CHAPTER I

ORGANISATION AND OBJECTIVES OF THE HEALTH DEPARTMENT

Section-A Introduction

101. True to the ideals of welfare state, the Indian Railways have been pursuing a policy of progressively improving both working and living conditions of staff and providing them with maximum possible amenities in several spheres including medical facilities.

102. Though the Government played the leading part in the development of Railways, there were, till 1947, as many as forty two Railway systems in the country each following a separate policy of its own specially in the matter of medico-social amenities with the result that the medical and health organization had no uniform pattern of development and the level of amenities provided differed widely. The Railway medical services, catered only to routine administrative necessities, viz., medical examination (pre-recruitment and in service) of staff, issue of fit and unfit certificates, check on malingering, etc., while attention to the curative and promotional health care of the railway staff was meagre or absent. Even in this commitment certain facilities available to Group A, B & C employees and their family members were not extended to Group D employees. Again some Railways provided for treatment of employees only, while others provided for the treatment of family members as well.

103. In April 1954 Dr. E. Somasekhar, the then Chief Medical Officer, Southern Railway had submitted a detailed scheme on planned expansion of the medical facilities on the Railways.

104. With a view to examine and implement the said scheme, a separate cell was created at the Railway Board in August 1955, headed by an Officer on Special Duty(Medical) which post was later on converted to Joint Director (Medical) and then upgraded to Director, Health. There has been a progressive improvement and expansion of the curative and promotional health services on the Indian Railways since then, resulting in an appreciation from the Kunzru committee (1963) as 'being second to none in the country.'

105. All Zonal Railways have now more or less a uniform level and pattern of medical facilities. The policy in this respect is based on the realisation that the expenditure in this direction would pay dividend in the long run. The output of a contented and healthy worker who is relieved of mental and financial worries on account of his own or some family member’s sickness, will be better and more conducive to the efficient running of Railways. This is particularly relevant in the case of running staff who have to be away from their homes most of the time.

Section-B-Organisation

106. The administrative set up of the Health Department is given in the following chart -
The Indian Railways are subdivided into 60 divisions. The medical facilities are channeled through different units, at different levels, a health unit, being the lowest, under the charge of ADMO/DMO/Sr.DMO and a Central Hospital, the highest, under the charge of Medical Director. There is a large force of para-medical staff (approx. 52,500) manning these units.

Section C-Objectives


To meet the above mission the Health Department on the Indian Railways is committed to:-

(a) provide quality health* care service;

(b) constant upgradation of curative services in tune with the latest technologies and within the resources available to Railways.

(c) provide regular C.M.E (Continuing Medical Education) inputs to medical and paramedical staff.

d) combine efficiency with courtesy and empathy

(e) establish effective base for disease prevention and health promotion services including industrial health;

(f) meet the administrative needs of the Indian Railways;

(g) work for the acceptance of a small family norm by the staff;

(h) ensure adequate physical standard of the employees at recruitment and during their periodical check up.

(i) provide and maintain accident relief medical equipment, including first aid boxes, to give prompt relief to passengers injured in railway accidents;

(j) attend the passengers injured or taken seriously ill in trains or at Railway stations, on payment, under certain circumstances;

(k) provide medical facilities at par with serving employees to those retired Railway employees who have opted to become members of the RELHS '97; and

(l) administer medical treatment to outsiders, on payment, under certain circumstances.

109. Indian Railways Health Services have adopted the modern system of medicine. However the Personnel department arrange the provision of some basic facilities under the Indian system of medicine also, by engaging part time Homeopathic and Ayurvedic doctors and running clinics funded by the Staff Benefit Fund.

*Health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity- W.H.O.
CHAPTER II
MEDICAL PERSONNEL

Section A- Code of Conduct for Medical Officers

201. The various rules, codes, etc. governing the Railway medical officers:- (1) A medical officer has to abide by the following rules, codes, etc.:-

(A) The Railway Services (Conduct) Rules, which are meant for all Railway employees.

(B) The rules laid down in connection with medical attendance and treatment of Railway staff, members of their families and dependent relatives, and other allied matters, as contained in the Establishment Codes and Instructions and rulings issued by the Ministry of Railways, from time to time, as are incorporated in the succeeding chapters of this Manual.

(C) The local legal obligations, e.g., the provision of State Acts, like the Coroner's Act, Drugs Act, Pharmacy Act, Poisons and Dangerous Drugs Act and such other Acts, rules and regulations made by the State or local administrative bodies from time to time, to the extent of their applicability to Railway medical officers.

(D) The Code of Medical Ethics are applicable to all Railway doctors. The general principles which embody the Code of Medical Ethics are published by each State Medical Council and Railway Medical Officers should obtain these from the respective Medical Council of the State in which their hospital or health unit is situated, for reference and guidance. What is stated in the Code of Medical Ethics does not constitute a complete list of ethical principles. The State Medical Council may from time to time amend the existing regulations or adopt additional regulations in respect of professional conduct, consistent with the constitution and bye-laws of the Medical Council of India. Any breach of these regulations shall be good and sufficient reason for taking disciplinary action against the doctors by the concerned State Medical Council.

(2) Apart from the Code of Medical Ethics, a Railway Medical Officer should bear in mind the provisions of the Geneva Declaration accepted by the General Assembly of the World Medical Association at London on October 12, 1949.

Section B- Duties and Responsibilities

202. Introduction.- The following list of duties provides broad guidelines of the activities to be undertaken by the different categories of staff. However all activities directly or indirectly related to the delivery of health care to the beneficiaries including multi-skilling and multipurpose activities with due approval of the competent authority, whenever needed, will constitute legitimate duty even though not specified in the list. This list is not exhaustive. All staff should carry out duties assigned to them by their superiors even though such duties do not find place in this Section.

203. The details of the duties and responsibilities of the various categories of staff:- The duties and responsibilities of the various categories of staff are given below:

1. CHIEF MATRON will:-

Supervise the work of the hospital staff and ensures that the instructions left behind by the medical officers in respect of individual patients are correctly carried out. She is responsible for proper cleanliness and maintenance of the hospital, both inside and outside, and matters related to hospital linen, patient’s clothing, beds, furniture etc. She will also look after diet arrangements for the patients. She will be in-charge of the T&P, dead stock register and consumable stores register of the hospital. She shall assist MD/CMS/MS in organisation and smooth conduct of periodic refresher courses and continuing medical education of nursing staff and other para-medical workers of the hospital. She shall exercise control of all hospital staff placed under her administrative control & be responsible for maintaining discipline amongst them and initiate DAR proceedings as and when required.

2. MATRON:

Matrons will perform the same duties as assigned to nursing sisters except those earmarked for supervisory functions.
Duties of Matrons earmarked for supervisory functions:

i) Supervise the work of nurses, dressers, hospital attendants, sweepers and other subordinate staff.

ii) Maintain discipline amongst nursing and other staff.

iii) Maintain a check on the attendance of hospital and nursing staff and see that the staffs are employed on their legitimate duties.

iv) Ensure that the nursing facilities provided by the nurses are of a high order and that the orders which are issued by the Medical Officers are carried out by the nurses properly and in time.

v) Go on rounds with the Medical Officers to ensure that all the instructions given by them are carried out.

vi) Accompany the Chief Medical Director, Government medical officials, or distinguished guests during their visits to the hospital.

vii) Be responsible for proper cleanliness and maintenance of the hospital compound, outdoor departments, wards, operation theatre, pharmacy, dressing room, kitchen and other hospital establishments.

viii) Ensure cleanliness of all hospital linen and patients clothing and keep the dhobi account.

ix) Be in charge of surgical instruments and medical appliances in the operation theatre and wards, hospital linen, clothes, beds, crockery, cutlery, furniture, utensils, other tools and plants and maintain all ledgers pertaining to these items.

x) Place requisition for raw materials either with the contractor or with kitchen clerk twice a day where there is departmental catering and see that the diet rations are properly weighed and measured by the cook. Ensure that the diet which is supplied to the patients is properly cooked and tasteful.

xi) Place all articles requiring condemnation before the Chief Medical Superintendent/Medical Superintendent/ Divisional Medical Officer and also take suitable action to procure them.

xii) Assist the Surgeon in the operations, if required.

xiii) Maintain all records in connection with the nursing side of the hospital.

xiv) The matron, while on duty may not absent herself from the hospital without the knowledge of the Chief Medical Superintendent/ Medical Superintendent/ Divisional/ Assistant Divisional Medical Officer. A competent nurse should always be available as in-charge when the matron is off duty.

xv) Carry out any other order given by her superiors.

3. NURSING SISTER:

i) She is in-charge of nursing of the indoor patients and she will provide full range of nursing services commensurate with her training and qualification and the requirement of the patient.

She will:

ii) Be responsible for dressing of the female patients and for giving treatment to gynaecological cases, such as douching, plugging, etc.

iii) Give injections to indoor and outdoor patients when called upon by the doctor.

iv) Attend and assist at operations when required.

v) Direct and supervise the sterilisation of all instruments and dressings.

vi) Formulate accurate and intelligent reports on ward patients.

vii) Estimate the requirements of ration for diets for the following day. She will take and verify thumb impressions/signatures of the patients on the diet bills as a token of receipt of diet and will enter the scale of diet on the diet bills.
viii) See that the visiting hours are strictly observed.

ix) Ensure that every courtesy and help is accorded to the patient’s relatives and visitors to the ward.

x) Accompany Chief Medical Superintendent/ Medical Superintendent / Medical Officer in charge of the ward on their daily rounds.

xi) Maintain the ward stock of dressings and drugs.

xii) Be responsible for the safe custody of poisons. The stock must be maintained and checked daily.

xiii) Be in charge of the linen issued out to her for her ward. If there is only one nurse in a hospital/health unit, she will in addition, be responsible for the safe custody of hospital linen, crockery, cutlery, utensils, surgical and medical appliances and furniture and dead stock of the ward and shall see that they are kept in good condition and replaced when necessary. Take monthly inventory of linen and equipment and report all missing articles to the concerned Medical Officer.

xiv) Maintain all records and registers pertaining to the wards properly when she is the only nurse.

xv) Supervise the work of group ‘D’ staff and ensure the cleanliness of the ward and/or the operation theatre.

xvi) Perform any other duty ordered by the concerned Medical Officer & Matron.

4. STAFF NURSE will perform the same duties as indicated against item(3) above.

NOTE: THE OPERATION THEATRE NURSE will be responsible for

(a) Assisting the surgeon during routine & emergency operations.

(b) Ensuring adequate supply of medicines, ligatures, dressings, and operation theatre linen.

(c) The cleanliness and proper maintenance of the operation theatre, surgical instruments, equipment, and for reporting their defects to the Medical Officer.

(d) Supervision of sterilisation of dressing gowns, towels, instruments, gloves etc.

(e) Preparation of splints; and repair of operation theatre linen.

(f) Discipline of and performance of duties by the operation theatre staff.

(g) Any other duty as ordered by the concerned Medical Officers & matrons.

ICCU NURSE/CSSD NURSE :-
She will perform duties pertaining to specialised type of work required in these areas. She will also do any other duty as ordered by the concerned Medical Officers and matrons.

5. O.T. ASSISTANT will:

i) Assist the doctors and nurses in operations and attend to sterilisation of instruments and dressing material in O.T.

ii) Be responsible for the safe custody and proper maintenance of linen, surgical instruments and other equipment in O.T. He will prepare splints, plaster bandages and undertake cutting and rolling of bandages. He will prepare anti-septic lotions and also help the anaesthetist in giving anaesthesia to the patients.

iii) Carry out any other work/order given to him by the surgeon/anaesthetist matron/ sister in charge of OT and other superiors.

6. MIDWIFE will:

i) Assist the lady doctor in maternity and gynaecological cases.

ii) Conduct normal deliveries independently in hospital or at residences according to the rules in force.
iii) Assist in the female ward and labour room.

iv) Maintain record of the delivery cases conducted by her.

v) Run the maternity and child health centre activities under the direction of a Medical Officer.

vi) Help the Medical Officer in examining female cases.

vii) Do the dressing of the female cases in the outdoor and indoor departments.

viii) Maintain the records of births and deaths in the Railway colony and within the hospital under her charge.

ix) Collect population census in the colony and educate staff and their families in family welfare programmes.

x) She may be utilised for nursing duties under the supervision of a trained nurse or a doctor.

xi) She may also be utilised for vaccination/Immunisation activities.

7. LADY HEALTH VISITOR will:

i) Be responsible for giving pre-natal and post-natal care to the mothers. She will see each and every expectant mother and every infant at least once a month either at their homes or at the centre and each child between 1-5 years every three months.

ii) Arrange at least three medical examinations of expectant mothers first between 6th week and 16th week, second from 32nd and 36th week, and the third at 38th or 39th week.

iii) Conduct normal deliveries independently when required.

iv) Give treatment to gynaecological cases under the supervision of a doctor.

v) Attend the maternity and child welfare centres.

vi) Assist in organising baby shows.

vii) Assist in family welfare work.

viii) Hold educational classes and demonstrations in care of mother and child.

ix) Distribute milk to under weight and under fed children when required.

x) Weigh and bathe the newborn and keep record of weights of infants and toddlers.

xi) Treat minor ailments and direct other cases to doctors.

xii) Do inoculations amongst family members and dependent relatives of railway employees.

xiii) In case of Tuberculosis patients, she will do contact tracing amongst family members and dependent relatives of a railway employee during her domiciliary visit and would see that anti TB. drugs are taken regularly by the patients.

xiv) Report to the doctor in charge about the occurrence of any epidemic amongst the infants.

xv) Be responsible for the safe custody of all the Railway property under her charge.

xvi) Undertake clerical work connected with the maintenance of records of the centre and submit monthly reports.

xvii) She will maintain a diary of her visits and her other official activities.

8. X-RAY TECHNICIAN/ RADIOGRAPHER:

i) To assist the Radiologist in discharging his duties such as preparing patients for X-ray.

ii) To keep and help in maintaining various X-ray records, prepare X-ray indents and help in maintenance of X-ray equipment.

iii) To take certain routine X-rays independently.
iv) To expose X-ray films and process them.

v) To take skiagrams under Radiologist's supervision and guidance while doing special investigations.

vi) To help Radiologist in taking skiagrams where screening or use of TV monitor is required.

vii) To perform such other routine duties as may be assigned to them by the radiologist.

( Railway Board’s letter No. 85/H/16/25 dated May 1995)

9. X-RAY ATTENDANT will:

i) Assist the radiologist and the X-ray technician in screening of patients, taking skiagrams and in carrying out electrotherapy.

ii) Assist the x-ray technician in loading, preparing and developing films and in preparation of fixer solutions, etc.

iii) Be responsible for cleanliness of x-ray and electro-therapeutic equipment & furniture.

iv) Maintain x-ray records.

v) Deliver letters, films etc. to the addressees.

vi) Fetch stores from whatever source they are ordered.

vii) Perform any other work ordered by the radiologist or the x-ray technician.

10. DRESSER will:

i) attend to the dressings of all types of wounds and injuries.

ii) sterilise all instruments

iii) autoclave all dressing materials.

iv) prepare patients for operations.

v) keep all equipment and instruments in proper order.

vi) prepare and apply splints, plasters & undertake cutting and rolling of bandages.

vii) carry out any other duties assigned by his/her superiors.

11. LABORATORY SUPERINTENDENT/CHEMIST/ASSISTANT CHEMIST/LABORATORY ASSISTANT OR LABORATORY TECHNICIAN WILL:

i) Be responsible for the proper maintenance of laboratory equipment and instruments.

ii) Collect blood for preparing blood slides and biochemical tests etc.

iii) Carry out chemical analysis of all food stuffs and their ingredients, and give report as per standards laid down under the Prevention of Food Adulteration Act.

iv) Carry out chemical analysis of drinking water, mineral water, aerated water, cordials, syrups etc.

v) Conduct bacteriological examination of food products including drinking water, aerated water, milk products, etc., and give opinion about their quality being satisfactory or unsatisfactory as per prescribed standard.

vi) Prepare media as required, and carry out various biochemical and microbiological tests on blood, urine, C.S.F, gastric contents, body transudate and exudates as per latest techniques and standards.

vii) Look after the clerical duties pertaining to the laboratory and maintain records up to date.

viii) Carry out serological work, such as V.D.R.L., Widal tests, Paul Bunnel tests, Weilfelix tests, etc.

ix) Prepare and submit indents pertaining to the laboratory.

x) Responsible for maintenance of discipline amongst the staff under him/her.
12. LABORATORY ATTENDANT will :-

i) Dust and clean the laboratory equipment, fittings, furniture, doors, ventilators, slides, test tubes, etc.

ii) Assist the laboratory assistant and the pathologist/chemist.

iii) Carry laboratory stores and other requirements etc.

iv) Deliver the reports from the laboratory to the wards.

13. CHIEF PHARMACIST/PHARMACIST will :-

i) Prepare lotions, ointments and applications for surgical dressings.

ii) Attend to emergencies in the absence of the Medical Officer (as far as rendering first aid is concerned.)

iii) Maintain dispensing room and the appliances therein in proper working order and distribute medicines to the patients.

iv) Be responsible for the accountal of drugs, medicines, dressings, consumable and perishable stores.

v) Maintain all registers in connection with the medical statistics and prepare periodical returns, bills and indents under the supervision of the Medical Officer.

vi) Maintain the drug account and drug registers.

vii) Receive stores from the parcel / goods office or stores delivery clerk and enter the same in respective ledgers.

viii) Send the unserviceable or surplus stores on advice notes to the stores delivery clerk or to parcel / goods office and enter the number of advice notes in the ledgers.

ix) Assist the doctor in preparation of the annual/emergent indents of drugs, dressings, instruments, medical and surgical appliances and medical stores of hospital/health unit.

x) Be responsible for the preparation and submission of returns and do all clerical work under supervision of Doctors.

xi) Make entries on all outdoor tickets and injury case sheets, when required.

xii) Keep a record of all out-door case sheets and injury case sheets. Prepare all certificates leaving the "disease" column to be filled by the doctor.

xiii) Be responsible for the maintenance of all old and current injury case sheets and all case papers which have been referred to the Medical Officer in-charge of the division.

xiv) Keep the records under safe custody.

xv) Be responsible for maintenance and accountal of tools and plants and its registers in Health Units.

xvi) Receive necessary forms of medical examination and enter them in the register for medical examination of candidates and employees etc. when required.

xvii) When required, take height, weight & chest measurements of candidates and employees for medical examination.

14. OFFICE SUPDT. / CHIEF CLERK/ HEAD CLERK/ PHARMACIST (PROCUREMENT) will:

(i) Receive and scrutinize the indents for medical stores from the various hospitals, health units, etc.

ii) Maintain an up-to-date list of approved suppliers for the supply of medical stores.

iii) Prepare invitation of tenders for medical stores.
iv) Prepare the summary of quotations received, indicate the quotations in the proper order in relation to the relative cost and also in relation to suitability in accordance with the specifications.

v) Assist the members of the Tender Committee in drafting the minutes of such meetings.

vi) Issue letter of acceptance of tenders to the respective suppliers and place supply order following the extant rules and procedures.

vii) Maintain the specifications for the various medical equipment.

viii) Keep track of the supplies.

ix) Be conversant with the rules regarding supply of medicines especially those relating to the spurious drugs, dangerous drugs, narcotics, etc. and ensure that the same are complied with.

x) Attend to the complaints from the suppliers regarding delay in payment of their bills by the divisions.

xi) Arrange for repairs and maintenance of all types of medical equipment.

xii) Deal with policy matters relating to the supply of medical stores and Accident Relief Medical Equipment.

xiii) Maintain discipline in the section and ensure systematic work of staff working under him.

15. HOSPITAL STORE KEEPER (Grades I and II) will:

i) Be overall in-charge of the hospital stores.

ii) Be responsible for preparation of indents for hospital stores.

iii) Be responsible for receiving and checking of hospitals stores.

iv) Be responsible for the safe custody of all stores under him/her. He/She will maintain the Stock Registers.

v) Be responsible for bulk issue of hospital stores items.

vi) Be responsible for certification of bills in respect to the stores received by him/her.

vii) Be responsible for checking the expiry dates of drugs/medicines and arrange timely consumption or replacement thereof.

16. HOSPITAL STEWARD WILL:

i) Maintain the accounts of hospital diet.

ii) Arrange local purchase of provisions when the contractor fails to supply them.

iii) Certify bills for supply of provisions.

iv) Maintain accounts for supply of diets.

v) Check the diet sheet registers.

vi) Prepare diet bills & submit them to respective bill units in time

17. SENIOR PHYSIOTHERAPIST/PHYSIOTHERAPIST/OCCUPATIONAL THERAPIST will:

i) Be in charge of the physiotherapy department and will be responsible for the treatment of both outdoor and indoor cases, including short wave diathermy, infra-red ray, ultra-violet ray and ultra sonic treatment etc.

iii) Undertake the prescribed electro-diagnostic procedures including qualitative and quantitative tests of nerve injuries, electromyography, strength duration curve, etc.


v) Be responsible for the upkeep and maintenance of all equipment and stores under his/her charge.

vi) Advise MD/CMS/MS regarding the procurement of all equipment and stores required for the department.

vii) Maintain registers/records of all work done in the department.

viii) Carry out any other order given to him/her by Medical Officers.

18. DIETICIAN will be responsible for:

(i) Nutritional care of patients:
   a) Nutritional assessment,
   b) Planning of standard diets,
   c) Therapeutic modification of diets,
   d) Diet counseling of indoor and OPD patients.

(ii) Nutrition education:
   imparting nutrition education to medical and paramedical personnel.

(iii) Food service management:
   a) Menu planning,
   b) Attending to grievances of patients regarding diet.
   c) Supervision of food preparation,
   d) Supervision of sanitation and hygiene of kitchen, stores and dietary department,
   e) Responsible for timely and proper receipt of required provision and quality thereof, including sending doubtful samples for analysis under quality control.
   f) Supervision of food distribution.

Note: Where kitchen matron/steward/diet clerk, etc. are available, responsibility regarding item at para iii(e) and (f) would continue to rest on them.

(Railway Board letter No. 96/H(FW)/10/13 dated 10/10/1996)

19. COOK will:

i) Check the quality of raw provisions and take delivery of the items properly weighed from the contractor/steward/matron.

ii) Cook the food and prepare the beverages, etc. both vegetarian and non-vegetarian, in the morning and evening, as required for the patients and as directed by the nurses/dietician/steward.

iii) Serve the food to the patients where there is no separate bearer provided, and collect the utensils after use.

iv) Clean the utensils where no separate masalchi/cookmate is provided.

v) The cook is expected to know the methods of sterilisation of utensils, cutlery and crockery. If in doubt, doctor, nurse, dietician or steward can be consulted.

vi) Keep the kitchen clean and tidy.

vii) Be responsible for the safe custody of utensils, cutlery, crockery, linen and other tools and plants issued to him for use.

20. COOK MATE will:
i) Serve food daily to the patients.
ii) Clean and properly maintain the cutlery, utensils & kitchen equipment.
iii) Assist the cook in preparation of food.

21. HOSPITAL ATTENDANT/HOSPITAL PEON/DISPENSARY PEON will:

i) Keep the ward, furniture, doors, fittings, ventilators, etc. neat and tidy
ii) Sponge the patients where there is no nurse.
iii) Prepare beds, take temperatures, pulse, respiration etc. if literate, and change the clothing of the patients under direction of the nurse.
iv) Help the doctor/nurse in the dressing of surgical cases, giving enemas, douching and plugging etc.
v) Serve food and drink to the patients.
vi) The male hospital Attendant/Peon will wake up doctors, nurses, dispensers and other staff who are off duty when they hear accident signals and wake up the doctors even otherwise, when required.
vii) Carry and transfer injured and sick patients.
viii) Give massage to the patients when required.
ix) Fetch and distribute dak.
x) Carry hospital stores according to his/her carrying capacity.
x) Where there is no watchman, the male hospital attendant on night duty will be expected to keep a watch over the hospital building and property.
xii) Assist the dressers, and do dressing work in their absence.

22. AYAH:

The same duties and responsibilities as indicated against item(21) above. She will also assist the midwife or nurse in conducting a delivery.

23. WATCH-MAN/CHOWKIDAR will:

i) Safeguard the property of hospital, health units and the office of the Medical Officer, health inspectors etc.
ii) Check the locks of various rooms while coming to duty and hand over them intact to his reliever or to the hospital attendant before leaving his duty.
iii) In health units, he will attend to the telephone calls and convey messages to the doctor.
iv) Carry out any other order given by supervisors.

24. HEAD MALI/MALI will:

i) Be responsible for growing hedges and properly trimming them, laying lawns, flower beds and maintaining them properly.
ii) Remove rank vegetation from the premises of the hospital / health unit
iii) Prepare manure from the fallen leaves.
iv) Carry hospital stores.
v) Head mali will supervise the work of other malis.
vi) Do any other duty as ordered by his/her superiors.

25. RECEPTIONIST will:
i) Receive the visitors, patients and guide them to proper places.
ii) Attend to the inquiries on telephone or otherwise regarding patients admitted in the hospital and reply.
iii) Do any other duty ordered by his/her superiors.

26. LAUNDRY SUPERVISOR:

He will be in charge of the laundry unit and supervise the work done in the laundry unit.

27. AMBULANCE DRIVER will:
i) Be responsible for proper cleanliness, maintenance, repairs and driving of ambulance car.
ii) Render first aid to the injured and transport the sick persons.
iii) Arrange fitness certificate of ambulance car.
iv) Do day to day minor repairs of ambulance van and report major defects to the doctor in charge for arranging repairs.
v) Arrange to get unserviceable articles under his charge condemned by competent authority and arrange their return to the stores.
vi) Furnish his requirements of stores to the doctor in charge.
vii) Not carry any unauthorised person or material in ambulance car.
viii) Maintain log book of mileage and account of the consumption of petrol, Diesel & mobile oil etc.
ix) Help in transporting the patient in a stretcher.

28. STRETCHER BEARER/AMBULANCE CLEANER will:
i) Clean the ambulance van and be responsible for its maintenance.
ii) Accompany the driver and assist him in transporting sick persons.
iii) Help to lift the patient on the stretcher and place them in ambulance and take them out properly.
iv) As a person trained in First Aid, he shall –
   a) Render required assistance during transfer of patients to the hospital.
   b) Ensure that the patient once brought to the hospital is promptly carried to the casualty/emergency wing.
   c) Carry out any other order given to him by his superiors.

29. HOSPITAL/HEALTH UNIT CLEANER (SAFAIWALA) will:
i) Sweep the roads, ground, floors etc. of the hospital/health unit.
ii) Frequently clean the floor of the wards with wet cloth and clean the hospital doors, windows, window panes etc.
iii) Clean the bed pans, sputum cups, urinals, commodes and latrines attached to the hospital/health unit.
iv) Supply bed pans and urine bottles to the patients, and clean them after use.
v) Carry the patients on stretchers in the hospital and from station to hospital and vice versa.
vi) Carry the hospital stores.
vii) Wash the soiled clothes.
viii) Carry out any other order given by his/her superiors.

30. DENTAL MECHANIC will:
i) Undertake the impressions and prepare dentures as required.
ii) Maintain proper records of all the equipment under his/her charge.
iii) Be responsible for the upkeep and maintenance of the equipment in the unit.
iv) Carry out order given by his/her superiors.

31. DIALYSIS TECHNICIAN will:

i) Carry out dialysis of patients and monitor the same during the entire procedure under the supervision of Medical Officer / Nephrologist.

ii) Maintain and keep all records of dialysis cases

iii) Be responsible for proper cleanliness and upkeep of the dialysis machine and maintaining records, preparation of indents and upkeep of all consumable stores.

iv) Carry out any other order given to him/her by his/her superiors.

32. CARDIAC PUMP TECHNICIAN will:

i) Assist in the use of heart lungs machines and other cardiac catheter laboratory equipment.

ii) Be responsible for the proper upkeep and cleanliness of all equipment under use and maintain records, preparation of indents and upkeep of all consumable stores required.

iii) Carry out any other order given by Medical Officers.

33. E.C.G. TECHNICIAN will:

i) Take standard routine and emergency ECG.

ii) Assist in masters, Treadmill and Holter recordings.

iii) Help in maintaining the equipment in proper order and assist in maintenance of records.

34. STATISTICAL ASSISTANT:

i) All the duties as mentioned for Compilation Clerk.(Item 36)

ii) Impart and arrange training of Compilation Clerks and guide them regarding proper upkeep of basic records, data & allied information.

iii) Will monitor and ensure timely submission of returns to Railway Board after receiving from various centres and inform the in-charge regarding defaulters.

iv) Will maintain liaison with Railway Board for correct submission of returns.

v) Shall organise the FW census/survey in the zone.

vi) He will perform all duties of DEE in his/her absence.

(Railway Board Letter No. 90/E(FW)/2/4, Dated 02/08/1991)

35. DISTRICT EXTENSION EDUCATOR AND EXTENSION EDUCATOR (DEE/EE)

i) He will be responsible for implementation of Family Welfare programme and will do all activities required under the programme.

ii) He will maintain all records, collect all data, conduct special field studies, and maintain eligible couple register etc.,

iii) He will be responsible for all health education and motivation activities.

iv) He will provide FW services and follow up.

v) He will form Field Action Groups, train them and assist in their working.

vi) He will supervise community health programmes, multi purpose health drives, Family Welfare camps etc.,

vii) He will organise OTC, take lectures in Zonal Training Schools
viii) He will do the duties of statistical assistant/Compilation clerk in their absence
ix) He will maintain liaison and coordinate with state Governments, Voluntary Organisations and other organisations working for Family Welfare Programmes.

36. COMPILATION CLERK should

i) Collect, maintain and compile all family welfare data including that of MCH services and ensure timely submission of all the periodical returns to Head quarters.
ii) Analyse and evaluate the FW data and put up to CMS/MS in-charge of the division regularly.
iii) Assist field staff for maintaining summary of the target couple register etc.
iv) Maintain all records of Family Welfare programmes.
v) Maintain stores and imprest of FW centres.
vi) Participate in all Family welfare activities of the division.
vii) Help in analysis of field studies as and when undertaken.

37. FIELD WORKERS will be required

i) To educate and motivate individuals in the area on all aspects of population control and Family welfare services.
ii) To provide all Family Welfare services and follow up. They should also keep a record of work done.
iii) To organise and run Immunisation clinics.
iv) To do complete survey, maintain Eligible Couple Register (ECR) and update them regularly and do colony census.
v) To assist in formation, training and working of Field Action Groups.
vi) To assist in preparing various monthly, quarterly, half yearly and annual F.W. reports & returns.
vii) To carry out Field studies as and when required.
viii) To organise mass Health programmes, multipurpose health drives, Family Welfare camps, Orientation training camps etc.,

38. LHV/PHN UNDER FAMILY WELFARE PROGRAMME

i) To spread the message of Family Welfare to the eligible couples and motivate them for accepting the Family Planning methods individually and in groups. She will maintain and update eligible couple registers of the railway colonies.
ii) To provide all Family Welfare services including follow up and maintain records of work done.
iii) To identify women leaders in the colonies and educate them for family welfare programme.
iv) Participate in meetings of Mahila Samiti and other such meetings and utilise such gatherings for educating the women in family welfare programme.
v) To form Field Action Groups of ladies in colonies and enlist cooperation of the volunteers and other Womens’ Welfare Organisations in the area of working.
vi) To educate mothers individually and in groups, cater for better maternal and child health, family welfare, nutrition, immunisation, control of communicable diseases, personal and environmental hygiene.

39. CHIEF HEALTH INSPECTOR/HEALTH INSPECTOR Will:

i) Be responsible for Health Education of community.
ii) Actively participate in all health programmes, Multi Purpose Health Drives, School health programmes, Family Welfare programmes, MCH programmes, Mass Health Campaign programmes like Pulse Polio Immunisation etc.,

iii) Report at once to the Medical Officer in-charge of the division about the out break of epidemic diseases like Cholera, Plague or any suspicious increase in the mortality or sickness in his jurisdiction and take active steps for control of communicable diseases in the community.

iv) Carry out preventive measures including immunisations

v) Carry out census of the colony and maintain Birth & Death register.

vi) Inspect food and drinks sold to the public at the stations and colonies, and work as a food inspector under the prevention of Food Adulteration Act when authorised.

vii) Look after the sanitary arrangements for fair and festivals in his jurisdiction.

viii) Monitor the quality of the water supplied by testing for residual chlorine and collecting samples for bacteriological analysis.

ix) Carry out anti mosquito, anti fly and other pest control measures. He will be responsible for keeping stray dog population under control.

x) Carry out all administrative duties of his office and staff under him.

xi) Be responsible for efficient maintenance of sanitation in colonies/stations.

xii) See that the conservancy staff posted under him do their work properly. He should particularly bear in mind that it is his duty not merely to order work to be done, but also see that it is actually carried out.

xiii) Meet jamadars daily and receive their reports of complaints regarding sanitation if any, investigate them, have them attended and report to his officer.

xiv) Note down any defects in the drains and latrines, urinals, etc. and arrange to get them repaired by Engineering Department.

xv) Visit each trenching ground at least three times a week and must see that all night soil is properly buried there.

xvi) Carefully see that the terms of the various clause of agreement with the contractors are carried out properly and any discrepancies etc. are immediately brought to the notice of the higher authorities.

**40. CONSERVANCY JAMADAR/SAFAI JAMADAR will:**

i) Supervise the work of the conservancy staff working in his/her gang and will take their roll call twice a day.

ii) See that the sanitation of the Railway colony/station is maintained in proper condition as desired by his/her superiors and will report negligence/unsatisfactory working of Railway or Contractors labour to the Health Inspector.

iii) Ensure proper trenching, composting, etc.

iv) Carry out dis-infection of stations and chlorination of wells under the supervision of the Health Inspector.

v) See that the safaiwalas regularly treat the public and community latrines and latrine pans with crude oil and disinfectants and see that there is no complaint from the public.

vi) Supervise spraying.

vii) Have broken latrine pans and night soil buckets replaced.

viii) Report to the Health Inspector about the repairs required to be carried out on the carts, drains, latrines, etc.

ix) Be responsible for issue of conservancy stores to the safaiwalas and the bhisties working under him/her.
41. SANITARY/CONSERVANCYSWEEP/CLEANER/SAFAIWALA/ SAFAI WALI will:
i) Collect, remove and dispose off rubbish and night soil from Railway premises and colonies etc.

ii) Sweep the road and other surface area of the Railway premises and colonies and collect the sweepings and put these in the dustbins and also dust and remove cobwebs, etc.

iii) Clean the drains and carry out periodic de-silting.

iv) Undertake all other activities related to cleaning of colonies/stations.

v) Carry sanitary stores.

vi) Carry out any other duty as ordered by the Health Inspector and other Medical Officers.

42. MALARIA MATE will:

i) Be responsible for taking anti-malaria measures in Railway colonies.

ii) Prepare insecticides solution for the disinfection work.

iii) Look after spraying of quarters with D.D.T. and other approved insecticides and destruction of larvae in breeding places.

iv) Receive anti malaria stores from the Health & malaria inspector and keep a proper account of them.

v) Keep the anti-malaria tools and plants supplied to him/her in safe custody.

vi) Supervise the work of the anti-malaria Khalasis/Anti malaria sweepers working under him/her.

43. ANTI MALARIA KHALASI will:

i) Prepare D.D.T. and other insecticides and spray the same in the Railway quarters and service buildings under the supervision of the Malaria Mate.

ii) Fill depressions, canalize and drain the stagnant water.

iii) Remove rank vegetation from the edges of the drains, cess pools and other potential breeding places of larvae.

iv) Carry out anti-larval measures by spraying oil films on water collection and other breeding places of mosquitoes.

v) Carry anti-malaria stores.

44. ORAL HYGIENIST will:

1. Perform all scaling (Oral prophylaxis) and polishing of teeth independently whether manual or with ultrasonic instruments.

2. Motivation and educating to patients and community to maintain oral hygiene and teach correct brushing techniques for individuals in oral health camps.

3. Pre and Post-operative precautions and preventive dentistry (diet, oral physiotherapy, general and dental health edlention).

4. Temporary dressing (temporary flillln.. gingival dressing). Simple extraction of painful loose teeth under topical anaesthesia.

5. Prescription of oral medicines like medicated tooth pastes, gum paints, mouth-washes pain relieving drugs that do not come under Schedule of Drug Act.

6. Impart training to the trainers in oral Health care.


8. He will be responsible for implementation of oral health/hygiene programmes and will perform all activities required under the programmes

9. He will assist in upkeep of dental equipment, records and statistics of the department.

10. Carry out any other orders given to him/her by the incharge

(Authority: Board's letter No. 2001/H/23/5 dt. 15.6.2001)

Section-C Scope of Private Practice
204. Private practice by Railway Medical Officers is restricted to the following types of cases. The extent to which fees can be retained by them in such cases has also been indicated against each :-

(a) Visit at residence for family members and dependent relatives of Railway employees drawing Rs. 3725/- and over per month:- Payment of fees in such cases shall be regulated according to the contract system or by the visit, as the railway employees may prefer. The contract rates of payment shall be 2 per cent of the pay of Railway employee when attended by the Divisional Medical Officer and one per cent when attended by Assistant Divisional Medical Officer. This shall be payable monthly, for periods of not less than 6 months, each period commencing from the beginning of the calendar half-year.

Payment per visit per case is according to the following scale which gives the maxima :-

<table>
<thead>
<tr>
<th>Sr. Divisional Medical officer/M.S</th>
<th>In respect of Gazetted Railway employees and non-Gazetted Railway employees drawing a pay of Rs.4875/- or more per month</th>
<th>In respect of non-gazetted Railway employees drawing a pay of less than Rs.4875/- but not less than Rs.3725/- per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr. Divisional Medical officer/M.S</td>
<td>Rs 20/-</td>
<td>Rs.12/-</td>
</tr>
<tr>
<td>Divisional Medical Officer</td>
<td>Rs 16/-</td>
<td>Rs.10/-</td>
</tr>
<tr>
<td>Assistant Divisional Medical Officer</td>
<td>Rs 12/-</td>
<td>Rs 6/-</td>
</tr>
</tbody>
</table>

The above fees, may be retained by the railway doctor in full. Higher fees will not be charged for night visits.

No prior permission is necessary for such attendance, which is considered professional.

No fee shall be charged from employees/dependants where the pay of the employee is less than 3725/- month.

No fee shall be charged from employees of any category of any income

(Rly. Bd.'s letter No.82/H/6-1/22 dt.23.5.87)

(b) Confinement cases of outsiders:- Fees leviable from outsiders for confinement cases in Railway hospitals are as follows :-

(i) Normal labour without episiotomy Rs.1375/-+labour room charges
(ii) Normal labour with episiotomy Rs.1625/-+labour room charges
(iii) Abnormal labour Rs.2000/-+labour room charges

The fees referred to above may be shared between the Railway administration and the medical staff rendering the service in the proportion of 4 : 1. No prior permission is necessary for such attendance.

(c) Operation cases of outsiders :- Fees for operations, major, minor or trivial, leviable from outsiders, are as follows :-

(i) Trivial Operations Rs.250/- + Rs 70/- under L.A; Rs 150 under G.A
(ii) Minor Operations Rs 600/- + Rs.300/- Theatre charges
(iii) Major operations Rs.2500/- + Rs 500/- Theatre charges
(iv) Special Operations Rs 5000/- + Rs 1000/- Theatre charges
(v) C.A.B.G Rs 8000/- + Rs 1000/- Theatre charges
(vi) Open heart surgery Rs 10000/-+ Rs 1000/- Theatre charges
(vii) Closed heart surgery Rs 10000/-+ Rs 1000/- Theatre charges

(Bd’s No.89/H/6-1/2 dt. 24/12/1991)

Note :- A list broadly classifying the operations into major, minor and trivial is contained in Annexure II to Chapter VI.

(d) Passengers who fall ill while travelling :- While it is not incumbent on the Railways to provide medical aid to passengers who take ill, such assistance is invariably rendered in practice as a matter of courtesy to a customer.
Charges for medical aid to passengers falling ill suddenly or sustaining injury (other than as a result of a railway accident in which case it is the duty of the Railway administration to provide free medical attendance and treatment facilities) are levied on the principle that the relationship between a bona fide passenger and a Railway doctor must be that of a private patient and his medical attendant. A Railway doctor attending on such passenger may be allowed to recover consultation fee at the following rates, and he may retain it in full.

Consultation fee of Rs.20/- per passenger irrespective of the grade of the medical officer; This fee is retained in full by the doctor:

As regards the charges for medicines, injections, etc., the same may be recovered at the following rates and credited, in full, to the Railway revenues :-

(i) Re.1/- per tablet or a dose of mixture.
(ii) Maximum retail price as mentioned on the strip per dose of higher antibiotics.
(iii) Re. 5 per sterile dressing of wounds.
(iv) Rs. 10 per injection (which includes the cost of the common drugs, i.e., the injecting materials).

No prior permission is necessary for such attendance, which is considered professional.

(Bd’s No. 99/H/6-5/1 dt 27/08/1999)

In the case of indigent passengers and trespassers, where it is not possible to recover the cost of medicines, etc., these may be issued free on the certificate of indigence from the doctor. The expenditure, if any, incurred in connection with the hospitalisation of such patients may be treated as part of the ordinary expenses of working the Railway hospitals.

(e) Treatment of outsiders who are admitted as indoor patients in Railway hospitals. Only up to a maximum of 10 per cent of the beds may be utilised for this purpose subject to the condition that spare accommodation is available after meeting the Railway needs. The charges for various types of accommodation are mentioned in Annexure I to Chapter VI and are revised from time to time. These bed charges which, inter-alia, include professional services, are to be credited entirely to the Railway revenues. No prior permission is necessary for such attendance, which is considered professional.

(f) Examination of outsiders seeking admission in the Railway hospital: - For such cases, a fee of Rs.40/- valid for 15 days should be charged. These fees are to be shared between the medical staff and the Railway administration in the ratio of 1:4.

(g) Medical examination of drivers and shunting staff of privately owned sidings: - For such cases a fee of Rs. 40/- per candidate should be charged. This fee is to be shared between the Railway doctor and the Railway administration in the ratio of 3:1. However if any investigations are required to be done for arriving at a decision, necessary charges, may also be recovered at the rates prescribed for outsiders and the amount so recovered should be credited to the Railway revenue in full.

( Rly Bd.’s No 90/H/5/3 dt. 09/02/1993)

(h) Treatment of non-entitled persons temporarily staying with Railway employees residing in places where outside medical help is not readily available: Relations of Railway employees not covered by the Railway medical attendance and treatment rules and friends temporarily staying with Railway employees residing in places where outside medical help is not readily available, will be entitled to medical attention by Railway doctors, who may charge fees as indicated in sub-paragraph (a) above. Such fees may be retained by the Railway doctor in full. No prior permission is necessary for such attendance which is considered professional.

(i) Non-Railway Government employees and their family members in whose cases medical facilities have been allowed by the Ministry of Railways on ‘no-profit no-loss’ basis: - For visits to the residence in such cases, fees will be as indicated in sub-paragraph (a) above. Such fees may be retained by the Railway doctor in full. No prior permission is necessary for such attendance, which is considered professional.

