethamine (SP) tablet contains 500 mg sulphadoxine and 25 mg pyrimethamine

Treatment of uncomplicated *P.falciparum* cases in pregnancy

1st Trimester: Quinine salt 10mg/kg 3 times daily for 7 days.

Note: Quinine may induce hypoglycemia; pregnant women should not start taking quinine on an empty stomach and should eat regularly, while on quinine treatment.

2nd and 3rd trimester: ACT as per dosage given above.

Treatment of mixed infections (*P.vivax* + *P.falciparum*) cases

All mixed infections should be treated with full course of ACT and Primaquine 0.25 mg per kg body weight daily for 14 days.

Treatment of severe malaria cases

Severe malaria is an emergency and treatment should be given as per severity and associated complications which can best be decided by the treating physician. The guidelines for specific antimalarial therapy is as follows:

- **Artesunate:** 2.4 mg/kg body weight IV or IM given on admission (time = 0 h); then at 12 h and 24 h and then once a day.
(or)
- **Artemether:** 3.2 mg/kg body weight IM given on admission and then 1.6 mg/kg body weight per day.
(or)
- **Arteether:** 150 mg IM daily for 3 days in adults only (not recommended for children).
(or)
- **Quinine:** 20 mg/kg* body weight on admission (IV infusion or divided IM injection) followed by maintenance dose of 10 mg/kg body weight 8 hourly. The infusion rate should not exceed 5 mg salt/kg body weight per hour.

(*loading dose of Quinine i.e. 20mg /kg body weight on admission may not be given if the patient has already received quinine or if the clinician feels inappropriate).

Note:

The parenteral treatment in severe malaria cases should be given for minimum of 24 hours once started (irrespective of the patient's ability to tolerate oral medication earlier than 24 hours).

After parenteral artemisinin therapy, patients will receive a full course of oral ACT for 3 days. Those patients who received parenteral Quinine therapy should receive:

- Oral Quinine 10 mg/kg body weight three times a day for 7 days (including the days when parenteral Quinine was administered) plus Doxycycline 3 mg/kg body weight once a day or Clindamycin 10 mg/kg body weight 12-hourly for 7 days (Doxycycline is contraindicated in pregnant women and children under 8 years of age).
(or)
- ACT as described.

Chemoprophylaxis

Chemoprophylaxis should be administered only in selective groups in high *P.falciparum* endemic areas. Use of personal protection measures including Insecticide Treated bed Nets (ITN) / Long Lasting Insecticidal Nets (LLIN) should be encouraged for pregnant women and other vulnerable population including travellers for longer stay. However, for longer stay of Military and Para-military forces in high *Pf* endemic areas, the practice of chemoprophylaxis should be followed wherever appropriate e.g. troops on night patrol duty and decisions of their Medical Administrative Authority should be followed.

Short term chemoprophylaxis (up to 6 weeks)

Doxycycline: 100 mg once daily for adults and 1.5 mg/kg once daily for children (contraindicated in children below 8 years). The drug should be started 2 days before travel and continued for 4 weeks after leaving the malarious area.

Note: It is not recommended for pregnant women and children less than 8 years.

Chemoprophylaxis for longer stay (more than 6 weeks)

Mefloquine: 250 mg weekly for adults and should be administered two weeks before, during and four weeks after exposure.

Note: Mefloquine is contraindicated in individuals with history of convulsions, neuropsychiatric problems and cardiac conditions. Therefore, necessary precautions should be taken and all should undergo screening before prescription of the drug.

B. S. S. S. S. S.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2010/H-I/3/9

New Delhi, dated 05.2011

Chief Medical Directors,
All Indian Railways.

Sub: Framework for award of Comprehensive Health Care Shield and Comprehensive Health Care Cup for New Zones, awarded during Railway Week Central Function and Framework for Quarterly Performance Review (QPR) of Medical Department of Zonal Railways.

Ref: Board's letter of even No. dated 01.10.2010 & 15.10.2010.

Further to this office letters of even no. dated 01.10.2010 & 15.10.2010, it is informed that KPI 7.5 of the revised framework for the Quarterly Performance Review (QPR) of Medical Department of Zonal Railways and Production Units may be read as under:-

KPI 7.5	Percentage of candidates of all categories passed on appeal against medical examination amongst the total number of appeals against medical examination preferred by candidates of all categories. (a) Total number of appeals against medical examination preferred by candidates of all categories. (b) Total numbers of candidates of all categories passed on appeal against medical examination. (c) Percentage of candidates of all categories passed on appeal against medical examination amongst the total number of appeals against medical examination preferred by candidates of all categories.	Method: Divide 7.5(b) by 7.5(a) and multiply by 100.
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Please acknowledge receipt.

(Signature)
(डा. राजीव कुमार जैन) (Dr. Rajiv Kumar Jain)
निदेशक (स्वा. एवं प.क.)/Director (H&FW)(SAG)
रेलवे बोर्ड/ Railway Board
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Rly No. 43395, Tele Fax : 011-23388373
Mobile No. 9910487408

44

SD(H)FW)

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
रेलवे बोर्ड/(RAILWAY BOARD)

No.2008/H/5/18

New Delhi, dated 29.05.11

The General Managers,
All Indian Railways,
(Including PUs).

CORRIGENDUM

Sub.: Periodic Medical examination – relaxation for Loco Pilots declared with type II Diabetes – Amendment to Annexure-III (Para 509, 512) – 12.7.2 of IRMM- 2000.

Pursuant to the demand raised by Staff Side as DC/JCM item, the issue of relaxing the medical standards of Loco Pilots suffering from Diabetes Mellitus have been considered by the Board and the following has been decided –

Employees in A-one category who are suffering from Diabetes Mellitus can be declared fit for the respective categories if Diabetes is controlled on diet and/or on Tab. Metformin (oral hypoglycemic drug) upto 2gm/day only.

Periodic medical examination of such employee is to be conducted every year in addition to regular follow up as per the advice of the treating physician.

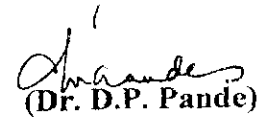
The in-service employee of A-one category who had been declared unfit due to Diabetes Mellitus prior to issue of this Board's letter will not be considered for re-medical examination.

This issues in consultation with Safety, Mechanical, Electrical & Establishment Dtes. of Board's office

Accordingly an ACS to Annex III (Para 509, 512) - 12.7.2 of IRMM-2000 is enclosed.

Hindi version will follow.

This supersedes the instructions contained in Board's letter of even number dated 03.05.11.


(Dr. D.P. Pande)

Executive Director Health(Plg.)

Railway Board

Telefax 011-23389623

E-mail: edhp@rb.railnet.gov.in

Encl.: ACS to Annex III (Para 509, 512) - 12.7.2 of IRMM-2000.

Suban 2011

Advance Correction Slip to Annexure – III (Para 509, 512) – 12.7.2
of IRMM-2000.

Annexure – III (Para 509, 512) – 12.7.2 of IRMM-2000 to be replaced as under–

Employees in A-one category who are suffering from Diabetes Mellitus can be declared fit for the respective categories if Diabetes is controlled on diet and/or on Tab. Metformin (Oral Hypoglycemic Drug) upto 2gm/day only.

Periodic medical examination of such employee is to be conducted every year in addition to regular follow up as per the advice of the treating physician.

(Board's Authority letter No. 2008/H/5/18 dated 20.05.11)

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2008/एच/5/18

नई दिल्ली, दिनांक: 20-05-2011
~~06-2011~~

महाप्रबंधक,
सभी भारतीय रेलें,
(उत्पादन इकाइयों सहित)।

शुद्धिपत्र

विषय: आवधिक चिकित्सा जांच - टाईप-II डायबिटीज घोषित किए गए लोको पायलटों के लिए छूट - आईआरएमएम-2000 के अनुबंध-III (पैरा 509, 512) - 12.7.2 में संशोधन।

डीसी/जेसीएम मद के रूप में कर्मचारी पक्ष द्वारा की गई मांग के अनुसरण में, डायबिटीज मेलीट्स से पीड़ित लोको पायलटों के चिकित्सा मानकों में छूट देने के मुद्दे पर बोर्ड द्वारा विचार किया गया है और निम्नलिखित निर्णय लिया गया है-

यदि डायबिटीज को आहार लेने और/अथवा प्रतिदिन अधिकतम 2 ग्राम की मेटफोरमिन गोली (ओरल हाइपोग्लीसेमिक दवाई) लेने से नियंत्रित किया जाता है तो ए-वन कोटि के कर्मचारी, जो डायबिटीज मेलीट्स से पीड़ित हैं, संबंधित कोटियों के लिए फिट घोषित किए जा सकते हैं।

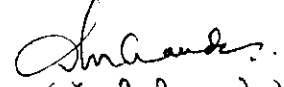
ऐसे कर्मचारी की आवधिक चिकित्सा जांच, इलाज करने वाले फिजिशियन की सलाह के अनुसार नियमित फॉलोअप के अतिरिक्त प्रत्येक वर्ष की जानी होती है।

ए-वन कोटि के सेवारत कर्मचारी जिन्हें बोर्ड के इस पत्र के जारी होने से पहले डायबिटीज मेलीट्स के कारण अनफिट घोषित कर दिया गया था, पर पुनः चिकित्सा जांच के लिए विचार नहीं किया जाएगा।

इसे बोर्ड कार्यालय के संरक्षा, यांत्रिक, बिजली और स्थापना निदेशालयों के परामर्श से जारी किया जा रहा है।

तदनुसार, आईआरएमएम-2000 के अनुबंध-III (पैरा 509, 512) - 12.7.2 की अग्रिम शुद्धिपत्ची संलग्न है।

इससे बोर्ड के दिनांक 03.05.2011 के समसंख्यक पत्र में निहित अनुदेशों का अधिक्रमण होता है।



(डॉ. डी.पी. पाण्डेय)

कार्यपालक निदेशक/स्वास्थ्य (योजना)

रेलवे बोर्ड

टेलीफैक्स 011-23389623

ईमेल: edhp@rb.railnet.gov.in

Encl: ACS to Annex III (Para 509, 512) - 12.7.2 of IRMM-2000.