205. Retired Railway employees and their consorts/children: - Medical facilities are available to Retired Railway employees and their dependent Family members at par with serving employees, if they opt to join the Retired employees Liberalised Health Scheme ’97. The scheme is dealt with in detail in the chapter dealing with medical attendance and treatment rules. No prior permission is necessary for attending them at residence in case of sickness. Payment of fees in such cases is regularised as per para 204(a).
206. The sharing of fees will be in respect of investigations, treatment, delivery/operations handling and service charges, doctor visits and nursing where specifically charged. There is no sharing of charges recovered for bed/cabin, ambulance charges, theatre charges (distinct from operations charges) labour room charges (different from delivery charges).

The sharing of fees will be as under:-

Total amount realised from outsider should be credited in full to railway revenue first. 80% of the amount so realised should be retained by the railway. Balance 20% will be available for sharing amongst the doctors/hospital staffs as under:-

a) Doctors ........................................ 40%
b) Paramedical group C staff .................. 35%
c) Ministerial and other group C staffs in separate functions like laundry, diet, ambulance etc. .. 05%
d) Group D staffs ................................. 20%

The proportion allotted to various category should be divided amongst the members of the category.

In the case of medical examination for commutation of pension and for examination of candidate for appointment to group ‘A’ or group ‘B’ posts, out of the fees of Rs.30/- received from the candidate, Rs. 9/- should be credited to the Railway revenues and the balance retained by the doctor or, in the case of a medical board, equally shared among the members. No fee is to be collected from RRECHS/RELHS beneficiaries for medical examination for commutation of pension.

(Bd.’s No 90/H/5/3 dt. 24/08/92 and No. 90/H/5/3 dt. 19/10/92)

207. Prior permission of the Government will be necessary for medical examination cases sponsored by the L.I.C. The fees charged for, should be shared between the Railway doctor rendering the service and the Railway administration in the ratio of 2 : 3.

208. When the fees charged for in a case is divisible between the Railway administration and the doctor rendering the service, the total amount has to be deposited with the Railways first and a bill preferred by the doctor for his share later.

209. The retention of fees by Railway doctor indicated above is subject to the overall limit prescribed in Rule 2216-R II viz., one-third of any non-recurring fee in excess of Rs. 400 and one third of any recurring fee in excess of Rs.250 a year is required to be credited to the Railway revenues. The fee received by a Railway doctor during a financial year from the same person/source, even though it might have been received for different services and on different occasions during that year, is to be treated as a recurring fee. The fee received by a Railway doctor from different personal sources, which might have been received for the same or different services and on the same or different occasions, is to be treated as a non-recurring fee.

210. A Railway doctor in his private capacity is not allowed to utilise medicines and injections etc. of the Railway, even if non-Railway patients are prepared to pay for these at the prescribed rates. The Railway doctors are also not allowed to open their own pharmacies or sit in a shop consulting room, in the open bazar. Further, other things being equal, a Railway doctor is always expected to give preference to a Railway employee and other entitled members of his family and dependent relatives over an outsider.

Note:- Not withstanding any of the provisions of this or any other section of the Manual, a Railway doctor should always bear in mind the noble traditions of his profession and in keeping with the spirit of the code of Medical Ethics, should ever be ready to respond to the calls of the sick and the injured in an emergency.


Section "D" -- Court Attendance by Railway Doctors
211. **Summons**.-

(1) A Railway doctor may be called upon to give evidence as a witness in a Court of Law, by summons signed by a judicial authority, in a case he has attended while in the discharge of his duties. Such summons are sent usually a week in advance.

(2) On receipt of the summons, he should inform his next immediate superior that he has been called upon to attend the Court for evidence, who will give his permission and arrange for his relief. It is advisable to request the judicial authority to send such summons through his next immediate superior.

(3) On receiving the summons, the doctor should collect all the relevant papers pertaining to the case including the x-ray plates if any, and keep them handy. He should study the case thoroughly and be prepared to answer the questions asked in the Court.

212. **Court attendance and T.A./D.A. there of**.-

(1) He should attend the court on the day fixed and report to the court at the scheduled time mentioned in the summons.

(2) When an employee is summoned in a case to which the Railway administration is a party to appear either as a witness before the court or police inquiry or when he is summoned by a Railway police or Government police to give evidence in a criminal case in respect of facts coming to his knowledge while in the discharge of his duties, he shall be considered as on duty and shall not be entitled to receive any fees but be allowed pay and allowances as admissible under the Indian Railway Rules.

(3) When an employee is summoned to give evidence of facts which came to his knowledge in the discharge of his public duties or to produce official documents in a civil suit to which the Government is not a party, he will be paid travelling expenses, etc. by the courts at the rates admissible to Government employees for a journey on tour. In order to enable the court to assess the amount admissible to him, the Railway employees should carry to the court a certificate duly signed by the controlling officer of the Railway employee showing the rate of travelling and daily allowance admissible to him for journey on tour. If the Railway employee is his own controlling officer, the certificate will be signed by him as such.

(Rules 1671-R.II and Rule 1226-G. I.)

213. **The points that a medical witness should bear in mind while giving evidence**.-

(i) stating the truth irrespective of the fact that it may lead to the conviction or acquittal of the accused.

(ii) speaking slowly and clearly using simple words avoiding technical terms as far as possible

(iii) Being exact in stating the facts and not giving opinion unless it is asked for.

(iv) Giving brief answers, i.e., "Yes" or 'No' and not trying to explain.

(v) Never attempting to answer questions if he is not sure of the facts.

(vi) Keeping cool and calm; never losing temper.

(vii) Appealing to the judge if any irrelevant questions are asked.

(viii) Keeping to himself professional secrets, unless ordered by the presiding Judge to reveal them.

(ix) Avoiding references to written notes, as these may be asked for and read in the Court, causing embarrassment.

214. **Court Certificate**.- It is essential to obtain a certificate from the presiding judicial authority after completion of the evidence. This certificate is a proof of the Court attendance, which has to be forwarded to the next immediate superior.

Section "E" - Training

Sub-section 1-Study outside the normal duty hours

215. (1) Ordinarily, there can be no objection to the pursuit of knowledge by Government employees in their leisure hours.

(2) However, where a Government employee wants to join an educational institution or course of study outside the normal duty hours implying, as it does, his advance commitment about attendance at
specific hours and absence from duty during periods of examinations, prior permission from the Government should be obtained.

(3) Such permission should be given only to those who have either been confirmed or put in at least two years of service on the Railways.


Sub-section 2-Training of Non-gazetted Medical Personnel

216. (1) Non-gazetted medical personnel may be allowed to undergo certain specialised courses of study in non-railway institutions when it is found necessary to do so for the requirement of their work.

(2) The following concessions may be allowed to the staff who are so deputed :-

(i) The period of absence from duty on account of the training may be treated as duty;

(ii) Travelling allowance as admissible under the normal rules should be allowed to and from the place of training, but not daily allowance for halts ; and

(iii) Tuition, examination and other fees may be borne by the Government.

(3) Prior approval of the Ministry of Railways should be obtained to a programme of such training for the coming year, mentioning the courses proposed, justification for the proposal, and giving approximate details of the financial implications.

(4) The General Managers can then under their own powers, depute individual employees.

(5) A binding agreement in the prescribed form should, however, be obtained from the employees so deputed.

(6) As the books supplied to the trainees at the cost of Railway Revenues during training might prove useful in their official work, there is no objection to the employees retaining them.


Sub-section 3-Refresher Course

217. (1) All nine a Zonal headquarters hospitals may organise periodical refresher courses preferably on same dates every year, providing professional training to their own medical officers as also to those from adjacent neighboring zones. Programme of one zoner should not clash with the programme of adjacent neighboring zones.

(2) The courses should be of 2-4 weeks duration and individual doctor should repeat his/her training periodically but at least once in 5 years.

(3) The course is intended for Railway doctors; priority to be given to those who do not possess post-graduate qualifications and whose duties are of the nature of general practice.

(4) The Railway doctors, who are above 55 years of age may be exempted from such courses. Those who have put in less than 5 years of service may also be exempted except those who have been out of touch with teaching institutions for 5 years or more. However, priority should be given to doctors who have put in more than 5 years of service and those who are under 50 years of age.

(5) The training is to be intensive in nature where didactic lectures demonstrations, seminars and clinics by experts in the concerned disciplines, drawn from serving Railway doctors and honorary consultants attached to central hospitals may be held for 7 hours each day leaving sufficient leisure for the trainees to study text books, peruse journals and look up reference books. There should be a specially selected officer detailed for organizing these courses, to co-ordinate lectures, clinics, demonstrations etc. and give guidance to the trainees. This tutor officer should be at least a Senior Scale officer and should be specially selected for his ability and aptitude for such work.
(6) The general plan would be to have lectures, ward rounds and case presentation etc. giving more importance to practical management of various cases and dealing with emergencies. The CMD of the Centre running the course should decide about the course contents keeping it in line with RSC curriculum for professional refresher courses, also taking into consideration the problems and special diseases prevailing in the particular region.

(7) To make the training interesting, worthwhile, and practice and participation based, there should be seminars, panel discussions, group discussions and field work to cover the various aspects of the training. Subjects for these may be decided by the Chief Medical Director running the training centre.

(8) The training centre should have a minimum of 250 beds, a laboratory with adequate facilities a Radiology department where major investigations are done, and a library where sufficient number of text and reference books and journals are available. Some other desirable physical requirements are:-

(a) A lecture hall sufficiently large to accommodate the trainees;
(b) Overhead Projector, film and slide projector and Video film projectors;
(c) Proximity of teaching institutions to draw consultants from or to arrange visit for trainees; and
(d) Some arrangements for transport of trainees for visits to institutions and practice field.

(9) Chief Medical Director of the Railways concerned should indicate the broad guide lines for each lecturer or demonstrator on the subjects that he has to cover, clearly indicating the level of the understanding of the trainees and the requirements of the Railways, so that the lectures and demonstrations become fruitful and are neither too high flown nor too elementary.

(10) The doctors undergoing refresher courses may be granted the following concessions: -

(i) The period of absence from duty on account of the training may be treated as duty;
(ii) T.A./D.A. may be allowed as per rules.

(11) The Railways concerned, may make such arrangements for class rooms and residential accommodation for the trainees as are feasible. This accommodation should preferably be in the hospital compound. The accommodation may be of austerity type but the conditions obtaining and facilities provided should meet the minimum requirements necessary for trainees to concentrate on their studies.

(12) Railway doctors and other Railway Officers invited to deliver lectures for the above courses may be paid honorarium at the rate of Rs.100/- per lecture of one hour duration. Outside lecturers may also be paid a remuneration at the same rate and an additional amount of Rs.100/-as conveyance allowance, provided they are not eligible for travelling allowance for the journeys in question under the rules applicable to them.


Sub-section 4-Training Of Group 'C' and 'D' staff

218. (1) All Group 'C' and Group 'D' staff of Medical Department should undergo periodical training as per prescribed modules

( Rly Bd.'s No E(MPP)-84/13/19/Medical Dated 26/09/1994)

(2) All Zonal Railways should prepare an yearly prospective plan for training of different categories of staff as per modules and send details of such programme to Health Directorate & also to Training and Manpower Planning Directorate for information and record.

Sub-section 5-Post Graduate Specialties Training on deputation (duty) terms

219. (1) Railway Board's orders relating to the training facilities to Railway doctors in various post-graduate specialties are based on the Report of the Railway Technical Training Schools Committee, 1961, in paragraph 237 (item No.223 of the Summary of Recommendations) of which they had recommended that suitable training to Railway doctors in various specialties should be arranged at Railway expenses and the period of training treated as duty.
(2) Not more than two Medical Officers from the Central, Eastern, Northern, Southern, South Eastern and Western Railway and not more than one each from the North Eastern, Northeast Frontier and South Central Railway may be sponsored for post-graduate specialties training, for such period as may be necessary but not exceeding one year and for such specialties/super specialties as are felt necessary by the Railway administration, in which there is shortage of doctors and for which infrastructure on the Railways exists to utilise their services after completion of their training on the specific recommendations of the Chief Medical Director.

(Bd.’s letter No 94/H/2-1/15 dated 16/12/96)

(3) The doctors sponsored should be permanent with a minimum of five years of service. Such doctors as have rendered service at way side health units will be given preference.

(4) The doctors sponsored should also possess aptitude in the particular specialty in which he/she is sponsored. The subjects should also have a direct or close connection with the sphere of their duties, but at no time more than two doctors should be away on training in any one specialty. Further, it is not the intention to train the same doctor in a large number of specialties not closely related to each other.

(5) The following concessions may be allowed to the doctors so deputed.-
(i) The period of absence from duty on account of the training may be treated as duty, and
(ii) T.A./D.A. may be allowed as per rules.

(6) All proposals for this training should be referred to the Ministry of Railway well in advance for their prior approval, giving detailed information on the following points.-
(i) The existing academic qualification of the doctor and his performance in the past examinations
(ii) Service rendered outside the headquarters and divisional hospitals, particularly in difficult areas,
(iii) Capacity to complete the course successfully, and
(iv) The utilisation of the doctor after the training.

(7) Bonds should however, be got executed from the Railway doctors so deputed in the standard form of Indemnity Bond prescribed for the purpose, to the effect that they will have to serve the Railways after training for minimum period of five years. The bond should be executed before the doctor is relieved for undergoing such training. In the case of a permanent doctor, it is not necessary for a surety to endorse the bond.


220. Special provision for training in Anesthesiology: (1) Apart from what has been stated above, every Medical Officer, irrespective of the fact whether he has been made permanent or whether he has completed five years of service, who would be called upon to administer anaesthesia, should receive a course of training in anesthesiology under a senior and qualified anesthetist and a certificate to this effect should be given to him by the Chief Medical Director of the Railway concerned.

(2) For this purpose, the Medical Officer may be deputed for training, if necessary, to a non-Railway institution also, under the following terms and conditions :-
(i) The period of absence from duty on account of the training should be treated as duty if it does not exceed six months. Normally a maximum period of four months should do,
(ii) The full cost of training should be borne by the Railway administration, and
(iii) T.A./D.A. may be allowed as per rule.

(3) Such of the General Duty Medical Officers (who do not have P.G Qualification in anesthesia) who have completed their training in an anesthesia may be granted a special allowance of Rs 200/-p.m. when they are entrusted with the performance of anesthesia work in addition to their normal duties.

No bond as indicated in para 219(7) above is required to be obtained from them.
Sub-section 6 - Study Leave

221. (1) Study leave may be granted to a Railway servant with regard to the exigencies of public service to enable him to undergo, in or out of India, a special course of study consisting of higher studies in a technical subject having a direct and close connection with the sphere of his duty. Study leave out of India shall not be granted for persecution of studies in subjects for which adequate facilities exist in India or under any of the schemes administered by the department of Economic affairs of the Ministry of Finance or by the Ministry of Education.

(2) Study leave may be granted to a Railway servant,

(i) who has satisfactorily completed a period of probation and has rendered not less than five years of regular continuous service including the period of probation under the government.

(ii) who is not due to reach the age of superannuation from the government service within three years from the date on which he is expected to return to duty after the expiry of the leave.

(iii) who executes a bond as laid down in Rule 4(4) of appendix V to study leave rules R.I, undertaking to serve the government for a period of three years after the expiry of the leave. Accordingly, a Railway servant having the option to retire will not be permitted to retire unless he serves the government for three years after the return from the study leave.

(Rly Bd’ No. F(E) III/86/LE-1/2 dt. 07/03/1989)

(3) The General Managers have full powers to grant study leave in respect of Non-Gazetted staff when the study leave does not exceed twelve months at a time and is in India. General Managers are also empowered to sanction study leave to Medical Officers for study leave in India. While considering proposals for grant of study leave of Medical Officers, the General Managers should satisfy themselves that the required number of specialists are not already available and that the work can be managed without substitudes during the absence of officers who have been granted study leave and that not more than five doctors on each of the zonal Railways are granted study leave in a year. The production units may, however, grant study leave to not more than to one medical officer in a year. This limit is inclusive of the number of officers who are allowed the deputation terms or E.O.L for study purposes in certain medical specialities as per extant orders. A Medical Officer may be granted study leave for persecuting a course of post graduate study in medical sciences in India, if the Head of the Medical department certifies to the effect that such study leave shall be valuable in increasing the efficiency of such medical officer in performing his duties. For post graduate study in medical sciences abroad, study leave may be granted if the Director General of Railway Health Services in the Ministry of Railways certifies that such study leave shall be valuable in increasing the efficiency of such medical officer in performance of his duties

(Rly Bd.’s Letter No. F(E) III/89/LF-1/5 dt. 19/02/1990)

Note: Some institutes require sponsorship certificate while applying to undergo P.G. Courses. All such forms should be signed by the GM(P) of the Railway concerned on the recommendations of the Chief Medical Director. In case the sponsorship certificate is required to be countersigned by the DG(RHS) the same should be sent to the Railway Board well in advance after it is signed by the GM(P)

(Bd.’s Letter No. 97/H/2-2/1 dt. 21/01/1998)

(4) The maximum amount of study leave which may be granted to a Railway servant, shall be-

(i) Ordinarily twenty four months at any one time and

(ii) During his entire service thirty six months in all (inclusive of similar kind of leave for study or training granted under any other rules).

(5) Study leave may be combined with other kinds of leave but in no case shall be grant of this leave in combination with leave, other than extraordinary leave, involve a total absence of more than thirty six months from the regular duty of the Railway employee.

(Rly Bd.’s No F(E) III/89/LE1/5 dt. 20/11/1990 & F(E) III/95/LE1/1 dt. 06/08/1997)
(6) (a) During study leave availed in India, a Railway servant shall draw leave salary equal to the pay (without allowances other than Dearness allowance) that the Railway servant drew while on duty immediately before proceeding on such leave.

(b) Payment of leave salary under sub para (6) (a) above shall be subject to furnishing of a certificate by the Railway servant to the effect that he is not in receipt of any scholarship, stipend or remuneration in respect of any part-time employment. The amount, if any, received by a Railway servant during the period of study leave as scholarship or stipend or remuneration in respect of any part-time employment as envisaged in sub-rule(2) of rule 8, shall be adjusted against the leave salary payable under this sub-rule subject to the condition that the leave salary shall not be reduced to an amount less than that payable as leave salary during half pay leave. No study allowance shall be paid during study leave for courses of study in India.

(7) During study leave availed outside India, a Railway servant shall draw leave salary equal to the pay (without allowances other than Dearness allowance) that the Railway servant drew while on duty immediately before proceeding on such leave, in addition to the study allowance admissible in accordance with the provisions of Rules 8 to 10 of R I.

(8) Conditions for grant of study allowance: (i) A Study allowance shall be granted to a Railway servant who has been granted study leave for studies outside India for the period spent in prosecuting a definite course of study at a recognised institution or in any definite tour for inspection of any special class of work, as well as for the period covered by any examination at the end of the course of study.

(ii) Where a Railway servant has been permitted to receive and retain, in addition to his leave salary, any scholarship or stipend that may be awarded to him from a Government or non-Government source, or any other remuneration in respect of any part-time employment

(a) no study allowance shall be admissible in case the net amount of such scholarship or stipend or remuneration (arrived at by deducting the cost of fees, if any, paid by the Railway servant from the value of the scholarship or stipend or remuneration) exceeds the amount of study allowance otherwise admissible.

(b) In case the net amount of scholarship or stipend or remuneration is less than the study allowance otherwise admissible, the difference between the value of the net scholarship or stipend or any other remuneration in respect of any part-time employment and the study allowance may be granted by the authority competent to grant leave.

(iii) Study allowance shall not be granted for any period during which a railway servant interrupts his course of study to suit his own convenience:

provided that the authority competent to grant leave or the head of Mission may authorise the grant of study allowances for a period not exceeding 14 days at a time during such interruption if it was due to sickness.

(iv) Study allowance shall also be allowed for the entire period of vacation during the course of study subject to the condition that:-

a) the Railway servant attends during vacation any special course of study or practical training under the direction of the Government or the authority competent to grant leave, as the case may be; or

b) in the absence of any such direction, he produces satisfactory evidence before the Head of the Mission or the authority competent to grant leave as the case may be, that he has continued his studies during the vacation: provided that in respect of vacation falling at the end of the course of study it shall be allowed for a maximum period of 14 days.

(v) The period for which study allowance may be granted shall not exceed 24 months in all.

(9) Study leave counts as service for promotion, pension, seniority and increments. It does not count for earning leave other than half-pay leave.

(10) If a Railway servant resigns or retires from service or otherwise quits service without returning to duty after a period of study leave or within a period of three years after such return to duty, he shall be required to refund
(i) the actual amount of leave salary, study allowance, cost of fees, travelling and other expenses, if any, incurred by the Railways; and

(ii) the actual amount, if any, of the cost incurred by other agencies such as foreign governments, foundations, and trusts in connection with the course of study together with the interest thereon at rates in force at the time on government loans, from the date of demand, from his resignation is accepted or permission, to retire is granted or his quitting service otherwise:

provided that nothing in this rule shall apply:-

(a) to a Railway servant who, after return to duty from study leave is permitted to retire from service on medical grounds; or

(b) to a Railway servant who, after return to duty from study leave, is deputed to serve in any statutory or autonomous body or institution under the control of the government and is subsequently permitted to resign from service under the government with a view to his permanent absorption in the said statutory or autonomous body or institution in the public interest.

Further, the study leave availed of by such a Railway servant shall be converted into regular leave standing at his credit on the date on which the study leave commenced, any regular leave taken in continuation of study leave being suitably adjusted for the purpose and the balance of the period of study leave, if any, which cannot be so converted, treated as extraordinary leave.

In addition to the amount to be refunded by the railway servant, he shall be required to refund any excess of leave salary actually drawn over the leave salary admissible on conversion of the study leave.

(Indian Railway Establishment Code 1 1985 Edition 1995 Reprint)

The detailed rules regarding the grant of study leave are contained in Appendix V of the Indian Railway Establishment Code, Volume I.1985 Edition.


**Sub-Section 7 - Training Abroad**

222. (1) Railway Medical personnel are to be sent for training abroad only in exceptional cases and not as a general routine. The aim and object of the proposed training in each individual case should be clearly defined. The following broad criteria should be borne in mind while recommending doctors and other medical staff for training abroad:

(i) The proposal should be for technical training of a practical kind as distinct from purely "academic training".

(ii) Only such training facilities should be sought as are not available in India.

(iii) The proposal should be related to a specific development project included in the Five Year plans.

(iv) The proposal should be made in respect of a person who is already in employment, has normally not less than five years experience and in whose case it is considered that the acquisition of expert knowledge would help in the efficient implementation of a project on his return. Special justification should be given if a person with less than five years' experience is recommended.

(v) The person recommended for training should possess qualifications and experience sufficient to enable him to benefit from his training abroad. He should not only possess sufficient background knowledge in the field in which he is proposed to be trained, but should also have displayed special aptitude for the same.

(vi) The candidate should be below 45 years of age (relaxed up to 48 years in exceptional cases, if full justification is furnished). This age limit will, however, not apply in cases of observation tours by senior persons.

(vii) If foreign expertise has already been obtained in a particular field, special justification in support of a request for training in that field should be given.

(viii) A candidate recommended under one programme should not be recommended simultaneously under any other Technical Aid Programme.
The candidates should preferably have some knowledge of the language of the country where he is proposed to be sent.

Seniority, record of service, etc. have also to be taken into account.

(2) In view of the importance of recommending the right type of medical personnel for training abroad, it is essential to associate the head of the department while making any such recommendation. While recommending the name to the Ministry of Railways, a statement, in duplicate, in the prescribed form as given in Annexure I to this Chapter, has to be furnished.

**Sub-Section 8 - Other General Instructions regarding Training**

223. **Training when it is considered essential** :- Staff should be sent to Non-Railway institutions for training only when it is considered absolutely essential and not as a matter of course.


224. **Information regarding doctors** :- The Railway Board receives intimations from various institutions and organizations for the deputation/training of Railway doctors in various specialties in India as well as abroad, some times also getting offers of fellowships and scholarships. In order to avail of the benefits within the target date, which in most of the cases is prescribed by them, information relating to ADMOs/DMOs/SrDMOs having postgraduate degree/diploma qualifications should be furnished to the Railway Board in the proforma as given in Annexure II to this Chapter for every calendar year ending on 31st December, immediately after the 31st December.

(Ministry of Railway's letter No. 66/H/15/50, dated 17 August 1966).

225. **Officiating arrangements in place of staff on training** :- (1) The General Managers have full powers to sanction officiating arrangements in place of staff sent on training, provided :-

   (i) the training is on the Railways and not in an outside body.
   (ii) trainee reserve has not been provided in that category, and
   (iii) officiating promotions are admissible under the extant rules and orders.

(2) The Divisional Railway Managers and Heads of Departments have full powers in respect of the staff controlled by them.

(Ministry of Railway's letter No. E(Trg.)60/TRI./33 dated 29th December 1964).

226. **Training during an emergency** :- (1) During an emergency, it is essential that all medical personnel should have full up-to-date knowledge of the type of cases which they are likely to come across and their management. Special training for such personnel should accordingly be arranged during an emergency, which may include lectures on -

   (a) traumatic surgery and injuries from blast,
   (b) treatment of shock,
   (c) principles of blood transfusion,
   (d) treatment of burns of all types, and
   (e) psychological manifestations of bombing and war neurosis arising from emergency conditions.

(2) Assistance for such training may also be obtained from the State medical authorities and military authorities of the areas concerned. It may also be possible to associate with any training programme which are instituted by the said authorities.


227. **Courses conducted by the National Institute of Health And Family Welfare** :- (1) The National Institute of Health And Family Welfare, New Delhi, which is an autonomous organization set up with assistance from the Ford Foundation, registered under the Indian Societies Registration Act and managed by the Union Health Ministry through a Central Council with the Union Health Minister as its President, arranges various training programs and seminars, etc. for example, "Staff College" Courses and
Seminars on "Hospital Administration", imparting training on hospital administration, public health, medical care, family welfare and control of communicable diseases, etc.

(2) The Railway doctors can avail of these programmes and seminars. The period of absence from duty on account of the training in such cases be treated as on duty and daily allowance allowed as per rule.

(3) Prior approval of the Ministry of Railways is necessary in each case.

228. Courses conducted by the National Institute of Communicable Diseases :- (1) The National Institute of Communicable Diseases (N.I.C.D.) Delhi, arranges various training courses in subjects like epidemiology, etc.

(2) The Railway doctors can avail of these training courses. The period of absence from duty on account of the training in such cases is treated as on duty and daily allowance allowed as per rules.

(3) Prior approval of the Ministry of Railways is necessary in each case.

229. Courses conducted by the Zonal Productivity Councils :- (1) The Chief Mechanical Engineer of a Railway can personally depute non-gazetted staff for courses conducted by the particular Zonal Productivity Council, of which each Railway is a member.

(2) For gazetted officers, sanction of the Ministry of Railways is necessary.

(3) Some times, for instance when a course on Industrial Hygiene and Occupational Health is conducted by a Council, Railway doctors come under the purview of these instructions.

(4) The terms and conditions for the staff so deputed should be as follows :-

(i) The period of absence from duty on account of the training should be treated as duty,

(ii) Daily allowance may be allowed as per rule,

(iii) The Railway administrations will defray the fee (excluding the cost of lunch, tea, snacks, etc. if any) prescribed by the Council from time to time for different courses, and

(iv) In cases where the cost of lunch, tea, snacks, etc. (but not free boarding) is included in the rate of fee paid to the Council, the trainees should be paid only 3/4th of the normal daily allowance as admissible.


230. Job orientation training of doctors :- (1) Job-orientation training of directly recruited doctors- The directly recruited Medical Officers are required to satisfactorily conclude a training programme, as prescribed by the Ministry of Railways from time to time, during the period of their probation.

(2) Training of probationary Assistant Divisional Medical Officers:- The Ministry of Railways have decided that the probationary Assistant Divisional Medical Officers should be given training as per following schedule :-

3 (Three) days
Central Hospital of the zone for 3 days under Medical Director of Central Hospital.

45 (Forty five) days
In the Headquarters Hospital or in a large divisional hospital. The probationary officer must be encouraged to deal with the cases individually under the supervision of a Senior Medical Officer. The trainee must also attend regular OPD to gain competence in dealing with all types of cases. Administrative training should also be imparted properly.

10 (Ten) days
On completion of the period of training in a hospital as above, the trainees shall be deputed to work in a health unit outside the headquarters (zonal or divisional) and should participate in all the curative, preventive and promotive health care activities. As far as possible during this period the
probationary officers shall work on their own under the advice and guidance of the medical officer in-charge of the health unit. Administrative training also should be imparted by in-charge.

2 (Two) days

Final assessment in CMD’s office. Suitability of the probationer should be assessed before being put on a working post and if need be the period of training can be further extended. During these two days the probationary officers shall be subjected to a detailed assessment of their adequacy to hold independent charge.

One Month (Induction course)

This course is specially meant for probationary Medical Officers/new entrants to IRMS and will be conducted at Railway Staff College Vadodara for a period of four weeks. The objectives of the course are:

i) To expose the new entrants to the administrative set up of IRMS.

ii) To acquaint them with the functioning of the Railway organisation as a whole.

iii) To guide them about the rules and regulations which they are supposed to follow while dealing with the patients & with other departments.

iv) To build a team spirit and working harmony with other departments of Railways.

( Railway Board letter No. 91/E/(GR)II/7/19 dated 18/12/1991.)

231. Submission of proposals in time :- With a view to ensure that available training facilities are not unnecessarily lost merely on technical grounds like the late submission of proposals, etc., the Railways, in respect of such cases of deputation on duty terms should nominate doctors well in advance of the commencement of a particular course, and send detailed proposal to the Ministry of Railways at least six weeks ahead of the commencement of the course, furnishing, inter alia, the following information :-

(i) Detailed service particulars indicating that the conditions laid down by the Ministry of Railways for the training course are satisfied.

(ii) Details of academic record (under graduate and post-graduate) which should include the nature of examinations passed and marks obtained in each, the number of attempts taken in passing the examinations, details of distinctions obtained, if any, etc.

(iii) Confidential reports of the doctors nominated for the training; if the reports are available in the Ministry of Railways, an indication to that effect should be clearly given.

(iv) The comments/concurrence of the Financial Adviser and Chief Accounts Officer to the proposal.

Section F - Honorary Consultants

232. Introduction :- Honorary consultants are non-railway specialists of repute appointed by the Railways for their headquarters hospitals and divisional hospitals and in specified work shop hospitals and sub-divisional hospitals (a list is given in annexure VII to this chapter) with a view to provide highly specialised consultant services.

233. Maximum number of honorary consultants that may be appointed and ceiling of expenditure therefor :- (1) The maximum number of honorary consultants at those headquarters hospitals of the Railways which are situated at New Delhi, Mumbai, Kolkata and Chennai should be limited to 15, with a ceiling of annual expenditure not exceeding Rs.9,00,000/- for each Head quarters hospital. The maximum number of honorary consultants which may be appointed at the headquarters hospital of North Eastern, Northeast Frontier and South Central Railways should be limited to 10, with a ceiling of an annual expenditure not exceeding Rs.6,00,000/- for each Head quarters hospital. Not more than 4 honorary consultants may be appointed at important divisional hospitals/production units hospitals where the need is keenly felt. The monetary limit for each Divisional hospitals being Rs.1,92,000/-. Where the Honorary consultants have already been provided as a special case in sub-divisional, work shop hospitals and production units, not more than 3 honorary consultants may be appointed. the expenditure not exceeding Rs.1,44,000/- per annum.
(2) Powers to appoint the honorary consultants in the Headquarters hospitals and Divisional/Sub-
Divisional/Workshop hospitals of the Railways including the renewals of their contracts, within the overall-
ceiling limits laid down above may be exercised by the General Managers, subject to the terms and-
conditions laid down.

(3) deleted*(No2002/H-I/12/55 dt 24-3-3).

The following guiding factors are to be kept in view while recommending appointments of such-
additional Hon. Consultants.

a) The candidate must hold a post graduate degree in the relevant subject and post graduate-
qualification in the case of super specialties.

b) He/she should have a minimum of 10 Years standing in the profession in case he is a post-
graduate degree holder and 5 years standing in case of double PG qualifications in the case of super-
specialties.

c) He/she should have proven abilities as judged by local reputation, publications and attachments.

While processing the proposal for such additional consultants, the following information must be-
furnished to the Railway Board.

i) Detailed Bio-data of the additional consultant proposed for appointment.

ii) Detailed information of utilisation of existing Hon. Consultants.

iii) Detailed justification for additional consultant with proper projection of work load in the Specialty-
concerned.

iv) Details of available infrastructure in the Specialty where the new consultant is proposed to be-
appointed.

v) Names and qualifications of regular Railway Medical officers in that Specialty and their deployment-
vi) any other relevant information on the subject.

Note :- Consultants should not be appointed under the aegis of the Staff Benefit Fund.

234. Disciplines in which honorary consultants may be appointed :- (1) the essential-
disciplines/specialties in which honorary consultants may be appointed are General Medicine, Cardiology,
Paediatrics, General Surgery, Orthopaedics, Ophthalmology, E.N.T. and Gynaecology. The other honorary-
consultants may be in disciplines over and above those referred to here keeping in view local requirements,
provided that the prescribed limits are not exceeded.

(2) Not more than one consultant should be appointed in any particular discipline.

(3) In places like Kolkata and Mumbai, where more than one Railway has got its headquarters-
hospital (namely, South Eastern and Eastern Railways at Kolkata, Western and Central Railways at-
Mumbai), the consultants appointed may be for different specialties. A close co-ordination should be-
maintained between the Railway administrations so that maximum advantage can be derived from these-
consultants to cover all specialties rather than have duplicates in the same specialty.

235. Terms and conditions :- (1) In entering into contracts with honorary consultants, only competent-
and reputed specialists who accept the prescribed terms and conditions should be considered. Retired-
Railway doctors may however be appointed only in exceptional circumstances with the prior approval of-
Minister of Railways on existing terms and conditions for Hon. consultants. The number of such retired-
doctors should not exceed 20% of the total number of Hon. Consultants on the Railway/Production unit.
Furthers, in order to expose Railway doctors to different practices and modern developments available in-
the various specialties, there should be frequent changes among the consultants.

(2) The period of initial appointment would be from the date the honorary consultant joins duty to 31st-
March of the succeeding financial year.

(3) No doctor who has completed 70 years of age may be appointed or retained as honorary-
consultant.

(4) No honorary consultant may normally be engaged for more than seven years.
(5) The terms and conditions governing the appointment of honorary consultants are as follows:

(i) **Conveyance Charges**: They will be paid "conveyance charges" at the rate of Rs.5000/- per month each at the Head quarters hospitals & Rs 4000/- per month at the divisional/Production Unit/Sub-divisional/Workshop hospitals.

Note:-(1) The conveyance charges do not depend upon the actual number of visits paid.

(2) No conveyance charges are admissible for continuous absence for a period of one month or more.

(ii) They will undertake to work as consultants for a period of two years in the first instance but the period may be extended thereafter. The extension should normally be for 2 years co-terminating on 31st March for administrative convenience. The contracts may be terminated at any time, on one month's notice on either side. The administration reserves the right not to assign any reason for such termination.

(iii) They will be eligible to one set of first class complimentary passes for self and members of their family available over all Indian Railways per year. They will also be eligible to one additional set of first class complimentary pass for self alone to enable them to attend various professional conferences and specialists' meetings.

(iv) The consultants will normally attend the hospital twice a week but may, when requested by the head of the Railway medical institution concerned, attend at any time during the day or night in case of emergencies. The surgeon and the gynecologist consultants may also be called upon to perform operations involving complicated or advanced nature.

(v) In case the consultants are unable to attend the hospital on the appointed days of the week, they have to give prior notice so that alternative arrangements can be made.

(vi) The consultants will not be allowed to treat their own patients in Railway medical institutions but the diagnostic facilities and such other facilities as are provided in the institution will be made available to them on request being made to the head of that institution.

(vii) The consultants will not be authorised to issue any certificates either to the employees or to their family members, or dependent relatives in their official or private capacity.

(viii) The consultants will be required to abide by the rules of the institution to which they are attached.

236. **Arrangements in the absence of the honorary consultants**: It is not necessary to make relief arrangements in short term leave vacancies of the consultants nor is it incumbent on the consultant to nominate an alternative in his absence. The regular staff of the hospital should be able to manage the work.

237. **Submission of reports by the Railways**: With a view to be able to judge whether or not a particular consultant's services have been utilized a report on the quantum of work done by each consultant should be submitted, in triplicate, to the Ministry every year in April for the preceding financial year in the prescribed proforma as given at Annexure III to this Chapter.

238. **Prior approval of the Ministry of Railways**: (1) Prior approval of the Ministry of Railways is necessary for retention of consultant beyond seven year term or beyond 70 years age, or for any change in the terms and conditions.

(2) Proposals for renewal of contract of such consultant in exceptional circumstances in relaxation of paragraph 235(3) & (4) above should be sent to the Railway Ministry along with the Chief Medical Director's certificate stating that the Chief Medical Director has himself examined the whole question, made all attempts to find a suitable replacement and despite best efforts, no substitute is available, for consideration on merit. In such cases the date of birth, the date of appointment, specialty and the quantum of work done should invariably be mentioned.

(3) All proposals requiring prior approval of Railway Board should be sent to the Ministry of Railways well in advance giving them at least two months time to examine the proposals.

Section G- Part-time Dentists on the Railways

239. Terms and conditions:-(1) Those part-time dentists who attend the dental clinics, for two hours on each day, on all working days may be granted an honorarium of Rs 3950/- and those who attend, for four hours on each day, will be paid an honorarium of Rs 790/- per month.

Note: These rates would be valid up to 31-12-05 and will be reviewed thereafter if considered necessary.

(2) pass deleted (Rly Bd’s letter no.96/E(GR)II/9/16 dt 20-12-02)

(3) Maximum of five annual contracts can be entered into with part time dental surgeons engaged for two hours daily and a maximum of only three annual contracts are permissible in case of Part time dental surgeons engaged for four hours work daily. There should be a break of a few days between each annual contract.

(4) They may not be retained beyond the age of 60 years.


Section H-Other General Instructions regarding Medical Personnel

240. Attendance at conferences, congresses or meetings:-(1) A Railway doctor, like any other Railway employee, may be officially deputed to attend any conference, congress or meeting, when public interest is served by such attendance. In such cases, the doctor concerned is deemed to be on duty during his period of absence for the purpose and may draw daily allowances on tour.

(2) A Railway doctor may be permitted by the General Manager to attend the meetings of any associations of which the doctor is a member, or any meeting of the associations to which the doctor has been invited to read technical papers. In such cases, the doctor concerned may be granted special casual leave to cover his period of absence and special Railway passes for journeys to and from the place of the meeting, but no daily allowance.

(3) A Railway doctor, like any other Railway employee, may attend, at his own request, any conference, congress or meeting when public interest is served thereby. In such cases, the doctor concerned may be granted special Railway passes for journeys to and from the place of the meeting, but no daily allowance.

Note :- When medical officers are nominated by the Ministry of Railways to be members of the Sectional Committees set up by the Indian Standards Institution, they may draw daily allowance as per rules applicable to them, and their attendance will be treated as duty for all purposes.

(4) With the approval of The Ministry of Railways, Officers of JA Grade and above may be allowed to become members/life members of maximum of five national/international institutions/societies recognised for the purpose(not more than 2 will be international institutions). 90% of such membership fee will be reimbursed. Other officers as well as Senior supervisors in scale 6500-10500 (RS) and 7450-11500 (RS) may be permitted to become members of one national or international institution/society and should be reimbursed 90% of the membership/subscription fee. In case of Senior Supervisors, this may be granted by the General Manager on case to case basis. The list of such institutions/societies is given in annexure VIII to this chapter.

(Rly Bd.’s No. E(G)90FE1-1dt.24/08/93, E(G)99FE1-1dt.19/03/99 and dt. 5/05/1999)

241. Purchase of Medical books and journals :- (1) Books and newspapers or other periodical non-official publications, whether published in or out of India, can be purchased, or subscribed for at the public expense with the previous sanction of the General Manager.
(2) The General Manager may re-delegate this power to lower officers. The C.M.Ds may be given up to Rs.45,000/-; The Medical Directors up to Rs 30,000/- when the hospitals are recognised for P.G. Courses and Rs. 15,000/- when the hospitals are not recognised for P.G.Courses; The C.M.Ss in the divisions up to Rs.10,000/- and the M.S s up to Rs.7,500/- per annum for the purpose. The C.M.Ss/ M.S s of production units may be given powers up to Rs.10,000/- per year.

(3) The General Manager and the lower authorities to whom he may have delegated powers in this behalf, should make their own arrangement direct with the agent or publishers for the supply of such periodicals etc.

(4) The Chief Medical Director of the Railway should draw up a list of medical books and journals for the use of hospitals and health units of different sizes under him and revise it from time to time to keep it up-to-date.


242. Honorarium for holding first-aid classes :- A Railway doctor holding first-aid classes for Railway employees and their family members may be allowed an honorarium of Rs.100/- for a session of at least 8 lectures, each of at least two hours of duration, as per the syllabus laid down by the St. John Ambulance Association. Such lectures should be arranged only if a minimum of 12 persons are scheduled to attend. However the honorarium will not vary with the actual number of persons attending later on.


243. House Surgeons :- (1) House Surgeons may be appointed in hospitals that are recognised for post-graduate training as non-teaching institutions by the Medical Council of India. The specialties as well as the number of House Surgeons that can be appointed in each specialty will be stipulated by the Medical Council of India.

(2) The terms and conditions applicable to the House Surgeons will be as follows :-

(i) The remuneration payable will be such as is admissible to House Surgeons in the Civil Hospitals of the area under the Central/State Government.

(ii) The total tenure of a House Officer should not exceed two years which may be in the form of four terms of six months each or two terms of one year each. Exception will be made, however, in the case of House Officers who are selected for and are pursuing Post Graduate course eg. DNB or Diploma of college of Physicians and Surgeons. In such cases, the tenure can be extended up to a total period of four years or till the completion of the Post Graduate course, whichever is earlier. Any extension of tenure beyond two years will be done only with the approval of DG(RHS).

(iii) No private practice will be allowed.

(iv) Free furnished (austerity) accommodation in one of the existing quarters at the recognised hospitals will be given to the House Surgeons. Two to three House Surgeons may be put up in one flat depending on the size.

(v) A Railway telephone will be fixed in the house where the House Surgeons are accommodated.

(vi) Free treatment for the House Surgeons in case of sickness will be admissible.

(vii) There will be no provision for any earned leave but casual leave up to a total of 8 days in a year will be allowed.

(viii) One set of ordinary first class complimentary pass after one year's satisfactory service will be given; available from the place of work to his home town as declared by the House Officer.

(3) The House Surgeons are to be treated as fully qualified doctors during their House Surgeonship in Railway Hospitals, except in so far as administrative powers are concerned.

(4) House Surgeons may also be appointed under the terms and conditions as referred to in sub-para(2) above in the hospitals which have been recognised for training.
(5) The powers to appoint House Surgeons will be exercised by the General Managers of the respective Railways. These powers should not be re-delegated to an authority below the rank of PHOD i.e CMD of the Railways. However extension of tenure beyond two years will be done only after the approval of DG(RHS).

(6) A half-yearly Statement showing the number of House Surgeons working in the different hospitals separately should be submitted to the Ministry of Railways in the 1st week of July and in the 1st week of January pertaining to the information of the previous half-year period in the prescribed proforma as given at Annexure VI to this Chapter.