आईआरएमएम-2000 के अनुबंध-III (पैरा 509, 512)-12.7.2 की अग्रिम शब्द पची

आईआरएमएम-2000 के अनुबंध-III (पैरा 509, 512)-12.7.2 को निम्नानुसार बदला जाए-

यदि डायबिटीज को आहार लेने और/अथवा प्रतिदिन अधिकतम 2 ग्राम की मेटफोरमिन गोली (ओरल हाइपोग्लीसेमिक दवाई) लेने से नियंत्रित किया जाता है तो ए-वन कोटि के कर्मचारी जो डायबिटीज मेलीट्स से पीड़ित हैं, संबंधित कोटियों के लिए फिट घोषित किए जा सकते हैं।

ऐसे कर्मचारी की आवधिक चिकित्सा जांच ईलाज करने वाले फिजिशियन की सलाह के अनुसार नियमित फॉलोअप के अतिरिक्त प्रत्येक वर्ष की जानी होती है।

(बोर्ड का दिनांक 20.05.2011 का प्राधिकार पत्र सं. 2008/एच/5/18)

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
(रेलवे बोर्ड/RAILWAY BOARD)

New Delhi, dated 07.06.2011

2005/H-1/12/34

The General Managers,
All Indian Railways and Production Units,
DG/RSC/Vadodra, DG/RDSO, Lucknow,
CAO/Patiala

Subject: Extension to the scheme of "Honorary Visiting Specialists" in all the
Railway Hospitals all over Indian Railways.

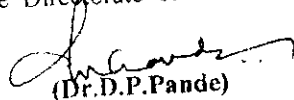
Reference: Railway Board's letter no.2001/H-1/12/40 dated 15.12.2005, even
letter of even no. dated 27.06.2006 and 29.06.2009.

In continuation of the above mentioned letters to introduce the
scheme of "Honorary Visiting Specialists" sanction of the Ministry of Railways is
hereby accorded for further extension of the scheme from 01.07.2011 to 30.06.2012
in all the Railway Hospitals all over Indian Railways.

Honorary Visiting Specialists who have been engaged or accorded
sanction for extension up to 30.06.2011, their term may now be extended for a period
of one year w.e.f. the date they have taken charge of their posts.

All other terms and conditions, remain the same as given in the office
order no. 2001/H-1/12/40 dated 15.12.2005 and 2005/H-1/12/34 dated 27.06.2006.

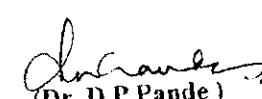
This issues with the Concurrence of Finance Directorate of the
Ministry of Railways.


(Dr. D.P. Pande)
Executive Director, Health (Plg.)
Railway Board.
New Delhi, dated 07.06.2011

2005/H-1/12/34

Copy forwarded to:

1. The FA&CAO, All Indian Railways.
2. The Chief Medical Directors, All Indian Railways.

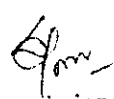

(Dr. D.P. Pande)
Executive Director, Health (Plg.)
Railway Board.

New Delhi, dated 07.06.2011

2005/H-1/12/34

Copy forwarded to:

3. The Principal Directors of Audit, All Indian Railways.
4. Dy. Comptroller & Auditor General of India (Railways),
Room No. 224, Rail Bhavan, New Delhi.


For Financial Commissioner, Railways

Copy for information to: EDF(E), DDF(E)I & F(E) Spl. (with 5 papers)
General Secretary, AIRF, New Delhi (35 copies)
General Secretary, NFIR, New Delhi (35 copies)

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2005/एच-1/12/34

नई दिल्ली, दिनांक 01.06.2011

महाप्रबंधक

सभी भारतीय रेलों तथा उत्पादन इकाइयां
महानिदेशक, रेलवे स्टाफ कॉलेज, वडोदरा,
महानिदेशक, अ.अ.आ.सं., लखनऊ,
मुख्य प्रशासनिक अधिकारी, पटियाला

विषय : सभी भारतीय रेलों पर सभी रेलवे अस्पतालों में 'ऑनरेरी विजिटिंग स्पेशलिस्ट'
योजना की अवधि बढ़ाना.

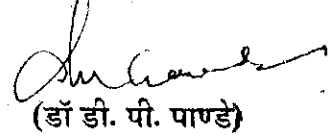
संदर्भ : रेलवे बोर्ड का दिनांक 15.12.2005 का पत्र सं. 2001/एच-1/12/40
तथा 27.06.2006 तथा 29.06.2009 के समसंख्यक पत्र.

'ऑनरेरी विजिटिंग स्पेशलिस्ट' योजना लागू करने के संबंध में ऊपर उल्लिखित पत्रों के क्रम में सभी भारतीय रेलों के सभी रेलवे अस्पतालों में इस योजना की अवधि को 01.07.2011 से 30.06.2012 तक बढ़ाने के संबंध में एतद्वारा रेल मंत्रालय की स्वीकृति प्रदान की जाती है.

ऐसे 'ऑनरेरी विजिटिंग स्पेशलिस्ट' जिन्हें नियुक्त किया गया है अथवा जिनकी समयावधि 30.06.2011 तक बढ़ाने के लिए मंजूरी प्रदान की गई है, के कार्यकाल को पद का कार्यभार संभालने की तारीख से अब एक वर्ष की अवधि के लिए बढ़ा दिया जाए.

दिनांक 15.12.2005 के कार्यालय आदेश सं. 2001/एच-1/12/40 और दिनांक 27.6.2006 के कार्यालय आदेश सं. 2005/एच-1/12/34 में दी गई अन्य सभी निबंधन एवं शर्तें अपरिवर्तित रहेगी.

इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है.



(डॉ. डी. पी. पाण्डे)

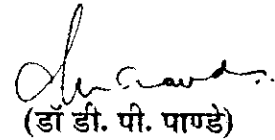
कार्यपालक निदेशक, स्वास्थ्य (योजना)
रेलवे बोर्ड

सं. 2005/एच-1/12/34

नई दिल्ली, दिनांक 01.06.2011

प्रतिलिपि प्रेषित :

1. वित्त सलाहकार एवं मुख्य लेखा अधिकारी, सभी भारतीय रेलें
2. मुख्य चिकित्सा निदेशक, सभी भारतीय रेलें



(डॉ. डी. पी. पाण्डे)

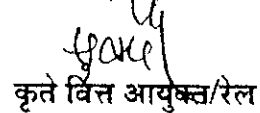
कार्यपालक निदेशक, स्वास्थ्य (योजना)
रेलवे बोर्ड

सं. 2005/एच-1/12/34

नई दिल्ली, दिनांक 01.06.2011

प्रतिलिपि प्रेषित :

3. प्रधान निदेशक, लेखा परीक्षा, सभी भारतीय रेलें
4. भारत के उप नियंत्रक एवं महालेखा परीक्षक (रेलें) कमरा सं. 224, रेल भवन, नई दिल्ली.



कृते वित्त आयुक्त/रेल

प्रतिलिपि प्रेषित :

कार्य.निदेशक, वित्त (स्था.), उनि. वित्त (स्था)1 और वित्त (स्था) विशेष (पाँच प्रति)
महासचिव, एआईआरएफ, नई दिल्ली (35 प्रति)
महासचिव, एनएफआईआर, नई दिल्ली (35 प्रति)

NO. 12

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No.2010/H-1/2/21

dt. 07.06.2011


**The General Managers,
All Zonal Railways/PUs.**

Sub: - Grant of Medical Facilities to dependent relatives – Raising the income ceiling.

Consequent upon implementation of Govt.'s decision on the recommendations of the Sixth Central Pay Commission regarding revision of minimum family pension to ₹3500/-, it has been decided that a dependent relative in relation to a Railway servant as defined in para 601(6) of the Indian Railways Medical Manual, 2000 shall be considered eligible for entitlement of Medical facilities if his/her income does not exceed minimum pension/family pension i.e. ₹.3500/- and Dearness Relief thereon or 15% of the basic pay of the Railway Servant, whichever is more.

2. Accordingly, in exercise of the powers conferred by the proviso to Article 309 of the Constitution, the President is pleased to direct that the proviso below Para 601(6) of the Indian Railway Medical Manual, 2000 may be amended as per 'Advance Correction Slip No. 12 enclosed.

3. Please acknowledge receipt.


(Dr. B.N. Annigeri)
Executive Director Health (G)
Railway Board

No.2010/H-1/2/21

dt. 07.06.2011

Copy to: -

1. The Director of Audit, All Indian Railways.
2. The Dy. Comptroller & Auditor General of India (Railways), Room NO.222, Rail Bhavan, New Delhi.


for Financial Commissioner/Railways

Copy to: - DDF(E)1 & F(E) Spl., Railway Board

Advance Correction Slip No. 12 to the Indian Railway Medical Manual, 2000

The proviso below 601 (6) may be substituted with the following: -

“Provided that the above are wholly dependent on and reside with the Railway employee. The words “wholly dependent” mean a person who does not have independent income more than 15% of the emoluments of the Railway servant concerned or ₹3500/- plus dearness relief thereon, rounded off to the nearest ten rupee figure, whichever is more.”