(M.O.R.'s letters No. 77/H/2-1/11 dated 11th April 1978 and No. 80/H/2-1/4 dated 11th November 1980).

244. Whereabouts of the doctors should be known :- (1) Emergency duty arrangements on a roster basis may be made for Railway doctors to enable them to avail themselves of some uninterrupted rest, but the details of such arrangements should be fully known to all concerned Railway staff so that the doctors may be contacted in an emergency without any difficulty.

(2) For this purpose, it is necessary that the information relating to the names of the medical staff on emergency duty with all relevant information like their residential addresses, telephone numbers, etc., is prominently displayed at the hospital/health unit concerned and in the Station Superintendent's Office at the particular Railway station.

(3) It is also necessary that all Railway doctors should leave adequate and correct instructions with the hospital/health unit staff or at their residence, as the case may be, regarding their whereabouts when they go out, so that they may be contacted in emergencies.

(Ministry of Railways' letter No. 66/H/13/40 dated 14th November 1966).

245. Information regarding doctors :- (1) The Railway administrations should send to the Ministry of Railways information regarding all doctors except Contract Medical Practitioners working on their Railway in the pro-forma as given in Annexure IV and V to this chapter. This information should be sent yearly showing position as on 31st December.


246. Medical practice by Railway employees in general during their spare time :- (1) Railway employees holding recognised qualifications in any system of medicine and registered under the relevant law in force in the State concerned but employed in posts the duties of which do not require the possession of any such qualifications, may be allowed to undertake medical practice during their spare time on a purely charitable basis provided it does not interfere with their official duties.

(2) Such permission may be given by an officer not below the Junior Administrative Grade.

(Ministry of Railways' letter No. E(D. & A.) 64GSI/5, dated 30th May 1964 and 10th November 1965).

247. Posting at unpopular stations :- Good doctors should be posted to unhealthy/unpopular stations/regions as identified by the Railway administration.

(MOR's letter No. 76/H/2-1/21, dated 14th February 1977).

248. Utilization of services of an outside anesthetist during emergencies:-(1) *When a Railway anesthetist is not available because of the post/posts is/are vacant, or the anesthetist/anesthetists has/have gone on leave/sick, or sent on duty elsewhere out of station, the services of Anesthetist from outside may be utilized on payment of the following fees towards professional services:-

(a) Rs.800/- per case, for General anesthesia in major surgical cases including spinal and epidural block;

(b) Rs.500/- per case, for short duration general anesthesia eg. with pentothal, Ketolar etc., including General Anesthesia in minor surgical operation.

(Rly Bd.'s No.88/H/6-1/29 dt. 06/01/89, 12/06/96, 2002/H/23/4 dt 19-4-2002 and *2001/H/23/4 dt.05/07/2002)
249. Re employment of retired Staff: (i) The General Managers of the Railways are empowered to re-engage retired paramedical staff on daily rate basis, as per the terms and conditions laid down in Board’s letter No. E(NG)II/91/RC-3/79 dated. 18/08/1992.

(ii) It is reiterated that such arrangements may be resorted to in the rarest of the rare circumstances.

(Rly Bd's No. E(NG)II/95/RC-4/1 dated 29/03/1995)

ANNEXURE I

(See Para 222(2))

………………..RAILWAY

STATEMENT SHOWING PARTICULARS OF THE RAILWAY OFFICERS/STAFF OF MEDICAL DEPARTMENT RECOMMENDED FOR SPECILIZED TRAINING IN FOREIGN COUNTRIES IN CONNECTION WITH THE ……..

<table>
<thead>
<tr>
<th>Full Name and designation</th>
<th>Date of birth</th>
<th>Date of appointment</th>
<th>Academic and professional qualifications with full details</th>
<th>Pay/Grade (Substantive) officiating indicating the various posts/assignments held since appointment</th>
<th>Aim and object of training clearly define</th>
<th>Full details of training required in specific terms program period</th>
<th>Details of training and experience already possessed in the subject or trade in which training is required</th>
<th>The work project on which the persons is to be engaged on return</th>
<th>Does he know any language? If so, the standard proficiency already possessed</th>
<th>Special remarks (please give brief justification)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANNEXURE II
{ See Para 224 }

STATEMENT SHOWING THE SERVICE PARTICULARS AND QUALIFICATION ETC. OF A.D.M.O.s/D.M.O.s
HAVING POST GRADUATE DEGREE/DIPLOMA QUALIFICATION AS ON 31ST DECEMBER

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the doctor</th>
<th>Date of birth/age</th>
<th>Present qualifications</th>
<th>Specialty and experience therein</th>
<th>Date of appointment</th>
<th>Seniority position on the Railway/Railways</th>
<th>Medical discipline/subject recommended for higher training</th>
<th>Railway's recommendation for a particular Specialty/fellowship/scholarship in India or abroad</th>
<th>Period of Training recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ANNEXURE III
{ See Para 237 }

THE QUANTUM OF WORK DONE BY HONORARY CONSULTANTS FOR THE YEAR ENDING 31ST MARCH

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Consultant</th>
<th>Qualification</th>
<th>Specialty</th>
<th>Date of birth</th>
<th>Date of initial appointment</th>
<th>Date up to which the contract is current</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### PART II

<table>
<thead>
<tr>
<th>No. of visits</th>
<th>Reasons for shortfall of visits if any</th>
<th>No. of cases seen</th>
<th>Average No. of new cases seen per visit</th>
<th>No. of operations performed</th>
<th>Remarks, if any</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>New (New and old)</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
</tr>
</tbody>
</table>

### ANNEXURE IV

(See para 245)

INFORMATION REGARDING CADRE POSITION OF MEDICAL SUPERINTENDENTS, DIVISIONAL MEDICAL OFFICER, ASSISTANT DIVL. MEDICAL OFFICERS.

<table>
<thead>
<tr>
<th>Category</th>
<th>Post sanctioned</th>
<th>Posts vacant</th>
<th>Details of vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Permanent</td>
<td>Temporary</td>
<td>Leave reserve</td>
</tr>
<tr>
<td>Medical Superintendent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.M.O.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.D.M.O.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ANNEXURE V

(See Para 245)

INFORMATION REGARDING MEDICAL SUPERINTENDENT, DIVISIONAL MEDICAL OFFICERS AND SPECIALIST ASSISTANT DIVL. MEDICAL OFFICERS.

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifications</th>
<th>Place posted and date of posting there</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANNEXURE VI

(See Para 243)

HALF-YEARLY STATEMENT SHOWING PARTICULARS OF HOUSE SURGEONS APPOINTED ON THE
………………………………RAILWAY FOR THE PERIOD ENDING ……………………… …

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Hospital</th>
<th>Name of specialties recognised</th>
<th>No. of House Surgeon recognised in the specialties</th>
<th>No. of House Surgeon appointed in the different specialties</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ANNEXURE VII

(See para 232)

List of sub-divisional & work shop hospitals approved for appointment of honorary consultants

1. Sub – Divisional Hospital, Andal, Eastern Railway
2. Workshop Hospital, Liluah, Eastern Railway
3. Workshop Hospital, Kanchrapara, Eastern Railway.
4. Workshop Hospital, Jamalpur, Eastern Railway
5. Sub- Divisional Hospital, New Katni Jn., Central Railway
6. Sub – Divisional Hospital, Tundla, Northern Railway.
7. Sub – Divisional Hospital, Saharanpur, Northern Railway
8. Sub – Divisional Hospital, Kanpur, Northern Railway.
9. Workshop Hospital, Jagadhari, Northern Railway.
10. Sub – Divisional Hospital, Gonda, North Eastern Railway.
11. Sub – Divisional Hospital, New Jalpaiguri, N.F. Railway.
12. Sub – Divisional Hospital, New Bongaigaon, N.F.Railway.
13. Sub – Divisional Hospital, Badarpur, N.F.Railway.
14. Sub - Divisional Hospital, Arakkonam, Southern Railway.
15. Sub – Divisional Hospital, Tatanagar, South Eastern Railway.
16. Sub – Divisional Hospital, Bondamunda, South Eastern Railway.
17. Sub – Divisional Hospital, Bhilai Marshalling Yard, South Eastern Railway.
18. Sub – Divisional Hospital, Sabarmati, Western Railway.
19. Sub – Divisional Hospital, Valsad, Western Railway.

(Railway Board’s letter No.88/H/2-3/13 dated 10/11/89)

ANNEXURE VIII

(See para 240(4))

List of institutions (National)

1. Institute of Engineers (India)
2. Indian National Group of the International Association of Bridges & Structural Engineers
3. Indian Geo-technical Society
4. Indian Concrete Institute
5. Computer Society of India
6. The Indian Council for Arbitration
7. Institute of Rail Transport
8. Institute of work study, India
9. National Productive council, India
10. Indian Institute of welding
11. Indian Institute of foundry men
12. Institution of plant Engineers, India
13. Institution of Industrial Engineers, India
14. Institution of Mechanical Engineers, India
15. Indian Institute of Metals
16. Institution of Electronics and telecommunication Engineers
17. Neurological Society of India
18. Indian Society of Dept. of Anesthesiology/Anesthetists
19. Indian Society of Gastroenterologists
20. The Association of surgeon of India
21. The Association of Thoracic and cardiovascular surgeons of India
22. Association of Physicians of India
23. The Urological Society of India
24. Indian radiological Association
25. Indian Society of Endocrinology
26. Indian Association of dermatologists and V.D
27. Association of Plastic Surgeons of India
28. Association of tuberculosis of India
29. Cardiological Society of India
30. Association of Otorhinolaryngologists of India
31. Indian Orthopedic Association
32. All India Ophthalmological Society
33. Indian Association of Pathologists and Microbiologists
34. Indian Public Health Association, Association of Prof. of Preventive and Social Medicine
35. Indian Academy of pediatrics
36. Indian Psychiatric Society
37. The Federation of Obstetricians and Gynecologists
38. National college of chest physicians
39. Indian society of transfusion and Immuno-haematology
40. Association of Microbiologists of India
41. Society of Biological Chemists of India
42. Diabetic Association of India
43. Indian Cancer Society and Indian Association of Oncology
44. Indian Cancer Society (Surgeons)
45. Dental Council Of India
46. All India Dental Association
47. Geriatric Society of India
48. National Institute of Personnel Management
49. Indian Railway Institute of Signal engineering and Telecommunication(IRISET), Secunderabad
50. Chartered Institute Of transport (India)
51. Institute of chartered Accountants Of India
52. Institute of costs and works Accountants
53. Institute of Chartered Financial Analysts of India, Hyderabad
54. Indian Economic Society
55. All India Management Society
56. Indian Institute Of Public Administration
57. Institute of Internal Auditors(India) an Affiliate of Institute of Internal Auditors Incorporated Florida U.S.A

List of Institutions( International)

1. Institute of Civil Engineers(U.K)
2. American Society of Civil Engineers
3. Institution of Structural Engineers (U.K.)
4. Institute of Management Services, 1, Cecil court, London Road, England
5. Middlesex Institute of Refrigeration, Kelvin House76 Mill Lane, Carshalton, Surrey
8. Institution of Mechanical Engineers, 1, Bridcage walk, London.
9. Institute of Management services, 290, Westminster St, Providence.,
10. American Society of Heating, refrigeration and air conditioning Engineers, 91, Tullic circle, Atlanta (USA)
12. Institute of electrical and electronics Engineers Inc, 345, East 47th Street New York
13. Institution of Mechanical Engineers (London) U.K.
14. American Railway Engineering Association
15. Institute of Production Engineers, U.K.
16. American Society of Mechanical Engineers
17. Association of Locomotive Maintenance Officers, U.S.A
18. The Society Of Manufacturing Engineers, U.S.A
19. Institute of Electrical Engineers (London)
20. Journal of American Medical Association
21. Medical Foundation (Sydney)
23. Medical Research council of Canada
24. Medical Society of clinical Pathologists
25. Medical Society of state of New York
27. International Federation of Gynecologists, & Obs & Family Health
28. American Association of Gynecologists, Laparoscopists
29. American Association of Immunologists
30. Association of American Medical Colleges
31. American Academy of Pediatrics
32. Surgery Gynecology and Obstetrics-Journal of American College of surgeons
33. British Orthopedic Association and the Royal Association for disability and Rehabilitation
34. Council for Post Graduate Medical Education in England and Wales.
35. Royal College of surgeons of England
36. Royal Institute of Public Health
37. Scottish Council for Post graduate Medical Education
38. Society of Orthopedic Medicine
40. International Union against Tuberculosis and chest Diseases, Paris
41. Institute of Railway signal Engineers, Room 710, Euston House, London
42. Association of American Rail Road (signal Section) 30, Vesey street, New York
43. Chartered Institute of Transport (London)
44. Institute of chartered Accountants of England and Wales
45. Chartered Institute of Management Accountants (UK) London
46. Royal Economic Society (UK) London

*****
CHAPTER III
MEDICAL INSTITUTIONS

Section A - General

301. Definition of a hospital: World Health Organization defines the term "hospital" as an institution that provides in-patient accommodation for medical and nursing care. It further elaborates the definition to cover hospitals that assume additional functions - curative, rehabilitative and preventive services - directly or in a consultative capacity, also participating in the training of personnel and in research work.

Note:- Only those beds in hospitals which provide nursing facilities as one of the basic requirements, should be considered as hospital beds for the purposes of statistical information. This should also form the basis for formulating proposals for additional beds in hospitals.

302. Criteria for opening Railway Hospitals/Health units and for increasing their bed-strength:-(1) Health units should normally be 80 kilometers apart, and under no circumstances should this distance exceed 160 kilometers. The latter figure would enable health units to be suitably located on sections where there is large traffic or where the density of railway population is not much high. The exact location of a health unit or hospital should depend on factors such as sufficient concentration of staff at that place, its degree of isolation, availability of non-railway medical facilities in the area, and availability of funds.

(2) The bed strength of the existing hospitals may be considered for increasing suitably when the occupancy ratio exceeds 110 per cent and where every available space in the existing building has already been utilized for indoor beds.

(3) At places where there are no health units at present but the minimum daily average outdoor attendance is expected to exceed 30, a health unit may be planned. The anticipated outdoor attendance may be determined by estimating the number of railway patients of that place attending the nearest railway/non-railway hospitals/health units or by putting a mobile medical van there.

(4) Building or rooms for ancillary services, such as laboratory, dining hall, X-ray department, physiotherapy department etc., should be provided for those hospitals where there is justification for the same.

Note:- (i) The detailed procedure relating to preparation/processing of works programme of the Railways has been enumerated in Chapter VI – Investment Planning and Works Budget of the Indian
Railway Engineering Code. Medical Officers should refer to these instructions while framing their proposals for Works Programme. However some general guidelines on preparation of works programme are given in Annexure I to this chapter.

(ii) Creation of any additional asset in the form of a hospital, health unit or lock-up dispensary etc. or the closing down of any such institution requires the specific prior approval of the Ministry of Railways.


303. Criteria for increasing the bed-strength of a Hospital:- (1) All proposals for increasing the bed-strength of a hospital should be subjected to the following evaluation:-

(a) for the month preceding the month during which the evaluation is undertaken (as per the discretion of the C.M.D.), a list has to be made out of all patients admitted to the hospital in question giving the following details:-

(i) Serial Number.
(ii) Name.
(iii) Age.
(iv) Sex.
(v) Disease.
(vi) Date of admission.
(vii) Date of discharge.
(viii) Place of residence
(ix) Place of work & designation.
(x) If operated, date of operation.
(xi) Place wherefrom referred (in case of referred cases).

(b) Thereafter, about 5% of these cases have to be picked up at random by applying the Fischer's Table.

(c) These sample cases are to be gone into minutely and critically by calling for their complete case papers by the C.M.D. himself, to see:-

(i) If it were really necessary for all those cases to have come to the hospital.
(ii) If they could not be disposed of at the periphery by developing facilities there.
(iii) If a few could not have been admitted in a nearer hospital even if it were necessary for these cases to have been referred to.
(iv) If some of them could not have been discharged earlier with better discharge notes for a good follow-up in the OPD/Health Unit.
(v) If the stay could not have been made shorter by quicker investigation, better diagnosis and active treatment.

(d) If a systematic appraisal, as indicated above, shows even a very small number of cases which should not have been admitted, the significance is enormous. For example, if the number of cases admitted per month is 1,000, 5% of the same would require a detailed examination, viz., 50 cases. Even if one case out of these 50 random cases proves to be a case, the admission of which could have been avoided, it would mean there are 2% of such cases. In 1,000, therefore the total would come to around 20 such cases, by no means negligible.

Note:- By going through the list as given in sub-paragraph (1) (a) above, particularly items (v),(viii), (ix) & (xi), it may be possible to find out if a certain disease is endemic in a certain area and if it is advisable to take special preventive steps or create suitable facilities there to bring down the number of such references.

(Ministry of Railways' letter No. 77/H/3/1/, dated 22nd July 1977).
304. Provision of consulting rooms at the residences of Railway doctors:-(1) In case of such of the Railway doctors only as are allotted quarters at a distance from health units or hospitals, the Administration may provide properly equipped consulting rooms at their residences for dealing with emergency cases and may bear the rent for such accommodation as also the electricity and water charges therefor.

(2) The scale of equipment, the extent of remission of rent, and the electricity and water charges should be settled by the Railways in each case in consultation with their Financial Adviser and Chief Accounts Officers.

(Ministry of Railways' letter No.60/M. & H./12/4, dated 9th October 1961).

305. Equipment for Hospitals.-The type of equipment should vary with the size of the hospital, facilities offered and should be as per the instructions issued from Railway Board from time to time.

306. Air conditioning of Hospitals:-The following units of a Railway hospital may be provided with air-conditioners if and when the funds permit.

Operation theatre suites (exclusive of central sterilizing rooms and store rooms), recovery rooms, children's ward and nursery, a small percentage of the total bed strength of the hospital for serious cases. X-ray rooms and developing rooms, labour rooms, laboratory and one consultation or examination room at one major hospital preferably the headquarters hospital of each Railway for common use by attending medical officers for examining such of the cases as would merit the use of an air-conditioned room.

(MOR's letters No.61/Elec./115/4, dated 1st May 1964 and 6th September 1966)

307. Prevention of radiation hazards in the radiology department:.-The medical officer in charge of the radiology department shall take necessary steps to prevent radiation hazards. Besides refinements in the technique, the following steps shall be taken:-

(i) Staff of the radiology department should avoid exposure to radiation as far as possible by standing behind protective screen while taking radiographs.

(ii) They should use protective devices like aprons, gloves, etc., when exposure cannot be avoided as in screening.

(iii) All staff of the radiology department should be monitored with film badges provided by the Atomic Energy Establishment and suitable action taken as advised by them.

(iv) Where repeated over exposures are noticed, investigation of the source should be undertaken in collaboration with the Atomic Energy Establishment and any instructions given by them regarding X-ray Department and the staff should be strictly followed.

(v) All staff exposed to radiation should have total R.B.C.and W.B.C.count, Hemoglobin percentage and the differential white cell count done once in three months.

(MOR's letters No.60/M. & H./7/69, dated 22nd/23rd July 1961 and, dated, 17th February1962)

308. Hospital Visiting Committees.- Hospital Visiting Committees may be formed on the railways to provide patients with amenities not normally provided under the rules.

(MOR's letter No.60/M. & H./7/108, dated 18th May 1961)

309. Hospital Advisory Committees.- (1) These Committees shall be formed at Railway hospitals wherever convenient.

(2) The Committees shall consist entirely of ladies. As far as possible, the members of the Committee should be wives or other dependents of the Railway employees. The Medical Officer in charge of the hospital may in addition invite ladies not connected with the Railways but interested in social and voluntary hospital work to serve on these Committees.

(3) The Committee will ordinarily consist of not less than four members and not more than eight.

(4) The membership of the Committee will be by invitation.

(5) The Committee will elect its president and secretary from amongst its members.
(6) The members or the office-bearers of the Committee will not be paid any remuneration or honorarium. The members of the Committee are however allowed to use the Railway staff car free of charge for journeys connected with their duties as members of the Committee.

310. Functions of the Hospital Visiting/Advisory Committees:-(1) The Hospital Visiting/Advisory Committees shall advise the hospital authorities on-

(a) the nature of amenities which should be provided in the hospital;

(b) The arrangement in the wards of the hospital in order to improve the appearance of the wards, e.g., presentation of a shield for the best kept ward;

(c) the ways to make the patient's stay in the hospital both pleasant and comfortable;

(d) the preparation of menus of the hospital diet taking into consideration the medical aspect of diet; and

(e) the methods to bring about other improvements in the services provided by the hospital.

(2) The Hospital Visiting/Advisory Committees will enquire after the well being of the patients and assist them by bringing their social difficulties to the notice of the hospital authorities.

(3) The Hospital Visiting/Advisory Committees will have purely advisory functions and no executive authority. They will, however, be expected to do voluntary social work in the hospital and its clinics.

Section B-Returns

311. Returns:-(1) The Railway hospitals and health units are required to submit various returns etc. as follows:-

(A) Monthly:-(i) The health units and the outpatients department of hospitals are required to submit information in the proforma as given in section A of the Monthly Statistical Return (Medical) as circulated under Ministry of Railway's letter No.64/H/7/34, dated 23rd/26th April 1966, as amended from time to time, directly to the Chief Medical Director. A copy of the return from the health unit should, however, be routed through the CMS/MS of the division, who, before submitting the copy to the Chief Medical Director, should furnish his observation on special features, if any.

(ii) The hospitals are required to submit information relating to the different section of the hospital, as well as the various special clinics under them, in the proforma as given in Section B to L of the Monthly Statistical Return (Medical) as circulated under Ministry of Railway's letter referred to in the previous sub-para, directly to the Chief Medical Director.

(iii) Further compilation and analysis of the data is to be undertaken in the office of the Chief Medical Director.

(iv) All in-charges of Production Units/Divisional hospitals/Central hospitals should send M.C.D.O every month to their respective C.M.Ds. The chief Medical Directors should send M.C.D.Os to the DG(RHS) every month as per the proforma. C.M.S/M.S in charge of Production Units should also send a copy of their M.C.D.Os directly to the DG(RHS).

(B) Annual:- The proforma in which the General Manager's Annual Narrative report (Medical Section) should be prepared, and submitted to the Ministry for information, is as given in Annexure III to Ministry of Railway's letter referred to above.

(C) Others:-(1) Statistical returns which are required to be submitted to different authorities like the local and state authorities, the central government and the international agencies like W.H.O. etc., are required to be compiled in the office of the Chief Medical Director, and forwarded to the authorities concerned.

(2) The Chief Medical Director may also prescribe, keeping in view the local conditions, a restricted number of the other periodical returns, e.g., in respect of imprest cash, loss of railway property, first-aid boxes and inspection reports of the accident relief medical equipment, etc.
(3) Certain items of the statistical data referred to in the preceding paras should be exhibited in a standardized graphic manner and should be available in each health unit and hospital in order to provide a ready visual means of assessing and appreciating the work of a particular health unit or hospital, and the health problems confronting it.

(4) Besides exhibiting the graphic representation of certain selected statistical data on boards hung up on the walls, a graph book should also be maintained at every health unit and hospital in Kalamazoo or similar binder so that it becomes a permanent record of information regarding that particular health unit or hospital. The graphic representation book will also help in any epidemiological research or study that may be undertaken at any time.

Note: All returns should be analyzed at every level and appropriate remedial action should be taken with an aim to improve the performance.

(Ministry of Railways' letters No.64/H/7/34 dated, 23/26 April 1966, 14th October 1966 16th August 1967 and 16th October 1967)

Section C- Boards and Notices

312. Display of boards and notices :- (1) The boards and notices as indicated below should be displayed in the various medical institutions. In addition, some more boards and notices may have to be exhibited to suit local conditions, as also to satisfy statutory obligations.

   (i) Sign board of the hospital/health unit       ..      At the main gate.
   (ii) Notice board                                  ..      In the verandah.
   (iii) Working hours of the hospital/health unit    ..      In the verandah of the out-patients department.
   (iv) List of staff on duty                         ..      At some conspicuous place in the verandah of the out-patients department.
   (v) Complaint /Suggestion Box           ..      At some conspicuous place.

Note :- (1) The sign board of the hospital/health unit should be written in bold block letters (both in Hindi and English.

(2) The notice board should be of sufficiently large size to permit display of circular for the information of the staff.

(3) Complaint boxes are to be maintained at each hospital/health unit at an easily accessible place into which any employee may drop his complaint/Suggestion duly signed and bearing his complete address. The key of the box will be kept by the Medical Officer in charge of the hospital/health unit who will open the box when he visits the hospital/health unit and after entering the complaint in the register, the complaints with the remarks of the Medical Officer in charge of the Hospital/Health unit in respect of the facts as ascertained by him will be forwarded to the Chief Medical Director, to enable him to decide what action, if any, should be taken. Minor complaints can, however, be disposed off on the spot by the Medical Officer in charge of the Hospital/Health unit.

(2) Boards regarding prohibition of smoking in Hospitals, dispensaries etc., (a) In order to protect non smoking public from hazards of passive smoking at least in public places where large number of people are expected to be present for prolonged periods, it has been decided to prohibit tobacco smoking to start with in a few selected places namely hospitals, dispensaries and other health care centres.

   (b) In every room of the office or institution a Board having the following words may be displayed in Hindi and English

   “ NO SMOKING”

   (c) Similar board should be displayed on the wall outside every room of the institution or office, if there is ample vacant space available for eg., Corridor, Out Patient Department etc... Such boards should be displayed at a distance of every 3 Metres and at a minimum height of 1.5 meters.

At every entrance of the building and also at the entrance of the compound of the building the following words should be displayed prominently in Hindi and English with suitable visuals

“SMOKING STRICTLY PROHIBITED INSIDE THIS BUILDING AND COMPOUND”

(G.O.I's.O.M.No27/1/3/90-Cab.dt.07/05/1990-DG(RHS)D.O.No._88/H/16/49 dt.09/05/90)
Section D - Fire Fighting

313. Fire Precaution: In addition to the precautions that one is normally expected to undertake for prevention of fire, hospital personnel have to take special care in respect of inflammable materials like methylated spirit, X-ray films, etc. where such materials are handled. Care has also to be taken to see that no leaking plug points, etc. are nearby.

314. Local instruction to Staff regarding fire fighting: All staff of hospitals/health units i.e., nurse, pharmacists, clerks, cooks, chowkidar, sweepers, etc. should be instructed as to how they should speedily remove the patients if necessary, and how to extinguish the fire by all available means. Special instructions should be given in Hindi or the regional language to Group D staff. They should all be instructed how to handle the effective extinguishing agents, viz., water, sand, and fire extinguishers of all types.

315. Instructions of Medical Officers in charge regarding fire: Medical Officers in charge should also draw up, for each hospital or health unit under their control, the procedure to be adopted in case of fire breaking out, apportioning the duties of each member of the staff.

316. Fire Orders: (1) Any individual discovering an outbreak of fire will take all necessary steps to quench the outbreak, without causing alarm, if it is in his power. Should the outbreak be beyond his control, he will give an alarm by means of specified signal.

(2) On receipt of the alarm, a Medical Officer or any other responsible person will inform the fire brigade, if there be any.

(3) He will inform the Medical Officer in charge, R.P.F. and Govt. Railway Police. The hospital staff will be organised in two parties. viz.,

(a) One to remove the patients and Railway property from the place of conflagration; and
(b) The other to extinguish fire and prevent its spread.

(4) Party No. 1 will-

(a) remove all helpless patients to a place of safety on stretchers, backs and hand seats, etc. as the condition of the patient and the circumstances warrant.
(b) utilize all able-bodied patients in removing the patients and the Railway property to a place of safety.
(c) remove inflammable drugs, tinctures, etc. first, lest they should catch fire.
(d) collect hospital/health unit records, surgical instruments, portable special medical appliances and other portable equipment like clocks, etc., in bed-sheets and remove to a place of safety instead of attempting to remove them to almirahs, and
(e) remove bulky articles, or articles of lesser value, or such articles which are less likely to be damaged by fire, last of all.

(5) Party No. 2 will-

(a) switch off the electric current.
(b) use fire extinguishers.
(c) draw out water from the nearest taps/wells and throw water on the fire, and
(d) take necessary action in handling the patients whose clothes might have caught fire like laying them flat on the ground and covering them with blankets, etc.

317. Fire drills: Fire drills according to these instructions and according to local instruction issued by the Medical Officer in charge, should be practiced once a month under personal supervision of either the Medical Officer in charge or a Medical Officer nominated for the purpose and recorded in a register. At the time of their periodical inspections of hospitals and health units, Medical Officers in charge should see
that the rules are displayed at conspicuous places and they should satisfy themselves that the instructions are observed and that the staff are aware of their duties when fire breaks out.

**Section E-Preservation of records**

**318. Preservation of records related to medical department:** Various records of the hospitals and Health units may be preserved as under:

<table>
<thead>
<tr>
<th>Particulars of records</th>
<th>Period of preservation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Tour programmes.</td>
<td>One year</td>
</tr>
<tr>
<td>2) duplicate slips of prescription.</td>
<td>One year</td>
</tr>
<tr>
<td>3) Prescription registers of indoor patients.</td>
<td>Two years</td>
</tr>
<tr>
<td>4) Inspection reports of refreshment rooms, food vendors, stalls etc.</td>
<td>Two Years</td>
</tr>
<tr>
<td>5) ARME/First Aid Boxes inspection reports.</td>
<td>Two Years</td>
</tr>
<tr>
<td>6) Registers of vaccination/inoculations.</td>
<td>Two Years</td>
</tr>
<tr>
<td>7) Office copies of inspection reports on Hospitals &amp; Health Units.</td>
<td>Three Years</td>
</tr>
<tr>
<td>8) Office copies of reports of infectious cases and deaths</td>
<td>---Do-----</td>
</tr>
<tr>
<td>9) Works programmes/M&amp;P programmes.</td>
<td>Five years</td>
</tr>
<tr>
<td>10) General correspondence files.</td>
<td>--- Do-----</td>
</tr>
<tr>
<td>11) Ordinary X-ray plates.</td>
<td>---Do-----</td>
</tr>
<tr>
<td>12) Medical Examination records of Members of Railway Claims Tribunals</td>
<td>-----Do-----</td>
</tr>
<tr>
<td>13) Bed-head tickets/Temp.charts/OPD tickets of patients reporting sick</td>
<td>Ten years</td>
</tr>
<tr>
<td>14) Sickness, Continuation sickness &amp; fitness Certificates</td>
<td>----Do----</td>
</tr>
<tr>
<td>15) Sick / Duty certificates.</td>
<td>----Do----</td>
</tr>
<tr>
<td>16) MMR of candidates and X-ray plates pertaining to chest clinic</td>
<td>Fifteen years.</td>
</tr>
<tr>
<td>17) Medical Board reports.</td>
<td>---Do-----</td>
</tr>
<tr>
<td>18) Invalidation certificates.</td>
<td>----Do-----</td>
</tr>
<tr>
<td>19) Initial Medical examination.</td>
<td>Thirty years</td>
</tr>
<tr>
<td>20) Periodical medical examination.</td>
<td>------Do-----</td>
</tr>
<tr>
<td>21) Files of circular letter on policy matters</td>
<td>Permanent</td>
</tr>
<tr>
<td>22) Accident reports.</td>
<td>---Do---</td>
</tr>
<tr>
<td>23) Birth Registers.</td>
<td>---Do---</td>
</tr>
<tr>
<td>24) Death Registers.</td>
<td>----Do----</td>
</tr>
<tr>
<td>25) Death certificates.</td>
<td>----Do----</td>
</tr>
<tr>
<td>26) Medico Legal case reports.</td>
<td>----Do----</td>
</tr>
<tr>
<td>27) X-ray plates of Medico Legal cases.</td>
<td>----Do----</td>
</tr>
</tbody>
</table>

A strict compliance is necessary in this regard for the sake of uniformity.

(Railway Board letter No. **92/H/16/9, dated 12/1993 and No.94/H/5/8 dt. 01/12/94**
ANNEXURE I

(See Para 302)

Guidelines on works programme

1. Ministry of Railways during every 5-year plan advises the Zonal Railways the proposals to be initiated by the Railways to fulfil the plan objectives, subject to availability of funds. At the zonal level, for the medical Department, the CMD depending upon statistical returns and discussions with various unit heads should decide where the assets are to be provided on priority basis to various divisions.

2. Divisions should then formulate the proposals along with detailed justification, recurring expenditure including abstract of staff, with a sketch plan, duly vetted by Associated Finance and submit the proposals through the DRM or where they themselves are independent heads to CE (Planning) endorsing a copy to CMD by 30th April.

3. The Chief Engineer of the Railway will be primarily responsible for ensuring that the proposals prepared by the various departments are complete in all respects and are correctly prepared. He will also fix the overall priorities within the ceiling given by the Board in consultation with the General Manager and other Heads of Departments. He will be responsible for the preparation and timely submission of the Preliminary and the Final Works Programme.

4. In or about June/July each year the Railway Board should convey to each Railway, in respect of each plan Head, the total outlay within which the Works Programme should be framed by the Railway. On receipt of this financial ceiling the Railway Administration should take stock of the schemes already formulated and those under considerations and select for inclusion in the Works Programme within the financial ceiling such works as are expected to yield the maximum benefits to the Railways, preference being given to the works in progress. Further necessary changes in the investment schedule may be made in order to work within the financial ceiling for the year such modifications being taken note of in framing the Preliminary Works Programme and revising the financial implications, if necessary.

5. The Railways should submit to the Board the Preliminary Works Programme for the following year by 1st week of September or such earlier date as prescribed by the Board.
Proper financial appraisal of each work should be given in the Preliminary Works Programme together with the comments of the Financial Adviser and Chief Accounts Officer.

6. The project cost should be based on firm data both as to quantity and rates at current price levels and should any increase occur in prices during the period intervening between the initial preparation of the project estimate and its inclusion in the works Programme, the estimate should be updated taking into account any significant changes in the wages and material prices as well as increase in freights and fares. No other increase, such as on account of change in the scope of the project, should be allowed without prior reasons being adduced for acceptance by the Railway Board. Sketch showing the proposal should accompany each proposal.

7. In deciding the outlays for the various works, Railway Administration must endeavor to process all works in progress speedily and bring them into use at the earliest possible date. A work which has been sanctioned and for which funds have been allotted for in the original or supplementary budget of a year should be treated as a work in progress for the next year and provided for as such in the programme.

8. The Railway Administration should make a realistic assessment of the amount required for each work in progress and necessary provision should be made for it in the works programme. In estimating the provision for works during the budget year a generous allowance be made for those delays in execution which though unforeseen are known from experience to be so liable to arise particularly prior to inception and during the initial stages of the large projects. The provision made should take into account adjustment on charges connected with the project.

9. In exhibiting the outlay for the current year against individual work in the works programme, the outlay should be as per pink book and in exceptional cases where the Railways propose any substantial increase in the outlay with corresponding reductions against other works such revised outlay may be shown separately in brackets below the outlay as furnished in the pink book duly explaining the reasons for doing so in footnotes at the appropriate places. As far as possible only the last sanctioned cost should be exhibited. Where it is visualized that the cost would involve an excess over the last sanctioned cost effective steps should be taken well in time to have the revised estimates prepared and sanctioned by the competent authority before the works programme is sent to the Board. In case where the revised estimates are sanctioned subsequent to the dispatch of the final works programme but before the end of January of the following year the, same should promptly be advised to the Board to enable the latest sanctioned cost being exhibited in the pink book to be circulated along with the budget. In all cases of the revised cost sanctioned by the Board, reference to the letter of sanction should invariably be indicated.

10. Works once introduced through a works programme and taken up after the estimates have been sanctioned by the competent authority should continue to be included every year till they are finally completed, except in cases where the works have reached the completion stage and where funds required are meager and could be found by reappropriation.

11. The items in the work programme should be grouped under the following categories

1) New works.

(2) Works in progress.

(3) Works approved in earlier years which have not been actually commenced and on which no expenditure has been incurred till 30th June of the year previous to the programme year.

4) Works approved in earlier years but estimates for which have not been sanctioned by 30th June of the year previous to the programme year.

12. After having examined the individual Railway’s programme and discussion with the general managers, the Railway Board will decide the works which should be undertaken during the following year and which should be included in the final works Programme. The Railway Administration will then modify their works Programme as a result of the Boards decision and send their final works Programme to the Railway Board by the stipulated date.
CHAPTER IV

Medical Stores and Equipment

401. Standard Pharmacopoeia: - A pharmacopoeia, "Indian Railway Pharmacopoeia" is in use on the Railways which provides a broad pattern to be followed by the Railway medical institutions. The details as to how to make use of the pharmacopoeia are given in the pharmacopoeia itself.

402. Procurement of stores from Public Sector Undertakings: - For procurement of medical stores, preference should be given, other things being equal, to the products of the public sector undertakings.

(Ministry of Railway's letter No. 71/H/2/6 dated 15th May 1971.)

403. Check of medical stores. - All stores received by the medical department, irrespective of the source of supply of such stores, and irrespective of whether the stores have already been checked or not, should be subjected again to at least a test check before admitting them in the stores godowns of the medical department. Such test checks should be exercised on small representative quantities and should include visual examination and check of dimensional accuracy with reference to contract description.

(MOR's letter No. 69/H/2/9 dated 5th August 1969)

404. Additions/replacement of equipment in Railway hospitals and health units. - (1) Apparatus and appliances for Railway hospitals and health units on additional account or replacement account should be procured by including them in the machinery and plant programmes when they cost more than Rs.100,000/- each.

(2) Machinery and plants programme: Machinery and Plants Programme is dealt by Mechanical Department, being nodal branch for its compilation and issue. Detailed instructions for preparation of M&P Programme are contained in Chapter XV of Indian Railway Code for Mechanical Department (workshops). Guide lines for preparation of M&P Programme are also issued from time to time Mechanical Directorate of Railway Board.

(a) While preparing the proposal under M&P, detailed justification, estimates of costs based on present day quotation should be indicated, the provision for other charges such as freight, insurance, installation and commissioning, D&G charges and customs duty wherever applicable should be correctly made. The proposals should be got vetted by associated finance and submitted to CMD, who, depending upon the statistical returns and discussions with various unit heads decides the Machinery and Plants to be provided on priority basis to the various divisions, and will consolidate and pass on the proposals to CME (Planning) for inclusion in the M&P Programme after HQ finance concurrence. It may be noted that “having completed” the codal life by a certain machine does not necessarily justify its replacement. The condition of the machine, its uneconomical repairs should form the basis of its replacement, also the justification should indicate the jobs undertaken and the workload of the machine. The total number of similar machines available and the shortfall in the capacity may also be indicated.

(b) All items costing from Rs. 5 lakhs to Rs.50 lakhs should be grouped under lump sum items and those costing Rs. 50 lakhs above should be itemised and shown separately.

(c) The new proposals duly vetted by the FA&CAO should be sent to Railway Board by 30th of September.

(d) Once the item is sanctioned in M&P, the zonal hospital/divisional hospital should process for procurement without any delay. The requisition/material schedule with quantity vetting from associate accounts, with clear specifications and a list of likely supplier or Proprietary Article Certificate (PAC) in case of single tender should be sent to the Controller of Stores through CMD.

(e) M&P items costing not more than 5 lakhs each on “Out of turn basis” can be procured under GM’s power subject to the funds provision made under the lump sum head.

(3) When such apparatus and appliances cost less than Rs.1,00,000/- each, they are chargeable to Ordinary Revenue and should be provided under Demand No. 5 (ordinary Working Expenses Repairs and Maintenance). If the cost of an item of medical equipment exceeds Rs.20,000 and cost of an item other than a medical equipment exceeds Rs.10,000, it should be sanctioned by the Head of the Department, who will exercise this power in consultation with the F.A & C.A.O.

(Ministry of Railway’s Letter No.F(X)II/95/ALC/2/Pt1 dt.05/09/95)
(4) Keeping in view of arrears of throw-forward of the old sanctions, the department should critically review all items of M&P sanctioned in the previous five years, which have not been procured so far. The results of such review should be sent to Railway Board latest by 30th September of every year. The review should also furnish the latest and detailed status of the procurement. 'Under Process' statements should be avoided.

Replacement of all such apparatus for Railway hospitals and health units, irrespective of their cost, should be provided under demand No. 5 (Ordinary expenses—Repairs and maintenance).

Note.-(1) In the case of production units for which revenue demands are not available, replacement of equipment for Railway hospitals and dispensaries, irrespective of the monetary limit, as also items on additional account costing not more than Rs. 25,000 should be charged to WMS which should be cleared as an element of on-cost by distributing the expenditure under appropriate overhead charges to the various items of production turned out by the Production Units.

Note (2).- Such items which do not fall under the category of apparatus and appliances (e.g. ambulance vans) should be charged to Capital/DF2 or DRF depending upon whether they are on additional or replacement account as the case may be, and should be processed through the Machinery and plant Programme.

(Ministry of Railway's letter No. 77/M (M & P )/1063/7/VI dated 8th September 1977).

405. Procurement of hospital diet articles:-(1) At places where departmental catering exists, efforts should be made to arrange the supplies of various raw materials through the catering department which should be requested to raise the necessary debits against the hospital for the supplies taken from the stock of the catering department.

(2) At other places, where the catering department is not able to arrange supplies, the purchase of provisions and various articles of diet may be through the agency of contractors, which should be on an open tender basis. In such cases, however, it is necessary that the Railways scrutinize the tenders properly and keep a proper watch on the execution of such contracts, specially bearing in mind the following points -

(i) The reasonableness of the rate of each individual item should be considered carefully before acceptance:

(ii) The assessment of quantities should be as realistic as possible:

(iii) In the case of items with accepted prices that are very high, the bill passing officer should be specially cautioned so that abnormal increases over estimated quantities are watched and investigated and wide deviations in the actual monthly payments allowed from time to time against the originally estimated value of such items of the contract are checked, and action considered necessary taken.


406. Stamping of medical stores:—To avoid pilferage and misuse, all medical stores received by Railway hospital/ health units should be stamped with a rubber stamp showing the name of the Railway and the Department and the date of receipt. The stamping should be made both on the carton and on the bottle/ampoule/vial. Similarly, all instruments and furniture should be stenciled with the initial of the Railway concerned viz., "Central", "Eastern", etc.

(MOR's letter No.67/H/2/7 dated 28th January 1969).

407. Maintenance of Register:—(1) The following Register of stores shall be maintained in all health units and hospitals:-

(a) Day Book of Receipt of Medical Stores.
(b) Stock Register of Medicines and Medical Stores.
(c) Consumable Stores Register.
(d) Tools and Plant Register.
(e) Expendable Tools and Plant Register.
(2) All stores received in the stocking units are to be accounted for in one of the Registers mentioned in (b) to (e) above. In order to facilitate cross checking and to ensure that all items received are accounted for, it is necessary that a certificate should be endorsed on the Issue Notes/bills from the firms and the indent copies received along with supplies to the effect that "the material has been correctly received and taken into account and accounted for in Folio No......of...... Register".

(3) The debit will not be accepted by the Accounts department and the bills will not be passed without this certificate.

(4) A few pages of each Register should be earmarked for indexing the items showing the serial number, name of the stores and folio number, alphabetically.