(Authority Railway Board's letter NO. 2010/H-1/2/21 dated 07.6.2011)

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2010/एच-1/2/21

दिनांक: 07.06.2011

महाप्रबंधक,

सभी क्षेत्रीय रेल/उत्पादन इकाइयां

विषय: आश्रित संबंधियों को चिकित्सा सुविधाएं प्रदान करना - आय सीमा बढ़ाना

न्यूनतम पारिवारिक पेंशन संशोधित करके 3500/- रुपये किए जाने से संबंधित छठे केंद्रीय वेतन आयोग की सिफारिशों के संबंध में सरकार के निर्णय के कार्यान्वयन के परिणामस्वरूप, वह विनिश्चय किया गया है कि भारतीय रेल चिकित्सा नियमावली 2000 के पैरा 601 (6) में यथापरिभाषित रेल कर्मचारी के संबंध में एक आश्रित रिश्तेदार को चिकित्सा सुविधाओं की हकदारी के लिए तभी पात्र माना जाएगा अगर उसकी आय, न्यूनतम पेंशन/पारिवारिक पेंशन अर्थात् 3500/- रुपये और उस पर महंगाई राहत से या रेल कर्मचारी के मूल वेतन के 15% से जो भी अधिक हो, से अधिक न हो।

2. तदनुसार, संविधान के अनुच्छेद 309 के परंतुक द्वारा प्रदत्त शक्तियों को प्रयोग करते हुए, राष्ट्रपति यह निदेश देते हैं कि भारतीय रेल चिकित्सा नियमावली 2000 के पैरा 601(6) के नीचे परंतुक को संलग्न अग्रिम शुद्धि पर्ची सं. 12- के अनुसार संशोधित किया जाए।

3. कृपया पावती दें।



(डा. दी.एन. अर्जुनी)

कार्यपालक निदेशक, स्वास्थ्य (सा)

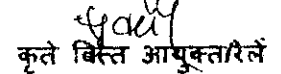
रेलवे बोर्ड

सं. 2010/एच-1/2/21

दिनांक: 07.06.2011

प्रतिलिपि:-

1. लेखापरीक्षा निदेशक, सभी भारतीय रेलें।
2. भारत के उप महानियंत्रक एवं लेखापरीक्षक (रेलवे), कमरा सं. 222, रेल भवन, नई दिल्ली।



कृते विस्तृत आयुक्त/रेलें

प्रतिलिपि:- उपनिदेशक, वित्त(व्यय) 1 और वित्त (व्यय) विशेष, रेलवे बोर्ड

भारतीय रेल चिकित्सा नियमावली 2000 के लिए अंतिम कृति कर्ता सं. 12

601(6) के नीचे परंतुक को निम्नलिखित द्वारा प्रति-स्थापित किया जाए:-

"बशर्ते कि उपर्युक्त रेल कर्मचारी पर पूर्णतः आवृत्त हो तथा उसके साथ रहते हों। शब्द "पूर्णतः आवृत्त" से अभिप्राय उस व्यक्ति से है जिसकी अपनी निजी आय, संबंधित रेल कर्मचारी की परिवारिकों के 15% से या 3500/- रुपये जमा उस पर महंगाई रहत से निकटतम दस रुपये के आंकड़े तक पूर्णतः आवृत्त जो भी अधिक हो, से अधिक न हो।"

(प्राधिकार: रेलवे बोर्ड का दिनांक 07.6.2001 का पत्र सं. 2010/एच-1/2/21)

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No.2011 /H-1/9/2

New Delhi, dated 27 06.2011

**General Managers,
All Indian Railways.**

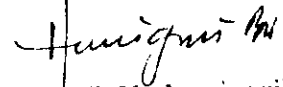
Sub: Food Safety and Standard Rules 2011.

Department of Health and Family Welfare, Ministry of Health and Family Welfare, Government of India in exercise of the power conferred by Section 91 of the Food Safety and Standards Act 2006 (34 of 2006) has notified the Food Safety and Standards Rules 2011 vide GSR 362(E) published in Part II - Section 3(i) of Gazette of India Extraordinary dated 5th May, 2011. A copy of the same is enclosed. These Rules shall come into force after three months from the date of publication in the official Gazette, i.e. 5th August, 2011.

The Rules are also available on the Website of the Food Safety and Standards Authority of India viz. <http://www.fssai.gov.in>.

It may be noted the Prevention of Food Adulteration Act 1954 and Prevention of Food Adulteration Rules 1955 shall stand repealed with the enactment and notification of the Food Safety and Standards Act 2006 and Food Safety and Standards Rules 2011 w.e.f. 5th August 2011.

This is for information and necessary action please.



(Dr. B.N. Annigeri)
Executive Director / Health (G)
Railway Board

Telefax : 23386882, Phone : 23303717, Rly. 43717
Email : edh@rb.railnet.gov.in

Copy to :

1. Chief Medical Directors, All Indian Railways.
2. Chief Commercial Managers, All Indian Railways.

TO BE PUBLISHED IN THE GAZETTE OF INDIA EXTRAORDINARY

Part II—Sec. 3 (i)

MINISTRY OF HEALTH AND FAMILY WELFARE

(Department Of Health and Family Welfare)

New Delhi, dated 5th May, 2011

Notification

G.S.R.362 (E).- Whereas Central Government proposes to make draft Food Safety and Standards Rules, 2011 in exercise of the powers conferred by section 91 of Food Safety and Standards Act, 2006 (34 of 2006), read with the sections 5,7,30,36,37,38,39,40,41,43,45,46, 47,68,70,71,73,74,75,76,77,78,81,82,83 and 84, which have been notified by the Government of India vide SO 1855 (E) dated 29th July, 2010, and

Whereas these draft rules have been published at pages 1 to 68 in the Gazette of India Extraordinary Part II - Sec. 3 (i) dated 19th January, 2011 under the notification of Government of India in the Ministry of Health and Family Welfare no G.S.R 39 (E) dated the 19th January, 2011 inviting objections and suggestions from all persons likely to be affected thereby before the expiry of period of thirty days from the date on which the copies of the said Gazette containing the said notification were made available to the public;

And whereas the copies of the Gazette were made available to the public on the 20th January, 2011.

And whereas objections and suggestions received from the public within the specified period on the said draft Rules have been considered by the Central Government.

Now therefore, in exercise of the power conferred by section 91 of the said Act, the Central Government hereby makes the following Rules namely,-

Food Safety and Standards Rules, 2011

CHAPTER 1

General

1.1: Title and commencement

1.1.1: These rules may be called the Food Safety and Standards Rules, 2011.

1.1.2: They shall come into force after three months from the date of their publication in the official Gazette.

1.2: Definitions

1.2.1: In these rules, unless the context otherwise requires,

1. "Act" means the Food Safety and Standards Act, 2006 (Act 34 of 2006) ;
2. "Adjudicating Officer" means the Adjudicating Officer appointed under sub-section (1) of section 68 of the Act.
3. "Advocate" means a person who is entitled to practice the profession of law under the Advocates Act, 1961 (25 of 1961)
4. "Appellate Tribunal" means the Food Safety Appellate Tribunal constituted under section 70 of the Act.
5. "Authorised Officer" means an officer authorized by the Food Authority referred in the sub-section (5) of section 47 of the Act.
6. "Inquiry" means the inquiry referred to in section 68.

7. "Licensing Authority" means the Designated Officer appointed under section 36 of the Act for the local area and includes any other officer so appointed for the purpose of granting license by the Commissioner of Food Safety.

8. "Notified laboratory" means any of the laboratories notified by the Food Authority under sub-sections (1) and (2) of section 43 of the Act.

9. "Presiding Officer" means a person appointed as Presiding Officer of the Appellate Tribunal under section 70 of the Act.

10. "Referral laboratory" means any of the laboratories established and/or recognized by the Food Authority by notification under sub section (2) of section 43 of the Act.

11. "Registrar" means the Registrar of the Appellate Tribunal and includes an officer of such Appellate Tribunal who is authorized by the Presiding Officer to function as Registrar

12. "Registry" means the registry of the Appellate Tribunal

13. "Rules" means the Food Safety and Standards Rules, 2011.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2011/H/5/9

New Delhi, dated:01.07.2011

General Managers
Indian Railways

Sub: Medical Decategorization of staff – Issuance of proper certificate

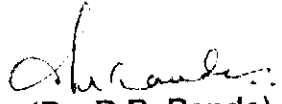
Arising out of demand by staff side in DC/JCM meeting, the subject mentioned above has been examined in consultation with Establishment Directorate and the following has been decided by Ministry of Railways.

Pursuant to the notification of PWD Act -1995, an employee acquiring disability during service cannot be dispensed with or reduced in rank and has to be adjusted against a suitable post with same pay scale and service benefits.

Therefore, the Terminology 'Medical Decategorization' be replaced by 'Alternative Employment on Medical Grounds'.

IRMM-2000 Para 521 (Annexure IX & X), para 523 (ii) & para 561(B) shall be amended accordingly.

Hindi version shall follow.


(Dr. D.P. Pande)
Executive Director Health/Plg.
Railway Board
Tele No.011-23389623

- 60 -

S. No. 14 Health 2011

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
(रेलवे बोर्ड/RAILWAY BOARD)

No. 2011/H-1/18/6/ACS

New Delhi dated 26.07.2011


**The General Managers,
All Indian Railways and
Production Units.**

**Sub: Membership of National/International Institutions and
Reimbursement of Membership fees of societies.
Ref: Indian Railway Medical Manual-2000**

It has been decided by the Board that Annexure VIII of para 240 (4) Chapter 2 of IRMM – 2000 may be read as per the list enclosed.

Advance Correction Slip (S.No. 14 Health 2011) amending 240 (4) and Annexure VIII of Chapter 2 of IRMM, 2000 is enclosed.