(5) Day Book of Receipt of Medical Stores:- In order to keep a watch over the various kinds of stores that are received, and also to ensure that these are accounted and debit accepted for each, it is necessary to maintain a day-to-day register to be called the "Day Book of Receipt of Medical Stores", or simply, the "Day Book" (specimen attached under Annexure I to this Chapter). All the receipts of medical stores should be recorded in serial number date-wise.

(6) This book will be in addition to the Stock Register and other Registers which are described below. While posting the receipts from the receipt vouchers into the Stock Register, a reference to the folio number of the Register should be entered in the receipt voucher as well as in the Day Book to facilitate checking.

(7) Stock Register of Medicines and Medical Stores:- This Register should contain details of receipts and issues of drugs, injections etc. It should be maintained, in the prescribed form as given in Annexure II to this Chapter. It will be called the "Stock Register of Medicines and Medical Stores", or simply the "Stock Register". All the items should find a place alphabetically. Each item should have a separate ledger page. As and when each item is received, the quantity received is entered on the receipt side showing Challan Number and Date, Name of the party from whom received etc. As and when any quantity of the item is issued, it would be entered on the expenditure side with issue Voucher Number and Date, party to whom issued, etc. The A.D.M.O/D.M.O in charge of stores will periodically check his balance in the Register with actual stock on hand and see that they tally. The difference, if any, should be reported to the CMS/MS of the division for necessary action. The C.M.S./M.S should do a random check of items of this register during his inspection. The expiry date of drugs should also be recorded as referred to in Para 412(1).

(8) Consumable Stores Register:-This contains all consumable stores like stationery, sanitary articles like phenyle, etc. The procedure for maintenance of this Register is the same as for the stock register.

(9) Tools and Plant Register:- This register is to be maintained in the prescribed proforma as given in Annexure III to this Chapter. All items of "dead stock", viz., plant machinery, furniture, fixtures, instruments, utensils, cutlery, etc., should be brought under this Register.

(10) Each independent holder of such materials shall maintain this Register showing alphabetically each item. The pages of each Register will be numbered and separate page or pages should be allotted for each item. An index should be prepared showing the contents and the page number on which each item will be found. Where justified by the number of items two or more Registers should be maintained to cover different groups by classes as (a) surgical instruments and appliances, (b) furniture and equipment etc. The distribution of these items in various places in the hospital or the health unit should also be indicated in the Register as this will make it easy for the inspecting officers and the stock verifier to check them.

(11) Each item should have a clear and detailed description. The following details should also be entered against each item :-

(i) Date of receipt,
(ii) Source of supply and voucher number, and
(iii) value.

(12) All articles, whether received on capital or revenue account, should be entered in this Register. Whenever any article is condemned, returned to stores, or otherwise disposed off, it shall be entered as an issue, and a reference to the advice note under which has been returned, issue note under which it has been transferred or write off statement under which its write off has been sanctioned, should also be given.

(13) Each holder of Tools and Plant Register shall check his Register annually with the actual stock on hand and certify to this effect on the first page of the Register. Any surplus items will be taken on the
register, and any shortages, should be explained. Besides this self stock verification, CMS/MS of the division will do a random verification during his inspection. The Finance branch deputes a stock verifier to conduct verification once in two years. Every such ledger holder will submit once a year to his CMS/MD/MS a statement showing the variations in the Tools and Plant Register.

(14) Expendable Tools and Plant Register :- There are certain items of tools and plant which are not durable or are fragile in nature, and as such have to be replaced from time to time. If these are included in the Tools and Plant register, frequent entries may have to be made in that Register. To avoid this, a separate register is to be maintained for such articles in the same proforma as for the Tools and Plant Register, and is to be called an "Expendable Tools and Plant register". The mode of entries like receipts and issues will be the same as for the Tools and Plant Register.

The following will find a place in this register :-

Rubber goods
Pewterware
Enamelware
Surgical
Conservancy stores
Linen and hospital clothing
Glassware
Crockery

..   ..  Gloves, ice bags, hot water bags, catheters.
..   ..  Ink pots, inhalers,
..   ..  Bed pans, kidney trays, irrigation cans, basins, trays etc.
..   ..  Needles for syringes, surgical needles, surgical blades, etc.
..   ..  Buckets, mugs, iron pots, latrine pans, night soil
..  ..  drums, metal dustbins, drain cleaning tools like bamboo
..  ..  poles, brushes, mops, etc.
..  ..  All items of linen and clothing like bed-sheets, counter-panes,
..  ..  blankets, draw-sheets, mattresses, pillows, mosquito-curtains,
..  ..  table cloths, towels, other items of uniform and clothing of
..  ..  staff like pyjamas, dhoties, aprons, shirts, etc.
..  ..  Funnel glass, measure glass, bowls glass, Petri dishes, pipettes,
..  ..  microscope slides, test tubes, glass stirring rods, syringes,
..  ..  thermometers, urinal glasses, nozzles etc.
..  ..  Plates and dishes, cups and saucers, jugs and pots, and other
..  ..  similar breakable items.

Note :- (1) The title of the various registers and the heading :" ........ Railway ......Department," as shown in the annexure may be printed only on the front cover of these register concerned and not on every page.

(2) At the divisional head quarters, the system of maintaining individual numerical ledger cards in Cardex (specimen given in Annexure IV to this Chapter) in place of the various register may be introduced for easier accountal. Similarly, the system of Bin-cards (specimen given in Annexure V to this Chapter ) can be introduced at all health units and divisional stores for correct checking.

(MOR's letter No. 67/H/2/7 dated 28th January 1969.)

408. Handling of the drugs & medicines :- (1) The hospital Store-keepers/Pharmacists will actually handle the drugs and keep the keys. They will maintain ground balance, keep records and make indents and issues under the orders of the doctor in-charge. The doctors will be in overall supervision. They will keep a watch on the trends of expenditure and will exercise such control as is necessary to ensure correct usage of drugs.

(2) The requirements of the compounding rooms and various other units of the hospitals, such as the wards, operation theatres, etc. will be issued once weekly/fort-nightly on "as required " basis.

(3) The Stock Register should be properly maintained as detailed in para 407 (7)

(4) A detailed account will be kept of all nominated medicines. The nominated medicines need not be costly items; they could include potentially dangerous drugs, etc., to be decided by the Chief Medical Director, who may use his discretion to decide on "Nominated Items". A duplicate slip of the prescription of the nominated items should always be issued by the prescribing doctor and such slips preserved, in chronological order, in the concerned sub-stores for two years to enable the departmental and Accounts inspection staff to check up the postings in the Stock Registers. For other medicines, only daily totals of the expenditure and the balance will be struck.

(5) In respect of the medicines supplied to the line doctor for his medicine bag, he should make a mention of the quantities of medicines issued to his patients in the register of attendance which he maintains.
(6) The doctors, other than line doctors need not normally be issued with medicines other than emergency drugs. Where, however, a doctor undertakes to give routine injection to patients at home, accounting would not be needed for emergency drugs.


409. Breakage and condemnation of unserviceable articles: - Due to normal wear and tear, many items become unserviceable. A list of such articles is to be maintained in a "Condemnation register" by the stock-holder. Such articles are usually collected and kept and put up to the Medical Superintendent/C.M.S/M.D periodically during his inspection and condemned as unserviceable. The Medical Superintendents/C.M.S/M.D are authorised to condemn articles up to a certain value in each case on the individual Railways. For things of value of over the Medical Superintendents/C.M.S/M.D powers the Chief Medical Director's orders should be obtained in each case. The Medical Superintendent/C.M.S/M.D will, after condemnation, get the articles of no return value destroyed in his presence. Those that are likely to fetch any value will be dispatched to the concerned Stores Depot.

(Ministry of Railways letter No. 67/H2/7 dated 28th January 1969)

410. Life time of medical equipment: The normal life of medical equipment will differ from item to item. The duration for which an equipment can be used without any repair or with only minor repair, is considered to be the normal life. The normal life of different machines is suggested as below:

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Name</th>
<th>Normal Life in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>ECG. Machine</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Cardiac Pace maker</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Cardiac Monitor</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>Other Electronic Equipment</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>Laparoscope</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>Bronchoscope</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>Laryngoscope</td>
<td>5</td>
</tr>
<tr>
<td>8.</td>
<td>Operating Microscope</td>
<td>5</td>
</tr>
<tr>
<td>9.</td>
<td>Ambulance</td>
<td>5</td>
</tr>
<tr>
<td>10.</td>
<td>Sterilisers</td>
<td>10</td>
</tr>
<tr>
<td>11.</td>
<td>X-ray Machines</td>
<td>10</td>
</tr>
<tr>
<td>12.</td>
<td>Portable X-ray machine</td>
<td>10</td>
</tr>
</tbody>
</table>

The sophisticated equipment generally do not work efficiently after repairs. Rapid advances in Medical Equipment are taking place and so the old models are to be replaced by the new ones, usually after a period of 3-5 Years.

Servicing of sophisticated medical equipment should be done by manufacturing firms or by the reputed servicing agencies on the basis of service contract and spare parts may also be purchased according to the advice of the firm at the time when equipment is purchased. A history card for costly medical equipment should be maintained as per Annexure VI to this Chapter. A log book for repair of medical equipment should also be maintained as given in Annexure VII to this chapter.

(Bd.'s No.84/H/27/34 dt.26/02/86)

411. Disposal of surplus articles: - (1) Where items of serviceable medical equipment are rendered surplus in any health unit or hospital, they may be put up to the Divisional Medical Officer/Medical Superintendent/C.M.S/M.D., who, if he feels that he can utilise them in any other health unit or hospital in his own division, will cause them to be transferred to that health unit/hospital.

(2) Where items of such equipment are not required in his division, he will advise the Chief Medical Director, who in turn will find out whether they are required by any other division and transfer the items where they are needed.

(3) Where items of such equipment are not required by the Chief Medical Director for his Railway, he will circulate a list of such items to other Railways. Transfer of equipment from one Railway zone to another may be effected after the necessary formalities have been gone through, and the Ministry of Railways advised of the transaction.
(4) Any such article which can fetch some value and which is not needed at all anywhere, should be dispatched to the concerned stores depot after obtaining Chief Medical Director's sanction, and necessary credit obtained.

(5) All empty containers such as tins, packing cases, bottles, drums, etc. are to be sent to the Railway stores depots for disposal.

(Ministry of Railway's' letters No.67/H/2/7 dated 28th January 1969, No.67/H/2/7 dated 6th July 1970 and No.76/H/2/7 A dated 25th February 1977).

412. Items marked with a date of expiry:- (1) Certain items of medicines like antibiotics, sera and vaccines, have a date of expiry marked on their packing. When receiving such items from the firms or the Government Medical Stores Depot, care should be taken to verify that there is a sufficiently long interval between the date of receipt and the date of expiry, so that there is a reasonable possibility of using such items before their date of expiry. It is always advisable to enter the date of expiry in red ink on the page of the Stock Register under such items, where the date of expiry is mentioned. Care should be taken to see that such drugs are used within that period.

(2) When any article is approaching the date of expiry, and surplus to his requirements, the Medical Officer(stores) should advice his CMS/MS in charge of the Division well in advance so that these can be utilised at other hospitals or health units in his division. If he is unable to do so, he shall advise the Chief Medical Director who will try to utilize it in some other division. If in spite of all these efforts, they still remain unused, they should be condemned and destroyed after obtaining the Chief Medical Director's sanction.

(3) With a view to keep a proper watch on such drugs so that they are consumed within their date of expiry, it is advisable to arrange them in racks or almirahs according to their date of expiry, and not according to their alphabetical order as is done with other drugs. As these drugs have got the month and the year of expiry, they should be arranged according to both the month and the year of expiry.

(Ministry of Railways' letter No.67/H/2/7, dated 28th January 1969).

413. Maintenance of and repairs to ambulance cars: Ambulance cars should invariably be maintained in good running condition. Regular servicing and repairs, wherever necessary, may be carried out promptly by any commercial concern in the same manner as is done in the case of staff cars. Timely replacement must be made. Efforts should also be made to have good selected drivers. Every ambulance should be equipped with emergency first-aid kit and manned by suitably trained para-medical staff. A log book for repairs of ambulance cars should be maintained as per Annexure VIII of this Chapter. A Proforma for Ambulance movement register is given in Annexure IX to this Chapter.

ANNEXURE - I
(See Para 407 (5))

-----------RAILWAY

MEDICAL DEPARTMENT

DAY BOOK OF RECEIPTS OF MEDICAL STORES

<table>
<thead>
<tr>
<th>Date No.</th>
<th>Sl. No.</th>
<th>P.W.B. &amp; date or delivery note No. &amp; date</th>
<th>Name of firm or party from whom received</th>
<th>Reference to purchase order other reference under which supply is arranged</th>
<th>Particulars of stores received</th>
<th>Quantity</th>
<th>Reference to ledger folio</th>
<th>Reference to bill No. and date</th>
<th>Bill certified and sent</th>
<th>Initials</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

ANNEXURE – II
(See Para 407(7) and 407(8))

STOCK REGISTER OF MEDICINES AND MEDICAL STORES CONSUMABLE STORES REGISTER

-----------RAILWAY

MEDICAL DEPARTMENT

<table>
<thead>
<tr>
<th>Month and date</th>
<th>No. of receipt or issue voucher</th>
<th>From whom received or</th>
<th>Receipts</th>
<th>Issue</th>
<th>Value</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Weight or measure</td>
<td>No.</td>
<td>weight or measure</td>
<td>Receipt</td>
<td>Issues</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

| 1              | 2   | 3                   | 4   | 5                 | 6       | 7       | 8         | 9       | 10 | 11 | 12 |
ANNEXURE – III
(see para 407(9) to 407(14) )

TOOLS AND PLANT REGISTER/EXPENDABLE TOOLS AND PLANT REGISTER

................................RAILWAY

MEDICAL DEPARTMENT

<table>
<thead>
<tr>
<th>Date</th>
<th>Receipt No. and date</th>
<th>Quantity</th>
<th>Rate</th>
<th>Value</th>
<th>Issue No. and date</th>
<th>Quantity</th>
<th>Balance</th>
<th>Distribution</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ANNEXURE IV
(See Note (2) below Para 407)

................................RAILWAY

MEDICAL DEPARTMENT
NUMERICAL LEDGER CARD

<table>
<thead>
<tr>
<th>Date</th>
<th>From whom received or issued to</th>
<th>Receipt or issue voucher number</th>
<th>Quantity</th>
<th>Receipts</th>
<th>Issue</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part or P.L. No.  
Bin No.  
Description  
Maximum  
Maximum
### ANNEXURE V
(see note (2) below para 407)

Railway

**MEDICAL DEPARTMENT**

**STOCK POSITION CARD FOR MEDICAL STORES**

Hospital / Health Unit …………………………………..

<table>
<thead>
<tr>
<th>Item</th>
<th>AU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ladger Page</td>
<td>PVMS</td>
</tr>
<tr>
<td>Date</td>
<td>Receipt</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### ANNEXURE – VI
(see para 410)

**Maintenance of History Card for costly medical equipment**

<table>
<thead>
<tr>
<th>Specification the machine</th>
<th>Name of the manufacture/ supplier</th>
<th>Date of purchase</th>
<th>Cost of the equipment</th>
<th>Date and cost of repairs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
ANNEXURE - VII
(see para 410)

Maintenance of Log Book for repair of costly medical equipment

Name of Equipment:

<table>
<thead>
<tr>
<th>Date and time</th>
<th>Defects noted and detected by</th>
<th>Action taken</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ANNEXURE -VIII
(see para 413)

Proforma for Ambulance Repair Log Book

<table>
<thead>
<tr>
<th>Ambulance number</th>
<th>Nature of defect</th>
<th>Signature of ambulance driver reporting the defects</th>
<th>Date and time from which defects noticed or out of order</th>
<th>Date and time when sent for repairs</th>
<th>Date and time when received after repairs</th>
<th>Remarks if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
ANNEXURE - IX

(see para 413 )

Proforma for Ambulance Movement Register

<table>
<thead>
<tr>
<th>Date</th>
<th>Ambulance number</th>
<th>Name of driver</th>
<th>Time of departure</th>
<th>Time of arrival</th>
<th>Purpose for which ambulance is used</th>
<th>Signature of Medical Officer</th>
<th>Remarks</th>
<th>Kilo-meters</th>
<th>Drawal of petrol</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Date Quantity</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

****
CHAPTER V
MEDICAL EXAMINATION

Section A:
Medical Examination of Candidates for appointment to the Gazetted Railway Service.

501. **Introduction**:- (1) The standards of physical fitness to be adopted should make due allowance for the age and length of service, if any, of the candidate concerned.

(2) No person will be deemed qualified for admission to the public service who shall not satisfy the Government, or the appointing authority, as the case may be, that he has no disease, constitutional affliction or bodily infirmity unfitting him, or likely to unfit him for that service.

(3) It should be understood that the question of fitness involves the future as well as the present and that one of the main objectives of medical examination is to secure continuous effective service, and in the case of candidates for permanent appointment, to prevent early pension or payment in case of premature death. It is at the same time to be noted that the question is one of likelihood of continuous effective service, and that rejection of candidate need not be advised on account of the presence of a defect which, in only a small proportion of cases is found to interfere with continuous effective service.

(4) Medical examination of candidates for appointment to Gazetted Railway service includes :-
   (i) general physical examination
   (ii) vision tests

(5) Details of these examinations are given below

502. **General Physical examination**:- (1) To be passed as fit for appointment, a candidate must be in good mental and bodily health and free from any physical defect likely to interfere with the efficient performance of his duties of appointment.

(2) In the matter of the co-relation of age, height and chest girth of candidate it is left to the medical board to use whatever co-relation figures are considered most suitable as a guide in the examination of the candidate. If there be any disproportion with regard to height, weight and chest girth, the candidate should be hospitalised for investigation and X-ray of the chest taken before the candidate is declared fit, or not fit, by the board.

(3) However, for certain services, the minimum standard for height and chest girth of male and female candidates should be as follows:-

<table>
<thead>
<tr>
<th>Candidates: Railway Engineering Services (Civil, Electrical, Signal and Mechanical), Transportation (Operating and Commercial)Departments, Railway Protection Force, the posts in the Marine Establishment and Special Class Railway Apprentices.</th>
<th>Height (cm)</th>
<th>Chest girth fully expanded (cm)</th>
<th>Expansion (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>152</td>
<td>84</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>150</td>
<td>79</td>
<td>5</td>
</tr>
</tbody>
</table>

Note:- (i) The minimum height prescribed can be relaxed in case of candidates belonging to races such as Gorkhas, Garhwalis, Assamese, Nagaland tribal, whose average height is distinctly lower.
(ii) The candidate's height will be measured as follows:-

He will remove his shoes and be placed against the standard with his feet together and his weight thrown on the heels and not on the toes or the sides of the feet. He will stand erect without rigidity and with heels, calves, buttocks and shoulders touching the standard, the chin will be depressed to bring the vertex of the head level under the horizontal bar, and the height will be recorded in centimetres and part of centimetres rounded to the nearest half.

(iii) The candidate's chest will be measured as follows:-

He will be made to stand erect with his feet together and to raise his arms over his head. The tape will be so adjusted round the chest that it's upper edge touches the inferior angle of the shoulder blades behind and lies in the same horizontal plane when the tape is taken round the chest. The arms will then be lowered to hang loosely by the sides and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted and the minimum and the maximum will then be recorded in centimetres rounded off to the nearest half centimetres.

(4) In recording the height and chest measurements, fractions of less than half a centimetres should not be noted.

(5) The candidate will be weighed and his/her weight recorded in kilograms; fraction of less than half a kilogram should not be noted.

(6) The following additional points should be observed:-

(a) that the candidate's hearing in each ear is good and that there is no sign of disease of the ear. In case it is defective, the candidate should be got examined by an E.N.T specialist provided that the defect in hearing is remediable by operation or by use of hearing aid, a candidate cannot be declared unfit on that account provided he has no progressive disease in the ear (for further guidelines see sub para (7) below)

(b) that the speech is without impediment

(c) that his/her teeth are in good order and he/she is provided with dentures, where necessary, for effective mastication (well filled teeth will be considered as sound);

(d) that the chest is well formed and chest expansion sufficient; and that his/her heart and lungs are sound;

(e) that there is no evidence of any abdominal disease;

(f) that he/she is not having a hernia;

(g) that the candidate does not suffer from hydrocoele, varicose veins or piles;

(h) that his/her limbs, hands and feet are well formed and developed and that there is free and perfect motion of all joints;

(i) that he/she does not suffer from inveterate skin disease;

(j) that there is no congenital malformation or defect;

(k) that he/she does not bear traces of acute or chronic disease pointing to an impaired constitution;

(l) that he/she is free from communicable diseases.

Note:- Undescended testes, intra abdominal in position, and un-associated with hernia, should not be cause for rejection. Ectopic testes, located in the inguinal canal, abdominal wall or thigh being more liable for trauma/torsion, should be passed fit only after the examinee has undergone surgical treatment.

(7) The following are the guidelines for the medical examining authority in respect of hearing and diseases of ear, nose and throat:-

(i) Marked or total deafness in one ear, other Fit for non technical jobs if the deafness is up to 30
ear being normal.

(ii) Perceptive deafness in both ears in which some improvement is possible by a hearing aid

(iii) Perforation of tympanic membrane of central or marginal type

(iv) Ears with mastoid cavity sub-normal hearing on one or both sides

(v) Persistently discharging ear-operated /non-operated.

(vi) Chronic inflammatory/allergic conditions of nose with or without bony deformities of nasal septum.

(vii) Chronic inflammatory conditions of tonsils

(viii) Benign or locally malignant tumours of the ear, nose, or throat.

(ix) Otosclerosis.

(x) Congenital defects of ear, nose, or throat.

(xi) Nasal polyp.

Fit in respect of both technical and non-technical jobs if deafness is up to 30 decibels in speech frequencies of 1000-4000.

(i) one ear normal; other ear perforation of tympanic membrane present- temporarily unfit.

Under improved conditions of ear surgery a candidate with marginal or other perforation in both ears should be given a chance by declaring him temporarily unfit and then he may be considered under item(iv)(ii) below.

(ii) Marginal or attic perforation in both ears-unfit.

(iii) Central perforation both ears -temporarily unfit.

(i) Either ear normal, other ear with mastoid cavity
-fit for both technical and non-technical jobs.

(ii) Mastoid cavity both sides- unfit for technical jobs.
-fit for non-technical jobs if hearing improves to 30 decibels in either ear with or without hearing aid.

(i) A decision will be taken as per circumstances of individual cases.

(ii) If deviated nasal septum is present with symptoms - temporally unfit.

(i) Chronic inflammatory conditions of tonsils and/or and/or larynx. -Fit.

(ii) Hoarseness of voice of severe degree if present- temporarily unfit.

(i) benign tumours- temporarily unfit
(ii) Malignant tumours- Unfit.

If the hearing is within 30 decibels after the operation or with the help of hearing aid-Fit.

(i)if not associated with functions-Fit.
(ii) Stuttering of severe degree-Unfit.

Temporarily unfit.

(Ministry of Railway's letter No. 72/H/5/23 dt. 2/3/1973)

(8) An X-ray of the chest should be done as a routine in all cases for detecting any abnormality of the heart and lungs which may not be apparent by ordinary physical examination. Extra charges are to be realized from candidates for special investigations like Echo-cardiogram, U.S.G etc., at the rates prescribed for outsiders

(9) When any defect is found it must be noted in the certificate and the medical examiner should state his/her opinion whether or not it is likely to interfere with the efficient performance of the duties which will be required of the candidate.

503. Vision tests:-(a) Classification of staff:- for the purposes of visual acuity standards, the various gazetted services on Railways should be divided in to two categories as follows:-

(1) Technical services:-
   (i) Railway Engineering Services (Civil, Electrical, Signal, and Mechanical)
   (ii) Indian Railway Traffic Service.
   (iii) Special Class Railway Apprentices.
   (iv) Posts in the Marine Establishments.
   (v) Indian Railway Medical Service

Note: Even though Indian Railway Medical Service has been declared as 'Technical', the standard of medical examination applicable for candidates for recruitment to this service shall not be the same as applicable to the technical service on Railways. The candidates will be medically examined in accordance with the standards prescribed for technical services of Central Govt.(i.e other than the technical services under the Ministry of Railways) as laid down in the 'Hand book on Medical Examination' issued by the Ministry of Health And Family Welfare as amended from time to time.

( Bd.'s No 82/H/5/9 dt. 21/08/1982 and dt. 15/06/1984)

(2) Non technical services:-
   (i) Indian Railway Accounts Service.
   (ii) Indian Railway Stores Service.
   (iii) Railway Protection Force.
   (iv) Railway Board Secretariat Services, class I and class II.
   (v) Chemists and Metallurgists.
   (vi) All other class I and class II services on the Railways which are not connected with the train working or use of trolleys.

(b) Acuity of vision:- The standards of visual acuity for the above categories will be as follows:-

<table>
<thead>
<tr>
<th>Categories</th>
<th>Distant vision (with or without glasses)</th>
<th>Near vision (with or without glasses)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>better eye -- Worse eye</td>
<td>Better eye -- Worse eye</td>
</tr>
<tr>
<td>Technical</td>
<td>6/9 -- 6/9</td>
<td>J.I -- J.II</td>
</tr>
<tr>
<td></td>
<td>or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6/6 -- 6/12</td>
<td></td>
</tr>
<tr>
<td>Non technical</td>
<td>6/9 -- 6/12</td>
<td>J.I -- J.II</td>
</tr>
</tbody>
</table>

Note:-(i) In respect of technical services, the total amount of myopia(including cylinder) should not exceed -4 Diopters and the total amount of Hypermetropia should not exceed +4 Diopter.

(ii) In case a candidate in respect of Indian Railway Medical Services is found unfit on grounds of high Myopia, the matter shall be referred to a special Board of three ophthalmologists to declare whether this Myopia is pathological or not. In case it is not pathological, the candidate shall be declared fit, provided he fulfils the visual requirements otherwise. The examination by the special Board should be done on the same day as that of the examination by the medical Board. At places where it is not possible to convene the special board of three ophthalmologists on the day of the medical examination, the special Board may be convened at an earliest possible subsequent date.

( Extract of para 6(d) of appendix 1 of 'Hand book on Medical Examination')

(iii) During Medical examination of candidate, the use of contact lenses is not to be allowed.

(iv) The illumination of the type letters for the distant vision should be of 15 candles.

(v) It is not necessary to lay down any limit for minimum naked eye vision but it is desirable that the naked eye vision of the candidates should be recorded by the medical board or any other medical authority in every case as it will furnish basic information in regard to the condition of the eye.
(c) **Fundus examination**: In every case of myopia, Fundus examination should be carried out and the results recorded. In the event of pathological condition being present, which is likely to be progressive and affect the efficiency of the candidate, he shall be declared unfit.

(d) **Color vision**: The testing of color vision is compulsory and the results should be normal in respect of all technical services, all posts in the Medical Department, all posts in the Railway Protection Force and Chemists and Metallurgists. Satisfactory color vision constitutes recognition with ease and without hesitation, of signal red, signal green and white colours. Both the Ishihara's Plates and Edridge's Green Lantern shall be used for testing color vision.

Note:- Colour perception, wherever tested, should be graded into a higher and lower grade depending upon the size of aperture in the lantern as described below: -

<table>
<thead>
<tr>
<th>Grade</th>
<th>Higher grade of colour perception</th>
<th>Lower grade of colour perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  Distance between the lamp and the candidate</td>
<td>4.9 Meter</td>
<td>4.9 Meter</td>
</tr>
<tr>
<td>2.  Size of aperture</td>
<td>1.3 mm</td>
<td>13 mm</td>
</tr>
<tr>
<td>3.  Time of exposure</td>
<td>5 seconds</td>
<td>5 seconds</td>
</tr>
</tbody>
</table>

(e) **Field of vision**: The field of vision shall be tested in respect of all services by the confrontation method. Where such a test gives unsatisfactory or doubtful results, the field of vision should be determined on the perimeter.

(f) **Night vision**: Night blindness need not be tested in each case as a routine, but only in special cases. The medical board has the discretion to improvise such rough tests, e.g., recording of visual acuity with reduced illumination or by making the candidate recognise various objects in darkened room after he has been there for twenty to thirty minutes, as may be considered necessary. Candidate's own statements should not always be relied upon but should be given due consideration.

(g) **Ocular conditions other than visual acuity**: Ocular conditions and diseases which should be considered as a disqualification are as follows:

(i) **Organic disease**: Any organic disease or a progressive refractive error which is likely to result in lowering the visual acuity should be considered a disqualification.

(ii) **Squint**: For technical services where the presence of binocular vision is essential, and for the Railway Protection Force and posts in Medical department, squint even if the visual acuity is of prescribed standard, should be considered a disqualification. For other services the presence of squint should not be considered as a disqualification if the visual acuity is of prescribed standard.

Note: - In case all the tests carried out correctly indicate the presence of binocular vision, the mere existence of squint should not disqualify a candidate.

(iii) **One eyed person**: For all technical services, all posts in the medical department, all posts in Railway protection force, and Chemists and Metallurgists, one eyed persons should be considered unfit. These will include cases where there may be normal vision in one eye but the other eye is amblyopic or has subnormal vision resulting in lack of stereoscopic vision. However for employment in other categories the medical board may recommend such one eyed persons provided that it is satisfied that he/she can perform all the functions of the particular job for which he/she is a candidate, provided further that the visual acuity in the functioning eye is 6/6 for distant vision, and J.I for near vision with or without glasses, provided error in any meridian is not more than 4.D for distant vision, and normal color vision where ever required.

504. **Relaxation of condition**: It shall be open to Government to relax any of the conditions in favour of any candidate for special reasons.

505. **Examiners**: (1) The authority competent to examine a candidate for appointment to the gazetted Railway service is a medical board.

(2) At the time of referring the candidate for medical examination, the medical board should be informed whether the candidate is for one of the technical services or one of the non-technical services.

(3) Prior to his medical examination by the board, a candidate should make the statement in the prescribed form as given in Annexure I to this chapter and sign the declaration appended thereto. His attention should be specially directed to the warning contained in the Note below this form.
4. The prescribed form for the board to record their report is given in Annexure II to this Chapter.

506. Provision for re-consideration of adverse reports:- (1) Candidates are warned that there is no right of appeal from a medical board, special or standing, appointed to determine their fitness for the above services. If, however, Government are satisfied on the evidence produced before them of the possibility of an error of judgement in the decision of the first board, then it is open to Government to allow an appeal to a second board. Such evidence should be submitted within one month of the date of communication in which the decision of the first medical board is communicated to the candidate, otherwise no request for an appeal to a second medical board will be considered.

(2) If any medical certificate is produced by a candidate as a piece of evidence about the possibility of an error of judgement in the decision of the first board, this certificate will not be taken into consideration unless it contains note by the medical practitioner concerned to the effect that it has been given in full knowledge of the fact that the candidate has already been rejected as 'unfit' for service by a medical board.

507. Temporary unfitness of candidate:- In the case of candidates who are to be declared 'temporary unfit', the period specified for re-examination should not ordinarily exceed six months at the maximum. On re-examination after the specified period, these candidates should not be declared unfit for a further period but a final decision in regard to their fitness for appointment or otherwise would be given.

508. (a) Women candidates who are pregnant:- A female candidate who, as a result of tests, is found to be pregnant need not be declared temporary unfit unless the nature of the job requires strenuous physical exercise or elaborate training, or posts carrying hazardous nature of duty e.g., police organisation etc.,.

Note: Lady doctors empanelled as contract medical practitioners, if found to be pregnant will be considered for appointment, three months after the date of their delivery when they would be expected to be fit for full duties.

(b) Special Provisions regarding Medical Officers:

(i) In the case of Medical officers with 10 years of service or more, who are operated for cataract in one eye or both eyes, and where corrected vision comes up to 6/18 and are able to read Ishihara plates and Lanterns correctly, they may be allowed to work in their category. Such Medical officers should be provided with a perimeter, if they are entrusted with medical examination.

(ii) Medical officers in service with defective colour perception may be permitted to continue in service subject to the condition that they shall not be permitted to conduct medical examination.

Section B-Medical Examination of Candidates for appointment to Non-Gazetted Railway services and of serving Non-Gazetted Railway employees.

509. Introduction:- (1) Medical examination of candidates for appointment to non-gazetted Railway service and for periodical medical re-examination of serving Railway employees includes-

(i) general physical examination, and

(ii) vision tests

(2) The details of these examinations are given below. Detailed guidelines explaining procedures of medical examination and specific diseases affecting fitness of staff are given in Annexure III to this Chapter. All medical officers conducting medical examination should get themselves familiarised with these guidelines.

Note:- (1) The General Manager may relax the provision in the case of candidates for temporary appointment to the posts in the non-gazetted service including class IV and labourers’ grades, other than posts falling in Group A (medical classification), as given in para 510 (1) below.

(2) General Managers shall have the authority to consider request from candidates (both technical and non technical), who fail in prescribed medical examination after empanelment by RRB, for their appointment in alternate category, subject to fulfilment of the prescribed medical standard, educational
requirement and other eligibility criteria for the same grade post in alternate category. If a candidate for a technical category fails in the medical examination prescribed for that category, he/she may be considered for an alternate technical category if found fit medically for that category, provided he/she possesses the requisite qualification and there is a shortage in that category.

(Rly Bd's NO. 99/E(RRB)/25/12 dt 20.08.99(RBE 211/99))

510. Classification of staff:- (1) for the purpose of visual acuity and general physical examination of candidates and of serving Railway employees, the non-Gazetted Railway services are divided into the following broad groups and classes. The detailed categories of Railway posts under each of the classes/groups mentioned below are given in Annexure IV to this chapter:-

<table>
<thead>
<tr>
<th>Groups</th>
<th>Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Vision tests required in the interest of public safety</td>
<td>A-1. Foot plate staff, Rail car drivers and Navigating staff (For foot plate staff see para 520).</td>
</tr>
<tr>
<td></td>
<td>A-2. Other running staff, Other shunting staff, Point lockers Station masters, and other staff in operative control of signals.</td>
</tr>
<tr>
<td></td>
<td>A-3 Loco, signal and transportation Inspectors, staff authorised to work trolleys, Yard supervisory staff, Road motor drivers and gate keepers on level crossings.</td>
</tr>
<tr>
<td>B. Vision tests required in the interest of the employee himself or his fellow workers or both.</td>
<td>B-1 Such station and yard non supervisory, shed and other staff, excluding shed man, as are engaged on duties where failing eye sight may endanger themselves or other employees from moving vehicles, road motor drivers, permanent way mistries, gang mates, keymen, and staff of the Railway Protection Force.</td>
</tr>
<tr>
<td></td>
<td>B-2 Certain staff in workshops and engine rooms engaged on duties when failing eye sight may endanger themselves or other employees from moving parts of the machinery and crane drivers on open line.</td>
</tr>
<tr>
<td>C. Vision tests required in the interest of administration only.</td>
<td>C-1. Other workshop and engine room staff, shed stockers and other staff in whom a higher standard of vision than is required in clerical and kindred occupation is necessary for reasons of efficiency and others not coming in group A or B</td>
</tr>
<tr>
<td></td>
<td>C-2 Staff in clerical occupations not included in A, B and C-1</td>
</tr>
</tbody>
</table>

(2) As the foot-plate staff have to pay sustained attention, it is necessary to have separate standards for these staff. These are enumerated in para 520 below.

511. General physical examination:- (1) A Candidate as well as a serving Railway employee must be in good mental and bodily health and free from any defect likely to interfere with the effective performance of the duties of his appointment.

(2) Examiners will use their own discretion as to the scope of the general physical examination in each case and will judge cases on their merits, taking into consideration the prospective duties of the examinee as also the age of the examinee and need for continued fitness for the remaining years of service.

(3) Measurement of height, weight and chest girth will be recorded if specifically required. The skin, the connective tissues, the circulatory, respiratory, digestive, nervous, genitourinary, skeletal and muscular system will be subjected to such examination as is deemed necessary. The principal points attended to are connected with ascertaining:-

(a) the condition of heart and lungs;
(b) the condition of teeth and gums (well filled teeth will be considered as sound);
(c) whether there is any evidence of abdominal disease;
(d) whether there is any hernia or tendency to hernia;
(e) whether there is any degree of hydrocoele, varicose veins or piles;
(f) whether there is free movement of the joints;
(g) whether there is any inveterate skin disease;
(h) whether hearing in each ear is good and whether there is any disease of the ear;
(i) whether there is any speech defect;
(j) whether there is any contagious disease of the eyes or any other condition likely to lead to impairment of vision;
(k) whether there is any acute or chronic disease pointing to an impaired constitution; and
(l) whether there is any communicable disease.

Note:- No candidate whose chest measurement is less than 81.3 cms unexpanded and 86.4 cms expanded and whose height is less than 167.6 cms [except hill-man and other exempted class in whose case it should not be less than 160 cms] shall be enlisted for recruitment in Railway Protection Force. Recruits for appointment as Sainiks who are between 18 and 20 years and who show signs of growing and filling out may, however, be enlisted if they are 165.1 cms in height and 76.2 cms un-expanded and 81.3 cms expanded in chest measurement provided that the medical officer concerned certifies that the recruit is under 20 years of age and that he is likely to attain standard measurement.

(4) **Hearing:** In the examination of hearing of the candidate/serving employee, the speaking voice test will be employed. The examiner will speak in any ordinary conversational voice; the examinee will be at a distance shown in the note below and with his/her back to the examiner, will be separately tested for each ear by the occlusion of the other ear or the use of Barrany's whistle, if this is available.

*Candidates:* (i) on appointment, the testing distance will be 6 meters for each ear for all categories.

(ii) The use of hearing aid should not be permitted for candidates in categories 'A' and 'B'.

*Employees:* (i) on re-examination, the testing distance will be 3 meters for all categories of staff.

(ii) The use of hearing aid should not be permitted for Railway employees in categories 'A' and 'B'. However, it may be permitted at the discretion of the Chief Medical Director in Categories, B-1 and B-2. Relaxation of standards of hearing in certain categories like Boiler maker etc., may be given by the Chief Medical Director

(5) **Speech:**

*Candidate:* Stammering is not to be considered a serious defect disqualifying a candidate in clerical duties, especially such of them as do not have to come in direct contact with the public.

*Employees:* for serving Railway employee, stammering is not to be considered a serious defect in clerical duties, especially such of them as do not have to come in direct contact with the public. However, in cases where slight speech defects have been detected during the course of periodical medical examination of Railway employee who has put in a number of years of service, the Chief Medical Director may consider relaxation in all types of cases, in consultation with the department concerned.

(6) **Head injuries:**

*Candidates and serving employees* in categories A-1, A-2 and A-3, when they come up for medical examination or re-examination, should give a declaration if they had a head injury earlier and if so, a history of the case, even though fully cured at the time of declaration. In the case of persons with past history of loss of memory, a full neurological examination and a fitness certificate from a neurologist would be required. As instances are known where temporary loss of memory and some other mental disturbances have occurred in such cases, it is desirable that a close watch is kept on all such cases of head injury in the foot-plate staff, specially drivers, and followed up, to ensure that there is no recurrence of loss of memory in such persons.
(7) **Physically handicapped:** (i) At the time of medical examination of the physically handicapped, namely the blind, the deaf/deaf mute and the orthopedically handicapped, (for each of the categories 1% of the posts in C and D groups have been reserved), the medical officer should find out the individual's suitability for the appointment against the post nominated for the handicapped persons with the instructions given and ensure that the proposed appointment is without much detriment to the efficiency and the physically handicapped is not likely to hamper the work or enhance the occupational risks to the worker himself or to the others, especially if the post happens to be in the sheds and work shops or in station yards, along railway tracks and on bridges etc. Although the intention is to help such physically handicapped persons duly waiving the physical standards which ordinarily stand in the way of their being passed fit, it is clarified that no relaxation are to be made in visual standards while considering cases of physically handicapped persons for appointment under the deaf and orthopedically handicapped quota, excepting in the categories of clerks to the extent that they may be examined as per standards of C-2 though they belong to C-1. Certain posts should be earmarked for being filled up by only disabled persons eg., Lift man, Daftry, Office Clerks, Care-takers etc.

(Rly Bd.’s No 79/H/5/10 dt. 28/06/1979)

(ii) The categorisation of physically handicapped person for the purpose of reservation in employment is as below:-

a) **The blind:** The blind are those who suffer from either of the following conditions:

1. Total absence of sight.
2. Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses.
3. Limitation of the field of vision subtending an angle of 20 degrees or worse.

b) **The deaf:** The deaf are those in whom the sense of hearing is nonfunctional for ordinary purposes of life. They do not hear, understand sounds at all events with amplified speech. The cases included in this category will be those having hearing loss more than 60 decibels in the better ear (profound impairment) or total loss of hearing in both ears.

c) **The orthopedically handicapped:** The orthopedically handicapped are those who have a physical defect or deformity which causes an interference with the normal functioning of the bones, muscles and joints.

(Bd.’s No.E(NG)III-77RC1/54 dt. 08/01/78 and No. 2003/H/23/4 dt 12-3-3)

iii) **Candidates:** As and when handicapped persons are recommended by the Employment exchange for employment against Group C and Group D posts, they should be examined by CMS/MS in charge of the division and decision taken in consultation with the department concerned.

iv) **Employees:** The cases should be decided by the CMS/MS in charge of the division in consultation with the departmental officers taking into account the nature of disability and duties of the post.

Note: Such of the serving Railway employees who lose one of their hands while in service may not be put against train working duties, particularly those involving operation of any equipment.

(8) **Urine:**

_Candidates & Employees:_ In A-1 Urine examination is compulsory.

Other categories: Urine will be examined if the examinee is over 30 yrs of age. If there is any reason to suspect renal disease or diabetes in any examinee under 30 yrs age, his urine will be examined.

(9) **Infective conditions and other disorders :**

_Candidates:_ Candidates exhibiting the under noted conditions will be rejected irrespective of the employment sought:-

(a) Contagious and infective disorders: provided that the condition of the candidate having ceased to be contagious or infectious, the sequelae arising from such disorder will not be regarded as disqualifying, unless they are in themselves likely to interfere immediately or later with the efficient performance of the duties of their appointment. The following conditions fall _inter-alia_ under the above category:-

(i) Pulmonary tuberculosis.
(ii) Venereal infection.
(iii) Trachoma and other infectious ocular diseases.
(iv) Leprosy.

(b) Conditions commonly predisposing to invalidity or seriously enhancing the candidate's liability to occupational risks, eg:-

(i) Hernia, and well marked hydrocoele, varicose veins or piles: provided that such conditions having been satisfactorily treated by operation, the evidence of their previous existence shall not disqualify;

(ii) Un-descended testes, intra-abdominal in position, and un-associated with an inguinal hernia, should not be a cause for rejection. Ectopic testes, located in the inguinal canal, abdominal wall or thigh, being more liable for trauma/torsion, should be passed fit only after the examinee has undergone surgical treatment:

(iii) Flat foot, or knock knees, except in sedentary occupations;
(iv) Epilepsy;
(v) Asthma;
(vi) Otorrhea.

(c) Conditions rendering the association of the candidates with others objectionable, e.g:-

(i) Repulsive inveterate skin diseases.
(ii) Ozoena

(iii) Foetor associated or otherwise with pyorrhoea alveolaris.

(d) Constitutional disorders commonly deemed progressive and chronic disorders liable of recurrent exacerbation of a disabling kind.

Employees: In the case of serving employees, if there is reason to believe that any such defect can be remedied early by treatment or operation, the Railway employee should be advised to undergo necessary treatment or operation, prior to final decision.

512. Vision tests:-

(1) Acuity of vision:- The following are the tables of standards of visual acuity requirements:-

(A) Standards at examination on appointment:

<table>
<thead>
<tr>
<th>Class</th>
<th>Distant vision</th>
<th>Near vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>6/6, 6/6 without glasses with fogging test(must not accept +2 D)</td>
<td>Sn.0.6, 0.6 without glasses</td>
</tr>
<tr>
<td>A-2</td>
<td>6/9, 6/9 without glasses(no fogging test)</td>
<td>...Do...</td>
</tr>
<tr>
<td>A-3</td>
<td>6/9, 6/9 with or without glasses. Power of lenses not to exceed 2D.</td>
<td>Sn.0.6, 0.6 with or without glasses.</td>
</tr>
<tr>
<td>B-1</td>
<td>6/9, 6/12 with or without glasses. Power of lenses not to exceed 4D.</td>
<td>Sn. 0.6, 0.6 with or without glasses when reading or close work is required</td>
</tr>
<tr>
<td>B-2</td>
<td>same as above</td>
<td>...Do...</td>
</tr>
<tr>
<td>C-1</td>
<td>6/12, 6/18 with or without glasses.</td>
<td>...Do...</td>
</tr>
<tr>
<td>C-2</td>
<td>6/12, nil with or without glasses</td>
<td>Sn. 0.6 combined with or without glasses where reading or close work is required</td>
</tr>
</tbody>
</table>

Note: a) No glasses are to be permitted at the time of initial recruitment of Railway Protection Force staff where their medical category is B-one
b) Candidates in C-1 and C-2 medical categories having power of glasses of more than 4 D should be examined by an eye specialist and may be declared fit if there is no evidence of any progressive eye disease.

(Bd.’s No 83/H/5/16 dt. 17/04/1984)

c) One eyed person: There is no bar to the admission into non-gazetted clerical service of a candidate who is blind in one eye. The guiding consideration in such cases should be whether the candidate's vision is adequate for the performance of the duties attached to the service or the post to which he/she is proposed to be appointed, and whether undue risk attaches in his being accepted. The medical officer while examining such cases should take into account the cause of blindness in relation to its possible effects on the sound eye in course of time.

d) Candidates with Pseudophakia : Posterior Chamber IOL implant in one or both eyes for correction of vision of candidates in Cey one and Cey two categories may not be a bar for their appointment as such.

(Bd’s No 99/H/5/3/ dt 2-12-2003)

(B) Standards at re-examination during service:- The standards at re-examination would apply only for employees with not less than six years service. This could be permanent or temporary, including continuous service as casual labour, if in the same medical category.

<table>
<thead>
<tr>
<th>Class</th>
<th>Distant vision</th>
<th>Near vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>6/9, 6/9 or 6/6, 6/12 with or without glasses</td>
<td>The combined vision with or without glasses should be the ability to read ordinary print. Where reading or close work is required, the combined near vision should be Sn 0.6</td>
</tr>
<tr>
<td></td>
<td>Naked eye vision not below 6/60, 6/60</td>
<td>Where reading or close work is required, the combined near vision should be Sn 0.6</td>
</tr>
<tr>
<td></td>
<td>Power of lenses not to exceed 4D.</td>
<td></td>
</tr>
<tr>
<td>A-2</td>
<td>6/9, 6/12 or 6/6, 6/18 with or without glasses</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td>Power of lenses not to exceed 4 D. Naked eye vision not below 6/60.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>40 YEARS AND ABOVE</td>
<td></td>
</tr>
<tr>
<td>A-3</td>
<td>6/12, 6/18 with or without glasses. Power of lenses not to exceed 8 D.</td>
<td>As above</td>
</tr>
<tr>
<td>B-1</td>
<td>6/12, 6/24 with or without glasses. Power of lenses not to exceed 8 D.</td>
<td>As above</td>
</tr>
<tr>
<td>B-2</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>C-1</td>
<td>6/18, nil or combined 6/18 with or without glasses.</td>
<td>Sn. 0.6 with or without glasses where reading or close work is required.</td>
</tr>
<tr>
<td>C-2</td>
<td>6/24, nil or 6/24 combined with or without glasses.</td>
<td>As above</td>
</tr>
</tbody>
</table>

(2) (i) Color perception:-

Candidates and Railway employees: in classes A-1, A-2, A-3 and B-1 on being medically examined shall be tested for color perception with the prescribed apparatus and recommended methods of examination. Failure to pass the tests laid down for the class in which it is proposed to employ the candidate or Railway servant shall be the cause for rejection. The following are the standards for color perception:-
Candidates and serving Railway employees

<table>
<thead>
<tr>
<th>Class</th>
<th>Lantern Aperture</th>
<th>Ishihara</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>1.3 mm</td>
<td>Yes</td>
</tr>
<tr>
<td>A-2</td>
<td>1.3 mm</td>
<td>Yes</td>
</tr>
<tr>
<td>A-3</td>
<td>1.3 mm</td>
<td>Yes</td>
</tr>
<tr>
<td>B-1</td>
<td>13 mm</td>
<td>No</td>
</tr>
</tbody>
</table>

Note:-(i) The highest standards of physiological competence to discriminate the colors of signals under all conditions is required in candidates and Railway employees in categories A-1, A-2, and A-3. Distinctive importance is attached to rapidity of recognition and to the absence of abnormal simultaneous contrast effects.

(ii) Malingering:

It may sometime happen that an employee belonging to an un-attractive category like trains clerk may deliberately fail in the color perception test during medical re-examination in expectation of being absorbed in a more attractive alternate employment like goods clerk/booking clerk etc. It must be remembered that an individual, having a normal color perception retains such normalcy throughout the life unless he develops some pathological conditions of the optic nerve. In case, therefore a person is found to be color blind subsequently without having developed one of these pathological conditions, and where there is also no doubt as to the findings of earlier examination, the person concerned should be declared as a malingerer. Where such malingering is suspected, the Administration should ensure that the person does not get any attractive alternate employment but only an unattractive post like office clerk. Obviously a decision in such cases has to be taken very judiciously. If malingering is established, he is psychologically not fit to remain in service and may be declared unfit for all classes. The medical unfitness papers should carry an endorsement that "he has been declared unfit under para 512(2) sub note(ii) of I.R.M.M."

(Rly Bd.'s Letter No.87/H/5/8 dt. 11/05/1987)

(3) Night vision:-

Candidates of classes A-1, A-2, A-3 and B-1 will be examined with regard to their vision in diminished light as per instructions given in the Annexure III to this chapter and if found to suffer from night blindness, will be rejected.

Railway employees in Class A-1, A-2, A-3 and B-1 will be similarly examined and if in the opinion of the examiner any defect of vision found in dim light appears to be of permanent order likely to interfere with the efficient discharge of Railway employee's duties, he will be disqualified for retention in the particular job.

(4) Field of vision:-

Candidates and Railway employees in class A-1 will be examined to ascertain that the fields of vision are not seriously restricted. The existence of any material abnormality in this respect will disqualify the candidate for admission to the service and will in the case of serving Railway employee, either disqualify or not, according as, in the opinion of the examiner it is or is not associated with disease liable to render the Railway employee unfit to continue to discharge his duties efficiently.

(5) Binocular Vision:

Candidates: Candidates in Classes A-1, A-2, A-3, B-1 and B-2 will be tested for the presence of binocular vision, i.e., peripheral fusion, depth perception and stereoscopic vision. The absence of binocular vision will disqualify a candidate for admission to service in these classes.

Employees: (i) An employee suffering from Defective Binocular vision cannot be passed for any post in categories A-1, A-2 or A-3.

(ii) An employee suffering from defective Binocular vision can be passed in categories B-1 & B-2 at the discretion of the Chief Medical Director any time during service during re-examination irrespective of the date of appointment.

Note:- (i) In case all tests carried out correctly indicate the presence of binocular vision, the mere presence of squint should not disqualify an examinee.
(6) Mesopic vision

Candidates and Employees from A1 to B-1 categories may be examined in glaring light by providing a 200 Watts Bulb 90 cm. above and over the Landolt's Board in front of the examinee's eye. Response to glare and recovery time should be noted by examining the candidates and employees with the help of light point to be installed in the existing dark room. Delayed recovery may be early symptom of cataract. A report in this respect should be sent to Chief Medical Director biannually.

(Bd.'s No 89/H/5/15 dt. 8/11-12-89)

(7) Fundus / Full Ophthalmology Examination:

Candidates: Compulsory in the following circumstances,

a) for all candidates in A-1
b) for categories C-1 and C-2 when the power of lenses exceeds 4 D., the candidate should be examined by an Ophthalmologist to exclude progressive eye disease.

(Bd's No83/H/5/16 dt. 17/04/84)

Employees:

a) A-1 For all employees -Compulsory
b) A-2, wherever naked eye vision is less than 6/12, 6/24, full ophthalmologic examination of the fundus etc., will be made by an eye specialist to find out the possibility of any progressive disease in the eyes, in the interest of the employees themselves and in the interest of the travelling public. If it is found that there is progressive disease, the employee will have to be periodically examined every year or even at earlier intervals at the discretion of the medical examiner. A record must be kept of the naked eye vision of the employees examined.

c) A-2 and A-3, in case the power of lenses is more than 4.D, full ophthalmologic examination would be necessary.

c) In all cases of relaxation of residual vision, a thorough ophthalmologic examination should be done before relaxation is given

(8) Naked Eye vision (Residual vision):

Relaxation of Residual vision

(a) For Categories A-1 and A-2 there shall be no relaxation of residual vision below 6/60 in each eye. However it may be relaxed even beyond 6/60, 6/60 but the power of lenses not to exceed 4 D., at the discretion of Chief Medical Director. The discretionary powers of C.M.D may however be re-delegated to medical officers not below the rank of D.M.O. A record must be kept of the naked eye vision of the employees examined.

(S.E.Railway's No.HME/36/1281 dt 28-02-79)

(b) In the case of employees of the ex-Company Railways falling under medical category A, relaxation may be made in their residual vision and the power of lens to the extent the employees were eligible for it under the ex-Company rules. These powers may be exercised by the Divl. Medical Officers.

Note: Employees who have had the benefit of relaxation of residual visions shall be examined at least once a year thereafter, unless examination at shorter intervals is considered to be necessary by the medical officer.

(9) Radial Keratotomy:

Candidates: having undergone Radial Keratotomy may not be considered for recruitment to A-1, A-2, A-3 and B-1 categories. However candidates with such operation may be considered for recruitment in B-2 categories and below, if other wise medically fit.

Employees: working in categories A-1, A-2, A-3, and B-1, who have undergone Radial keratotomy should not be allowed to work on Rajdhani and Shatabdi Express. However for eligibility to work on other trains, the periodical medical examination of such employees should be conducted at half the prescribed intervals.
of the P.M.Es. Such employees in categories B-2 and below may however be medically passed with this operation.

(Bd.'s No 89/H/5/14 dt. 30/11/89)

(10) Cataract:

Employees with aphakia: Employees operated for cataract by conventional surgery resulting in aphakia, irrespective of acuity of vision with glasses will not be permitted to continue in categories other than C-1 and C-2.

Employees with Pseudoaphakia: Employees having undergone intra ocular lens implant surgery (Posterior chamber I.O.L) will be allowed to continue in service in categories A-3 and below; provided that all employees undergoing Posterior I.O.L surgery will be subjected to complete ophthalmic assessment by an ophthalmologist at monthly intervals post operatively till the findings become stable or for a maximum period of six months to see if they can attain the visual standards required for the A-3 category. In case of failure of the employee to reach the standards of A-3 in six months following surgery he/she will be declared fit in the category in which his/her visual standards allow him/her. Subsequent P.M.E.s of such employees only with reference to ophthalmologic check up will be done at six monthly intervals by an ophthalmologist, keeping in view, the possibility of upgrading the medical category on improvement of the visual abilities of the employee (which in some cases is possible). Their cases can be reviewed once every six months.

Employees in B-1 having undergone I.O.L implant surgery will be allowed to continue in their original category with subsequent medical examination done every year instead of the usual schedule.

(Bd.'s letter No. 88/H/5/3 dt. 07/02/96)

Note:

Posterior chamber Intra Ocular Lens implantation(PCIOL) in one or both Eyes shall not be a bar for the in-service Aye two (A2) category staff to continue in the respective category after cataract surgery of one eye/eyes provided his /her visual acuity comes up to the prescribed standard. The periodicity of Periodical Medical Examination (PME) for A2 in IOL cases would be as under

1st PME 6 weeks after surgery  
2nd PME 6 months after the first PME after the PCIOL  
Subsequent PMEs after the completion of one year from the previous PME  
All PMEs will have to be conducted by Ophthalmologists only in such cases

(Bd’s No 2002/H/5/1 dt 5-2-2004)

The relaxation given vide Bd’s letter NO above will also be extended to in-service employees in Aye two category who have undergone IOL (PC) implant I one or both eyes prior to 5-2-04. However all such cases will be examined by a Medical Bd including one seye specialist./ Based on the recommendations of the medical Board and it being accepted by CMD of the zone the in service employee can be permitted to continue in Aye-two category

(Bd’s No 2002/H/5/1 dt 2-7-2004)

(11) Spectacles and Contact lenses:

a) Spectacles: Candidates: No glasses are to be permitted for categories A-1 and A-2 and for Railway Protection Force staff where their medical category is B-1.

Employees: i) Category A: When a Railway employee coming in the Category A (A-1,A-2 & A-3) is permitted to use spectacles for the purpose of passing the required eyesight examination, he must provide himself with two pairs of appropriate spectacles from an optician. The frame should be of a standard quality and fitting properly. The glasses should be colourless ( or of shades Crookes A and A2 only) and of optical quality. They should have requisite power with uniform refractive index. Centring of the lens should be according to the inter-pupillary distance. The employee must give a written undertaking that he/she will carry both pairs while on duty, and should he/she break or lose one pair, must at once report the occurrence to his controlling supervisor who will arrange for him/her to be sent to the Medical examiner, who will retest with the remaining pair of glasses, and issue such instructions as will ensure that the employee will possess two pairs of suitable spectacles. A foot-plate staff who uses glasses both for near and distant vision and prefers to use bifocal glasses may be allowed to keep only two pairs of bifocal glasses one of which should be in use and the other kept as a standby. Intention is that the employee must have two pairs of glasses of the kind that he/she uses.
(ii) Category B and C: Employees in Categories B-1, B-2, C-1 and C-2 will carry one pair of spectacles only

b) Contact lenses: For both Candidates and employees contact lenses shall not be permitted in category A and B. Contact lenses of all powers are permitted in candidates and employees of categories C-1 and C-2 provided there is no progressive eye disease as certified by an eye specialist.

(Bd.'s No. 83/H/5/16 dt. 17/04/84)

513. Time when candidates are to be sent for Medical Examination:-(1) The medical examination of the candidates selected for appointment against posts for which initial training has been prescribed should be conducted immediately prior to their being deputed for training.

(2) In the case of candidates to be appointed against posts for which no initial training is necessary, the medical examination should be conducted at the time of their appointment.

514. Periodical Re-examination of serving Railway employees:-(1) In order to ensure the continuous ability of Railway employees in class A-1, A-2, A-3, B-1 and B-2 to discharge their duties with safety, they will be required to appear for re-examination at the following stated intervals throughout their service.

(A) Category A-1, A-2 and A-3:-

(i) At the termination of every period of four years, calculated from the date of appointment, until they attain the age of 45 years, and then every two years until the age of 55 years and then there after annually, until the conclusion of their service.

(ii) If an employee in Medical category A has been periodically medically examined at any time within two years prior to his attaining the age of 45, his next medical examination should be held two years from the date of the last medical examination and subsequent medical examinations every two years until 55 years and then annually thereafter until retirement. If however such an employee has been medically examined at any time earlier than two years prior to his attaining the age of 45, his next medical examination should be held on the date he attains the age of 45 and subsequent medical examinations every two years thereafter.

(Rly Bd.'s letter No. 88/H/5/12 dt. 29/01/93)

(B) Category B-1 and B-2:- On attaining the age of 45 years, and thereafter at the termination of every period of 5 years.

Note:- (i) The employees in Railway Protection Force will be re-examined for physical fitness at the termination of every period of three years, calculated from the date of appointment until the conclusion of their service. However, Inspectors, Sub-Inspectors, and Assistant Inspectors of the Railway Protection Force are to be re-examined for physical fitness and visual acuity on attaining the age of 45 years and thereafter at the termination of every period of five years.

(C) Category C-1 and C-2:- Will not be required to undergo any re-examination during the course of their service, unless specifically directed.

(D) Any Railway employee in service may be required to undergo tests for vision and general physical examination in the event of his failure to comply with signals.

(E) Work shop staff and artisan staff in Loco shed and C&W depots would be exempt from P.M.E's except when such staff are promoted to depots requiring higher medical examination from safety angle.

(F) Special Medical Examination: The staff in the categories A-1, A-2, A-3 should be sent for special medical examination in the interest of safety under the following circumstances unless they have been under the treatment of a Railway Medical Officer:--

(a) Having undergone any treatment or operation for eye irrespective of the duration of sickness.

(b) Absence from duty for a period in excess of 90 days. In case of A-1, A-2 and A-3 an employee may be asked to give an undertaking to his supervisor when reporting back to duty after leave or absence, irrespective of the period, that he has not suffered from any eye disease or undergone an eye operation.
515. Authority from responsible departmental superior required prior to examination:-
(1) Examiners will grant certificates under these regulations only to such candidates or Railway employees as hold authority from their departmental superior to present themselves for examination. The forms to be used are given in annexure V and VI of this chapter.

(2) Authority to present himself for the medical examination should not be granted to any candidate who has at any time been pronounced unfit for Government employment by any duly constituted medical authority. Candidates should be warned to disclose any previous rejection from Government employment on medical ground.

(3) The onus of sending the candidate or a Railway employee for medical examination is that of the employing department.

(4) The employing branch or the department will in every case be responsible for the punctual appearance of the Railway employee, particularly the operating staff concerned with train passing duties, before the appropriate authorised medical examiner. For this purpose, the staff should be relieved on or before the due date for medical examination. It will not be exactly the date when the re-examination falls due, but it will be the month in which this falls due, so that he can appear for P.M.E any day during the month. This does not, however, mean that staff should be relieved and kept idling for an indefinite period but it should be ensured, in co-ordination with the medical department, that staff are medically examined invariably on or near about the due dates.

516. Identification of the examinees:- In order to ensure the identity of the examinee, the recruiting or employing branch or department will, furnish a list of examinee's permanent physical marks of identification in the forms as given in annexure V and VI referred to in para 515 above. The examinee's signature or thumb impression is also to be obtained on the forms as given in annexure IX and Annexure X to this chapter and this will be verified afterwards by the branch or department concerned. The recruiting or employing branch or department will, in the following cases, however, provide that the examinee is accompanied by a responsible member of the branch or department, to whom he is known, to act as a guarantor.

(i) When the candidate/employee is having no distinguishable marks of identification,

(ii) When the candidate/employee is having a number of moles/scar on the body that it would be very difficult for the examiner to identify the moles/scars even if they were to be represented to the best of their ability by the employing branch/personnel department.

517. Re-examination before promotion to a higher medical category:- A Railway employee must not be engaged to work, whether temporarily or permanently, in a class higher than that for which he/she has been certified fit, unless he/she has obtained a certificate of competence in respect of the medical category of the new employment.

518. Re-examination on revision of medical classification:- (1) The staff belonging to any medical category, when brought on to the categories of A-1, A-2, and A-3 on revision, should be examined immediately on revision.

(2) The staff belonging to any medical category, when brought on to the categories of B-1 or B-2 on revision, should, subject to the provisions of sub-para (4) below, be examined at the time of next scheduled examination prescribed for these categories.

(3) The staff belonging to any category when brought on to categories C-1 and C-2 on revision, may not be required to undergo any medical examination.

(4) Where, on revision, the medical category is raised upwards, there should be an immediate examination on revision and in other cases where the revision is downwards, the medical examination should be at the time of next scheduled examination.

(5) The provision of this paragraph need not apply to the staff who have already been given relaxation by the Railways as personal concession to them.

519. Medical examination of employees on promotion to higher classes:- Employees with six years, or more of continuous service on Railways sent for medical examination on promotion to higher class, should be examined according to the standards of examination during service of the higher class. Employees
with less than six years of service should be examined according to the standards of examination applicable on appointment to the higher class.

520. Standards for Foot-plate staff in A-1:-

(a) Medical Examiner:  D.M.O or above specifically nominated by C.M.D. A special training of 7 days may be imparted to all the doctors undertaking the medical examination of drivers to familiarise them with relevant rules

(b) Periodicity: Every four years from the date of appointment till the date of attainment of 45 Yrs, every 2 yrs up to 55 Yrs, and thereafter annually till retirement

(1) At the time of entrance in A-1:

(i) At the time of appointment, a thorough and stringent medical examination including M.M.R /X-ray(chest), ECG, Urine examination, Blood sugar estimation, Fundus examination or any other investigation/observation as deemed fit by the medical examiner is to be done keeping in mind Hypertension, Diabetes, Ischemic Heart Disease, Hearing, Mental condition/Reaction of the candidate.

(ii) Vision: As detailed in Para 512 for A-1 candidates,

(2) During Periodical examination of employees in A-1:

(i) Thorough physical examination, detailed eye examination, M.M.R/X-Ray chest, Fundoscopy, Urine analysis, Fasting Blood sugar, and any other examination/investigation as deemed fit by the examiner, keeping in mind, inter-alia the following conditions:

a) Blood Pressure: The peripheral blood pressure with medication should not be above 140/90 up to the age of 50, 150/90 up to 55 Yrs and 150/95 up to superannuating age Ganglion blocking drugs are not permitted for control of hypertension.

b) Diabetes: If controlled by diet alone- to be considered fit for all categories. If controlled by drugs, not fit as a driver except for shunting duty in the yard.

c) Ischemic Heart Disease: Candidates and employees suffering from Ischemic Heart Disease will not be passed fit. Relevant investigation in this context should be done where necessary.

d) Ear examination: Hearing should be normal. Hearing aids are not allowed. There should be no chronic ear discharge.

(ii) Vision: As detailed in Para 512 for A-1 employees.

(iii) The examiner should specifically mention in the report that

a) Contact lenses are not being used,

b) No Intra Ocular Lens implant is present and

c) No Radial Keratotomy has been done.

(iv) Drivers should be mentally agile with normal reactions

(3) All the drivers and motormen should carry the health cards, provided to them and should present this to the doctor during P.M.E for making necessary entries on results of P.M.E including X-ray chest and special instructions, if any. Whenever the Drivers/Motormen report to the hospital for sickness, the same should be recorded in the Health card in the appropriate column. Whenever any P.M.C is to be endorsed by the doctor, the particulars of incidence of such sickness should also be recorded in the Health Card.

(4) At the time of entrance into service and at the time of each P.M.E. declaration as given in Annexure VII & VIII to this Chapter has to be obtained from all drivers.

(Rly Bd.'s letter No.88/H/5/12 dt. 29/10/1993 and No.ENG/1/82/RE/3/4 dt. 31/12/1982)

521. Record of examinations and form of certificates:- The results of examination will be recorded and certificate issued in the forms given in Annexure IX and X. Issue of fit and Unfit certificates should be prompt and done personally. In order to prevent any possible misuse, the medical examiner should see that the medical category of the candidates/employees is entered in the certificates in words, viz., Aye-one, Aye-
two, Aye-three, Bee-one, Bee-two, Cey-one and Cey-two for A-1, A-2, A-3, B-1, B-2, C-1, and C-2 respectively.

522. Provision for reconsideration of adverse reports:- The following provisions shall apply in regard to the reconsideration of adverse reports of Medical Examination:-

(1) Candidates:-
(i) Ordinarily, there is no right of appeal against the findings of an examining medical authority, but if the Government is satisfied, based on the evidence produced before it by the candidate concerned, of the possibility of error of judgement in the decision of the examining medical authority, it will be open to it, to allow re-examination. Such evidence, should be submitted within one month of the date of communication in which the decision of the first medical authority is communicated to the candidate. The appellate authority may entertain the appeal within a reasonable time after the expiry of said period, if it is satisfied that the appellant had sufficient cause for not proffering an appeal in time. Consultation and investigation charges will be recovered for appeal.

(2) Railway Employees:-
(i) The Railway employee may himself, on receiving the notice of failure to pass the examination, lodge an appeal within seven days from the date of adverse report, for reconsideration by the Chief Medical Director. This appeal will be directed through the Divisional Officer /District Officer of the employing Branch or the department concerned and CMS/MS in charge of the Division, who will respectively attach a report of the examination.

(ii) A principal Divisional or District Officer of the branch or department concerned may submit a requisition for reconsideration by the Chief Medical Director of the case of a Railway employee concerning whom an adverse certificate has been issued by an examiner authorised to do so. The requisition will include a statement of any special circumstances that appear worthy of consideration, and will be sent through the CMS/MS of the division who while forwarding it to the Chief Medical Director will attach a report of the examination.

(iii) On receipt of an appeal under para (i) above, or a requisition under para (ii) above, the Chief Medical Director will after perusal of the papers, either issue summary orders or arrange at his discretion of such further special examination of the Railway employee as the circumstances of the case may require. The decision of the C.M.D will be final.

(iv) A Railway employee who, having been examined by a competent medical authority, has been certified by the authority to be unfit to continue to discharge the duties formerly assigned to him, shall not be permitted to discharge such duties or the duties of any other class, competence for which has not been certified by the examiner; and the adverse certificate shall hold irrespective of the submission of an appeal under sub-para(i) above, or the submission of a requisition under sub-para (ii) above, until such time as under the instructions of the Chief Medical Director, the adverse certificate has been formally withdrawn or replaced.

523. Relaxation of standards:- (i) Relaxation at re-examination:
(a) The standards at re-examination would apply only for employees with not less than six years service. This could be permanent or temporary, including continuous service as casual labour, if in the same medical category.

(b) For Categories A-1 and A-2 there shall be no relaxation of residual vision below 6/60 in each eye. However it may be relaxed even beyond 6/60, 6/60 but the power of lenses not to exceed 4 D., at the discretion of Chief Medical Director. The discretionary powers of C.M.D may however be re-delegated to medical officers not below the rank of D.M.O. A record must be kept of the naked eye vision of the employees examined.
(c) In all cases of relaxation of residual vision, a thorough ophthalmologic examination should be done before relaxation is given.

(d) The relaxation allowed at present as per Ministry of Railway's letter NoE55ME5/133/Medical dated 07th June 1956 for employees with squint who are in service in category B should continue. However, all future entrants in category B should have Binocular Vision. C.M.D is empowered to relax at his discretion and permit any employee to continue to work in category 'B' even if he has no Binocular vision.

(e) Hearing aid may be permitted at the discretion of the Chief Medical Director in Categories, B-1 and B-2. Relaxation of standards of hearing in certain categories like Boiler maker etc., may be given by the Chief Medical Director.

(f) Employees who have had the benefit of relaxation of residual visions shall be examined at least once a year thereafter, unless examination at shorter intervals is considered to be necessary by the medical officer.

ii) Relaxation on decategorisation:

(a) A decategorised driver, if he possesses the vision of category A-2 on re-examination, will be allowed to work as shunter although the standards laid down for A-1 will apply for new entrants or on promotion as shunter.

(b) Employees with not less than 10 years of service, who lose the vision in one eye may be permitted to be employed in or continue in categories B-1 and B-2 by the Chief Medical Director, if the remaining eye is not aphakic and the vision in that eye, corrected or uncorrected is at least 6/12. Those who are operated for cataract in one eye may also be similarly permitted, provided the vision in the other eye, not operated for cataract, corrected or uncorrected, is at least 6/12, and provided further that the operated eye is not corrected with glasses to avoid diplopia by the non-operated eye. Those who do not come up to the standards for being declared fit in B-1 categories, should not be forced to remain off duty (unless they themselves ask for leave) but can be considered for being declared fit against C Categories, if they come up to the required standards therefor.

(c) In-service Junior Engineer (Tele-communication), Assistant Tele-communication Inspectors and Mechanics not coming up to the standards of A-3 and B-1 may, with restriction of duties, be put to work on non-electrified sections where they do not have to use trolleys or in sedentary jobs. The Chief Medical Director should decide such cases in consultation with the department.

iv) Relaxation for Physically handicapped men: see para 511(7)

524. Treatment of the period of absence of Railway employees sent for periodical medical re-examination:

The period for which an employee is absent from duty for periodical medical re-examination may be treated as below:

(i) Time spent in journey to and from the actual medical examination may be treated as duty.

(ii) Time taken by the examining medical authority to come to a decision in the matter may be treated as duty. In case where the examining authority is not quite sure of the decision to be taken, he makes a reference to the Chief Medical Director and the first decision in this case is given after reference to the C.M.D. In such cases, the period up to the announcement of the decision may be treated as duty.

Note: Periodical Examination of an employee should invariably be completed in 3 days. If a Railway doctor is not able to come to a conclusion within a period of 3 days, the entire period required for the doctor to come to a conclusion of the P.M.E should be treated as duty. However it will not include the time taken by the employee to procure spectacles or any wilful delay by the employee.

(Bd.'s No 86/H/5/11 dated 07/12/90)

(iii) Time taken by the employee to equip himself with spectacles, trusses, etc., or with any other equipment without which he/she is not considered fit for duty should be debited to the leave account of the employee concerned. This period will be from the time the examining authority recommends that artificial aids are necessary till the time the employee obtains such aids and is certified fit for duty by the competent authority. In respect of spectacles, the time up to five days spent by employee to equip himself with
spectacles for the first time or to change his existing spectacles should be treated as duty. Any case requiring relaxation beyond the period of 5 days may be reviewed at General Manager's level.

(Bd.'s No.85/H/5/10 dated 12/14-08-86 and No.99/H/5/10 dated 12/08/1999)

(iv) In the event of his/her being declared unfit an employee may appeal to the Chief Medical Director against the examining authority's decision within a period of seven days from the date of adverse report by the examining authority. If the Chief Medical Director, on appeal, confirms the decision of the first examining authority, the period of waiting from the moment of being declared unfit till the verdict of the C.M.D. would be debited to the employees leave account. If, on the other hand, the Chief Medical Director overrules the decision of the first examining authority, such period of waiting should be treated as duty, provided the employee concerned has preferred an appeal within a week from the time the result of the original medical examination is communicated to him. It is also necessary that the appellate authority should decide the appeal within three weeks from the time the appeal is preferred.

(v) In cases where the immediate supervisor or an officer is not available to allow an employee with a fit certificate to join his/her duty on return from periodical medical examination the time taken by such administrative delay may be treated as duty.

525. Temporary unfitness of individuals appointed straight away:-

In case where due to exceptional nature of urgency an individual is appointed straight away and in the medical examination, which is carried out subsequent to his/her appointment, the competent medical authority declares him/her as physically temporarily unfit for appointment to the specified post, there is no objection to his/her being retained in service for the period specified by the competent medical authority provide that :-

(i) the period after which a second medical examination is to be conducted is specified by the competent medical authority.

(ii) the condition leading to temporary unfitness is declared as being curable within a reasonable period.

(iii) the disease is not of such nature as to be source of risk to the others, with whom the Railway employee may have to come into contact in the course of his duties, and

(iv) the approval of the Ministry of Railways shall be obtained in cases where the period of such retention is likely to exceed six months.

526. Women candidates who are pregnant:- A female candidate who, as result of tests, is found to be pregnant need not be declared temporary unfit, unless the nature of her job involves elaborate training or the post carries hazardous nature of duties like in police organisations etc.,

(Rly. Bd.'s letter No.85/H/5/28 dt. 18/03/86)

527. Foot plate staff who had suffered Head Injuries:- See Para 511 Sub-para(6)

528. Grant of leave to Railway employee who is unlikely to be fit to return to duty.:-(1) When a medical authority has reported that there is no reasonable prospect that a particular Railway employee will ever be fit to return to duty, leave should not necessarily be refused to such a Railway employee. It may be granted, if due, by a competent authority on the following conditions:-

Section C:- Medical examination of Railway employees on promotion from non-Gazetted to Gazetted posts

529. Introduction:- (1) If an employee at the time of promotion to a Gazetted post falling under category (b) of para 530 below is on sick leave, both general physical examination and vision tests will be required. If, however, the employee, at the time of promotion, is not on sick leave and is on duty, only vision tests will be required.

(2) Those employees who are being promoted from non-gazetted to gazetted posts falling under category(a) of para 530 below will be subjected to medical examination for evidence of any chronic/acute illness which can interfere with the efficient performance of their duties after promotion, irrespective of the fact whether they were on duty or on sick list prior to their promotion.
(3) The details of these examinations are given below:

530. **Classification of gazetted posts for the purpose**: For the purpose of examination of visual acuity of Railway employees promoted from non-gazetted to gazetted posts, the gazetted posts should be divided into two categories as follows:

(a) All posts in Mechanical, Electrical, Civil and S&T Engg. and Traffic (Transportation and commercial) Department.

(b) All posts in other departments which are not connected with train working or use of trolley on open line.

531. **General physical examination**: The standards of general physical examination, when done, will be the same as prescribed for the candidates for appointment to gazetted Railway service.

532. **Vision tests**:

(1) For category (a) mentioned in para 530 above, the following visual acuity standards should apply:

<table>
<thead>
<tr>
<th>Vision Type</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distant vision</td>
<td>... 6/12, 6/18 with or without glasses</td>
</tr>
<tr>
<td>Near vision</td>
<td>... Sn 0.6, 0.6 with or without glasses</td>
</tr>
<tr>
<td>Night vision</td>
<td>... should be normal</td>
</tr>
<tr>
<td>Color perception</td>
<td>... Both Ishihara and E.G.L should be normal</td>
</tr>
<tr>
<td>Field of vision</td>
<td>... Should be normal</td>
</tr>
<tr>
<td>Binocular vision</td>
<td>... Should be normal</td>
</tr>
</tbody>
</table>

**Note**:

(i) The difference between the power of lenses in each eye shall not exceed 4.00 D

(ii) The power of lenses shall not exceed 6.00 Diopters.

(iii) Color perception will be tested with E.G.L at a distance of 4.9 Meters with an aperture diameter of 1.3 mm and time of exposure will be 5 seconds. Ishihara also will be tested.

(iv) Defective Binocular Vision will be considered a disqualification.

(v) Posterior chamber I.O.L (Intra ocular lens) is permitted subject to following conditions:

   a) In case of freshly operated IOL of less than 6 weeks duration, employee may be declared fit for Gazetted technical post provided his visual acuity is stable for 2 consecutive check-ups at an interval of 2 weeks.

   b) All cases declared fit with IOL, in gazetted technical posts should report to the ophthalmologists for periodical check-up up to one year, at intervals of 6 months, from the date of fitness or at any time whenever they notice diminution of vision or any other problem in the operated eye.

   c) Old cases (cases prior to 28/05/99) shall not be reopened.

(2) For category (b) mentioned above in para 530, the following standards will be applicable:

<table>
<thead>
<tr>
<th>Vision Type</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distant vision</td>
<td>... 6/18 in one eye regardless of vision in the other eye, with or without glasses</td>
</tr>
<tr>
<td>Near vision</td>
<td>... Sn 0.6 in one eye, regardless of vision in the other eye, with or without glasses</td>
</tr>
</tbody>
</table>

**Note**:

(i) Total amount of Myopia shall not exceed 8.00 Diopters in the corrected eye.

(ii) Officers of the Railway Protection Force and the Medical department should, in addition, have normal color perception and night vision.
(iii) Any organic disease which is likely to result in lowering of the visual acuity should be considered as a disqualification.

(3) All employees promoted to gazetted cadre from non-gazetted cadre will be examined for visual acuity and color vision as per standards mentioned above irrespective of their medical category in the non-gazetted cadre.

(Bd.'s No 92/H/5/4 dt. 21/08/1996)

533. Examiners :- The competent authority to conduct the medical examination of non-gazetted employees for promotion to gazetted posts is the CMS/MS in-charge of the division.

(M.O.R's letter No.E57/MB1/17 /Medical dt. 26/06/1957 and No.72/H/5/22 dt. 27/10/1972)

534. MEDICAL EXAMINATION OF EX-SERVICEMEN WHO HAVE BEEN RE-APPOINTED IN RAILWAYS AFTER RENDERING SERVICE IN ARMED FORCES

(i) General Physical Examination: On the same standards as applicable to new recruits.

(ii) Vision tests: Acuity of vision as per the following table:

<table>
<thead>
<tr>
<th>Class</th>
<th>Distant vision</th>
<th>Near vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>6/9, 6/9 or 6/6, 6/12 with or without glasses.</td>
<td>The combined near vision with or without glasses should be the ability to read ordinary print. Where reading or close work is required, combined near vision with or without glasses should be Sn. 0.6.</td>
</tr>
<tr>
<td></td>
<td>Naked eye vision not below 6/60 and power of lens not to exceed 4 D.</td>
<td></td>
</tr>
<tr>
<td>A-2</td>
<td>6/12, 6/12 or 6/9, 6/18 with or without glasses.</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td>Naked eye vision not less than 6/60. Power of lens not to exceed 6 D.</td>
<td></td>
</tr>
<tr>
<td>A-3</td>
<td>6/12, 6/18 with or without glasses.</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td>Naked eye vision not below 6/60 and power of lens not to exceed 8 D.</td>
<td></td>
</tr>
</tbody>
</table>

The candidate should not be colour blind when tested with EGL lamp(1.3mm aperture) and Ishihara plate for A-1, A-2 and A-3 categories.

B-1 6/12, 6/24 with or without glasses. As above

Power of lens not to exceed 8 D.

The color vision should be normal with EGL lamp. No Ishihara test.

B-2 As above

Color vision not required for Bee –two and below

C-1 6/18, Nil or combined. Sn. 0.6 with or without glasses where reading or close work is required.

6/18 with or without glasses.

C-2 6/24, Nil or 6/24 combined with or without glasses.

The difference of power of glasses between two eyes should not be more than + 4 D

GAZETTED POSTS: Standards should be the same as prescribed for serving Railway employees promoted to Group ‘B’ Gazetted posts.

Note: -(1) All other parameters as applicable to serving employees in different categories regarding the use of I.O.I, Keratotomy, squint, binocular vision, aphakia, etc. will be applicable as per their categories.

(2) There will be no relaxation of visual acuity for categories A-1, A-2 & A-3 if the age of the recruitee is below 35 years. They may be examined as per the standards laid down for new recruits.
535. MEDICAL EXAMINATION OF MEMBERS OF RAILWAY CLAIMS TRIBUNALS

For members of Railway Claims Tribunals who may be appointed at a very late age, medical examination will have to be conducted primarily with a view that the officer being examined is not suffering from any acute or chronic ailment which is likely to interfere with his efficient performance of duties. He should be examined with proper investigations, if required, to rule out cardiac ailments, ECG being compulsory.

Hypertension may be ruled out.

Diabetes mellitus - Fasting blood sugar and P.P. Blood sugar required to be done.

Renal pathology may be ruled out.

Hearing should be normal.

Controlled hypertension and diabetes mellitus with oral drugs or insulin may not be cause of disqualification, but officers suffering from complications/sequelae of the above diseases or any other diseases for which they may be required to be put on prolonged treatment, should be disqualified.

For visual acuity, these officers may be examined as per visual standards laid down for serving Railway employees getting promoted to Group ‘B’ posts not connected with use of trolley in open line.

A proper record of such certificates issued may be preserved for five years.

(Bd.’s No.94/H/5/8 dt. 01/12/1994 and dt. 23/12/1994)

Section D - Medical Certification

Sub-section I- Non-gazetted employees

536. Definition:- (1) The 'competent authority' means the authority empowered to grant the leave applied for by the Railway employee.

(2) The 'authorised medical officer' means the Railway medical officer within whose jurisdiction the Railway employee is head quartered, or one who is specially nominated for the purpose.

(3) The 'Competent Railway doctor ' means a Railway doctor empowered under para 544 to issue sick, fit, duty certificate and certificate for recommendation for leave for change of air or recuperation.

537. The different types of certificates that are issued by the Railway doctors in the event of sickness of a Railway employee are as under:-

(1) Sick certificate.
(2) Continuation sick certificate.
(3) Certificate of recommendation for change of air or recuperation.
(4) Fit certificate.
(5) Duty fit certificate.
(6) Invalidation certificate.

538. Sick certificate:- (1) When a railway employee, who is residing within the jurisdiction of a Railway doctor, is unable to attend duty by reason of sickness, he must produce, within 48 hours, a sick certificate from the competent Railway doctor in the prescribed form as given in annexure XI to this chapter.

(2) Should a Railway employee, residing within the jurisdiction of the Railway doctor, desire to be attended by a non-Railway doctor of his own choice, it is not incumbent on him to place himself under the treatment of the Railway doctor. It is however essential that if leave of absence is required on medical certificate, a request for such leave should be supported by a sick certificate from the Railway doctor.

(3) Sick certificate may be issued by the Railway doctor of the section in which the Railway employee resides for the time being.
(4) When a Railway employee residing outside the jurisdiction of a Railway doctor requires leave on medical certificate, he should submit, within 48 hours, a sick certificate from a registered medical practitioner. Such certificate should be, as nearly as possible, in the prescribed form as given in the annexure XI and should state the nature of the illness and the period for which the Railway employee is likely to be unable to perform his duties. The competent authority may, at its discretion accept the certificate or, in cases where it has reasons to doubt the bonafides, refer the case to the Authorised Medical Officer for advice or investigation. The medical certificates from the Registered private practitioners produced by the employee in support of their applications for leave may be rejected by the competent authority only after a Railway medical officer has conducted the necessary verifications and on the basis of the advice tendered by him after such verifications. However, where the Railway medical officer could not be deputed for such verifications, the certificate from the registered private medical practitioner may be accepted straightaway.

Note :- (i) Ordinarily, the jurisdiction of a Railway doctor will be taken to cover Railway employees residing within a radius of 2.5 K.M of railway hospital or health unit to which the doctor is attached, and within a radius of one kilometer of a Railway station of the doctor's line jurisdiction.

(ii) To prevent misuse of private medical certificates, the Divisional Railway Managers may withdraw the privilege as given in the concluding portion of the above sub-paragraph by special notification to the staff for special periods. In respect of workshop employees, the power to withdraw the privilege of acceptance of certificates from registered private practitioners shall be exercised by the administrative officers in J.A.G and S.A Grades.

(5) When issuing the certificates, Railway doctors will exercise care and judgement in recommending the period of absence for which the Railway employee is unable to attend duty which should be commensurate with the nature and severity of illness.

(6) The submission of sick certificate as prescribed in sub-para(1) to (5) above shall be tantamount to only an application for leave on medical certificate, and shall not be held to carry with it permission to quit the station, unless such permission is expressly given by the competent Railway doctor.

Note:- (1)A Railway employee who is placed on sick list by a Railway doctor should continue to report to him when fit to travel, or send intimation about his condition if he is bed-ridden, at such intervals as directed by the Railway doctor. If a Railway employee fails to do so, he is liable to be discharged from sick list for non-attendance.

(2) Special provisions for members of Railway Protection Force reporting Sick:

No member of the Force shall be taken on sick list by any Railway Medical Officer unless such member comes with written reference known as ‘Sick Memo’ from his controlling officer and also gives declaration in triplicate as per the proforma given at the end of this para.