DA/One


(Dr. B.N. Annigeri)
Executive Director/H(G)
Railway Board

No. 2011/H-1/18/6/ACS

New Delhi dated 26.07.2011

Copy is forwarded for information and necessary action to:

1. The Director of Audit, All Indian Railways.
2. The Dy. Comptroller & Auditor General of India (Railways), Room No. 222, Rail Bhawan, New Delhi

Advance Correction Slip to Para 240 (4) and Annexure VIII of
Chapter 2 of IRMM 2000

In para 240 (4) of and Annexure VIII of Chapter 2 may be
substituted as under:-

List enclosed

(Authority : Board's letter No.:2011/H-1/18/6/ACS dated 26.07.2011)

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं.2011/एच-1/18/6/एसीएस

नई दिल्ली, दिनांक 26 .07.2011

महाप्रबंधक,
सभी भारतीय रेलें और
उत्पादन इकाइयां

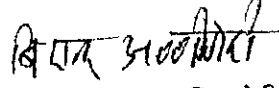
विषय: राष्ट्रीय/अंतर्राष्ट्रीय संस्थानों की सदस्यता और सोयायटी के सदस्यता शुल्क की प्रतिपूर्ति

संदर्भ: भारतीय रेल चिकित्सा नियमावली - 2000

बोर्ड द्वारा यह विनिश्चय किया गया है कि भारतीय रेल चिकित्सा नियमावली-2000 के अध्याय 2 के पैरा 240 (4) के अनुबंध VIII को संलग्न सूची के अनुसार पढ़ा जाए।

भारतीय रेल चिकित्सा नियमावली-2000 के अध्याय 2 के पैरा 240 (4) और अनुबंध VIII में संशोधन के लिए अग्रिम शुद्धि पची (क्रम सं. 14 स्वास्थ्य 2011) संलग्न है।

संलग्नक: एक


(डॉ. बी. एन. अग्निहोत्री)
कार्यपालक निदेशक, स्वास्थ्य (सा.)
रेलवे बोर्ड

सं.2011/एच-1/18/6/एसीएस

नई दिल्ली, दिनांक 26 .07.2011

प्रतिलिपि सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित:

1. निदेशक लेखा परीक्षा, सभी भारतीय रेलें
2. भारत के उपनिर्बंधक एवं महालेखा परीक्षक (रेलें), कमरा नं. 222, रेल भवन, नई दिल्ली

क्रम सं. 14 स्वास्थ्य 2011

भारतीय रेल चिकित्सा नियमवली-2000 के अध्याय 2 के पैरा 240 (4) और अनुबंध VIII के लिए अग्रिम श्रद्धि पची

अध्याय 2 के पैरा 240 (4) और अनुबंध VIII में निम्नानुसार प्रतिस्थापित किया जाए:-
सूची संलग्न।

(प्राधिकार: बोर्ड का दिनांक 26.07.2011 पत्र सं. 2011/एच-1/18/6/एसीएस)

- 64 -

LIST OF PROFESSIONAL INSTITUTIONS/SOCIETIES (NATIONAL)

1. All India Dental Association
2. All India Management Association
3. All India Ophthalmological Society
4. Association of Microbiologists of India
5. Association of Minimal Access Surgeons of India.
6. Association of Otolaryngologists of India
7. Association of Physicians of India
8. Association of Plastic Surgeon of India
9. Association of Thoracic & Cardiovascular Surgeons of India
10. Association of Tuberculosis of India
11. Cardiological Society of India
12. Centre for Transportation Research & Management
13. Chartered Institute of Transport (India)
14. Computer Society of India
15. Diabetic Association of India
16. Dental Council of India
17. Geriatric Society of India
18. Indian Academy of Paediatrics
19. Indian Association of Dermatologists & V.D.
20. Indian Association of Gastro-intestinal endo-Surgeons.
21. Indian Association of Occupational Health.
22. Indian Association of Pathologist - Microbiologists
23. Indian Building Congress
24. Indian Cancer Society (Surgeons)
25. Indian Cancer Society & Indian Association of Oncology
26. Indian Concrete Institute
27. Indian Economic Society
28. Indian Geotechnical Society
29. Indian Institute of Foundary Men
30. Indian Institute of Material Management
31. Indian Institute Metals
32. Indian Institute of Public Administration
33. Indian Institute of Welding
34. Indian Institution of Bridge Engineers
35. Indian Medical Association.
36. Indian National Group of the International Association of Bridge and Structural Engineers
37. Indian Orthopaedics Association
38. Indian Psychiatric Society
39. Indian Public Health Association, Association Prof. of Prev & Social Medicine
40. Indian Radiological & Imaging Association.
41. Indian Railway Institute of Logistic & Material Management
42. Indian Roads Congress
- ✓43. Indian Society of Blood Transfusion & Immunohematology
44. Indian Society of Deptt. of Anaesthesiology Anaesthetists
- ✓45. Indian Society of Endoringology
- ✓46. Indian Society of Gastroentology
47. Institute of Chartered Accountants of India

48. Institute of Chartered Financial Analysts of India, Hyderabad
49. Institute of Cost & Works Accountants
50. Institute of Internal Auditors (India)
50. Institute of Permanent Way Engineers
51. Institute of rail Transport
52. Institute of Rolling Stock Engineers
53. Institute for Defence Studies & Analysis (IDSA).
54. Institution of Electronics & Telecommunication Engineers
55. Institution of Engineers (India)
56. Institution of Industrial Engineers, India
57. Institution of Mechanical Engineers, India
58. Institution of Plant Engineers, India
59. Institution of Railway Electrical Engineers, Tilak Bridge
60. Institution of Railway Signal & Telecommunication Engineers (IRSTE), Secunderabad
61. Institution of Work Study, India
62. National College of Chest Physicians
63. National Institute of Personnel Management
64. National Productivity Council, India
- ✓ 65. Neurological Society of India
66. Pacific Telecommunications Council – India Foundation
67. Society of Biological Chemists of India
68. The Association of Surgeons of India
69. The Federation of Obstetric & Gynecological
70. The Indian Council for Arbitration
- ✓ 71. The Institute of Company Secretaries of India
72. The Urology Society of India

LIST OF PROFESSIONAL INSTITUTIONS/SOCIETIES (INTERNATIONAL)

1. American Academy of Paediatrics
2. American Association of Gyneacologists, Laparoscopists.
3. American Association of Immunologists
4. American College of Cardiology
5. American Railway Engineering Association
6. American Society of Civil Engineers
7. American Society of Heating, Refrigeration and Air-conditioning Engineers, Inc. 17 91, Tullic Circle, NE, Atlanta, GA 30329, Tel (404)636-8400(USA).
8. American Society of Mechanical Engineers
9. American Society of Non-destructive Testing, INC.(ASNT), Corporate Processing Deptt. 0901, Columbus, OHIO - 43271 - 0901, Tel. 800/222-2768, 614/274-6003, FAX No. 614/274-6899
10. Association of American Medical Colleges
11. Association of American Rail Road, (Signal Section), 30 Vesey Street, New York, N.Y.
12. Association of Locomotive Maintenance Officers, USA
13. British Medical Association, London
14. British Orthopaedic Association and the Royal Association for Disability and Rehabilitation
15. Chartered Institute of Management Accountants (UK) London
16. Chartered Institute of Transport (London).
- ✓17. Council for Postgraduate Medical Education in England and Wales
- ✓18. European Renal Association - European Dialysis and Transplant Association, P.O. Box-23, c/o P.T.Bastia, 1-35030 Bastia di Revolon (PD), Italy
19. Illumination Engineering Society of North America, 345, East 47th Street, New York NY 10017
20. Institute of Chartered Accountants of England & Wales
21. Institute of Civil Engineers (U.K.).
22. Institution of Engineering & Technology, Savoy Place, London, WC 2R OLB, Tele/ No.(01) 240 1871. Electrical Engineers (London)
23. Institute of Electrical and Electronics Engineers, (IEEE), Inc.345, East 47th St. New York, NY 10017.
24. Institute of Industrial Managers
25. Institute of Management Services, 1, Cecil Court, London Road, Engield Middx, EN2 6DD. Tel(01)363-7452.
26. Institute of Opthamology, London
27. Institute of Purchase and Supply, U.K
28. Institute of Railway Signal Engineers, Room No. 710, Eustonhouse, London N.W.I.(UK).
29. Institute of Refrigeration, Kelvin House, 76 Mill Lane, Carshalton, Tel. (01)647-7033
30. Institution of Electrical Engineers, Savoy Place, London, WC 2R OLB, Tel.(01)240-1871
31. Institution of Lighting Engineers, Lennox House, 9, Lawford Road, Rugby, Warwicks-CV21 2 DZ, Tel. (0788)76492
32. Institution of Mech. Engineers (London)U.K

33. Institution of Mechanical Engineers, 1, Birdcage Walk, London, Tele (01)222-7899
34. Institution of Production Engineers, U.K
35. Institution of Structural Engineers (UK).
36. International Commission of Occupational Health (ICOH).
37. International Federation of Gynae & Obs. and Family Health
38. International Society of Nephrology, Avenue de Tervueren, 300, B-1150 Brussels, Belgium, Tel. +3227431546
39. International Union against Tuberculosis and Chest Disease, Paris
40. International Epidemiological Association, 38,, Ismailiah Sreet, Apt 201, Mostafa Kamel, Alexandra, Egypt Tel/Fax + 203 546 75 76
41. Journal of American Medical Association
42. Medical Foundation, Sydney. (Only for Perambur Superspecialists).
43. Medical Research Council, London.
44. Medical Research Council of Canada.
45. Medical Society of Clinical Pathologists.
46. Medical Society of the State of New York.
47. Royal College of Surgeons of England
48. Royal Economic Society (UK) London
49. Royal Institute of Public Health
50. Scottish Council for Postgraduate Medical Education
51. Society of Orthopaedic Medicine
52. Surgery Gynecology and Obstetrics – Journal of American College of Surgeons.
53. The Institute of Management Services, (TIMS) Westminster St. Providence, RIO2903 (USA).
54. The Society of Manufacturing Engineering, USA.

(26)

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2010/H-1/11/36/DC(JCM)

New Delhi, dated 05.8.11

The General Managers,
All Indian Railways.