The Controlling Officer shall issue ‘Sick Memo’ to the member of the Force on demand, whether such member is on duty or on leave at the Headquarters. While issuing such a memo, the controlling officer shall mention on it whether the member is required/detailed for special duty, under transfer order, facing DAR action and avoiding to attend departmental enquiry or is habitual of reporting sick, etc. In case such a member is taken on sick list by a Railway Medical Officer, the member shall intimate within 48 hours his controlling officer about being taken on sick list and submit the Railway Medical Certificate to the controlling officer.

The Railway Medical Officer taking the staff on sick list shall send one copy of the declaration as indicated in this rule to the controlling officer of the member, the second copy of the declaration will be kept by him for his record and the third copy will be handed over to the member of the Force along with Railway Medical Certificate and the member of the Force will submit the same to his controlling officer along with Railway Medical Certificate.

Provided that the member who, due to emergency, is not able to take ‘Sick Memo’ from his controlling officer, may directly report to Railway Medical Officer for treatment. The member will have to inform the Railway Medical Officer immediately, if he wants to report sick and give the declaration as given at the end of this paragraph in triplicate. In case the member is taken on sick list as outdoor patient, it shall be obligatory for the member to get a ‘Sick Memo’ from his controlling officer and submit the same to the Railway Medical Officer. If the member is taken on sick list as indoor patient, the Railway Medical Officer shall intimate the controlling officer by sending him a copy of the declaration and the controlling officer will issue ‘Sick Memo’ on receipt of the declaration from the Railway Medical Officer. The sick certificate, in any case, will be issued on receipt of sick memo from the controlling officer or any other equivalent or higher official.
Provided further that if a member is on leave or on duty away from his Headquarters, he may take ‘Sick Memo’ from the in-charge of the nearest Railway Protection Force post/out post or from Station Master/Assistant Station Master, if no Railway Protection Force post/out-post is located nearby. The in-charge of Railway Protection Force post/out-post or Station Master/Assistant Station Master issuing a ‘Sick Memo’ as mentioned above shall intimate the controlling officer of the member immediately. In case the member is taken on sick list as outdoor patient, he will immediately intimate his controlling officer about this fact. The attending Railway Medical Officer shall examine the member with a view to find out if the member is fit to travel up to his Headquarters, if so, he will issue fit to travel certificate.

If a member is found to be habitually reporting sick usually on occasion of his deployment to special duty or on refusal of leave he may be sent for special medical examination by competent authority to ascertain as to the genuineness of the illness.

Wherever there are more than one doctor in the hospital/Health Unit/OPD (Outdoor Patient Department), the issuance of Railway Medical Certificate for the RPF shall be dealt with only by one authorised doctor to be nominated by the in-charge of the Hospital/Divisional In-charge.

Ordinarily no Railway Medical Certificate shall be issued for more than 7 days at a time unless a member is admitted in the hospital as an indoor patient. Similarly, after discharge from the hospital, a member shall not be kept on sick list for more than 14 days at a time.

Provided that in certain circumstances if the Medical Officer concerned is of the opinion that the patient will have to be kept as an OPD (Outdoor Patient Department) case for domiciliary treatment for a longer period, the same may be done but a detailed report will have to be sent about such patient to the Chief Medical Superintendent/Medical Superintendent in-charge of the division endorsing a copy of the same to the controlling officer of the patient:-

A member who has been issued Railway Medical Certificate shall be examined regularly during the period of sickness by the Railway Medical Officers.

A member of the Force on sick list shall not leave his place of treatment without the written approval of the leave sanctioning authority except for such exercise as may be prescribed and notified in the order by the Railway Medical Officer.

To matters not covered under foregoing rules, extant provisions of Railway Rule/Indian Railway Medical Manual shall apply.

DECLARATION TO BE GIVEN BY THE MEMBERS OF THE FORCE AT THE TIME OF REPORTING SICK

I am not feeling well. I may please be issued a Medical Certificate w.e.f ....................... I shall bring the sick memo/I have brought the sick memo from my authorised Departmental Officer/Supervisor i.e. ..............................(mention designation, Head quarter/ Station of the departmental Officer/supervisor where intimation of sickness is required to be sent)

I declare that (strike out whichever is not applicable)

1) I am/am not under order of transfer, temporary/Emergency duty or under D&A action.
2) That I am on sanctioned casual leave/Leave on Average Pay w.e.f................... to ........... .....  
3) I was not on sick list/declared fit by any railway/Private doctor immediately prior to this date Or

I was on sick list with ............................................................... and have been given fit/Transfer certificate on ..................................................

Signature /L.T.I of the Employee

Name.................................
Rank & Number...........................
Place of Posting...........................

(Rly Bd.'s No. 87-Sec(Spl) 6/2 dt. 18/21-03-97)
539. Continuation sick certificate: - (1) When a Railway doctor who has issued a sick certificate for a prescribed period in the first instance finds that the illness of the employee is likely to result in the absence of the employee from duty beyond the period prescribed in the original sick certificate, he will issue immediately a continuation sick certificate in the prescribed form as given in the annexure XII to this chapter. The certificates should be serially numbered.

(2) When a Railway employee who is residing outside the jurisdiction of the authorised medical officer and is under the treatment of a non-Railway registered medical practitioner requires further extension of leave, he should submit a continuation certificate from the non-Railway medical practitioner to the competent authority who may at his discretion accept the certificate or refer the case to the Railway medical officer for advice or investigation and then deal with it as circumstances may require.

540. Certificate of recommendation for leave for change of air or recuperation: -(1) A change of air or recuperation certificate should be issued by a Railway doctor only when in his opinion a Railway employee who has recovered from a serious illness and is convalescing, requires a further period of leave for change of air or recuperation, or in the case of Railway employee who is suffering from a disease the nature of which requires a change of air. In all other cases, where a Railway employee requires further treatment for the disease which he/she is suffering from, the Railway doctor should issue a continuation sick certificate only.

(2) Medical officers of the rank of D.M.O and above are authorised to issue a certificate for change of air or recuperation.

(3) When an Assistant Divisional Medical Officer desires to recommend an employee for change of air or recuperation, he must refer the case to the medical officer in-charge of the division, or inform him in writing giving brief history of the case and the necessary recommendation. The CMS/MS of the division, will either on examination of the employee or on the strength of the recommendation, issue necessary certificate in the prescribed form as given in annexure XIII to this chapter. The certificates should be serially numbered.

541. Fit certificates: -(1) A Railway employee who has been on leave on medical certificate shall not be permitted to resume duty till he/she has produced a fit certificate or a duty certificate in the prescribed form from the competent Railway doctor.

(2) When a Railway employee, who has been under the treatment of the authorised medical officer and in whose favour a sick or a change of air or recuperation certificate has been issued is after examination found fit for duty, the competent Railway doctor will issue the necessary fit certificate in the prescribed form as given in annexure XI.

(3) Where a Railway employee remained on leave on medical grounds, up to and including three days duration and reported back for duty with a fitness certificate from a private medical practitioner, he may be allowed to join duties without obtaining fitness certificate from the Railway Medical Officer, subject to the condition that the employee furnishes a declaration that he/she has not suffered from any eye disease during this period. In cases where the duration of sickness is more than three days, the Railway employee should be put back for duty within 24 hours on his/her producing fit certificate from a private medical practitioner, provided he/she is found fit by the Railway medical Officer. However, in case there is any delay beyond 24 hours in obtaining a fitness certificate from the competent Railway medical officer, the employee concerned will be deemed to have been put back to duty within 24 hours of his producing the medical certificate from the private medical officer.

(Ministry of Railway's letter No. E(G)78 LE1-17 dt. 18/01/1979)

(4) When a Railway employee reports sick away from his/her head quarters, the local Railway doctor will, if he considers that the Railway employee is sick and unfit to work, issue a sick certificate, but as soon as the employee is fit to travel, issue a transfer memo and transfer him/her to his/her head quarter station and forward the case papers to the Railway doctor at the headquarters station for further action. In the case of relieving staff whose sickness is likely to be of less than ten days duration, the local railway doctor may return the employee to duty issuing fit certificate in his favour.

Note:- Both sick and fit certificates should have the same counter-foil and should bear the same number. Serial numbers should be printed.

542. Duty certificate: - When a Railway employee who is residing either within or outside the jurisdiction of the Railway doctor and who has been under the treatment of a non-Railway registered
medical practitioner, presents himself with a certificate from the non-Railway registered medical practitioner, has not complied with the rules on the subject, or if there is any doubt regarding the genuineness of the case, for instance, if the submission of the medical certificate is inconsistent with any known facts, or if cannot be ascertained whether the medical attendant is registered medical practitioner or not, the authorised medical officer, after careful examination, will issue a duty certificate in the prescribed form as given in the annexure XIV. The certificates should be serially numbered.

543. Invalidation Certificate:-(1) For the invalidation of a non-gazetted railway employee, a medical board is necessary. This medical board should be headed by the CMS/MS of the division. The recommendations of the medical board will be forwarded to the Chief Medical Director who is the competent authority for acceptance.

(2) When a Railway employee appears before a competent Railway doctor to obtain a certificate under this section or presents a certificate from a non-Railway registered medical practitioner and in the opinion of the Railway Medical Officer, there is no reasonable prospects that the Railway employee will be fit to resume the duties of his post, the case should be referred to the CMS/MS in-charge of the division, who will decide about the examination of the case by a Medical Board.

544. Authority for issue of different types of certificates under these rules:--

(1) Sick certificate/Fit certificate:-

<table>
<thead>
<tr>
<th>Designation</th>
<th>Maximum period for which the certificate can be issued.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Asst.Divl.Medical Officer</td>
<td>Up to four months</td>
</tr>
<tr>
<td>(b) Divl.Medical Officer</td>
<td>Up to nine months</td>
</tr>
<tr>
<td>(c) Admin.Grade Medical Officer in charge of Hospital / division</td>
<td>Up to eighteen months</td>
</tr>
<tr>
<td>(d) Where the total period of the certificate exceeds 18 months approval of the Chief Medical Director has to be taken.</td>
<td></td>
</tr>
</tbody>
</table>

(2) Certificate of recommendation for leave for change of air or recuperation:-

<table>
<thead>
<tr>
<th>Designation</th>
<th>Maximum period for which the certificate can be issued.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Asst.Divl.Medical Officer</td>
<td>Nil.</td>
</tr>
<tr>
<td>(b) Divl. Medical Officer</td>
<td>Up to two months</td>
</tr>
<tr>
<td>(c) S.A.G. Medical Officer</td>
<td>Beyond two months and Up to Nine months</td>
</tr>
<tr>
<td>(d) C.M.D (PHOD)</td>
<td>Beyond 9 months</td>
</tr>
</tbody>
</table>

(Railway Bd.'s letter No. 90/H/5/14 dt. 18/06/1991, No. 90/H/5/14 dt. 15/10/92)

545. General Instructions:-(1) When A Railway employee who is under the treatment of a Railway medical officer leaves the station where he had reported sick without the consent of the authorised medical officer or subsequently absents himself or fails to intimate the medical officer that he/she is bed-ridden and unable to attend the health unit, the medical officer shall discharge him/her from the sick list and endorse on the fit certificate -“Discharged for non attendance”.

(2) A Railway doctor may be required by his superior authority to visit a Railway employee who has reported sick for the purpose of examining him/her and issuing a sick certificate. In exercising this authority, the Railway doctor should see that he complies with the directives in respect of the medical ethics by giving the employee an opportunity to have his own medical attendant present at the time of examination.

(3) During medical examination of an employee or candidate where the medical officer finds that the person is not fully fit for duty, he may be given an opportunity to come again after a lapse of some time. A written memo should be given to the person concerned advising him the reason for asking him to come again for the examination. A copy of this memo should be retained by the Medical Officer.
(4) The signature or the L.T.I. of the employee reporting sick should, as far as possible, be taken at the time of reporting sick; failing which in any case at the time of issuing the fit certificate.

In addition, the Identity card No. of the employee may also be got entered in the sick/Fit certificates and also on the counter-foils.

Sub-Section 2- Gazetted Employees.

546. Definition: -(1) The "authorised medical officer" means the CMS/MS in-charge of the division within whose jurisdiction the gazetted officer is headquartered.

(2) The "competent railway doctor" means the CMS/MS in-charge of the division authorised to issue the medical certificates.

Note :- ADMOs/DMOs/Sr.DMOs in independent charge will however, continue to be authorised medical officers for the gazetted Railway employees stationed at places other than the Divisional headquarters.

547. Sick certificate or recommendation for leave or extension of leave on medical grounds:-(1) When a gazetted Railway employee reports that he/she is unable to attend duty by reason of sickness, the authorised medical officer, after careful examination of the gazetted Railway employee, will issue a medical certificate in triplicate in the prescribed form as given in annexure XVI, one copy of which will be retained by the gazetted Railway employee. The form prescribed should be adhered to as closely as possible and should be filled in after the signature of the applicant has been taken. The certifying officer is not at liberty to certify that the applicant requires a change from or to a particular locality or that he/ she is not fit to proceed to particular locality.

(2) when a gazetted Railway employee, head quartered at a station where there is no C.M.S/M.S I/C, reports that he is unable to attend to duty by reason of sickness, the A.D.M.O/D.M.O/Sr.D.M.Os of the station where the gazetted Railway employee has reported sick, can issue the necessary certificate and will immediately intimate the CMS/MS in-charge of the division.

(3) There is no provision of Private Medical Certificate in case of Gazetted Railway employees. If an Officer has been forwarded to the Authorised Medical Officer with a Private Medical Certificate a generally worded fit certificate on a plain paper should be issued. The fit certificate meant for Gazetted employees reporting sick with Railway doctor should not be used in these cases. A gazetted Railway employee reporting sick with the Railway doctor outside his headquarter, should be transferred to his head quarter with a 'fit to travel certificate' to report to his authorised medical officer.

( Railway Bd.'s Letter No. 90/H/5/14 dt. 30/12/1994)

(4) The authorised medical Officer should intimate by telephone, letter or wire, the Divisional Railway Manager, or the head of the department, as the case may be, regarding the sickness of the gazetted Railway employee, so that necessary arrangements may be made for relief. In the cases where the sickness is likely to exceed ten days, report should be sent to Chief Medical Director. Ministry of Railways desires that as and when a high ranking Gazetted officer i.e Addl. G.M. and above is taken on sick list, information to this effect should invariably be sent to the D.G.(RHS)

(Bd.'s No. 91/H/5/1 dt. 25/04/1991)

Note :-(1) The leave sanctioning authority may waive the requirement of a medical certificate in case of application of leave on grounds of sickness for periods not exceeding three days at a time.

(2) No recommendation contained in a sick certificate shall be evidence of a claim to any leave not admissible to Railway employee under the terms of his contract or the rules to which he is subject.

(3) The information contained in the sick certificate as regards to the nature of the disease shall be treated as confidential.

(4) The certificates should be serially numbered.

548. Continuation sick certificates:-(1) When a gazetted railway employee, in whose favour a medical certificate prescribed in Sub-paras 547(1) and (2) above has been issued, requires by reason of his ill-health further leave, the competent Railway doctor will issue a medical certificate in triplicate in the form prescribed in annexure XVI adding the word "further" after "a" in line 3 of the certificate.
(2) In doubtful cases, where an authorised medical officer is unable to decide, at the time of examination, whether to grant or refuse the certificate, the gazetted Railway employee should be kept under professional observation for a period not exceeding fourteen days. In such cases, a certificate should be issued in the prescribed form as given in annexure XVII to this chapter, in triplicate.

Note:- (i) No recommendation contained in a continuation certificate shall be evidence of a claim to any leave not admissible to the Railway employee under the terms of his contract or the rules to which he is subject.

(ii) The information contained in a continuation certificate in respect of the nature of the disease should be treated as confidential.

(iii) The certificates at annexure XVI and XVII should be serially numbered.

549. Medical certificates of fitness for return to duty:- (1) A gazetted Railway employee who has been issued a medical certificate (vide para 547 and 548), before he is declared fit to return to duty, should be issued a certificate of fitness in the prescribed form as given in annexure XVIII to this chapter, in triplicate.

(2) At the time of issuing this certificate, the competent Railway doctor should peruse the original medical certificate issued in favour of the gazetted railway employee.

Note:- These certificates should be serially numbered.

550. Certificates of invalidation from service:- (1) A Railway employee shall not be invalidated out of service on account of ill health except on the certificate of a medical board. Such a certificate will be issued in the prescribed form as given in annexure XV to this chapter, in triplicate. The certificates should be serially numbered.

(2) If the medical board is unable to say with certainty that the Railway employee will ever again be fit for service, the medical board will recommend leave not exceeding one year in the first instance. Such leave should not be extended without further reference to Medical Board.

(3) The employee will be considered invalidated with effect from the date of recommendation of the Medical Board in case the same is accepted by the Chief Medical Director.


551. Grant of leave:- The grant of a certificate under the provisions of the above section does not in itself confer upon the Railway employee any right to leave. The certificate should be forwarded to the authority competent to grant leave and the orders of that authority should be awaited.

Sub-Section 3 - General

552. Issue of certificate on the strength of medical evidence/opinion:- (1) The doctor should issue a sick certificate to cover only the period during which the patient has been actually under his observation/treatment. The doctor may issue a certificate to cover the period of sickness of an earlier date only if he is requested by the administration for such a certificate and if he is satisfied about the genuineness of the case on the strength of medical evidence available with him, which should be recorded in detail.

(2) In case where the patient staying at some distance from the hospital/health unit needs rest for a few days for recuperation/convalescence after a period of illness, the doctor may issue him a fit certificate on discharge from the O.P.D/ indoor hospital, at the same time recommending him to resume duty from a specified date later on- not beyond 4 days from the date of discharge. An endorsement to the effect that "---"days leave has been recommended for convalescence should be made on the counter-foil.


Section E - Medical Boards
Classification of Medical Boards:(1) Medical Boards may be classified into two categories, namely:

(a) Obligatory, and

(b) Optional.

(2) A medical board is **obligatory** in the following cases:

(a) **Gazetted Railway employees**:

(i) for the examination of candidates for appointment into Group A and Group B services on the Railways and elsewhere, under instructions from the Railway Ministry;

(ii) for invalidation from service on account of ill-health;

(iii) for commutation of pension if the employee's application for commutation of pension has not been received by the Head of office within one year of retirement of the employee.

(b) **Non-Gazetted Railway employees**:

(i) for invalidation from service on account of ill-health; and,

(ii) for commutation of pension if the employee's application for commutation of pension has not been received by the Head of Office within one year of retirement of the employee.

(3) The holding of medical board is **optional** and is left to the discretion of Chief Medical Director to convene under the following circumstances:

(i) Prior to issue of certificates in cases involving decisions on matters of clinical difficulty and alleged fraud or malingering.

(ii) Prior to issue of certificates and reports in cases of non scheduled injuries or disablement likely to be subject of dispute under the Workman's Compensation Act.

(iii) Prior to issue of certificates of fitness or unfitness for further service to non gazetted employee where the decision rests on the interpretation of points of special clinical difficulty and involves the safety of public or urgent departmental requirements.

(iv) Where the Chief Medical Director considers examination by a board desirable for any special reasons.

Constitution of medical boards:(1) A medical board should normally consist of three medical officers. The senior most among the three will be the chairman of the board.

(2) As far as possible one of the members of the board should be a physician, another a surgeon, and the third a specialist in the required field, like eye specialist in case of medical examination for recruitment to Gazetted services Class I and Class II or for invalidation of employee for reasons of visual defects etc..

Note:- The inclusion of an ophthalmologist is not necessary in the case of second medical board, when a candidate is declared unfit for reasons other than visual defects.

(3) For medical examination of female candidates for their appointment to gazetted posts, a senior lady doctor should be co-opted on the medical board, if the board does not already have a lady member. In case this is not feasible the physical fitness of the candidate may be examined by a non-member Railway lady doctor and her findings made available to the medical board.

(4) The reports of all medical boards should be treated as confidential.

(5) In case where a medical board, constituted to examine a candidate for appointment to a gazetted post, considers that a minor disability disqualifying a candidate for government service can be cured by treatment (medical or surgical), a statement to that effect should be recorded by the medical board. In such cases, there is no objection to a candidate being informed of the board's opinion to this effect by the appointing authority and when a cure has been effected it will be open to the authority concerned to ask for another medical board.
(6) The medical officers constituting a second medical board, when constituted to examine an appeal preferred by a candidate for gazetted services against the judgement of the first medical board, should be different from those of the first medical board who examined the candidate, but in no case should include any of the medical practitioners from whom the candidate has produced the certificate of fitness.

555. Constitution of a special medical board: A special medical board, when constituted to deal with an appeal preferred by a candidate for a gazetted service who is declared unfit on account of visual acuity, should normally include two ophthalmologists. However, in cases, where the Railways find it difficult to get two ophthalmologists of the equivalent rank of D.M.Os to serve simultaneously as members of such a special medical board, only one ophthalmologist may be included. Whenever it is necessary to co-opt a non-Railway medical officer on the Railway medical board, the Railways should limit their choice to medical officers in the service of the Government or honorary medical officers working in Government hospitals.

556. Procedure for holding medical boards:— (1) All medical boards will be convened under the orders of the Chief Medical Director except for the examination of candidates for appointment to class I and class II services, which are convened under the instructions from the Ministry of Railways.

(2) The CMS/MS in-charge of the division desiring to refer a case to the Chief Medical Director for examination by a medical board, should submit in duplicate a complete history of the case including investigation reports giving the following details of the Railway employee.

   (i) Name
   (ii) Designation
   (iii) Date of appointment
   (iv) Permanent or temporary
   (v) Category to which she/he belongs
   (vi) Sickness particulars during the last two years
   (vii) Reasons for holding the medical board
   (viii) Two identification marks.

(3) The Chief Medical Director, on receipt of the report, will nominate the constitution of the Medical Board giving the date, time and place where it is to be held, unless the Railways have constituted a standing medical board for this purpose.

(4) Normally, such medical boards will be convened at the head quarters of the CMS/MS of the division referring the case, unless the nature of the case is such that the Railway servant is unable to undertake the journey to the place at which the medical board is to be held in which case it will be held at the nearest Railway hospital or health unit where the patient resides.

(5) The findings of the medical board, duly signed by the chairman and members, should be submitted to the Chief Medical Director by the president in quadruplicate. They will be in the form of a recommendation and will be free from ambiguity.

(6) The CMS/MS of the division referring the case will keep a copy of the results of the various examinations conducted, as well as the copy of the findings of the medical board, for record in his office. The president of the medical board will also keep a copy of the findings for records in his office.

557. Realization of fees and sharing thereof:— A fee of Rs 30/- should be collected from each candidate asked to appear before a medical board. Out of this amount Rs 9/- should be credited to the Railway revenue and the rest of the amount to be equally shared among the three medical officers including the non-Railway medical officer, if any, for the services rendered. When, however, it is not possible to get the services of a non-Railway medical officer for the fees prescribed, the Ministry of Railways may be approached for relaxation. This fee is charged for Group 'A' and group 'B' candidates for appointment and commutation of pension of retired Railway employee, if the retired employee is not a member of the Retired Employees' Liberalised Health Schemes.

(Bd.'s No 90/H/5/3 dt. 24/08/92and dt 19/10/1992)

558. Payment of travelling allowance to non-Railway members:— The state medical officers, who are asked to serve on the Railway medical Boards, may be allowed travelling allowance by the Railway
authorities in addition to the normal share of the fee that they get from the candidates. In such cases, however, passes should be issued and the travelling allowance regulated under the state government rules as applicable to them.


Section -F - Medical Recommendations

559. Types of Medical recommendations:- The medical recommendations that are issued to the Railway employees by the Railway doctors comprise of the following:-

(i) Recommendation for light duty/change of occupation,
(ii) Recommendation for transfer, postponement or cancellation of transfer on medical grounds,
(iii) Recommendation for allotment of a Railway bungalow/quarter for better accommodation, and

560. Authority competent to make recommendations:- Medical recommendations of the types referred to in item (i) to (iii) above will be made to the competent authority directly by the Divl. Medical Officer in the case of non-gazetted staff. In the case of gazetted staff up to J.A grade, the recommendations may be made by in charge S.A.G medical officer of the division but should be forwarded to the Chief Medical Director if the period exceeds six months. For recommendations for officers of the rank of S.A.G. and above, CMD/PHOD will be the competent authority.

(Bd.'s No 90/H/5/14 dt. 18/06/91 and dt. 15/10/92)

561. (A) Recommendation for light duty -(1) Such recommendations are to be made by a Railway doctor in favour of an employee when, in his opinion, the Railway employee who had been under treatment for serious illness or injury is fit to resume duty in his original post but not fit to perform all the duties connected with that post.

(2) The medical officer (of the rank of D.M.O or above), before making the recommendation, should first ascertain from the competent authority, eg., the departmental superior of the employee concerned, whether it will be possible to provide the employee with such duty of light nature in his original post which will be compatible with Railway working.

(3) On hearing from the competent authority that such a request can be complied with, the Railway doctor will make necessary recommendation in the prescribed form as given in annexure XIX to this chapter, specifying the nature of light work or occupation and the specified period for which it is recommended. Such a recommendation should not exceed a period of three months in the first instance after which the case should be reviewed and under no circumstances should it exceed a period of six months.

(4) If the competent authority indicates its inability to provide temporary light duty or change of occupation, the employee should be kept on sick list till he is fit for duty or is de-categorised. The period of waiting should not exceed six months.

(B) Certificate of Decategorisation or Change of occupation : (1) If after the expiry of the period of six months granted under the certificate of recommendation of light duty, the employee is considered by the Railway doctor medically unfit for the duties of his original post, but not unfit for service on the other posts, the competent Medical Officer will issue the necessary certificate in the prescribed form as given in the annexure XX to this chapter, for a suitable permanent alternate appointment either in the same medical category or in a lower category.

Note :-(i) Recommendations should be of a general nature, no specific job being mentioned.

(ii) All employees being considered for decategorisation/permanent alternate appointment should be examined by a Medical Officer not below the rank of J.A Grade.

(iii) All such recommendations of permanent nature should be made only after the employee has been examined by a specialist in the field of the disease which the employee was suffering from. In the case of non availability of a specialist, the opinion of the Honorary consultant will be obtained and recorded.

(iv) The recommendation of the examining medical officer will be forwarded to the CMS/MS in charge of the division, who will be the accepting authority.
562. Recommendation for transfer, postponement or cancellation of transfer on medical grounds:- The Railway doctor should not take initiative in making such recommendations. Application for such requests will be made by the employee through his competent authority, who will forward the same to the Railway doctor. Before making such recommendations, the Railway doctor should consider carefully all the aspects of the case especially of the fact whether such a recommendation is in the interest of the employees health or the health of the family members and that it is compatible with the Railway working. When recommending postponement of transfer, the Railway doctor should state a definite period for which such a recommendation is made and keep the period to the minimum and in no case should it exceed six months.

Note:- When making such recommendations for transfer, the Railway doctor may express an opinion which should be of general nature, for example suitability or otherwise of dry climate, cold climate, sea side, touring duties or of working in connection with vehicles, etc. Recommendations regarding postings to a particular station or job must not be made.

563. Recommendations for allotment of a Railway quarter for better accommodation:- A Railway doctor may make recommendations for allotment of a Railway bungalow/quarter or a change for a better accommodation to a Railway employee:-

(i) Where he considers that either the railway employee himself or a member of his family is suffering from a disease which warrants bigger or healthier accommodation which the Railway employee cannot provide himself otherwise, or

(ii) Where the patient is subject to a disease which calls for immediate medical attention and the residence of the employee is desired to be near a hospital or health unit.

564. Disposal of recommendations:- All recommendations will be dealt with by the competent authority at his discretion and will not in any way give the right to the employee to demand the same nor will it be obligatory on the Railway administration to comply with the same.

Section G- Medical Examination and Certification for drunkenness on duty.

565. Definition of "drunk":- A person is 'drunk' when he is so much under the influence of an intoxicating drink or drug as to lose control of his faculties to such an extent as to render him unable to execute safely the occupation at which he is engaged at the material time.

( Ministry of Railway's letter No.69/H/3/26 dt. 03/01/1970)

Note: POLICY GUIDELINES FOR DRUNKENNESS ON DUTY

Railway Medical Officers are to be conversant with the policy, techniques and procedures about the collection of blood samples for the presence of alcohol to detect drunkenness on duty.

Item No 1. Safe limits of Blood Alcohol Content (BAC)

No alcohol is admissible in the blood of staff working on the trains and zero blood alcohol levels are admissible. The above directions are in conformity with Railway Board’s Directorate’s letter No. 2001/Safety-a/23/4 dated 27th Nov. 2001. It is possible that there could be a significant time gap between the consumption of alcohol by an individual and the time at which blood samples are collected and analysis, which may result in some time related depletion of alcohol content.

Item No. 2 Authorization of Railway Medical Officers, for collection of blood.

Railway Medical Officers, are authorized to collect blood samples and send them for analysis. Instructions already exist regarding collection of blood samples for estimation of alcohol content from staff that is involved in railway accidents. If any person refuses to give his/her blood sample, when administration order it, then a departmental action can be initiated against him/her for insubordination. All cases of refusal should be recorded and got witnessed by a third person.

Item No. 3 Procedure and modalities of blood collection and testing.
Instruction already exist regarding collection of blood samples from loco engine crew and guards of trains involved in accidents. Serum or plasma is by far, ideal specimens for estimation of alcohol. It is possible that the procedure i.e collection of blood and subsequent analysis in a lab may take some time and cause depletion in the levels. The samples are be collected preferably in two separate glass receptacles.

1) One containing anti-coagulant crystals/solution and
2) A plain dry clean bottle.

The following anti-coagulant/preservatives can be used for preservation of blood samples:--

1) Sodium fluoride in concentration of 20 mg per each ml of blood, or
2) A mixture of Sodium citrate and mercuric chloride @ 0.5 mg sodium citrate and 0.1 mg of mercuric chloride per each ml of blood.

Certain points to be observed for collection of blood specimens are:-

I) For collection of blood, 5 no of vaccuutainers or glass bottles of 5 ml size with a stopper are to be kept in ARME Scale I/II, Pomka/emergency medicines almirah of the hospital/Health Unit.
II) A total of 10 ml. of blood is to be collected @ 5 ml each in two glass receptacles one plain & dry and another with an anticoagulant preservative and stopper.
III) The sample should be properly sealed and labeled before sending it to the laboratory for analysis.
IV) Signature of the employee whose blood sample has been collected should be taken on label applied to glass receptacle and on the memo sent to the lab along with the blood sample.
V) The blood sample collected in the plain glass receptacle should be sent for analysis immediately and the sample collected in the glass receptacle with preservative should be kept in safe custody for analysis, at a later date if needed.
VI) Skin to be disinfected with a non-alcoholic product to avoid contamination of the sample, e.g Benzalkonium chloride, Aqueous mertheolate, Thiomersal, Povidone iodine, etc. Adequate amount of above mentioned antiseptic should be kept handy along with vaccuutainers/glass bottles.
VII) The sample should be sent to a well-equipped laboratory immediately and if stored is should be kept in a refrigerator at a temperature between 2 and 8 degrees Celsius.
VIII) The samples can be got tested at any Govt. or private lab at the earliest.

(Bd’s No 99/H/7/C.Rly dt 15-12-2003)

566. All drunkenness cases to be examined carefully:-(1) Every case of drunkenness is a potential medico-legal case and the railway doctor called upon to certify such a case should make a careful examination and should note down every important particular.

(2) Railway doctor may also have to issue drunkenness certificates to persons presented by police at places where there is no civil hospitals or dispensaries and only a Railway hospital or health unit exists.

(3) In places where prohibition is in force, it is an offence even if one has imbibed alcohol, let alone getting drunk. When such a case is brought, the Railway doctor should carefully examine the case and certify as to whether (a) the person has imbibed alcohol but not drunk or (b) the person is actually drunk i.e. under the influence of alcohol.

(4) The proforma for recording of particulars of a suspected case of drunkenness is given in annexure XXI to this chapter. This form should always be kept handy as the Railway doctor may be called upon to certify drunkenness at any moment and sometimes away from his head quarters.

(5) It is desirable that a Railway doctor, when certifying cases of drunkenness, should base his opinion on the following considerations:-

(i) Whether the person concerned has recently consumed alcohol.

(ii) whether the person concerned is so much under the influence of alcohol as to have lost control of his faculties to such an extent as to render him unable to execute safely the occupation in which he was engaged at the material time.

(iii) Whether his state is due, wholly or partially, to a pathological condition which has caused symptoms similar to those of alcoholic intoxication, irrespective of the amount of alcohol consumed.
(6) He should not certify the case as drunk just because the patient is smelling of alcohol. The quantity
taken is also no guide, but the fact of impairment of his capacity to perform his duties has to be taken into
account.

567. Instructions regarding issue of certificate of drunkenness:-(1) When a railway doctor is called
upon to certify a case of drunkenness in a Railway employee, he should after careful examination,
immediately report by a telegram or urgent letter his opinion to the immediate superior or Divisional Officer
of the employee concerned intimating whether the employee has to be put off duty or not.

(2) When a Railway doctor is asked to certify the crew of a running locomotive and if on examination
he finds a member of the same under the influence of alcohol, he should immediately issue a memo to the
authority concerned to put the person off his duty.

(3) As far as possible, a senior doctor should undertake to examine such cases of drunkenness rather
than depute the juniors, and in case of doubt, should refer the case to the C.M.S./M.S in-charge of the
division.

Section H- Medical Examination and Certification for Mental Instability

568. All mental instability cases to be examined carefully:-(1) Every case of mental instability is a
potential medico-legal case and the Railway doctor who is called upon to examine and certify such a case,
should go over it carefully and elicit all the relevant points. The proforma for recording the examination
points is given in annexure XXII to this chapter.

(2) He should particularly be careful to see whether the case is genuine or feigned insanity.

569. Term "Mental Instability" to be used:-(1) While certifying a case of mental diseases under
treatment the Railway doctor should certify the case as "mental instability" and should not use the term
'insane' or 'mentally deranged'.

(2) Further the doctor should be well conversant with terms like "delusion"," hallucination," "illusion,"
"impulses", " obsession" and "lucid intervals", etc., as these are often used in giving evidence in a court of
law. The medical officer should also make every effort to differentiate between Psychosis and Psycho-
neurosis.

570. Procedure to be adopted by the Railway doctor when a Mental case reports sick:-(1) If a
person is placed on sick list for mental disability, an intimation should be sent to the CMS/MS in-charge of
the division concerned without delay. If the person is non-violent, he should be admitted for observation in
In-door. If the person is violent, the CMS/MS in-charge of the division should be advised and he will
arrange to visit the patient at the head quarters of the patient, as soon as possible, after receiving the
information.

(2) If a person has reported sick on a private medical certificate, it is for the department to accept or
refuse the same. If the opinion of the medical department is sought by the employing department, the
procedure outlined in the preceding para should be followed.

571. Declaring mental cases fit for duty:-(1) In medical board on mental cases, Railway's own
Psychiatrist or a Government mental specialist should be a member. If this is not possible, the CMS/MS in-
charge of the division may declare a mental case fit, if a certificate from a mental specialist is produced and
he agrees with the recommendations contained therein.

(2) When a person appears with a fit certificate from a private medical practitioner, with a view to
taking up duty, the case should be referred to CMS/MS in-charge of the division, who will examine him
and may insist, if necessary, on the production of fit certificate from a mental specialist.

572. Procedure for admission of a case to a mental hospital:-(1) A nearest relative, who has attained
the age of majority, should apply to the Magistrate by a signed petition, supported by two medical
certificates, one of which should be from a Government Civil surgeon and the other from a medical
practitioner with a minimum qualification of a M.B.,B.S. degree. These certificates should be independent of
each other. The application should reach the Magistrate within seven days of the issue of the medical
certificates. On the strength of these, the Magistrate will issue reception order for admission of the person to
a mental hospital, provided there is room for admission, the superintendent of the hospital is willing to take
the patient, and the petitioner is willing to pay the staying charges of the hospital.
(2) Railway employees themselves are governed by the rules contained in section D of Chapter VIII of this Manual.

573. Discharge of a patient from a mental hospital:-(1) The patient when cured will be discharged from a mental hospital on being certified by the Superintendent.

(2) Even if the patient is not fully cured, he may be discharged from the mental hospital on the written application of the relative to the superintendent that he will look after the patient, provided of course, that the patient should not be dangerous to himself or others.

574. List of posts in which staff having recovered from mental diseases should not be employed:-(a) Any duty which will entail the charge of a locomotive or a moving vehicle, for example Driver, shunter, Guard etc.,

(b) Any duties connected with locomotives or moving vehicles where interference by the employee in charge may result in disaster.

(c) Any duties connected with signaling.

(d) Any duties in connection with running trains which would subject the individual to great mental strain for example, "control duty".

(e) Any technical duties involving more than ordinary strain and self control.

(f) Any duties connected with the travelling public which demand a firm control over temperament for example, Platform inspector, assistant station master, Booking clerk, Ticket collector, etc.,

(g) Any duties which involve a higher financial responsibility than ordinary clerical duties, for example Pay clerk, Cash witness, etc.,

(h) Any duties in which loss of control or a relapse of the disorder may result in loss of life and damage to the property.

(i) Any other employment in the Railways, which although not specified above, is considered by the head of the department or the Divisional Railway Manager to be unsuitable for the Railway employee who has been subject to mental instability and is quite possibly liable to recurrence.

Section I- Medical Examination and Certification of Assault cases and Other Medico-legal Cases

575. Instructions for dealing with assault cases and medico-legal cases:-(1) All assault cases are potential medico-legal cases and as such should be referred to civil medical officer or to civil hospital or civil dispensary.

(2) In places, however, where there are no civil hospitals or dispensaries and only a Railway hospital or health unit exists, the cases may be brought to the Railway doctor. In such cases, the Railway doctor should give first-aid treatment and then direct the patient to the nearest civil hospital/dispensary. In such cases, the Railway doctor may give an injury/wound certificate on request from the police. Injury/wound certificates may be issued only on the written request of a police officer. A true copy of the same should be retained by the doctor.

(3) Assault cases occurring in the Railway premises or amongst the Railway employees may be brought to the Railway health unit or the hospital by the police, or these cases may come directly. In such cases, the Railway doctor should attend to the injured and keep their complete record, which he might be called upon to produce in the court later.

(4) Medico-legal examinations in circumstances where no medical aid is required should be undertaken only at those stations where the administration has specifically agreed to undertake this type of work.

(5) While examining assault cases, a doctor should go over the cases methodically, thoroughly and carefully, as there is always a likelihood of the examining doctor being called to give evidence in a court of law. While giving evidence, he will have to produce the relevant records connected with the case. He should especially note the following points:-
(a) Time of admission, or the time of seeing the patient.
(b) The persons by whom brought. If it is a police constable, his number should be recorded.
(c) The name, occupation and full address of the person assaulted.
(d) Two identification marks.
(e) History of how, where, when and by whom the person was assaulted.
(f) Details of injuries on the person. their nature- simple, grievous. If any open wounds their length, breadth, depth and situation of the same.
(g) The duration of the injury: hours or days.
(h) The type of weapon used, whether dangerous or otherwise.
(i) If fracture is suspected, an X-ray is to be taken. In cases this facility is not available at the station, it should be taken as soon as the person assaulted is in a condition to be removed to such other station where such facility exists.

Note:- A dangerous weapon means any instrument used for shooting, stabbing, cutting or any instrument used as a weapon of offence which is likely to cause death.

576. Classification of Injuries:-(1) Injuries are classified into "grievous" and "simple". The following types of injuries are classified as "grievous".

(a) Emasculation.
(b) Permanent privation of the sight of either eye.
(c) Permanent privation of the hearing of either ear.
(d) Privation of any member or joint.
(e) Destruction or permanent impairing of the powers of any member or joint.
(f) Permanent disfiguration of the head or face.
(g) Fracture or dislocation of a bone or tooth.

(h) Any hurt which endangers life, or which causes the sufferer to be, during the space of twenty days, in severe bodily pain or unable to follow his ordinary pursuits.

(2) Injuries other than those described above are "simple" injuries.

577. Dying declaration:-(1) If the condition of the patient becomes serious and if the doctor should think that the injured person would not survive, he should report the same to the police officer by phone or in writing, as the case may be, and should note the time of message given.

(2) The police officer in turn would inform the Deputy Magistrate, Tehsildar, or the Honorary Magistrate, as the case may be, to have the dying declaration taken. If the case is not by the police but is directly admitted, the Railway doctor may inform the Magistrate directly. In the absence of these the doctor should take the dying declaration himself in the presence of a police officer and two other witnesses.

(3) The Railway doctor should take verbatim what the patient says and should not put any leading questions. It should be read over to him and the patient should sign the same if he is able to do so. If he is illiterate his left hand thumb impression should be affixed. The signature or left hand thumb impression should be attested by the writer and by the two witnesses who are present. Under no circumstances should the police officer take the dying declaration.

578. Death Certificate:-(1) All deaths which are violent or unnatural, sudden and unexpected due to unknown causes, have to be reported to the coroner or to the police authorities. Once the coroner or the police authorities are informed of the death, the entire responsibility for certification rests with them. In such cases, all that the Railway doctor called on to examine the deceased may say is that "life is extinct" without giving any formal death certificate.

(2) Similarly if death takes place in case of assault, the Railway doctor should not issue a death certificate, but should send the case to the civil medical authorities for post mortem examination. When the
police report is received, then a death certificate may be issued with the endorsement; "Issued after receipt of post mortem report".

(3) In a death certificate, the doctor should give the name of the deceased, his approximate age, his occupation and full address, if available and two marks of identification. He should state the actual cause of death, time, date and place.

Note:- In case of sudden or unexpected death, unless the doctor himself was present and he could conscientiously certify the true cause of death, he should not issue a death certificate.

Section J- Post Mortem Examination

579. Object:- (1) The object of post mortem examination of a body is to establish its identity when not known, and to ascertain the probable time since death and the probable cause of death; and in case of the body of the newly born infant, the object is also to determine the question of live birth and viability.

(2) Undertaking of post mortem work:- The Railway doctor should perform post mortem examination where the Railway administration has especially agreed to undertake this work.

(3) The Railway doctor concerned should then see that the facilities for post mortem examination exist at the hospital/health unit.

(4) Further, a medico-legal post mortem should never be undertaken unless there is a written order from the superintendent of police or the District Magistrate.

(5) Instructions for dealing with post mortem work:- Before commencing the examination the medical officer should carefully read the police report on the appearance and the situation of the body and the cause of death as far as could have been ascertained. This precaution is necessary especially in the case of decomposed bodies, so as to enable him to examine particularly the organ or the part of the body most suspected for the evidence of death.

(6) Identification of the body should be done by the officer who presents the written request for the post-mortem examination or by his deputy in the presence of the doctor.

(7) The examination should be conducted in day light, and not in artificial light. It should also be as thorough and complete as circumstances permit. Methodical examination should be made from head to foot and all the details to be noted under abrasions, bruises, nail marks, burns, wounds, gunshot wounds, fractures and dislocations, and their situation.