Sub: - Submission of proposal for recognition of hospitals-reg.

Ref: - Board's letter of even no. dt.1.2.11 & Corrigendum dt.29.3.11
(copy enclosed).

It has been observed that while sending the proposals for recognition of hospitals, Railways are still not adhering to the check list issued by Board from time to time. As regards, Point No.6 of the check list, it is desired that **the report of the Committee must comprise of three doctors i.e. MD/CMS, one Specialist and one other Doctor.**

While recognizing a private hospital whether for the first time or in the case of extension of recognition, it is essential that the hospital must give an undertaking certifying that Railway patients when referred or otherwise would be given a preferential treatment over others.

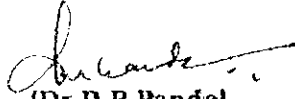
While recognizing a private hospital for the first time, inspections must be carried out in at least three or four hospitals of equal status and then based on infrastructure, distance from Railway hospital, quality of service, reasonability of rates etc, a decision should be arrived at. This procedure is must for recognition of private hospitals. Further, in the case of recognition in CGHS covered states/cities, the hospitals empanelled by CGHS must be inspected and should not be overlooked.

In some of the cases, Committee reports that some of the hospitals inspected refused to provide treatment as per CGHS rates. In such cases, refusal should be obtained in writing and the same may be placed along with the report.

In addition to this, the Committee of three doctors must include in their report justification and need for recognition of the hospital, specialties of the hospital, infrastructure facilities, distance of the hospital from the Railway hospital/unit and other relevant points which are basis of selection of the hospital.

This issues with the concurrence of the Finance Directorate of the Ministry of Railways.

O/C


(Dr.D.P.Pande)
Executive Director, Health (P)
Railway Board.

Copy to : Chief Medical Directors/All Indian Railways.

- 762 - E:\data 3251\data F\my doc\Recognition.doc

D/C

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD**

No.2011/H-1/1/1

New Delhi, dated 18.2011

**The General Manager (Medical)
All Indian Railways.**

Sub: Family Welfare Programme on All Indian Railways-Allocation of funds for the year 2011-12.

Ref: Ministry of Health & Family Welfare's letter No. G20011/2/2011-FW (Ply) dated 16th June 2011.

Government of India, Ministry of Health & Family Welfare in the Budget estimate for 2011-12 has made a provision of Rs. 52.00 Lakhs (Rupees Fifty Two Lakhs only) for payment for compensation under Family Welfare Programme on the Indian Railways. Railway wise allotment of this fund for the year 2011-12 is given in the enclosed statement.

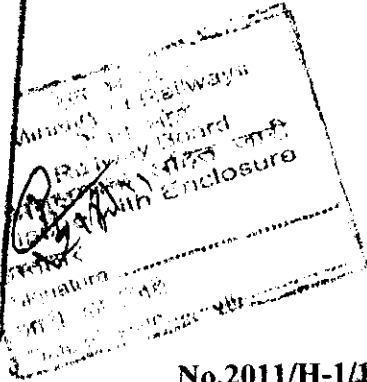
1. The funds provided by the Ministry of Health & Family Welfare are for the payment of compensation for loss of wages to acceptors of Sterilization (Tubectomy/vasectomy) operation and IUD Insertion.
2. Budget provision for meeting expenditure ~~on expenditure~~ on 'Compensation' will be available on the basis of actual performance and, if necessary, additional funds will be made available to the Railways. The outlays agreed for compensation are not, however, divertible to other purposes.
3. The expenditure incurred on Family Welfare Programme on the Indian Railways should be debited to the following Budget head:

Demand No.	46	For the year 2011-12 Department of Health & Family Welfare
Major Head	2211	(Plan)
	00200	Other Services and Supplies
	02	Family Welfare Programme in Other Ministries.
	0202	Sterilization and IUD Insertion
	020250	Other charges

ALPHA CODE	DESCRIPTION	SER CODE	SCCD	AMOUNT (In Rupees Plan)
221100200020250	Other Charges	22110587	194	52,00,000 (Fifty two Lakhs)

ALPHA CODE	DESCRIPTION	SER CODE	SCCD	AMOUNT (In Rupees Plan)
221100200020250	Other Charges	22110587	194	52,00,000 (Fifty two Lakhs)

4. The expenditure on Family Welfare Programme during 2011-12 should be advised in terms of Board's letter No. 92/AcII/2/2 Pt. 20.10.94.
5. This issue with the concurrence of the Finance Directorate of the Ministry of Railways
6. Receipt of this letter may please be acknowledged.



O/C


 (डा. राजीव कुमार जैन) / (Dr. Rajiv Kumar Jain),
 निदेशक/स्वास्थ्य एवं प.क./Director (Health & FW) (SAG),
 रेलवे बोर्ड/Railway Board.
 E.Mail: dhfw@rb.railnet.gov.in
 Phone: Rly: 030-43395, MTNL23303395.
 Tele Fax: MTNL: 011-23388373,
 MTNL: 011-23303985
 Rly Fax: 030-43985


No.2011/H-1/1/1

New Delhi, dated .08.2011

Copy with copy of the Statement forwarded to:

1. Director/Finance – CCA, Railway Board.
2. Dy. Chief Medical Director (Health & Family Welfare), All Indian Railways.
3. The FA&CAOs All Indian Railways.

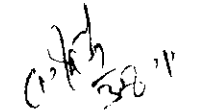
DA/One


For Financial Commissioner/Railways
 New Delhi, dated

No. 2011/H-1/1/1

॥ ०८/०८/२०११

4. Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi, 110011 (with reference to their letter N.G.20011/2/2011-FW (Ply) dated 16th June 2011 (Kind Attention Miss/Ms Anuradha Vemuri, Director, Ministry of Health and Family Welfare (Family Welfare Policy Section)
5. Ministry of Health & Family Welfare (Department of Family Welfare), Nirman Bhavan, New Delhi for information.
6. The Pay & Accounts Office (Sectt.) Ministry of Health & Family Welfare Nirman Bhavan, New Delhi 110011.


(Dr. Rajiv Kumar Jain)
 Director/Health & FW,
 Railway Board.

Copy to F (E) Sp^l & ACCount II Branch, Railway Board.

**STATEMENT SHOWING THE ALLOCATION OF FUNDS FOR THE
PAYMENT OF COMPENSATION TO THE ACCEPTORS OF
STERILISATION UNDER THE FAMILY WELFARE PROGRAMME
DURING THE FINANCIAL YEAR 2011-12.**

<u>Zonal Railways</u>	<u>Total Allocation (figures in Thousand of rupees)</u>
Central Railway	350
Eastern Railway	500
East Central Railway	200
East Coast Railway	200
Northern Railway	350
North Central Railway	200
North Eastern Railway	200
Northeast Frontier Railway	350
North Western Railway	200
Southern Railway	500
South Central Railway	400
South Eastern Railway	500
SouthEast Central Railway	350
South Western Railway	350
Western Railway	350
West Central Railway	200
Total	5200

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2011/एच-1/1/1

नई दिल्ली, दिनांक: 11.08.2011

महाप्रबंधक (चिकित्सा),
सभी भारतीय रेलें।

विषय: सभी भारतीय रेलों पर परिवार कल्याण कार्यक्रम-वर्ष 2011-2012 के लिए निधि का आबंटन।

संदर्भ: स्वास्थ्य एवं परिवार कल्याण मंत्रालय का 16 जून, 2011 का पत्र सं. जी-20011/2/2011-एफडब्ल्यू (पीएलवाई)।

भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने अपने बजट अनुमान 2011-2012 में भारतीय रेलों पर परिवार कल्याण कार्यक्रम के अंतर्गत मुआवजे का भुगतान करने के लिए ₹ 52.00 लाख (मात्र बावन लाख रुपए) की व्यवस्था की है। वर्ष 2011-2012 के लिए इस निधि का रेलवेवार आबंटन संलग्न विवरण में दिया गया है।

1. स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा मुहैया कराई गई यह निधि स्टरलाइजेशन (टयूबकटॉमी/वेसकटॉमी) ऑपरेशन तथा आईयूडी इनसर्शन कराने वालों की मजूरी की हानि के मुआवजे का भुगतान करने के लिए है।
2. "मुआवजे" के खर्च को पूरा करने के लिए बजट प्रावधान वास्तविक कार्य निष्पादन के आधार पर उपलब्ध होगा तथा यदि आवश्यक हुआ, तो रेलों को अतिरिक्त निधि उपलब्ध कराई जाएगी। बहरहाल, मुआवजे के लिए स्वीकृत परिव्यय को किन्हीं अन्य प्रयोजनों के लिए इस्तेमाल नहीं किया जाना होता है।
3. भारतीय रेलों पर परिवार कल्याण कार्यक्रम के संबंध में किए जाने वाले व्यय को निम्नलिखित बजट शीर्ष में डेबिट किया जाए:

मांग सं.	46	वर्ष 2011-12 के लिए स्वास्थ्य एवं परिवार कल्याण विभाग
मुख्य शीर्ष	2211	(योजना)
	00200	अन्य सेवाएं एवं सप्लाई
	02	अन्य मंत्रालयों में परिवार कल्याण कार्यक्रम
	0202	स्टरलाइजेशन एवं आईयूडी इनसर्शन
	020250	अन्य प्रभार

अल्फा कोड	विवरण	एसईआर कोड	एससीसीडी	राशि (योजना ₹ में)
221100200020250	अन्य प्रभार	22110587	194	52,00,000/- (बावन लाख रुपए)

4. 2011-2012 के दौरान परिवार कल्याण कार्यक्रम के संबंध में व्यय की सूचना बोर्ड के दिनांक 20.10.94 के पत्र सं. 92-ए.सी.II/2/2/पार्ट के अनुसार दी जाए।
5. इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है।
6. कृपया इस पत्र की पावती दें।

O/C

(डॉ. राजीव कुमार जैन)

निदेशक (स्वास्थ्य एवं परिवार कल्याण)(एसएजी),
रेलवे बोर्ड

नई दिल्ली, दिनांक: // .08.2011

सं. 2011/एच-1/1/1

विवरण की प्रतिलिपि सहित प्रतिलिपि अग्रेषित:

1. निदेशक वित्त (सीसीए), रेलवे बोर्ड।
2. उप मुख्य चिकित्सा निदेशक (स्वास्थ्य एवं परिवार कल्याण), सभी भारतीय रेलें।
3. वित्त सलाहकार एवं मुख्य लेखा अधिकारी, सभी भारतीय रेलें।

कृते वित्त आयुक्त/रेलें

संलग्नक: एक

नई दिल्ली, दिनांक: // .08.2011

सं. 2011/एच-1/1/1

विवरण की प्रतिलिपि सहित प्रतिलिपि अग्रेषित:

1. स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निर्माण भवन, नई दिल्ली- 110 011 को उनके 16 जून, 2011 के पत्र सं. एनजी-20011/2/2011-एफडब्ल्यू(पीएलवाई) के संदर्भ में। (ध्यानार्थ: कुमारी/सुश्री अनुराधा वेमूरी, निदेशक, स्वास्थ्य एवं परिवार कल्याण मंत्रालय (परिवार कल्याण नीति अनुभाग))।
2. स्वास्थ्य एवं परिवार कल्याण मंत्रालय (परिवार कल्याण विभाग), निर्माण भवन, नई दिल्ली को सूचनार्थ।
3. वेतन एवं लेखा कार्यालय (सचिवालय), स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निर्माण भवन, नई दिल्ली-110 011.

(डॉ. राजीव कुमार जैन)

निदेशक/स्वास्थ्य एवं परिवार कल्याण
रेलवे बोर्ड

वित्त वर्ष 2011-12 के दौरान परिवार कल्याण कार्यक्रम में स्ट्रलाइजेशन करवाने वालों के लिए मुआवजे का भुगतान करने के संबंध में निधि का आबंटन दर्शाने वाला विवरण

क्षेत्रीय रेलवे	कुल आबंटन (आंकड़े ₹ हजार में)
मध्य रेलवे	350
पूर्व रेलवे	500
पूर्व मध्य रेलवे	200
पूर्व तट रेलवे	200
उत्तर रेलवे	350
उत्तर मध्य रेलवे	200
पूर्वोत्तर रेलवे	200
पूर्वोत्तर सीमा रेलवे	350
उत्तर पश्चिम रेलवे	200
दक्षिण रेलवे	500
दक्षिण मध्य रेलवे	400
दक्षिण पूर्व रेलवे	500
दक्षिण पूर्व मध्य रेलवे	350
दक्षिण पश्चिम रेलवे	350
पश्चिम रेलवे	350
पश्चिम मध्य रेलवे	200
योग	5200

भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय MINISTRY OF RAILWAYS
(रेलवे बोर्ड RAILWAY BOARD)

No.2011/H/6-4/Policy-1

New Delhi, dated 30.09.2011

The General Managers,
All Indian Railways (Including PUs)

Sub:- Reimbursement of medical expenses –delegation of powers to Divisional Railway Managers.

Ref- Board's letters No.2007/H/6-4/Policy-1 dated 07.08.2008

There have been demands by various Zonal Railways, for enhancing the powers of Divisional Railway Managers for reimbursement of medical expenses of Railway employees, incurred on treatment of self or their dependents taken in emergencies in Private/non recognized hospitals and Dispensaries. The matter has been examined in detail in consultation with Finance Directorate of Railway Board.

2. In terms of Board's letter No.2007/H/6-4/Policy-1 dated 07.08.2008, powers were delegated to DRMs to settle the claims with the concurrence of their associate finance for reimbursement of medical expenses for treatment taken in emergency even without referral from AMO in private recognized/non recognized hospitals up to ₹10,000/- per case with a ceiling limit of Rs.Two lakh per year only.

3. Ministry of Railways in partial modification of their above orders dated 07.08.2008 have now decided as follows:-

“Divisional Railway Managers are delegated powers to sanction all reimbursement claims with concurrence of their associate finance for reimbursement of medical expenses for treatment taken in emergency even without referral from AMO at Private recognized/non recognized hospitals up to ₹.25,000/- per case with an annual ceiling limit of ₹5 lakh.”

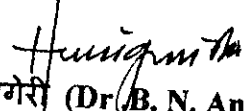
4. Above delegation to DRMs is subject to the norms as prescribed in Railway Board's letters No. 2005/H/6-4/Policy-11 dated 31.1.2007 & 22.06.10 being followed. These powers are delegated to the DRMs of Zonal Railways only and may not be re-delegated further.

5. These instructions shall be effective from the date of issue of this letter.

6. This issues with the concurrence of Finance Directorate of Ministry of Railways.

DA:- ACS to Para 648(3) of IRMM, 2000 is enclosed

This also disposes of C.Rly letter No.623/MD/Reimb/Misc dated 08.08.11



(डॉ. बी. एन. अण्णीगेरी (Dr. B. N. Annigeri)
कार्यकारी निदेशक, स्वास्थ्य (सामान्य) Executive Director, Health (G)
रेलवे बोर्ड Railway Board

No.2011/H/6-4/Policy-1

Copy forwarded to:-

1. FA&CAOs/ All Indian Railways including PUs
2. The Chief Medical Directors, All Indian Railways


New Delhi, dated 30.09.11


(डॉ. बी. एन. अण्णीगेरी (Dr. B. N. Annigeri)
कार्यकारी निदेशक, स्वास्थ्य (सामान्य) Executive Director, Health (G)
रेलवे बोर्ड Railway Board

No.2011/H/6-4/Policy-1

1. Principal Directors of Audit, All Indian Railways
2. Deputy Comptroller and Auditor General of India(Railways), Room No.224, Rail Bhawan, New Delhi.

New Delhi, dated 30.09.11


For Financial Commissioner/ Railways.

Copy to:- 1.F(E) Spl. Branch/Rly. Board.

- 77 -

ADVANCE CORRECTION SLIP FOR AMENDMENT OF PARA 648 IRMM, 2000

Amendment to Para 648 (3) of IRMM, 2000

The existing para 648(3) may be replaced as under:-

Divisional Railway Managers are delegated powers to settle the claims with the concurrence of their associate finance for reimbursement of medical expenses for treatment taken in emergency at private recognized/non recognized hospitals upto ₹25,000/- per case, with an annual ceiling limit of ₹5,00,000/-(Rupees Five lakhs only).

Above delegation to DRMs is subject to the norms as prescribed in Railway Board's letters No. 2005/H/6-4/Policy-II dated 31.1.2007 & 22.06.10 being followed. These powers are delegated to the DRMs of Zonal Railways only and may not be re-delegated further.

(Authority:- Board's letter No.2011/H/6-4/Policy I dated 30.09.11)

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2007/एच/6-4/पॉलिसी-1

नई दिल्ली, दि. ३०.09.2011

महाप्रबंधक,
सभी भारतीय रेलें (उत्पादन इकाइयों सहित)

विषय : मेडिकल खर्चों की प्रतिपूर्ति- मंडल रेल प्रबंधकों को शक्तियों का प्रत्यायोजन.

संदर्भ: बोर्ड का 07.08.2008 का पत्र सं. 2007/एच/6-4/पॉलिसी -1.

निजी मान्यता प्राप्त/गैर-मान्यता प्राप्त अस्पतालों और औषाधालयों में आपातकाल में रेल कर्मचारियों के स्वयं के और आश्रितों के उपचार पर खर्च किए गए उनके मेडिकल खर्चों की प्रतिपूर्ति हेतु मंडल रेल प्रबंधक (मरेप्र) की शक्तियों को बढ़ाने के संबंध में विभिन्न क्षेत्रीय रेलों द्वारा मांग उठाई गई है. रेलवे बोर्ड के वित्त निदेशालय के परामर्श से इस मामले की विस्तार से जांच की गई है.

2. बोर्ड के 07.8.2008 के पत्र सं. 2007/एच/6-4/पॉलिसी-1 के अनुसार, निजी मान्यता प्राप्त/गैर-मान्यता प्राप्त अस्पतालों में आपातकाल में प्राधिकृत चिकित्सा अधिकारी से रेफरल के बिना भी करवाए गए इलाज के लिए मात्र दो लाख रु. वार्षिक की उच्चतम सीमा के साथ 10,000/-रु. प्रति मामले तक मेडिकल खर्चों की प्रतिपूर्ति हेतु उनके सह वित्त की सहमति से दावों के निपटारे के लिए मंडल रेल प्रबंधकों को शक्तियां प्रत्यायोजित की गई थीं.

3. रेल मंत्रालय ने अपने दिनांक 07.8.2008 के उपर्युक्त आदेशों में आंशिक आशोधन करते हुए अब निम्नानुसार यह विनिश्चय किया है कि:-

"निजी मान्यता प्राप्त/गैर-मान्यता प्राप्त अस्पतालों में प्राधिकृत चिकित्सा अधिकारी से रेफरल के बिना भी आपातकाल में लिए जाने वाले उपचार के लिए मात्र पांच लाख रुपए वार्षिक की उच्चतम सीमा के साथ 25,000/-रु. प्रति मामला तक मेडिकल खर्चों की प्रतिपूर्ति के लिए उनके सह वित्त की सहमति से सभी प्रतिपूर्ति दावों की मंजूरी हेतु मंडल रेल प्रबंधकों को शक्तियां प्रत्यायोजित की गई हैं."