(8) The three great cavities, Cranial, Thoracic and abdominal and the organs contained in them should all be carefully examined even though the apparent cause of death has been found in one of them to avoid unnecessary and sometimes unpleasant cross question in court, in as much as evidence of factors contributory to the cause of death may be found in more than one organ. In suspected cases of poisoning, the viscera should be preserved and sent to the Chemist for analysis. In women vagina, uterus and ovaries should be examined.

(9) Ordinarily the body is sent to the morgue but in exceptional cases, the Medical officer may be taken to the place where the body is lying. In that case he should note the place and the nature of the soil where he found the body and also its position especially as regards the hands and feet, and the state of the clothes, if any. He should also note, in case of death from violence, the position of the body in reference to the surrounding objects, such as sharp stones and the likely contact which, it might be alleged, had produced the injury, and also whether any blood stains were visible on such objects or anywhere near corpse, and whether any weapons were lying near it. The ground in the vicinity should be carefully searched for the presence of foot prints and any evidence of struggle. In the case of suspected death from poisoning, he should note whether any appearances of vomited matter etc. were present in the neighborhood of the body.

(10) All the details observed by the medical officer should be carefully entered on the spot by himself in the post mortem report or in a notebook, which can be used as evidence in a legal inquiry. He should not mind the report getting soiled, in fact this will enhance the value, in as much as it goes to prove that it was written at the time when the facts were still fresh in mind. If there is an assistant, the best plan is to dictate to him as the examination proceeds step by step, and then read, verify and attest the report. It is not safe to trust memory and to write the report later on after completing the examination, the notes and the report to be sent to court must tally with each other. There should be no discrepancy. Nothing should be erased and all alterations should be initialed.
(11) The medical officer holding the post mortem examination should note the time of the arrival of the body at the morgue, the date and hour of the post mortem examination and the name of the place where it was held. There should be no unnecessary delay in holding of the post mortem examination. It should be made as soon as the papers are brought and the exact time of delivery of these papers should be noted.

Section K- Other General Instructions regarding Medical examination

580. Examination of serving Railway employees suffering from contagious diseases. etc.:
(1) Where the competent authority has reason to believe that a Railway employee is suffering from:

   (a) either a contagious disease, or

   (b) Physical or mental disability which, in the opinion of the authority, interferes with the efficient discharge of the Railway employee's duties, that authority shall relieve the Railway employee from duty and arrange for medical examination of the Railway employee forthwith and the Railway employee will be considered to be on leave.

(2) If the examining authority subsequently expresses the opinion that it was unnecessary for the Railway employee to have been relieved from duty, he will be put back to duty and such leave shall not be debited to the leave account of the employee. The period of absence from the date of relief from duty in terms of the above provisions to the date he is put back to duty shall be regarded as duty.

(3) On the basis of the opinion expressed by the examining medical authority and subject to the provision contained hereinafter, the competent authority may require the Railway employee either to continue on leave or to retire from service.

(4) For the purpose of the rules contained in paras 580(1) to 580(7), the competent authority in relation to a Railway employee shall be the authority as specified below:-

   Gazetted Railway employee, Group ‘A’  ..  ..  Railway Board
   Gazetted Railway employee, Group ‘B’  ..  ..  General Manager
   Non-Gazetted Railway employee  ..  ..  Divisional or Senior scale Officer

(5) If the employee has to be incapacitated from service, then the rules regarding invalidation from service should be followed.

(6) The authority directing the Railway employee to undergo medical examination shall communicate to the examining medical authority all such details concerning the medical history of the case as available in official records of the case, and shall include a directive that the standard of the physical fitness to be adopted should make due allowance for the age and the length of service of the Railway employee concerned.

(7) The authority directing the Railway employee to proceed on leave pending medical examination shall also intimate the fact to the examining medical authority and require it to express an opinion on the necessity for the Railway employee to have been required to proceed on leave.

(8) If the examining medical authority finds the Railway employee to be in bad state of health and considers that a period of absence from duty is necessary in his case for the recovery of his health, it may recommend the grant of leave to him for that period.

(9) If the authority considers that there is no reasonable prospect of the Railway employee recovering his health and becoming fit to resume his duties, it shall record the opinion that the Railway employee is permanently incapacitated for service, and shall also give reasons for that opinion.

(10) In either case, the examining medical authority shall communicate its findings to the authority which directed the Railway employee to undergo the medical examination.

(11) A Railway employee in whose case the grant of leave is recommended by the examining medical authority shall be required to continue on leave by the authority competent to grant him leave as soon as the findings of the medical authority becomes available.

(12) The leave granted shall be of such nature, and for such period, as would be admissible to the Railway employee under the rules applicable to him if he had applied for the leave on medical certificate provided that the period of leave shall not extend beyond the date of expiry of the period recommended by the medical authority.
(13) A Railway employee declared by the examining medical authority to be permanently incapacitated for further service shall be retired from service, but before the Railway employee is actually retired from service, the authority which directed him to undergo medical examination shall inform him in writing of the action proposed to be taken in regard to him indicating briefly the grounds on which such action is proposed to be taken.

(14) The Railway employee shall be informed that:

(a) Subject to the provisions of para 528, and orders regarding grant of leave to persons suffering from specified diseases like tuberculosis, his retirement will have effect on the expiry of the period of one month from the date of communication unless he desires to retire from an earlier date.

(b) He may submit, if he so desires within a period of one month, a request to be examined by a Medical Review Board supported by prima facie evidence that grounds exist for doing so; and

(c) If he prefers a request for examination by a Medical Review Board, he shall be liable to pay the fees prescribed under para 580(17)

(15) For the period from the date of communication up to the date of retirement under para 580(16), the Railway employee shall be granted leave under the rules applicable to his post or service as if he has applied for leave on medical certificate.

(16) On receipt of the application for review, the competent authority shall take steps to constitute a Review Board in consultation with the Chief Medical Director of the Railway. If the review Board confirms the opinion of the examining medical authority, the retirement of the Railway employee shall, subject to the provisions of Para 528, be effective from the date on which the decision is communicated to the Railway employee. If on the other hand the Review Board recommends grant of leave to the Railway employee, action shall be taken as provided in Para 580(11) and 580(12).

(17) The entire expenditure involved in assembling the Review Board shall be borne by the Railways, provided that the Railway employee shall be required to pay a fee of Rs 30/- which shall be refunded if the Railway employee is not retired as recommended by the first medical board.

581. Medical Examination, Preferably near the Home Stations:- Medical examination of a candidate should be arranged only at such places where arrangement for such examination exists, but preferably nearest to the place of residence of the candidate. In case he happens to reside at a station nearer or on a non-employing railway, the employing railway should issue necessary memo to the other railway for arranging medical examination at a centre nearest to the home station of the candidate.

582. Issue of passes to Staff sent up for Medical examinations:- All staff sent up for medical examination should be provided with passes for their to and fro journeys by their concerned departments.

583. Issue of age certificates to juvenile offenders:- (1) Railway Magistrate, when trying juvenile offenders for ticket-less travel, may require medical certificates assessing the age of the offender.

(2) Since the work concerned is connected with the day-to-day Railway work, such age certificates should be issued by Railway Medical Officers when the offenders are referred to them for the purpose.

( Ministry of Railway's letter No. E 56 ME 1/23/Med. dated 30/07/1956)

584. Medical examination at the time of confirmation:- A Railway employee already examined in the category appropriate to the post in which he is being confirmed need not be sent for re-examination unless he is being confirmed in a post for which higher category of medical examination is required.

585. Medical examination of drivers and shunting staff of the privately owned Railway sidings:- The drivers and shunting staff of such of the privately owned sidings where they are required to perform shunting from the Railway station to the sidings and vice-versa and where privately owned locomotives are required to work in Railway traffic yards for placements, withdrawals etc., should be subjected to medical examination at least for the fitness of their vision by a Railway doctor, and competency certificate issued. A fee of Rs. 40/- should be charged per candidate, which should be shared in the ratio of 1:3 between the Railway administration and the Railway doctor.

( Ministry of Railway's letter No. 90/H/5/8 dt. 09/02/1993)
586. **Medical examination of Life Insurance Corporation cases:** Prior permission of the Government will be necessary for medical examination cases sponsored by the Life Insurance Corporation.

587. **Periodical health check of all beneficiaries:** All Railway beneficiaries above the age of 40 should be encouraged to come up for the periodical health check-up. To encourage them to do so, it may be necessary to continue to insert the following notification in the Railway Gazette: 'For health check-up, ring .............at.............(telephone) to obtain an appointment.' For this purpose, a Health card as given in annexure XXIII to this chapter may be used.

( Ministry of Railway's letter No.75/H/5/15 dt. 24/09/1975)

588 **Medical Examination prior to re-employment after retirement:** When a Railway employee, whether Gazetted or non-Gazetted, is re-employed after his retirement, he will have to undergo a fresh medical examination prior to his re-employment if his duties concern public safety. If his duties affect only his and/or his fellow worker's safety and/or if he is covered by the Workman's Compensation Act, then the medical examination may be done if there is an interval of one year or more between the retirement and re-employment and/or if his periodical examination has already become overdue had he continued in service. In all other cases medical examination may be done if there is an interval of one year or more between retirement and re-employment.

( Ministry of Railway's letter No.76/H/5/6 dt. 26/04/1976)

589. **Medical examination fee in the case of candidates and vendors:** (1) In case of pre-recruitment medical examination of candidates for non-gazetted Group C and D posts, candidates called for pre-recruitment medical examination for apprenticeship training on the Railways under the Apprentices act, 1961 and Apprentices (Amendment) Act 1973, vendors/commission agents of private catering units and casual labour who are appointed only for a short duration without a reasonable prospect of his/her getting a continuously extended employment or becoming a temporary employee, fees as shown below against each category may be charged:

(a) Group ‘C’ .. .. Rs 24/- per head  
(b) Group ‘D’ .. .. Rs 16/- per head  
(c) Vendors/commission agents .. .. Rs 20/- per head  
(d) Apprentices .. .. Rs 16/- per head  
(e) Casual labour .. .. Rs 6/- per head

(2) The fees may be charged and receipt issued by the same authority who has issued medical examination memos. The receipts should invariably be pinned with the medical examination slips. Without receipt, the doctors should not conduct medical examination. The fees collected in these cases should be credited, in full, to the Railway revenues.(Abstract Z)

(3) In the case of vendors/commission agents, fees should be charged only for the first medical examination.


***************
ANNEXURE I
( See Para 505 )

STATEMENT AND DECLARATION TO BE GIVEN BY A CANDIDATE FOR APPOINTMENT TO THE
GAZETTED RAILWAY SERVICE.

1. State your name in full (in block letters)

2. (a) State your age and birth place
   (b) Do you belong to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribals, etc., whose average height is distinctly lower? Answer 'Yes' or 'No', and if the answer is 'Yes', state the name of the race.

3. (a) Have you ever had Smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis?
   OR
   (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?

4. When were you last vaccinated?

5. Have you suffered from any form or nervousness due to over-work or any other cause?

6. Furnish the following particulars concerning your family -

<table>
<thead>
<tr>
<th>Father's age, if living, and state of health</th>
<th>Father's age at death and cause of death</th>
<th>No. of brothers living, their ages and state of health</th>
<th>No. of brothers dead, their ages at, and cause of, death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother's age, if living, and state of health</th>
<th>Mother's age at death and cause of death</th>
<th>No. of sisters living, their ages and state of health</th>
<th>No. of sisters dead, their ages at, and cause of, death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Have you been examined by a Medical Board before?

8. If answer to the above is yes, please state what Service/Services you were examined for?

9. Who was the examining authority?

10. When and where was the Medical Board held?

11. Result of the Medical Board's examination, if communicated to you or if known.

   I declare all the above answers to be, to the best of my belief, true and correct.

Signed in my presence

.................................................. ..................................................
Signature of Chairman of the Board                  Candidate's Signature

Note:- The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information, he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation or gratuity.
ANNEXURE – II

(See Para 505)

(REPORT OF THE MEDICAL BOARD ON ...........................................(Name of Candidate)

1. Physical examination –

   General examination: Good ......................... Fair ......................... Poor .........................

   Nutrition: Thin ............................... Average ......................... Obese .............................

   Height (without shoes) ......................... Weight ........................... Best Weight ..........................

   Any recent change in weight ......................... When ..........................

   Temperature .................................

2. Girth of Chest -

   (1) (After full inspiration) ...........................
   (2) (After full expiration) ...........................

3. Skin: Any obvious disease ........................................

4. Eyes (1) Any disease ........................................
   (2) Night blindness .................................
   (3) Defect in color vision ............................
   (4) Field of vision .................................
   (5) Visual acuity - ..................................

<table>
<thead>
<tr>
<th>Acuity of vision</th>
<th>Naked eye</th>
<th>With glasses</th>
<th>Strength of glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sph.</td>
</tr>
<tr>
<td>R.E.</td>
<td>...</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>L.E.</td>
<td>...</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>R.E.</td>
<td>...</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>L.E.</td>
<td>...</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>Distant vision -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Near vision</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Ears: Inspection ............................... Hearing: Right ear ........................... Left ear ...........................

6. Glands ........................................ Thyroid ........................................

7. Condition of teeth ........................................

8. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs? ............................

   ........................................

   If yes, explain fully ............................
9. Circulatory System -
   (a) Heart: Any organic lesions? Rate: Standing ..................
       After hopping 25 times ..............................................................
       2 minutes after hopping ..............................................................
   (b) Blood Pressure: Systolic ............................................. Diastolic .........................

10. Abdomen: Girth .................. Tenderness .................. Hernia ......................
    (a) Palpable: Liver .................. Spleen .............................................
        Kidneys .................................. Tumors .............................................
    (b) Haemorrhoids .................. Fistula .............................................

11. Nervous System: Indications of nervous or mental disabilities ..................................

12. Loco – Motor System: Any abnormality .............................................

13. Genito-Urinary System: Any abnormality .............................................

   Urine Analysis –
   (a) Physical appearance (b) Sp. Gr. (c) Albumin
       (d) Sugar (e) Casts (f) Cells


15. Is there anything in the health of the candidate likely to render .....................
    him unfit for efficient discharge of his duties in the service for which he is a candidate?

16. For which services has the candidates been examined and found ........................
    in all respects qualified for the efficient and continuous discharge of his duties and for which of them is he considered unfit?

17. Is the candidate fit for Field Service? .............................................

Chairman.............................................

Place: .............................  Member .............................

Date .............................  Member .............................

Note - The Board should record their findings under one of the following three categories :-

(i) Fit .............................................

(ii) Unfit on account of .............................................

(iii) Temporarily unfit on account of .............................................
1. Medical Officers authorised to conduct examinations:

1.1. On Appointment & re-examination

1.1.1 Category A1: Medical officer of the rank of Divisional Medical Officer or above, specifically nominated by the C.M.D. An Ophthalmologic examination including fundoscopy should also be done.

1.1.2 Category A2 and below: Selected and authorised Medical Officers.

2. Examination Centres: With the exception of very small Health Units, all other Health Units should be equipped and Medical Officers trained and authorised to conduct examination at least for lower categories. For this, much additional construction may not be necessary.

2.1 Medical Examination Rooms:

2.1.1 Doctor’s Room, with attached office.

2.1.2 Physical Examination Room: This room should be not less than 6.5 metres long and 2.5 metres wide. The wall should be distempered with green or grey distemper to give dull matt surface. The illuminated Landolt’s test board will be fitted at one end. At the opposite end, a shaded bracket lamp with 15 or 25 watt bulb, should be provided at a height of about 2 to 3 metres from the ground for general illumination of the room. The room should be capable of being rendered almost completely dark and all the switches should preferably be near the testing board so that the examiner can control it. The distance from the board should be marked on the floor in metres. There should be an exhaust fan with a hood to provide ventilation when the doors and the windows are closed.

3. List of equipment for the Examination Room:-

3.1 One Standard series of Landolt’s split rings mounted.

3.2 Norman of Edridge Green Lantern for testing color vision.

3.3 Cards of Snellens’ Test type in different languages for testing near vision.

3.4 Trial case with frame for lenses occluding disc, etc., (for Divisional Headquarters).

3.5 A book containing not less than 24 numbers of Ishihara plates with instructions.

3.6 Spectacle frame without any glasses.

3.7 A pair of spectacles with one standard red and one standard green glass on a frame which is reversible, to test binocular vision.

3.8 Worth’s four dot test apparatus.

3.9 Dastoor malingering test apparatus (This should be Provided at Divisional Headquarters).

3.10 Synaptophore at Railway Headquarters.

3.11 Electric torch.

3.12 Ruler painted white or with luminous paint.

3.13 Table, chair and revolving adjustable stool.

3.14 Record forms.

3.15 Lensmeter for verifying correct power of glasses (at divisional hospital)

3.16 Ophthalmoscope (at divisional hospital)

3.17 Retinoscope (at divisional hospital)

3.18 Appliances for measuring central and peripheral fields. (at divisional hospital)

Note:- (1) At Divisional Headquarters, the Landolt's slit ring board should have a shaded 60 watt lamp fitted on the top of the Landolt's test board with Rheostat for dimming the light for testing night blindness when considered necessary.

(2) Ishihara charts should be kept locked under the personal custody of the Medical Officer.


4.1 The majority of Railway workers are responsible directly or indirectly, for safety of travelling public and it is, therefore essential that they should have a very high standard of physical and mental fitness. The examination for candidates has to be very thorough and strict to ensure that they are fit in every respect for the particular job when they
are selected, so candidates recruited and trained will continue to be fit to work till the age of superannuating without having to be unfitted at a stage when their mature experience will be the most useful to the Railways. It should be remembered that premature decategorisation creates serious difficulties for the administration in finding alternative employment to the decategorised staff with out much loss of emoluments. In the event of Premature invalidation or death, the administration will have to pay pension for a very prolonged period and the efforts and expense on training would be wasted.

4.2 The degree of physical fitness required for different jobs varies considerably. For example, a very high standard of fitness is required of staff who are connected with train working compared to those working in offices. It is, therefore necessary for the medical officer to be familiar with the duties performed by various categories of staff so that he can make proper assessment of the fitness of men whom he examines. It is often necessary to contact the departmental officers or supervisors to ascertain the exact requirements of the job. Employees in service are examined periodically to ensure that they continue to be fit and also to detect any deterioration in health with a view to correcting them early.

4.3 In order that medical examinations are conducted methodically according to rules laid down and to see that there are no lacunae in the procedure some hints are given below for the guidance of examiners. These are based on experience on the different Railway systems and are by no means complete. Local circumstances and new situations may arise from time to time calling for ingenuity, higher alertness and necessary action including reference to higher quarters, if required.

4.4 Strict adherence to rules and procedures laid down for these examinations, honesty of purpose and correct and polite attitude to examinees are ‘MUSTS’ which cannot be compromised. Relevant chapters of Establishment Manual, Medical Manual, correction slips and instructions issued from time to time must be read and followed it is a good practice to refresh the memory periodically.

4.5 Equipment in the vision testing room should be reliable. They should be checked periodically to ensure that they are working properly. Landolt’s split ring discs require cleaning periodically. Color vision lantern may also require cleaning though less frequently.

4.6 The examiner should be alive to the possibilities of collusion between the assistants and the examinees. Therefore assistants, Class III and Class IV should be honest and dependable. It is better to rely on honest but not too smart persons, than on sleek customers. Human assistance should be reduced to the minimum. Clerical assistance should be taken only for routine duties. The certificates should not be filled up and signed in the midst of another work or when a hurry. The practice of entering the findings on the back of the requisition and pasting the requisition to the back of the counterfoil of the medical certificate is a useful way of keeping the information for future reference.

4.7 Delegation of technical work to unauthorised persons (even doctors) has landed many Medical Officers into difficulties. All findings must be personally seen and recorded and decisions given unfettered. If adequate time is not available, examination should be postponed to the next-day. Opinions called for or unsolicited as only guides. Decisions given must be capable of being defended later, if necessary.

4.8 At Present there is no yardstick for assessment of the time taken in medical examination or of the workload that devolves on a doctor as medical examination work usually is in addition to the other work that a doctor has to do. Taking into account all details including the procedures of examination recommended, it is felt that on an average about 20 minutes is required for examination of each case in categories A1 A2 and A3.

4.9 Impersonation by candidates and employees must be prevented by checks on identification marks which must be well defined. If identification marks are not furnished or if there is any doubt, the marks as seen should be recorded and the personnel officer or the immediate superior who sent the examinee be asked to verify them. Tally of signature or thumb impression might help.

4.10 Since definite standards have been laid down in respect of candidates for vision, hearing and physical fitness it is easy to decide whether he is fit or unfit for a Particular job. In the case of employees the decision is easy when the vision, color vision or hearing is defective but the decision can be difficult when some physical disability is noticed. If the examiner considers that the employee is not fit for his original occupation, he has to decide what alternative job he is fit for. In coming to a decision the examiner must take all factors into consideration and exercise his discretion.

4.11 Doubts regarding age should be brought to the notice of competent authority.

5. Detection of Malingerers.-

5.1 It is necessary for the examiner to be alert to detect any malingerer. It, may help very much if one goes into the details and ascertains carefully the reasons why an examination other than periodical examination is being conducted, e.g., when an employee appears after an accident, he may refuse to see colours correctly or come up to the visual standards even though he can see, for obvious reasons of escaping Punishment. It has often been found that Rakshaks who on previous examination were correctly found to have good colour Perception and normal vision, after a few years’ Service, want to get decategorised on medical grounds by either feigning to have lower standard visual acuity or more often feigning to become colour blind with a view to getting absorbed in more comfortable jobs. The examiner, therefore, has to guard against

5.1.1 refusal to come up to correct visual standard which he really possesses;

5.1.2 refusal to see colours even though colour perception is normal

5.1.3 feigning other illnes.

5.2 The methods suggested to detect feigning in distant vision examination are putting plane lens, concave lens and then neutralise it with convex lens etc. It is with a view to make his previous training or knowledge imparted by unscrupulous opticians or doctor valueless. Similarly for colour Perception putting on the red and green glasses in
darkness and showing colours from either the lantern, four-dot test or Dastoor's test apparatus with combinations and variations will help to suspect a malingerer. Dastoor's test apparatus is also useful for detection of malingering in distant vision. For ailments the usual investigations may have to be clone and the person kept under observation. It will be seen that it is a question of pitting of wits of the examiner against that of examinee and his associates. Having suspected such a case, detailed findings should be recorded for personal reference and for reference by those to whom the case will be put, up for confirmation.

5.3 In these cases, it is a good practice to refer the case to a senior colleague, giving him all details, for his independent examination and advice. Where malingering is proved, the case should be referred to the Divisional Medical Officer for further disposal. The Divisional Medical Officer will bring it confidentially to the notice of the personnel branch and the departmental officers concerned with a view to further corroborating the reasons for which he might be deliberately malingering. If there is still any doubt left the Chief Medical Director should be requested to order a Medical Board. Where such malingering is suspected the administration should ensure that the person concerned does not get any attractive alternate employment but only an unattractive post like Office clerk. If malingering is established, he is psychologically not fit to remain in service and may be declared unfit for all classes.

6. To ensure that examination is complete in all respects and to do it quickly it is necessary to conduct the various procedures systematically in a definite order. For this, the following sequence is suggested:-

6.1 Registration of candidates and employees by the Clerk – in charge who will check up whether requisitions for examination are complete in all respects including signature of the official who issues the requisitions. They should be returned if requisitions are incomplete.

6.2 The Clerk will then write name, age, designation, medical classification, etc., of the candidate/employee in the relevant Medical certificate proforma.

6.3 The Medical Officer then personally verified the identification marks given on requisition and initials it. If they are vague or incomplete, he will write down the correct identification marks and ask the official issuing the requisition to verify it. Signature or thumb impressions are then taken.

6.4 The examinees are then lined up and eyes are examined in good light for any abnormality. Eye movements, field of vision, pupillary reactions, are tested and absence of squint tested by the cover test.

6.5 Visual acuity, color vision and near vision are tested. Since candidates are sent for examination for a particulars class, physical examination need not be proceeded with, if vision or color vision is defective and the candidate would be declared unfit.

6.6 Physical examination is then conducted systematically starting with the head and finishing with the feet. In the case of candidates, marks or successful vaccination should be looked for.

6.7 Special examination like blood pressure, urine, etc., are then conducted.

6.8 In the case of candidates if they are fit in all respects, they are sent for miniature X-ray of the chest.

6.9 The examinee should not be fatigued. He should not be examined after his having come straight from work, long exposure to glare or while fasting. He should come either in the morning after breakfast or after lunch. He should have had sufficient rest and good night’s sleep. He should be kept in the dark room for some time before the actual examination commences.

6.10 If a Railway employee, who has not had a period of rest immediately prior to his re-examination fails to pass the tests, he may be re-examined by the same examiner after allowing the examinee a period of rest.

6.11 If any defect is found, which is likely to interfere with the efficient performance of the Railway employee’s duties, but is remediable by treatment or operation, the Railway employee should be advised to undergo such treatment or operation.

6.12 These regulations in no way restrict the freedom of a competent authority, before whom a Railway employee appears for a Medical certificate or for examination with a view to being declared fit to return to duty, to express the opinion that the Railway employee is permanently in-capacitated for service or for the duties of a particular class or nature.

6.13 All vision tests should be conducted with the examinee’s vision corrected, where necessary.

7. Tests for visual acuity :-

7.1 Distant vision: This will be carried out in a dark room on an illuminated board with Landolt’s split rings where the board will be fixed at a distance of 6 metres from the examinee. The test rings will be made of plastic material, black matt on non-shining absolute white background. In the absence of dark room facility, this examination could also be done in an open verandah with diffused uniform light. If such an arrangement is used the examination should be done only when there is adequate natural light.

7.1.1 The Standard Test Objects:

(a) The Standard Test objects consist of a series of matt black rings printed on matt card (plastic to be preferred). The rings are of 8 sizes and each is broken by a radial, parallel-sided gap, the widt.h of which, taken tangentially to the ring, is in all cases equal to the radial breadth of the ring. The gap or "split" in the ring is accordingly a square. The overall diameter of the ring, from outer margin to outer margin, is five times the widt.h of the gap.

(b) The measurement of the 8 rings required, and the equivalence of the various members of the series with Snellen’s Test Type for Distance, are as thus:-

<table>
<thead>
<tr>
<th>No. of Snellen</th>
<th>Widt.h of Gap</th>
<th>Outer Radius</th>
<th>Inner Radius of</th>
</tr>
</thead>
</table>


7.1.2 Mounting of the Test Objects:-

The test objects are mounted on a planed and sand papered but unpolished and unpainted teak board about 60 cms. long and 22 cms. wide and 1.5 cms. thick. This board with its long axis vertical is fixed to the wall of examination room or on a stand in such a manner that there is a gap of approximately 15 Cms. between the Board and the wall so that the examiner’s hand can freely go behind the board to manipulate the rotating studs. The height of the board from the floor should be such that the smaller rings are more or less on level with the examiner’s eyes. The board is perforated by round opening through which the shanks of a series of studs terminating the smooth flat disc-shaped and pieces snugly. The disc-shaped ends are designed to carry the series of test objects of different sizes. To the rear of the Board, the studs terminate in similar end pieces of convenient size for rotating the studs. The Card or preferably the plastic test objects are mounted on the disc shaped ends by adhesive in such a fashion that the centre of the ring accurately overlies that of the stud to which it is attached. Suitable covers preferably of plastic should be provided to occlude the test objects which are not being exhibited.

7.1.3 Illumination of a board in the Dark Room:-

The test objects should be illuminated in such a way that it provides illumination of not less that 5 feet candles uniformly on all the test objects. The source of light should be shaded in such a manner that it is not visible either to the examinee or to the examiner. Normally 20 Watts day light fluorescent lamp on either side of the Board with suitable shades provides adequate illumination.

7.1.4 Method of conducting the test : The examinee should be seated six metres away from the board. The test should consist of the examinee being required to indicate, either verbally or by pointing the position of the gaps in the rings as the successive members of the series are rotated, each eye being tested separately. The following points are to be observed.

(a) When testing vision, the rings should be manipulated by the examiner himself and not left to the assistant. Split ring should be occluded momentarily during rotation with the hand or a suitable card and only stationary position shown. In the average case the larger rings may be shown in one or two Positions but the number should be increased as one moves up the series.

(b) No definite order should be followed in showing the different positions and the last two rings should be shown eight times each and the examinee must indicate the correct position at least six times on the last one. It is a good practice to show the ring occasionally in the same position consecutively to detect whether the examinee is just guessing. Trick movements of the head to look past the occluder in shaded eye should be guarded against.

(c) Each ring is to be presented in more than one position.

(d) No regular order should be followed in the successive positions presented with each test object; but the objects themselves are to be used in regular sequence of Size commencing with 6/60.

(e) Failure to indicate accurately the position of the gap should lead to the intermission of the test for some moments during which examinee may, if he so desires, close the eyes.

(f) If on resuming, the examinee makes more than two mistakes out of eight positions, the vision must be recorded as the next highest number i.e., if he reads 6/12 accurately and makes two mistakes out of 6 in 6/9 the vision is 6/12.

7.1.5 Night vision-Night blindness may be tested by recording of visual acuity with reduced illumination.

The Night Vision should be examined in diminished light with 2 bulbs of 30 watts each fixed either sides of the examination board (6 inches from ‘C’ ring) one above and one below. The bulb should be of day light pattern and be attached to a rheostat to reduce the light up-to a minimum of 100 lux (5 watts). The minimum intensity of light required on the Landolts Board should never be less than 100 lux (i.e. 5 watts). Even during the testing the optimal light of 1000 lux (50 watts) is required for Night Vision test. To get this intensity of light it is recommended that 2 Fluorescent tubes(2 ft. size) one on each side should be placed 6-10 inches from the Landolts’ split ‘C’ rings lateral and anteriorly so that light falls on the ‘C’ rings from the front with an angle. These Fluorescent tubes should be covered so that they are not visible to the examinee. The following chart will give the amount of light falling from the source at different distances.

<table>
<thead>
<tr>
<th>Distance of source and Surface illuminated:</th>
<th>for 1000 lux (50 watts) illumination the wattage of lamp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 inches</td>
<td>12.5 watts.</td>
</tr>
</tbody>
</table>
7.1.6. Fogging Test

For manifest hypermetropia For candidates in Class A-1

This should be carried out in the case of candidates for Class A-1 whose naked eye vision comes up to the required standard 6/6, 6/6. After testing visual acuity, trial frame is put on and one eye is occluded. In front of the eye being tested combination of plane, convex and concave lenses are inserted and vision tested. He should not be able to read 6/9 with + 2D. The combination should be varied so that previous experience or knowledge about the test obtained from others should be of no value. The eye should now be occluded and the test repeated and the findings recorded.

7.2 Near vision: Near vision shall be tested with Snellen's test types as follows

7.2.1 The examinee is seated with his back to a source of good diffuse light and holds the test type card at a distance of approximately 30 Cms squarely in front of the face. The eye must be held fully open. Trial frame and occluding disc are put on and examinee asked to read the smallest test type legible to him. This is recorded as his near vision. Each eye is tested separately.

7.3 Field of vision: Field of vision shall be generally tested by the confrontation method. In case where, collateral evidence points to the probability of field defect, the examinee should be examined by one or other of the more precise methods (perimeter or campimeter) even although the manual method is negative.

7.3.1 Confrontation method Examiner and examinee sit facing each other about 90 Cm. apart, eyes on a level, chairs symmetrically disposed to the window or any other source of light. Assuming that it is intended to begin with the examinee's left eye he is instructed to close, the right eye with the right hand to fix the examiner's right eye with his left eye. The examiner closes his left eye and extends his right hand to occupy a position in the plane midway between himself and the examinee. He now moves his hand in all meridians successively in this plane from the centre towards the periphery and the examinee is instructed to inform, him when in each meridian the hand is no longer seen; great care is exercised to ensure that the left eye of the examinee remains fixed and the right eye covered. If it is suspected that the latter is not the case, the examination is stopped and only resumed when the right eye has been occluded. The procedure is repeated for the examinee's right eye, the examiner's eye being closed, etc. Any meridian in which the hand is observed to disappear for the examinee while remaining visible to the examiner is noted and regarded as a meridian of defect.

7.4 "Squint": The eyes should be examined in good light for absence of squint to ensure that the movements of eye-balls are normal and to see whether he has been operated for cataract. It is not uncommon for employees in classes A1, A25 A35 B1 & B2 to take privilege leave and get operated for cataract without advising the Medical Authorities and the defect is likely to be missed at Periodical Medical examination. Most cases of squint will be detected if the examine is asked to look straight ahead and the eyes are examined in good light. Testing movements of the eye-balls asking the examinee to look at the examiner's finger and moving it vertically horizontally and obliquely will be helpful. For categories other than C1 and C2 examination by cover test should be done.

7.5 Binocular vision is not likely to be present if there is a congenital squint or one acquired early in infancy where corrective surgery has not been done before 6 to 7 years of age. It is so even though the vision in each eye may be 6/6. This is so because binocular vision was absent at the crucial period of development of the brain and the person learns to suppress image of one eye at any particular time to prevent confusion due to the defect right from birth or early in life.

7.5.1 Binocular vision has advantages over the monocular vision. With stereoscopic vision one gets a sense of depth in the field which helps in judging distance of an object. It also helps to judge the speed of a moving object. The greatest disadvantage in absence of binocular vision to a driver may be when he approaches a big yard where there are large number of signals on one scaffolding and he may fail to distinguish the one which is meant for him.

7.5.2 Cover test, one-dot test, 4 dot test and even Dastoor's malinger test are but crude tests for binocular vision. If in spite of obvious squint an individual passes these tests and diplopia is not discovered, he should be examined for presence of binocular vision on Synaptophore. This obviously will be possible only in the Headquarter Hospital at the present stage.

7.5.3 Where squint is present from birth or develops early in infancy and is corrected later in life, it is very improbable that the man would get binocular vision. Such cases should be examined carefully and not passed as having binocular – vision unless examined on Synaptophore. Individuals getting acquired later in life however, develop binocular vision with corrective surgery.

7.6 The details of the various tests are enumerated below

7.6.1 Candidates and Railway servants in class A-1, A-2, A3, B1 and B-2 will be tested for the presence or absence of binocular vision, i.e., peripheral fusion, according to the following methods. The absence of binocular vision will disqualify a candidate for admission to service in these classes, and in the case of a Railway servant his retention in the service in classes other than C-1, and C-2.

7.6.2 All candidates and employees in Class A-1, A-2, A3, B-1 and B-2 shall be examined for absence of squint by cover test. Doubtful cases may be examined by Worth's four dot test or Dastoor's apparatus. In the case of candidates and employees in class A1, A-2 A-3 B-1 & B-2 doubtful cases shall be referred to the divisional head quarters for examination by ophthalmologist.

7.6.3 The Cover Test:

7.6.3.1 Examination to detect the presence of deviation of the visual axes for fixation of a near object: Hold a spot light or some other small fixation object about half a metre in front of the patient's eyes and ask him to keep looking at it. Then watching his right eye, quickly occlude his left eye; if as soon as his left eye is covered, his right eye exhibits movements in order to take up fixation of the object, it follows that it must have been deviating before the left eye was occluded. The
direction of such movement of the right eye will have evidence of the direction of squint, for example, if the right eye turns onwards to take up fixation, it must have been in a convergent position before the left eye was occluded; therefore, there is a right convergent strabismus. If on the other hand, the right eye moves inwards to take up fixation, he must have a divergent strabismus. If the right eye remains fixed on the spot-light and exhibits no movement, there is no manifest strabismus of the right eye. This test should be repeated at least twice more, so as to ensure correct observation. In some cases, it may be found that fixation is alternating, in others it may be observed that fixation is variable, sometimes mono-ocular and sometimes binocular. There may also be a combination of horizontal and vertical deviation. Repeat the examination for the left eye, keeping the right eye of candidate and left eye of examiner occluded.

7.6.3.2 Examination to determine the presence of deviation of the visual axes for fixation of a distant object:- The testing then repeated using a fixation spotlight situated at a distance of 6 metres, because sometimes a squint may exist when the gaze is directed to a near object, but not when directed to a distant object or vice versa.

7.6.3.3 As a result of the cover test, it will be clear whether the patient is fixing binocularly or mono-ocularly i) when fixing a near object and (ii) when fixing a distant object. If mono-ocular fixation exists the test will have demonstrated the type of deviation present.

7.6.3.4 The possibility of pseudo-strabismus must also be kept in mind. Apparent strabismus or pseudo-strabismus, may be due to broad spicanthic folds which give the eyes a closely set appearance when the gaze is directed forwards and make the adducting eye appear to turn in excessively when the gaze is directed laterally to one side or the other.

7.6.4 Four dot test:-

7.6.4.1 Apparatus : Worth's Four Dot Test is one of the most useful tests for binocular vision, its value being in its extreme simplicity. The apparatus consists of a light tight box 10”/25 cm. X 10”/25 cm X 7 ½”/19 cm, having a light bulb of 25 watts at the rear which illuminates four round white and coloured aperture 1 ¾”/4.5 cm apart. The coloured glasses of the apertures are backed by frosted glass. A pair of red and green goggles or spectacles is used in the test, the red and green glasses being complimentary to those fixed to the apertures. The apertures with the green light cannot be seen through the red glass of goggles and the aperture with red light cannot be seen through the green glass of the goggles. The aperture with the white light is seen with both the eyes. The red and green glasses in spectacles or goggles should be interchangeable so that the red or green glass can be placed over the right or left eye, as required. The test is not applicable to the color blind.

7.6.4.2 Method. - The test is conducted in the dark. The goggles or spectacles are placed in front of the examinee's eyes before the light is turned on. Care should be taken that he does not observe without the goggles the number of the lighted apertures in the box, without the goggles or spectacles since this information may make him qualify his answers. The examinee who is placed at 6 metres distance and facing apparatus with the red glass over the right eye and the green glass over the left eye, is asked how many lights he sees and what colour the lights are. If he sees four illuminated apertures one red, two green and one nondescript pinkish green, then fusion is present and he possesses binocular vision. If he sees three green illuminated apertures only, he is using the left eye only, and similarly if he sees only two red illuminated apertures, he is only using the right eye. If he sees five illuminated apertures three green and two red, with the red glass in the right eye, uses both eyes but diplopia is present. These findings can be verified by reversing the spectacles or goggles. The colours in the apertures should be capable of being interchanged.

8. Color vision:-

8.1 Colour defective individuals usually acquire increased accessory powers of observation which enables them to distinguish colours not by recognising the actual colour but by noticing the slight difference in luminosity and saturation of colours, e.g., they are able to distinguish red from green if the lights are bright, but fail to do so if they are dim, unsaturated or of a small size. Hence the importance of examining with and without modifiers and with large and small aperture. Light-red is more luminous than dark-red and may, therefore, be confused as green. While testing color vision with the lantern the method of examination should be remembered and followed. In all cases test first with large aperture. Grossly defective individuals will be weeded out early. When examining with E.G. Lantern the ground glass modifier should be in position. This is not necessary with Norman Lantern as a ground glass modifier is built into it. Record mistakes made e.g., call Y (Yellow) and L.G. (Light green) as R (Red) when shown after S.G. (Dark green) with large aperture etc. This will be necessary for interpreting results afterwards.

8.2 Instances are not uncommon where colour blind examinees are tutored by unscrupulous persons to read Ishihara plates. The commonest method used is to train them to memorize the order in which numerals appear. Examinees are also told to twist their neck and view the plates obliquely to get a better sense of contrast. Colour blind persons read plates 2 to 9 wrongly, e.g., on plate 2 figure '8' is read as '3'. So he is tutored "if you see 3 say it is 8". Similarly for other numbers. The Ishihara book should be kept in the personal custody of the medical officer and the instructions issued with each book studied and memory refreshed periodically. The plates should not be shown in definite order but at random. Good illumination by diffused daylight is ideal. If electric light has to be used, it should be approximate day light as far as possible.

8.3 Description of Edridge Green Lantern: The Edridge Green Lantern consists of a chamber behind which contains a parabolic reflector with a 40 Watts frosted tungsten filament lamp and a body in front, which contains five disks. All these disks are controlled by levers. The first disk has 6 different sized apertures and these apertures are so graded that colored lights seen through them at 4.9 Mtrs feet represent signal lights at different distances. Aperture size 1 is 1.3 mm in diameter and aperture size 6 is 13 mm in diameter. Disks 2, 3, and 4 have various colored glasses. The colors are:

- (1) Red A (dark red)
- (2) Red B (Light red)
- (3) Yellow
- (4) Light green (signal green)
- (5) Modifying glasses
- (6) Blue
- (7) Purple.
Disk no. 5 contains modifying glasses which represent white lights from clear lights to those modified by mist, rain or fog. The idea of having three disks containing colored glasses is to be able to produce a third color. The modifying glasses are to vary the intensity of colored lights which occurs under different working conditions, such as rain, mist, fog etc.

8.4 Method of Examination with Edridge Green Lantern.

Distance 4.9 Metres.

8.4.1. Keep the largest (No.6) aperture and ground glass modifier in position. Show all the colours in serial order as well as in disturbed order. Repeat the test with the same aperture but with neutral 1 and then the neutral: 3 modifiers.

8.4.2. Show all the colours without modifiers with the largest aperture. Yellow should be shown repeatedly after red -B, and signal green and yellow and light green after white.-

8.4.3. For classes A1, A2 & A3-put the smallest aperture (No.1) in position and show all the colours with ground glass modifier in position

8.4.4. Repeat with the same aperture but with neutral 1 in position.

8.4.5. Note mistakes, if any, and show the same colour again to see if mistakes are repeated.

8.5. Description of Norman's Lantern.- The Norman Lantern consists of a lamp housing at the back containing a 25 watt frosted tubular lamp. Light from the lamp passes through the filter or aperture of the disc and illuminates the screen of ground glass in front of the instrument. This is seen by the examinee. Just inside the ground glass, there is a piece of plane glass which throws a little of the light upwards to fall upon a small ground glass screen in the top of the instrument. This is seen by the Examiner. It has only two apertures, 1.3 mm, and 13mm diameter corresponding to aperture 1 and 6 respectively of the E.G. Lantern. The 1.3 mm aperture seen at distance of 4.9 metres is roughly equivalent to seeing a standard railway signal at a distance of 700 metres. At the back of the instrument, there is a circular knob by rotating which, the different colours between the ground glass in front and the source of light. The colours are the same as those in E.G. Lantern except that blue and purple which are not normally use on Railways are omitted. They are arranged in groups of 2 or 3 and in one complete turn, the examiner will see them in all the sequences, necessary to detect colour blindness dangerous for railway working. The knob can be moved clockwise or anti-clockwise. There is also a small aperture just above the ground glass which may be operated by a lever to show a small pilot light to give the examinee indication of the direction in which he has to look to see the colours. At the back of the instrument, there is a lever by moving which either neutral glass No.1 or neutral glass No.3 can be interposed between light the coloured discs. There is another lever at the bottom of the instrument at the back, which enables the examiner to shut off the light from the ground glass screen in front. By operating this lever the same colour can be repeated several times without the examinee being aware of it. It also enables examiner to change from one colour to another without exhibiting intervening colours.

8.6.1. Large Aperture (13mm). No modifier. Start with any colour, show several coloured lights at random and then make a complete revolution, clockwise or anti-clockwise, concluding with further coloured lights at random. As a matter of precaution, when making the complete revolution some of the colours should be shown more than 3 times by reversing the movements and then continuing the movement in the original direction. When the white line on the turning handle is opposite the pointer, the white light is in position and shows the circuit to have been completed, if the movement was started from this position. Opposite the white line on the turning handle is a small knob which serves as an indicator in the dark.