4. मंडल रेल प्रबंधकों को उपर्युक्त प्रत्यायोजन बोर्ड के 31.01.2007 तथा 22.6.10 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में निर्धारित किए गए अनुसार मानदंडों के अनुपालन किए जाने के अध्यक्षीन होगा. यह शक्तियां क्षेत्रीय रेलों के केवल मंडल रेल प्रबंधकों को प्रत्यायोजित की गई है और इन शक्तियों को आगे पुनः प्रत्यायोजित न किया जाए.

5. ये अनुदेश इस पत्र के जारी होने की तारीख से प्रभावी होंगे.

6. इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है.

इससे मध्य रेलवे के 08.08.2011 के पत्र सं. 623/एमडी/रिइम्ब/मिस्स का भी निपटान हो जाता है.

संलग्नक : भा.रे.चि.नि, 2000 के पैरा
648 (3) की अग्रिम शुद्धि पची.

बि एन अण्णीगेरी
(डा.बी.एन.अण्णीगेरी)
कार्यपालक निदेशक, स्वास्थ्य (सामान्य)
रेलवे बोर्ड

सं. 2011/एच/6-4/पॉलिसी-1

नई दिल्ली, दि. 30.09.2011

प्रतिलिपि:-

1. विसमूलेधि, सभी भारतीय रेलें, उत्पादन इकाइयों सहित
2. मुख्य स्वास्थ्य चिकित्सा निदेशक, सभी भारतीय रेलें

बि एन अण्णीगेरी
(डा.बी.एन.अण्णीगेरी)
कार्यपालक निदेशक, स्वास्थ्य (सामान्य)
रेलवे बोर्ड

सं. 2011/एच/6-4/पॉलिसी-1

नई दिल्ली, दि. 30.09.2011

1. प्रधान लेखा निदेशक, सभी भारतीय रेलें
2. भारत के उप नियंत्रक एवं महा लेखा परीक्षक (रेलें), कमरा सं. 224, रेल भवन, नई दिल्ली.

प्रतिलिपि :- एफ (ई) स्पे.शाखा

fokul
कृते वित्त आयुक्त / रेलें

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 के लिए अग्रिम शुद्धि पृची

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 (3) में संशोधन

वर्तमान पैरा 648 (3) को नीचे लिखे अनुसार प्रतिस्थापित किया जाए:

निजी मान्यता प्राप्त/गैर-मान्यता प्राप्त अस्पतालों में प्राधिकृत चिकित्सा अधिकारी से रेफरल के बिना भी आपातकाल में लिए जाने वाले उपचार के लिए मात्र पांच लाख रुपए वार्षिक की उच्चतम सीमा के साथ 25,000/-रु. प्रति मामला तक मेडिकल खर्चों की प्रतिपूर्ति के लिए उनके सह वित्त की सहमति से सभी प्रतिपूर्ति दावों की मंजूरी हेतु मंडल रेल प्रबंधकों को शक्तियां प्रत्यायोजित की गई हैं.

मंडल रेल प्रबंधकों को उपर्युक्त प्रत्यायोजन बोर्ड के 31.01.2007 एवं 22.06.10 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में निर्धारित किए गए अनुसार मानदंडों के अनुपालन किए जाने के अध्वधीन है. शक्तियों को क्षेत्रीय रेलों के केवल मंडल रेल प्रबंधकों को ही प्रत्यायोजित किया गया है और इन शक्तियों को आगे पुनः प्रत्यायोजित न किया जाए.

(प्राधिकार: बोर्ड का दिनांक 30.09.11 का पत्र सं. 2011/एच/6-4/पॉलिसी -I)

- 81 -

S.No.23/Health/2011

भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय MINISTRY OF RAILWAYS
(रेलवे बोर्ड RAILWAY BOARD)

No.2007/H/6-4/Policy-I
General Managers,
All Indian Railways including Productions Units;
And RDSO, Lucknow.

New Delhi, dated 30.09.2011

ADDENDUM

Sub: - Modification of Para 648 of IRMM, 2000

In partial modification of Para 648 of IRMM, 2000, it has been decided to add the following as item no. (5) to under Para 648 of IRMM.

“The financial powers with the GMs/AGMs are to be determined with respect to the amount found reimbursable after scrutiny of the claims as per provisions laid down in Para 648(3) II and concurred by associate Finance of Zonal Railways and not with respect to the amount claimed by the employee”.

This issues with the concurrence of the Finance Directorate of Ministry of Railways.

Please acknowledge receipts.

(डॉ. बी. एन. अण्णीगरी) (Dr. B. N. Annigeri)

कार्यकारी निदेशक स्वास्थ्य, (समान्य) Executive Director, Health (G)
रेलवे बोर्ड Railway Board

DA: One ACS of Para 648 of IRMM 2000

No.2007/H/6-4/Policy-I

New Delhi, dated: 30.09.2011

Copy forwarded to:-

1. FA&CAO/ All Indian Railways including PUs
2. The Chief Medical Directors, All Indian Railways

(डॉ. बी. एन. अण्णीगरी) (Dr. B. N. Annigeri)

कार्यकारी निदेशक स्वास्थ्य, (समान्य) Executive Director, Health (G)
रेलवे बोर्ड Railway Board

New Delhi, dated: 30.09.2011

No.2007/H/6-4/Policy-I

Copy forwarded to:-

1. Principal Director of Audit, All Indian Railways
2. Deputy Comptroller and Auditor General of India (Railways), Room No.224, Rail Bhawan, New Delhi.

For Financial Commissioner/Railways.

Copy to :- I.F(E) Spl Branch.

- 82 -

ADVANCE CORRECTION SLIP TO PARA 648 IRMM, 2000

Add Para 648 (5) of IRMM, 2000

“The financial powers with the GMs/AGMs are to be determined with respect to the amount found reimbursable after scrutiny of the claims as per provisions laid down in Para 648(3) II and concurred by associate Finance of Zonal Railways and not with respect to the amount claimed by the employee”.

(Authority:- Board's letter No.2007/H/6-4/Policy dated 30.09.11)

S.No.23/स्वास्थ्य/2011

भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2007/एच/6-4/पॉलिसी-1

नई दिल्ली, दि. 30.09.2011

महाप्रबंधक,
सभी भारतीय रेलें, उत्पादन इकाइयां, और
महानिदेशक, अअभासं, लखनऊ.

अनुशेष

विषय : भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 में आशोधन.

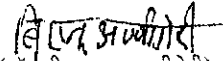
भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 में आंशिक आशोधन करते हुए भारतीय रेल चिकित्सा नियमावली के पैरा 648 के नीचे मद सं.(5) के रूप में निम्नलिखित को जोड़े जाने का विनिश्चय किया गया है।

"महाप्रबंधकों/सहायक महाप्रबंधकों की वित्तीय शक्तियाँ, पैरा 648 (3) II में निर्धारित उपबंधों के अनुसार दावों की छानबीन के बाद प्रतिपूर्ति के योग्य पाई गई राशि जिसे जोनल रेलवे के सह वित्त की सहमति प्राप्त है, के संबंध में निर्धारित हैं तथा यह कर्मचारी द्वारा दावा की गई राशि के संबंध में नहीं है।"

इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है.

कृपया पावती दें.

अनुलग्नक: आईआरएमएम 2000 की एसीएस का पैरा 648


(डॉ. बी. एन. अण्णीगेरी)

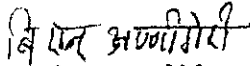
कार्यपालक निदेशक, स्वास्थ्य (सामान्य)
रेलवे बोर्ड

सं. 2007/एच/6-4/पॉलिसी-1

नई दिल्ली, दि. 30.09.2011

प्रतिलिपि:-

1. वित्त सलाहकार एवं मुख्य लेखाधिकारी, सभी भारतीय रेलें उत्पादन इकाइयों सहित.
2. मुख्य चिकित्सा निदेशक, सभी भारतीय रेलें


(डॉ. बी. एन. अण्णीगेरी)


कार्यपालक निदेशक, स्वास्थ्य (सामान्य)
रेलवे बोर्ड

सं. 2007/एच/6-4/पॉलिसी-1

नई दिल्ली, दि. 30.09.2011

प्रतिलिपि:-

1. प्रधान लेखा निदेशक, सभी भारतीय रेलें.
2. भारत के उप नियंत्रक एवं महा लेखा परीक्षक (रेलें), कमरा सं. 224, रेल भवन, नई दिल्ली.


कृते वित्त आयुक्त/रेलें

प्रतिलिपि: वित्त (व्यय) शाखा

भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 के लिए अग्रिम शुद्धि पच्ची

भारतीय रेल चिकित्सा नियमावली, 2000 का पैरा 648 (5) जोड़ा जाए :-

महाप्रबंधकों/सहायक महाप्रबंधकों की वित्तीय शक्तियों, पैरा 648 (3) II में निर्धारित उपबंधों के अनुसार दावों की छानबीन के बाद प्रतिपूर्ति के योग्य पाई गई राशि जिसे ज़ोनल रेलवे के सह वित्त की सहमति प्राप्त है, के संबंध में निर्धारित है तथा यह कर्मचारी द्वारा दावा की गई राशि के संबंध में नहीं है।

(प्राधिकार: बोर्ड का दिनांक 30.09.2011 का पत्र सं. 2007/एच/6-4/पॉलिसी)

- 85 -

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
(रेलवे बोर्ड/RAILWAY BOARD)

No. 2010/H-1/12/9/Dental Policy

New Delhi, dated 30.11.2011

The General Managers,
All Indian Railways/PUs

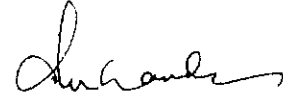
**Sub: Indian Railway Medical Manual -2000- Amendment of
Para 239(1) there of revision in honorarium of Part
time Dental Surgeons.**

**Ref: Railway Board's letter no. 2000/H-1/12/27 Pt. 1 dated
06.10.2000 & 31.01.2003.**

It has now been decided to revise the remuneration of Part time
Dental Surgeon working for four hours from ₹ 7900/- to ₹ 19,400/- per month
and for two hours from ₹ 3950/- to ₹ 9,700/- per month.

This issue with the concurrence of Finance Directorate of Board's
office.

Accordingly, an Advance Correction Slip, as an amendment to Para
239 (1) of IRMM-2000, is enclosed as Annexure.



(Dr.D.P.Pande)

Executive Director Health (P)
Railway Board

No. 2010/H-1/12/9/Dental Policy

New Delhi, dated 30.11.2011

Copy for information and necessary action to:

1. The Chief Medical Directors, The Chief Medical Suprintendents, All
Indian Railways/PUs.
2. The Chief Personnel Officers, All Indian Railways/PUs .
3. The Principal Directors of Audit, All Indian Railways/PUs .
4. The General Secretarys, AIRF, Room No.253, NFIR, Room No. 256-E,
Rail Bhavan, New Delhi.

5- The FAO, All Indian Railway/PUs
6- JD (AE), Rail Bhavan, New Delhi For Finance Commissioner, Railway Board
J.P. No. 422

Advance Correction Slip No.25 to
Indian Railway Medical Manual-2000

Para 239 (1) of Indian Railway Medical Manual-2000 (Vol.I)
may be amended as under:-

Para 239-Terms & conditions:-

- (1) Those Part time Dental Sureons, who attend the dental clinics for four hours on all working days may be granted an honorarium ₹ 19,400/- per month and those who attend the dental clinics for two hours on all working days may be granted an honorarium ₹ 9,700/- per month.

(Authority letter No. 2010/H-1/12/9/Dental Policy dated 30.11.2011)

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं.2010/एच-1/12/9/डेन्टल पॉलिसी

नई दिल्ली, दिनांक 30.11.2011

महाप्रबंधक,
सभी भारतीय रेलें एवं उत्पादन इकाइयां.

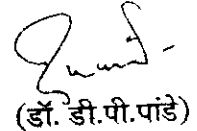
विषय: अंशकालिक दंत सर्जनों के मानदेय से संबंधित भारतीय रेल चिकित्सा
नियमावली-2000 के पैरा 239 (1) में संशोधन.

संदर्भ: रेलवे बोर्ड के दिनांक 06.10.2000 और 31.01.2003 का पत्र सं. 2000/एच-
1/12/27 पार्ट 1

अब अंशकालिक दंत सर्जनों का पारिश्रमिक सभी कार्यदिवसों पर चार घंटे काम करने के लिए प्रतिमाह 7900/-रु. से बढ़ाकर 19,400 तथा दो घंटे काम करने के लिए प्रतिमाह 3950/-रु. से बढ़ाकर 9,700 रु.तक करने का विनिश्चय किया गया है.

तदनुसार, भारतीय रेल चिकित्सा नियमावली-2000 के पैरा 239 (1) में संशोधन के लिए अग्रिम शुद्धि पर्ची संलग्न है.

इसे रेल मंत्रालय के वित्त निदेशालय की सहमति से जारी किया जा रहा है.


(डॉ. डी.पी.पांडे)

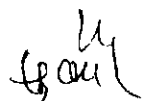
कार्यपालक निदेशक, स्वास्थ्य (पी)
रेलवे बोर्ड

सं.2010/एच-1/12/9/डेन्टल पॉलिसी

नई दिल्ली, दिनांक 30.11.2011

प्रतिलिपि सूचना एवं आवश्यक कार्रवाई के लिए प्रेषित:

1. मुख्य चिकित्सा निदेशक, मुख्य चिकित्सा अधीक्षक, सभी भारतीय रेलें तथा उत्पादन इकाइयां.
2. मुख्य कार्मिक अधिकारी, सभी भारतीय रेलें तथा उत्पादन इकाइयां.
3. प्रधान लेखा परीक्षा निदेशक, सभी भारतीय रेलें तथा उत्पादन इकाइयां.
4. महासचिव, ए आई आर एफ, कमरा नं. 253, एन एफ आई आर, कमरा नं. 256-ई, रेलवे बोर्ड, नई दिल्ली.


कृते वित्त आयुक्त/रेलवे बोर्ड

भारतीय रेल चिकित्सा नियमावली- 2000
के लिए अग्रिम शुद्धि पर्ची सं. 25

भारतीय रेल चिकित्सा नियमावली-2000 (भाग-I) के पैरा 239 (1)में निम्नलिखित संशोधन किए जाएं:

पैरा 239- शर्तें :

- (1) उन अंशकालिक दंत सर्जनों को जो सभी कार्यदिवसों पर चार घंटे दंत क्लीनिक में उपस्थित रहते हैं, उनको प्रतिमाह 19400/-रु. का मानदेय दिया जाएगा और जो सभी कार्यदिवसों पर दो घंटे उपस्थित रहते हैं, उनको प्रतिमाह 9700/-रु. का मानदेय दिया जाएगा.

(प्राधिकार पत्र सं.2010/एच-1/12/9/डेन्टल पॉलिसी दिनांक 30.11.2011)

- 89 -

A

**GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)**

No. 2008/H/5/3

New Delhi, dated 20.01.11

The General Managers,
All Indian Railway,
(Including PUs)

CORRIGENDUM

Sub.: Medical fitness of Railway employee/candidate who have undergone Tympanoplasty.

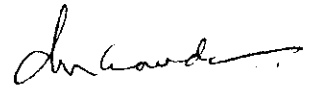
Ref.: Board's letter No. 2008/H/5/3 dated 04.02.2010.

In partial modification of Board's letter under reference on the subject mentioned above, it is advised that last line of the letter may be corrected to be read as under –

'A note under Para 511(4) 'Hearing' of IRMM-2000 may be added as per Advance Correction Slip enclosed.'

The rest of the contents of Board's letter under reference will remain unchanged.

Necessary correction may be made accordingly.



(Dr. D.P. Pande)

Executive Director Health(Plg.)

Telefax 011-23389623

E-mail: edhp@rb.railnet.gov.in

Encl.: ACS to Para 511(4) 'Hearing' of IRMM-2000.

-- 90 --

Advance Correction Slip to Para 511(4) 'Hearing' of IRMM-2000

The following may be added as note under Para 511(4) 'Hearing' of IRMM-2000.

Note: The guidelines governing fitness of employees/candidates who have/had undergone Tympanoplasty are as under:

Type of Tympanoplasty	Medical categories	Candidates	Employees
Type I and II	Safety categories (A1, A2, A3)	Fit	Fit
	All other categories	Fit	Fit
Type III, IV & V (single ear)	Safety categories (A1, A2, A3)	Unfit	Fit with PME every year
	B1	Unfit	Fit
	B2 & below	Fit	Fit
Type III, IV & V (both ear)	A1 & A2	Unfit	Fit (by a Committee of three doctors consisting of atleast one ENT Specialist) with PME every six months by ENT specialist.
	A3, B1 & B2	Unfit	Fit (by a Committee of three doctors consisting of atleast one ENT Specialist) with PME every year by ENT specialist.
	C1 & C2	Unfit	Fit with regular follow up as advised by ENT Surgeon.

Stipulations:

1. Clinical and audiometric evaluation of outcome of tympanoplasty to be done three months after the surgery.
2. Hearing aquity to be achieved upto 25 decibels of air-conduction.
3. To ensure that no co-existing disease like cholesteatoma which may affect the hearing aquity in future is present.
4. The case to be examined in a well equipped ENT OPD.
5. The competent Medical Officer for issuance of fitness/unfitness is an IRMS/ENT Surgeon.

(Board's Authority Letter No. 2008/H/5/3 dated 20.01.2011)

B

Pls see for please

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2009/H/5/34

New Delhi, dated- 31.01.2011

Chief Medical Directors,
All Indian Railways.

Chief Medical Superintendents
All Production Units.

Sub:- Irregularities in conduct of PME.

Arising out of a preventive check by Vigilance, it was observed that the Medical examination of candidates & Periodic Medical Examination (PME) of Railway employees (Non-gazetted) is not being done diligently and at prescribed intervals. This is because the doctors & staff are not following the procedure for Medical Examination as per IRMM-2000 Chapter V, Section B, Para 509 to 535.

Therefore, it is advised to reiterate the related instructions laid down in IRMM-2000 and also organize special refresher courses for doctors on the subject. Surprise Checks to be conducted by CMS In-charges, so that any system failure can be rectified immediately.

For strict compliance please.

etc

21/11

Dr. D. P. Pande

(Dr. D. P. Pande)
Executive Director, Health (P)
Railway Board.

भारत सरकार/GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
रेलवे बोर्ड/(RAILWAY BOARD)

No. 2011/H/5/Misc.

New Delhi, dated 18.02.11

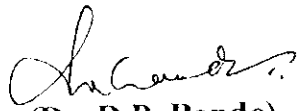
All General Managers
All Indian Railways &
Production Units.

Sub: Issue of sick certificate to RPF personnel.
Ref: EDV(A)'s note No. 2008/V4/IND/31 dated 01.02.2011.

Arising out of a preventive check by Vigilance in one of the Zonal Railways, it was found that a RPF constable had been on sick list for an inordinately long period by Authorized Railway medical officer without a sick memo from his controlling officer and even without a declaration in triplicate from the employee. This is because the officer had not followed the laid down procedure for sick certification of RPF personnel.

You are therefore advised to reiterate the instructions as laid down in IRMM-2000 para 538 (7) and also organize refresher courses for all concerned IRMS officers on the above subject. It will also be useful to conduct surprise checks so that any system failure is corrected immediately.

For strict compliance please.


(Dr. D.P. Pande)
Executive Director Health(Plg.)
Railway Board
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E-mail: edhp@rb.railnet.gov.in

Copy to : All CMDs/Zonal Railways

- 93 -