8.6.2. Large aperture (13 mm) with neutral one and then neutral 3. Repeat the procedure.

8.6.3. For classes A1, A2 &A3 small aperture (1.3 mm) without modifiers. Repeat the procedure.

8.7. Candidates and employees in Class A1,A2 & A3 shall be tested with lantern and Ishihara plates and they should pass both the tests. For interpreting results of Ishihara tests, the instructions issued along with book should be followed. Employees and candidates for the above categories will be tested on the lantern with both the large(13 mm) and small (1.3 mm) apertures. Candidates in Class B1 will be examined only on lantern with large aperture.

8.8. Employees in category B1 will be tested only with the large apertures (13mm) of the lantern.

Note:
1) When testing for color vision, the employee should wear glasses required for distant vision.
2) There will be no colour perception test for categories B2,C1 and C2.

8.9. Examination of color vision using Plane Wall Mirror. Although color vision can be tested satisfactorily with the lantern situated 4.9 metres away from the examinee, it would be preferable to use the mirror arrangement with the candidate seated on a low stool 2.5 metres away from the wall mirror and the lantern placed on a tall stool or a wall bracket so that the lamp is above the examinee’s head and a little to the back. With this arrangement, the examiner can see the colours exactly as the examinee sees it, particularly with the E.G. Lantern where there is no arrangement for seeing the colours except from the front. The mirror should be a perfect place mirror, free from distortions and approximately 46 cms. long and 30 cms wide. While fixing it on the wall, it may be tilted slightly if necessary.(It is the similar arrangement as seen in many Ophthalmologists’ consultation rooms.)

9: Interpretation of results:-

9.1: Red: With or without neutrals: If either light red or dark red is called green, white, yellow, black or no colour, entrants or employees from all four categories must be failed. If red is called purple, dark adaptation has probably not been sufficient, but if after sufficient time has been allowed and he still makes this mistake he must be failed for all four categories particularly if his Ishihara test has not been satisfactory.

9.2: Green:

9.2.1: Light green with or without neutrals: If light green is called red, or persistently white, entrants and employees must be failed for categories A1,A2,A3 and B1. Light green is often named white or yellow when shown after signal green
but correctly when shown by itself. This is a mistake of no consequence and, when taken in conjunction with the good Ishihara test, may be disregarded. Light green may be called blue. Tetrachromics who for practical purposes are normal may make this mistake, and it should be disregarded.

9.2: Signal green with or without neutrals: If signal green is called red, whitely yellow, black or no colour, entrants and employees are unfit for categories A1, A2, A3 and B1. Signal green is really a blue green and strictly speaking it should be named as blue. In India, most railway employees with normal color vision call it green, because it is officially known as such. Actually, if signal green is called blue though it should not be treated as an incorrect answer, his light test should be very carefully carried out again.

9.3: Yellow: If yellow with or without neutral is called green, entrants and employees for categories A1, A2, A3 and B1 must be failed. Employees with long service in category B1 should have their cases specially gone into particularly with regard to conditions of service and whether they make any mistakes with red or green lights. If yellow with or without neutral is called white, reddish, flame coloured or orange, the candidate may be passed, especially if he has done Ishihara test correctly.

9.4: White: If, without any neutral, white is repeatedly called red or green, entrants and employees must be failed for categories A1, A2, A3 and B1. An occasional mistake of this sort does not matter, if immediately corrected and the candidate has done a good Ishihara test and makes no mistakes whatever with the rest of the colours shown to him. If white, with a neutral is called yellow, orange or flame coloured or reddish, especially with neutral 3, an entrant or employee may be passed if he makes no mistakes with the other colours and has done a good Ishihara test. If with Neutral 3 it is called green, he must be failed. If Neutral 1 is called green and then immediately corrected and he makes no mistakes with the rest of the tests, he may be passed if he does a good Ishihara test. If white is called black, with or without a neutral, entrants or employees must be failed for classes A1, A2, A3 and B1.

10. Ishihara Plates:-

10.1: (Isochromatic Charts): These consist of coloured Lithographic plates in which bold numerals or zig-zag lines are represented in dots of various sizes and tints set amidst dots of the same size but of tints which are most readily confused with those of the figures by colour blind people.

10.2: Method of examination: The plates are designed to be appreciated correctly in a room which is lit adequately by day light. If electric light has to be used, it should as far as possible, resemble natural day light. Examination should not be conducted in direct sunlight. The plates should be held 75 cm (2.5 ft.) from the subject and tilted so that the plane of the plate is at right angles to the line of vision. As subjects are often coached about the order in which numbers appear, they should not also be shown in serial order but at random. Illiterate staff can be tested by asking them to trace the figures with camel hair brush or a cotton swab. The printed instructions issued with the plates should be perused for correct conduct of the test and for interpretation of results.

11. Physical Examination:

11.1: Physical examination should be conducted in good light and the person to be examined should be stripped except for drawers or langot. They should be asked to sit on their haunches and then stand with arms raised to see if free movement of joints is present. A definite order of examination should be followed starting with head and neck, followed by chest, upper limbs, lower limbs, abdomen and genital region in that order.; Both front and back should be seen. While examining R.P.F. candidates, special regulations laid down should be kept in mind.

11.2: Ordering glasses, operations, etc., should be done in writing and recorded as such in the office case-papers. Examinee must give regular attendance subsequently, so that they are not lost sight.

12: The following guidelines are given to assist the examiner in arriving at a decision not only at the time of periodical examination but also when issuing fit certificates after illness or accident.

12.1: Vertigo and Labyrinthine conditions: Where there are sudden attacks of vertigo as in Meniere’s Syndrome he should not be declared fit for A1, A2 and A3. There are cases of Labyrinthitis, cervical spondylosis etc., where the employee may be declared temporarily unfit for a few weeks.

12.2: Ischaemic Heart Diseases: Persons in categories A1 and A2 with history of myocardial infection, coronary insufficiency of angina should not be passed fit for train working as there is risk of further attacks. They may be passed fit for other categories including shunting duties in yard if cardiac reserve is good.

12.3: Arrhythmias: Paroxysmal tachycardia is a most unusual cause of syncopal attacks. Therefore, it is not a cause for rejection. Auricular fibrillation would make a person unfit for all except sedentary jobs.

12.4: Aortic valvular disease: Syncope is one the symptoms of aortic stenosis. It is provoked by exertion or emotional upset. Therefore, it will be a disqualification for train working and for certain categories like Pointsman, Yard Porters, etc.

12.5: Heart Block: - Persons, with heart blocks having any of the following features will be unfit for train working and train passing duties. They would only be fit for sedentary jobs not involving heavy physical work:

a) Permanent or intermittent complete AV block at any anatomical level (in the absence of reversible causes), regardless of symptoms.

b) Permanent or intermittent second-degree AV block regardless of the type or the site of block, with symptomatic bradyarrhythmia.

c) Permanent or intermittent asymptomatic type II second-degree AV block.

D) Permanent or intermittent asymptomatic type I:2-1 type II:2-1 or advanced second-degree AV block at infra-His or infra-His levels.

e) Exercise-induced second-degree or complete AV block regardless of symptoms but in the absence of reversible ischemia.
12.6: Hypertension: Each case must be judged individually taking all relevant factors into account, but as a general guide, a hypertensive employee free from other signs can be declared fit for any jobs if B.P. is not more than 190/100. In the case of candidates B.P. of over 140 systolic and 90 diastolic would be a cause for rejection. In arriving at a decision, age, obesity, family history, cardiac conditions, glycosuria, albuminuria, evidence of atherosclerosis etc. should be taken into consideration. Evidence of atherosclerosis is more important than actual levels of blood pressure in assessing risk. Those with a blood pressure persistently above 200 systolic or 110 diastolic and those on ganglion blocking drugs should not be passed for train working or train passing duties. A station master who is supervisory and not going train passing duties may be passed under such circumstances, but not one on train passing duties.

12.7: Diabetes:

12.7.1: Diabetes controlled by diet alone: These have no risk of hypoglycaemic and may, therefore, be passed fit for all categories.

12.7.2: Diabetics controlled by diet and oral hypoglycaemic drugs: They have a small risk of prolonged hypoglycaemic. Therefore, it would be a disqualification for duties on foot plate except those on shunting engine.

12.7.3: Diabetics controlled by diet and insulin: There is definite risk of hypoglycaemia and would be a disqualification for train working and train passing duties.

12.8: Myxoedema: There is an obvious slowing or reaction time and therefore, would be a disqualification of train running and passing duties.

12.9: Epilepsy: Epileptics should not be employed in or near running lines or moving machinery and never on train running and passing duties.

12.10: Psychosis: Psychosis should not be employed on train working and train passing duties or duties which bring them in contact with the public.

12.11: Employees on anti-histamines and tranquillisers should not be on foot-plate job or drive motor vehicles or work as guards.

12.12: Respiratory insufficiency: In the case of employees with asthma, emphysema, chronic bronchitis, pulmonary tuberculosis etc. lung function should be carefully assessed taking into account of nature of their duties before they are passed fit. Bouts of coughing can result in syncope (laryngeal vertigo). Therefore, those with history of such episodes would be unfit at least for a time for train working.

12.13: Ear:

12.13.1: Hearing: Each ear is to be tested separately. If hearing of an employee is found to be defective, opinion of the ENT specialist should be obtained. The categories for which hearing aid is not permissible should be borne in mind.

12.13.2: Other diseases of ear: Purulent discharge, perforation etc., will be cause for rejection in the case of candidates.

12.14: Speech: Persons with impediments like stammering are not suitable for jobs involving contact with the public.

12.15: Skin: Inveterate skin disease will be a disqualification for jobs involving contact with the public.

12.16: Physical disabilities: Minor degrees of knock-knee, bow-legs, flat foot, etc. do not prevent persons from performing their duties efficiently except in Railway Protection Force where a higher standard should be insisted on. Congenital flat foot is painless and should not be a disqualification by itself. In the case of employees with physical disabilities like stiffness of joints, loss of fingers, paralysis of muscles etc., the consideration should be (a) can he do the job efficiently? (b) will he endanger other? (c) will he endanger himself? The decision will depend on answers to these questions. Where the exact nature of the job is not clear, it is better to watch an employee of that category at work or at least consult the departmental officer.

12.17: Leprosy: Infective cases of leprosy should not be passed fit for duties involving contact with public or close contact with co-workers. In all cases, the criteria mentioned under physical disabilities should be borne in mind.

12.18: Bleeding diathesis: Those with bleeding diathesis should not be passed fit for duties on moving trains.
ANNEXURE IV
(para 510)

Class A-1
(1) Foot - plate staff

1. Driver/Assistant Driver
2. Electric train driver/motorman/Motor trolley driver
3. Fireman /Augwala /Trainee firemen
4. Shunter.
5. Staff instructor
6. Driver instructor
7. Engine Cleaner

(2) Apprentices

1. Apprentice motorman/ Asstt. Apprentice Driver

Class A-2

(1) Transportation traffic running staff

1. Guards/Asstt.Guard/Pilot guard

(2) Shunting staff of transportation, Mechanical, electrical and stores departments

1. Shunting jamadar
2. Hook man
3. Shunting porters
4. Shunt man.
5. Shunting master
6. Pointsman
7. Pilot jamadar
8. Engine pilot men
9. Lever men
10. Shunters
11. Shed pointsmen

(3) Cabin staff in Operative control of signals

1. Cabin men and Cabin supervisor
2. Cabin assistant station master
3. Lever man
4. Switchman/Relieving switchman
5. Cabin master/Cabin jamadar

(4) station staff in operative control of signals

1. Station master/Relieving station masters/. ASM/Relieving ASM
2. Station superintendent, both supervisory and non-supervisory
3. Traffic apprentices
4. Points jamadar
5. Shunting jamadar
6. Shunting porter
7. Jamadar
8. Line Jamadar
9. Pointsmen
10. Gate signalman
11. Token porters/safaiwala/safaiwali


Class A-3

(1) Loco inspectoral and loco shed supervisory and non-supervisory staff - Running shed

1. Loco inspectoral staff
2. Staff inspector
3. Section Engineer(C&W)
4. Junior Engineer (C&W) of all grades
5. Section Engineer (Loco)
6. Section Engineer(Carriage)
7. M.T. driver mechanics
8. Junior Engineer( loco)
9. Section Engineer stores
10. Sr. Section engineer( loco)

(2) Transportation inspectoral staff

1. Chief transportation inspector
2. Senior transportation inspector
3. Junior transport inspector
4. Traffic inspector
5. Clerk in-charge
6. Skid supervisor
7. Skid men.
8. Skid porters

(3) Signal, Telecom and interlocking inspectoral staff

1. Signal Inspector
2. Assistant Block Inspector
3. Sub Signal Inspector(Mech./Elect)
4. Apprentice Signal Inspector
5. Assistant Block inspectors
6. All Telecommunications Inspectors

(4) Navigating staff

1. Ferry superintendent
2. Ghat inspector
3. Machinery engineer
4. Assistant Marine Engineer
5. Marine engineer IV
6. Ghat serang
7. Shore gang serang
8. Floating dock serang
9. Passenger jett serang

(4) All staff authorised to work trolleys on open line.

1. Head trolley men
2. Trolley men
3. Motor trolley men
4. Head motor trolley men
5. Motor trolley fitter
6. Chief block inspector
7. Tele -communication inspector( line)
8. Sub-block inspector
9. Head signal inspector (Mechanical/ Electrical
10. Head signal fitter ( Mechanical / Electrical).
11. Head signal Maintainer ( Mechanical/ Electrical
12. Motor Trolley Mechanics
1. Yard Masters
2. Yard supervisor
3. Assistant yard master
4. Deputy yard master
5. Assistant Yard supervisor
6. Assistant Yard Foreman
7. Head Trains clerk
8. Trains clerk
9. Yard Foreman
10. Jamadar
11. Trains clerk in-charge
12. Relieving trains clerk
13. Running shed supervisors
14. Loco supervisors

(6) Station Yard Supervisory and non-supervisory staff

1. Yard Masters
2. Yard supervisor
3. Assistant yard master
4. Deputy yard master
5. Assistant Yard supervisor
6. Assistant Yard Foreman
7. Head Trains clerk
8. Trains clerk
9. Yard Foreman
10. Jamadar
11. Trains clerk in-charge
12. Relieving trains clerk
13. Running shed supervisors
14. Loco supervisors

(7) Permanent way inspectorial supervisory staff

1. Senior Section Engineer (P way)
2. Section Engineer (all grades) P.way
3. Junior engineer(all grades)P.way
4. Supervisor plate-laying
5. Plate-laying inspector

(8) Bridge supervisory and open line artisan staff

1. Bridge operators
2. Senior Section Engineer
3. Section Engineer (all grades)
4. Junior engineer (all grades)
5. Overseer bridges
6. Master supervisor
7. Sub-overseer Bridges
8. Bridge Mistry
9. supervisor (bridge)
10. Key man , bridge chowkidar

(9) Electrical traction inspectorial supervisory staff

1. Junior Engineer (TRS)
2. EMU Motorsmen,
3. EMU Instructor
4. EMU Driving inspectors
5. Loco Inspectors (EMU Safety)

(10) Gatekeeper of level crossing

1. Gate man
2. Electric Gate man
3. Sweeper gate man

Class B-1

(1) Station supervisory staff and others not in operational control of signals
(4) Engineering works supervisory staff and permanent way artisans staff etc.,

1. Carpenter
2. Hammer man
3. Painter fitter/Mason/mistry
4. Khalasi
5. Valve operator
6. Pipe line fitter
7. Mates : section, bridge, trucking gang.
8. Permanent way mates
9. Keyman
10. Gang men / Trackman and helper/ Permanent way khalasis
11. Patrolman
12. Marshal man
13. Signalman
14. Tunnel jamadar
15. Water column man
16. Work mistries
17. Work supervisor

(5) Signal maintenance artisan open line staff and others

1. Charge men
2. Signal maintainer
3. Signal head fitter
4. Signal fitter
5. Basic maintainer/Maintainer(Mech/Elect.)
6. Striker
7. Bellow Boy
8. Pointer
9. Electrical fixer
10. Wire man
11. Point Cleaner
12. Electric overseer
13. Blacksmith/Tinsmith /Carpenter
14. Hammer man
15. Painter
16 Mason
17. Helper
18. Line man
19. Token adjuster
20. khalasis
21. Interlocking mistries
22. Interlocking cleaners
23. Signal fitter Khalasis
24. Block fitter
25. Block fitter Khalasis
26. Mast fitters

(6) Bridge Non-Supervisory Staff :-

1. Fitter
2. Carpenter/
3. Welder
4. Black Smith
5. Mason
6. Rivetter
7. Painter
8. Artisan Khalasi
9. Hammerman
10. Bellow Man
11. Tindal
12. Dollyman
13. Rivet heater

(7) All Electrical traction maintenance/artisan staff unless specified in other categories

(8) Chemist and Metallurgical supervisory and other staff :-
1. Assistant Chemist/ Chemist/Senior chemist
2. Laboratory Assistants/ Laboratory Attendant

(9) Train examining staff ( supervisory and others ) :-
1. Train Examiner/ Head Train Examiner/Jr. Engg( Gr-I & Gr-II)
2. Technician Gr-I, II & III
3. Section Engg. / Sr. Section Engg.
4. Coach Attendant ( Air-conditioned )
5. Passenger

(10) Para-Medical Staff :-
1. Laboratory Suptds.(all grades)
2. Radiographers ( all grades)
3. X-Ray Technicians/ X-Ray attendant
4. Laboratory Assistants/ Laboratory Attendant
5. Dialysis Technicians
6. Cath Lab Technicians
7. TMT Technicians
8. Ophthalmic Technicians
9. Electronic Technicians
10. Clinical Psychologists
11. O.T. Technicians
12. Ambulance Driver

(11) All inspectorial supervisory and other staff of security forces including fire fighting staff ( but excluding band man of the Railway Protection Force):-
1. Inspectors/ Sub-inspectors / Asstt. Sub inspectors
2. Head constable/ constable (excluding the following)
3. Head Constable ( Fitter)
4. Watermen

(12) Motor transport inspectors staff and Mechanics :-
1. Foreman
2. Charge man
3. Mistries
4. Mechanics
5. Motor Mechanics
6. Road Motor Ambulance/Staff Car/Dispatch Motor Lorry Drivers.

(13) Commercial Department
1. Hamal
(14) Engineering Department :-
1. Reja (female Khalasi)

(15) Electrical department :-
1. All Train-lighting Group D staff
2. All Air Conditioning group C group D Staff

CATEGORY B –2

(1) Steam crane drivers/ Mechanics/ and other Crane working staff :-
1. Steam crane Driver
2. Steam Crane fireman
3. Crane Driver/Mobile Crane Driver
4. Stationary Plant Attendant
5. Black smith
6. Crane Khalasi/Crane Mate/ Crane Porter/ Crane man
7. Shed man
8. Hand Crane Operator
9. Muccadam
10. Machinist
11. Pattern Maker
12. Khalasi
13. Gunner/Crane Gunner

(2) Mechanical Power saw operators (bend saw, circular saw) :-
1. Punch and Shear operator
2. Saw sharpener
3. Crane saw operator
4. Machine man
5. Hend Saw Operator
6. Saw Doctor
7. Metal Sawyer

(3) Traverse Operating staff including Electrical Crane Operating including Group ‘C’ and Group ‘D’

(4) Man employed on Vertical Spindle Wood-moulding machine
1. Machinist
2. Pattern Maker (Operating vertical spindle wood moulding machine)
3. Wood Machinist (Semi-skilled/skilled)
4. Machine man (semi-skilled)
5. Driller
6. Tool grinder/Grinder/Welder/Tuner

(5) Diesel Engines other than loco and Compressor drivers :-
1. Fitter
2. Operator
4. Stationary plant Operator
5. Operator Filtration plant
6. Power house driver
7. Steam/Diesel Road roller Driver
8. Air Compressor Operator/Driver

(6) All Inspectoral supervisory and non— supervisory staff employed in blasting and explosive operations :
1. Pump Room Operator
2. Shunting Porter

(7) Electrical Power House inspecatorial/Supervisory/artisan and other group ‘D’ staff :-
1. Foreman
2. Charge Man
3. Journey Man
4. Switch Board Attendant
5. Power-House Steam Engine Driver
6. Boiler Room Attendant
7. Leading – hand
8. Oiler
9. Cleaner
10. Charge hand
11. Mistry
12. Wire man
13. Fitter
14. Line man
15. Letter Painter
16. Carpenter
17. Crane Driver
18. Mason
19. Black smith
20. Machinist
21. Fireman
22. Engine Room Driver
23. Coal Man

(8) All Station Supervisory and Ticket Checking Staff :-
1. Traveling Ticket Examiner/Inspector
2. Ticket Collector / Head Ticket Collector
3. Chief Ticket Inspector
4. Chief Inspector Ticket checking
5. Travelling Ticket inspector
6. Station Ticket Inspector
7. Train Conductor

(9) Mechanical and Electrical Pump House Staff :-
1. Pump driver/Hydraulic Pump driver
2. Machine Attendant/Stationary Plant Attendant
3. Khalasi
4. Steam-Man

(10) Printing Press operative staff :-
1. Compositor
2. Ticket Counter
3. Printer
4. Proof Reader
5. Binder

(11) All Civil Engineering/Department/Stores and Engineering Watchmen under P.Way

117
(13) Auto Truck Driver :-
1. Battery Truck Driver/ Lister Truck Driver

**CATEGORY C-1**

(1) **Train Controller :-**
1. Chief Controller/ Deputy Controller/ Section Controller/ Power Controller
2. Wagon Chaser

(2) **All office supervisory and non-supervisory Group ‘C’**
And group ‘D’ staff not indicated elsewhere

*(staff listed below to various departments)*

1. Traffic Office Assistant
2. Station Clerk
3. Stenographer Clerk-Cum-Typist
4. Chief Draughtsman/ Asst. Chief Draughtsman
5. Tele Operator
6. Control Tel-operator
7. Control ‘s Clerk
8. Bridge Clerk
9. Store issuer
10. Stores Khalasi
11. Supervisor Chart room
12. Trace
13. Photographer/ Asstt. Photographer
14. Record/Keeper
15. Dark Room Attendant
16. Special Messenger/Dak Courier
17. Hostel Warden
18. Assistant Lecturer
19. Meter Reader
20. Time Recorder and store keeper (MTRA)
21. Technical Assistant
22. Office Assistant
23. Caretaker
24. Accountant
25. Time Keeper
26. Khalasi
27. Book binder
28. Fitter
29. Motor Lorry Cleaner
30. School Teacher
31. Ticket issuer
32. Machine-man
33. Operator
34. Store Chowkidar
35. Dispatcher
36. Machine Operator
37
38. Cash Porter
39. Resevation Clerk/ Enquiry-cum Reservation Clerk

(3) **Luggage and Booking Supervisory staff :-**
1. Booking Clerk, Luggage Clerk
2. Head parcel Clerk/ Parcel Clerk
3. Free Service Clerk/ Relieving Clerk
5. Supervisor/ Assistant Supervisor in booking offices
6. Head Coaching Clerk/ Coaching clerk

(4) **Commercial Inspectorial/Supervisory Staff**
1. Assistant court case inspector
2. Assistant Commercial inspector
3. Rates inspector/ Assistant Rates inspector
4. Road transport inspector
5. Commercial inspector
6. District claims inspector
7. Demurrage inspector
8. Supervisor at goods and transshipment sheds
9. Goods Shed cashier
10. Weighment inspector
11. Shed Clerk (Commercial Clerk)
12. Head weigh Bridge Clerk/ Weigh Bridge Clerk
13. Invoice Typist
14. Returns checker

(5) **Telegraph and Telephone Supervisory staff clerical and other**
1. Telephone Operator
2. Telephone Supervisor
3. Telegraph communication inspector looking after
4. Telegraph inspector
5. Telegraph Master
6. Telegraph Supervisor
7. Signaller/ Head Signaller
8. Telegraph boy Peon
9. Tel Overseer auto

(6) **Transportation and Commercial workshop staff**

(1) Stores Khalasi
(2) Tinsmith/ Assistant Tinsmith
(3) Carpenter
(4) Mashal (old. and HP)

(7) **Transportation and commercial group D station staff**

1. Station Peon, Farash
2. Sweeper, Bhisty Waterman
3. Jamadar, Mali
5. Weight bridge peon bridge clearance Peon, indent pend
6. Lamp man/ Lamp Jamadar
7. Marker
8. Assistant porter
9. Station Cleaner
10. Seal man
11. Gonsevancy Jamadar/ Sweeper Jamadar
12. Khalasi
13. Luggage Porter/ Sweeper Jamadar
14. Valporter / Jamadar
15. Markar Man
16. Platform Jamadar
17. Parcel Porter/Tindal
18. Free Service porter
19. T.P.T. Porters
20. Wireless Khalasi

(8) Running room waiting room, retiring room, refreshment room and rest house staff :-

1. All Cooks, bearers servers barmen etc. including instructors
2. Waterman
3. Safaiwala/Wali
4. Waterman/Attendant Ayah
5. Watchman/Rest house chowkidar
6. Rest house butler
7. Kitchen supervisor
8. Supervisor/ railway hostels
9. Supervisor aerated water factory/Supervisor of Restaurants and refreshment rooms
10. Assistant Supervisor / Hostels
11. Depots / tea room/ Manager.
12. Managers of Restaurant cars/depots / tea room etc.
13. Store keeper
14. Borrow man
15. Mate
16. Hawker
17. Care taker
18. Running room Khalasi

(9) Work shop staff other than those specified in catalogers A and B

1. Section Engr. (WS)/Sr. Section Engr. (WS)
2. Foreman/Assistant Foreman
3. Charge Man
4. Rate fiver
5. Saloon caretaker
6. Moulder
7. Fitter engine
8. Furnace man
9. Core Maker
10. Machinist
11. Painter
12. Riggers special Forge Smith
13. Blacksmith
14. Spring Smith/Spring maker
15. Turner/Fitter/Welder
16. Gauge Fitter/Gauge turner
17. Precision grinder/Die Sinker/tool grinder
18. Carpenter
19. Mason
20. Coppersmith
21. Heat treatment man
22. Boiler Maker
23. Riveter
24. Pattern maker
25. Mistri
26. Rimmer
27. Furneceman ordinary
28. B.T.M Moulder/core maker
29. B.T.M. Dispatcher
30. Slinger
31. Sand blaster
32. B.T.M. White Metaller
33. Material Dispatcher
34. Hammer man
35. Store Man
36. BTM Welder
37. Rigger/Oiler
38. Belt Man
39. Tool issuer
40. BTM Mason/BTM Fitter
41. BTM Heat treatment man
42. Cleaner
43. Progress inspector
44. Assistant Workshop inspector
45. Assistant Master
46. Train Examiners inspector
47. Mistri Instructor
48. Spring Setter
49. Tallor
50. Washer-man
51. Motor Driver Khalasi
52. Wood Turner
53. Pattern make
54. Progress man
55. Assistant Planner and Rate Fixer
56. Cupola man

(10) Loco shed and C&W Depot and stores
Depot staff other than specified in categories A & B :-

1. Depot Material Supd.I & II
2. Depot Store keeper I & II
3. Material Checker
4. Mate | Male and female
5. Khalasi | Male and female
6. Time Keeper
7. Safaiwala
8. Store Line Clerk
9. Tinsmith
10. Carpenter
11. Mason
12. Saloon Caretaker
13. Special messenger
14. Call boy
15. Basic tradesman
16. Tool room attendant
17. Gate keeper
18. Caner
19. Store delivery van clerk
20. Store delivery clerk
21. Assistant Manager ( Ptg. & Stationery)
22. Compositor
23. Mechanic
24. Packer
25. Hammer-Man
26. Boiler maker mistri
27. Turners/Welder/Moulder
28. Boiler Attendant
29. Washout Attendant
30. Steam Raiser
31. Fire Dropper
32. Store Issuer
33. Tool issuer
34. Assistant Boiler-Maker/Chargemen
(11) Engineering Workshop supervisory and artisan staff :-
1. Workshop foreman
2. Switch board attendant
3. Assistant foreman (Workshop)
4. Machinists points and inspector
5. Head Fitter (District)
6. Material Inspector
7. Supervisor Points and crossing
8. Charge hand
9. Electrician
10. Machinist
11. Mistry
12. Turner/Fitter
13. Operator
14. Driller
15. Blacksmith/Carpenter
16. Fitter skilled Gr-I, II & III
17. Master Craftsman
18. Fireman/Head Fireman
19. Screw cutter
20. Water works mistry
21. Stationary engine driver
22. Charge hand
23. Charge man
24. Electrician
25. Carpenter
26. Sweepers mason
27. Paten maker
28. Chock maker
29. Rigger
30. Oiler
31. Welder
32. Belto maker
33. Rough grinder
34. Cobbler
35. Polisher
36. Store man
37. Care man
38. Khalasi
39. Workshop Khalasi
40. Liner
41. Motor mechanic
42. Sr. Section Engr./Sectio Engr./Jr. Engr.(Work) Gr-I. & II
43. Watchman
44. Carpenter Khalasi
45. Stoker
46. Mate
47. Brands man
48. Welder/Riveter
49. Machine operator
50. Rivet heater
51. Cutter
52. Chipper
53. Store munshi
54. Store issuer
55. Jamadar

(12) Signal and Tele-communication workshop staff
1. Section Engineer/ Jr. Engrineer (Signal) Mechanical/Electrical
2. Head Signal Fitter/Signal Fitter( Mechanical/Electrical)
3. Electrical Signal Fitter and Cleaner (Sini Model Room)
4. Carpenter
5. Carpenter/Wire man
6. Wire man/Welder
7. Tinsmith
8. Khalasi
9. Driller
10. Painter
11. Mason
12. Turner
13. Instrument Mechanic
14. Motor Mechanic
15. Charge Hand
16. Block Signal Fitter

(13) Wireless Staff
1. Wireless Operator
2. Wireless Mechanic
3. Teleprinter Operator ( * These are Superanuary Posts)

(14) Electrical Workshop/artisan staff and helpers
1. Sr. Section Engineer/Section Engineer(WS)
2. Journeyman
3. Mistri
4. Apprentices(Grade-I)
5. Fitter
6. Carpenter
7. Blacksmith
8. Mason
9. Painter
10. Fitter Wire-man
11. Carpenter Wire-man
12. Turner
13. Machine-man
15. Electro Plater
16. Electro Plater
17. Electro Plater Mate
18. Head Burner
19. Sig. Writer
20. Cable Jointer
21. Line-man
22. Boiler Maker
23. Hammer-man
24. Scaler
25. Rigger
26. Refrigerator Mechanic
27. Call-man
28. Basic Tradesman
29. Khalasi
30. Meter Repairer
31. Oiler
32. Ramoshies
33. H.S. Fitters
34. Moulder
35. Shop Messenger
36. Amature winder
7. Waterman/Peon
8. Conservancy jamadar/Mocqdam/Mate
9. Tailor
10. Matron/Nursing sister/Staff/Nurse
11. Dresser/Hospital attendant/ayas
12. ECG Technican
13. House keeper

(20) Railway protection force :
1. inspector/Sub-Inspector ( Prosecution)
2. head Constable( Tailor)
3. Constable( Motor Cleaner)

(21) All other staff not specified in categories A & B
1. Land Leasing Inspector
2. License-fee Collector
3. Motor Car Cleaner
4. Ticket Craftman
5. Designer Craftsman
6. Dhobi/Water man
7. Quarry Mistr
8. Brickfield mistri /Brick Counter
9. Pipe Caulkar
10. Plumber
11. House Inspector/Housing Sub-Inspector
12. Market Superintendent
13. Bazar inspector

(22) Engineering works supervisory and Artisan Staff not authorised to work trolley and not required to come in contact with signals in actual operation of the duty.
1. Overseer/Sub-overseer
2. Mason/Mistri and their staff

(23) Vigilance Organisation :
1. Vigilance inspector
2. Watcher

(24) Aerated Water factory staff :-
1. Charge Man
2. Head Mechanic

CATEGORY C-2

(1) Commercial :-
1. Commercial Superintendent
2. Chief Cash Witness/Cash Witness
3. Clock Inspector/Winder
4. Warden and instructor of Training Schools
5. Lady Inspector ( Refreshment Rooms)
6. Superintendent( Lost Property office)
7. Inspector of Dispatches
8. Office clerk/ enquiry clerk
9. Packer/Sorter
10. Polisher
11. Syrup Maker
12. Filler
13. Checker
14. Sales Man/Sales attendant
15. Water –men/Sweeper
16. Chief Catering inspector/Catering inspector
17. Weight inspection
18. Masalchi/Bearer
19. Sail Maker (Otherwise known as Tarpaulin-repairer)

(2) Engineering :-
1. Office Clerk
2. Jamadar peon /Daftary/peon/Farash
3. File Lifter/Book Binder
4. Sweeper/Bhisty
5. Office chowkidar/Office Waterman/waterwoman
6. Material Checker( Signal Workshops)
7. Assistant Watch and Ward Inspector
8. Workshop Clerk
9. Workshop Time Keeper
10. Office Draftsmen
11. Khalasi other than Shop Khalasi
12. Rest House caretaker

(3) Medical :-
1. Dental Assistant
2. Pharmacists of all grades
3. Ministerial staff
4. Dietician

(4) Operating :-
1. Loco instructor
2. Signal en (those shown in class A-2)
3. Office clerk
4. All other Office staff not mentioned elsewhere
5. Water man
6. Running Room Staff
7. Box-Porter/Call Man/Messenger/Chowkidar
8. Bhisty (not engaged in watering stock passenger or goods)
9. Bar setter/Telephone Attendant
10. Traveling Porter/Luggage porter
11. I.C. Van Porter
12. Waiting Room Staff
13. Safaiwala/Safaiwali/Dhoby
14. Saloon Attendant
15. Punkha Khalasi
16. Washout Jamadar
17. Phone Clerk
18. Telegraph Peon

(5) Personnel :-
1. All staff including those working in Statistical Branch
2. School teacher
3. Translator
4. Laboratory Asst. /Lab attendant (in Railway Schools)

(6) Stores :
1. Depot Material Supdt.I,II & III
2. Messenger
3. Water man/Khalasi/Safaiwala/Safaiwali
4. Daftary/Jamadar Peon
5. Material Checker
6. Clerks/Store clerk
7. Senior S.S.D.C

8. Machine Operator

(7) Mechanical :-

(8) Accounts :-
1. Asstt. Cashier/Cash Receiver/Pay Clerk
2. Assistant Inspector (Crains)

(9) All departments :-
1. Record keepers

(10) Electrical Staff :-
1. Lift Operator/Lift-man in buildings who have not been not categorized elsewhere

(11) Office Staff :-
1. Daftery / Peon
2. Jamadar/Khalasi/Farash

(12) Railway Protection force :-
1. Constable (Cobler/Cook/Cook-mate barber/Dhobi/Kahaar/Safaiwala)

NOTE :
1. This list is not exhaustive enough and wherever there is any doubt, the Medical Officer may ascertain the nature of duties of the person (employee/candidate) and assess his/her suitability accordingly.
2. Apprentices of all department will be examined in the medical category for the post in which they are intended to be permanently employed.
3. Loco instructors (Under Class C-2 (4 Operating) must however be not lower than A-3 if they have occasion to travel on the foot-plate on the open line or the years.

(Bd’s No.99/H/7//1NR dt 30-5-2003)
FORM AUTHORIZING A CANDIDATE TO PRESENT HIMSELF FOR MEDICAL EXAMINATION FOR FITNESS FOR APPOINTMENT AS A NON-GAZETTED RAILWAY EMPLOYEE

(Counterfoil)

Department ………………………………………... Office/Section ………………………………………...
……………………………………... No. ………...
……………………………………...

(Name) …………………………………………… (age)
……………………………………...

A candidate for appointment as (designation) …………………………………………… in Medical category
……………………………………... is authorised to present himself for medical examination.

* He was earlier found medically fit/unfit for Government/Railway employment in Medical category …………………………………………… vide Certificate No. ………………………………………... dated …………………………………...

The following is a list of his permanent physical marks of identification:-

1. ……………………………………………………………...
2. ……………………………………………………………...

Signature ………………………………
Signature / L.T.I. of the candidate
……………………………………...
Date ………………………………
Place ………………………………

* delete whichever is not applicable

Annexure V
(Para 515 & 516)
Annexure VI
(Para 515 & 516)

RAILWAY
MEDICAL DEPARTMENT

FORM AUTHORIZING A NON–GAZETTED RAILWAY EMPLOYEE TO PRESENT HIMSELF FOR MEDICAL RE–EXAMINATION DURING SERVICE.

Department…………………………………………. Office……………………………………
No.……………………………………

(Name)………………………………………….. (age)…………………………
a Railway employee serving as (designation)………………………. in Medical category
………………………. is authorised to present himself for:-

• periodically re-examination
• re-examination prior to promotion to Medical category …………………… as (designation)
…………………………..
• Special re-examination.
• re-examination for reconsideration of previous adverse report.

Last examined on (date) ………………… at ………………………………………
by (designation of previous medical examiner) ………………………………..
for Medical category ………………… when he was passed fit for Medical category
………………………. Length of service ………. Years …………… months……………

Permanent physical marks of identification :-
1. ……………………………………………………………………………………………………………………….
2. …………………………………………………………………………………………………………………..
……………………………………. Initials ……………………….
Signature / L.T.I. of the employee. Designation ……………………….
Date: ………………….
Place ………………….

* Delete whichever is inapplicable.
ANNEXURE VII
(Para 520)
Candidate’s Statement and Declaration
(for appointment to non-Gazetted services)

PART-1

1. (a) Have you ever had intermittent or any other prolonged fever, enlargement or suppurition of glands, splitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis, ?…………………… or
(b) Any other disease or accident requiring confinement to bed and prolonged medical or surgical treatment/hospitalisation?……………………………………

2. Have you or any of your near relation been afflicted with Consumption, Scrofula, gout, asthma, fits, epilepsy or insanity?…………………………………………………………

3. Have you suffered from any form of nervousness due to overwork or any other cause?…………………………………………………………………………………

4. Have you been examined and declared unfit for Government service by a Medical Officer/Medical Board within the last three years?…………………………

I declare all the above answers to be, to the best of my knowledge and belief, true and correct.

I also solemnly affirm that I have not received disability certificate/pension on account of any disease or condition.

Signature/L.T.I. of the candidate

Part-2

(To be taken from Candidates for A-1 in addition to part –1 above)

1. Did you ever sustain head injury? If yes, give detailed history.

2. Do you have fits or epilepsy, attacks of giddiness, vertigo or mental abnormality?

3. Are you in the habit of taking any drugs/alcohol?

4. Do you have Intra Ocular Lens/Contact Lens/ history of surgery for correction of eye sight?

5. Are you taking any drug/ treatment for M.I./ Hypertension/ Diabetes Mellitus or any other disease?

Signature of the candidate for A-1 Category

Signed in my presence

Signature of Railway Medical Examiner

Date

Place

Designation…………………………

Note: (1) The candidate will be held responsible for the accuracy of the above statement.

(2) By willfully suppressing any information, he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowances or gratuity.
Annexure VIII
(Para 520)
Employee’s Statement and Declaration
(for those serving in A-1)

1. Did you ever sustain a head injury? If yes, give detailed history.
2. Do you have fits or epilepsy, attacks of giddiness, vertigo or mental abnormality?
3. Are you in the habit of taking any drugs/alcohol?
4. Do you have Intra Ocular Lens/Contact Lens/ history of surgery for correction of eye sight?
5. Are you taking any drug/ treatment for M.I/ Hypertension/ Diabetes Mellitus or any other disease?
6.* I hereby declare that I will carry both pairs of spectacles while on duty.

Signature of the candidate for A-1 Category
Signed in my presence

Signature of Railway Medical Examiner
Date
Place
Designation……………………………

Note: * wherever applicable

(1) The candidate will be held responsible for the accuracy of the above statement.

(2) By wilfully suppressing any information, he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowances or gratuity.
# FITNESS/UNFITNESS CERTIFICATE FOR APPOINTMENT AS A NON–GAZETTED RAILWAY EMPLOYEE

## (Counterfoil)

<table>
<thead>
<tr>
<th>Hospital No.</th>
<th>Health unit</th>
</tr>
</thead>
</table>

| (Name) | (age) | candidate for appointment as (designation) | class |

- **Fit for appointment**
- **Unfit**

### Acuity of vision –

<table>
<thead>
<tr>
<th>Power of Glasses</th>
<th>Distant</th>
<th>Near</th>
</tr>
</thead>
<tbody>
<tr>
<td>Un - Corrected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Un - corrected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **R.E.**
- **L.E.**

- Colour perception
- Night vision
- Field vision
- Urine
- Hearing
- General physical examination

---

Signature/L.T.I of the candidate

Signature of Railway Medical Examiner.

Designation

Date

Place

*Delete whichever is inapplicable.*
ANNEXURE - X
(Para 516 & 521)

RAILWAY
MEDICAL DEPARTMENT

FITNESS CERTIFICATE FOR A NON - GAZETTED RAILWAY EMPLOYEE RE - EXAMINED DURING SERVICE
( Counterfoil )

Hospital ……………………………………… No. ………………………
Health unit

( Name ) ……………………………………… ( age ) ………………………
a Railway employee serving as ( designation ) ………………………………

( Medical category ) ……………………… in ……………………………………… Branch/Department

appeared for ……………………………………………………………………………………

• Periodical re-examination
• re-examination prior to promotion to medical category …………………………………
as ( designation ) …………………………………………………………………………
• Special re-examination
• re-examination for reconsideration of previous adverse report ……………………………

………………………………………………………………………………………………………

Fit for medical category ** ………………………………………………………………………

Acuity of vision -

<table>
<thead>
<tr>
<th>Un - Corrected</th>
<th>Corrected</th>
<th>Un - corrected</th>
<th>corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>C</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

• With glasses for * distant
• without glasses for * near

* vision at distant and near vision

………………………………………………………………………………………………………

Signature/L.T.I. of the candidate Signature of Railway Medical Examiner.

Date ………………………
Place ………………………

* Delete whichever is inapplicable.
** If unfit for service in the medical category for which examined, state next lower medical category for which he is fit.

RAILWAY

FITNESS CERTIFICATE FOR A NON – GAZETTED RAILWAY EMPLOYEE RE - EXAMINED DURING SERVICE

Hospital
Health unit

I do hereby certify that I have examined ( name ) ……………………………………………………………
( age ) …………………………… a Railway employee serving as ( designation ) ……………………………

( Medical category ) ……………………… in the …………………………… Branch/Department, at ( place where
employed ) …………………………………………………………………………………………..

• periodical re-examination.
• re-examination prior to promotion to medical category ………………………………………
• Special re-examination
• re-examination for reconsideration of previous adverse report and whose signature / left hand thumb impression has
been appended below in my present.

I consider him fit for service in Medical category **.

* With glasses  * distant     for   without glasses  near                 *  vision

………………………………………………………………………………………………………

…………………

Signature/L.T.I. of the candidate Signature of Railway Medical Examiner.

Designation ………………………
Date ………………………
Place ………………………

* Delete whichever is inapplicable.
ANNEXURE – XI
(See Paras 538 and 541)

RAILWAY
MEDICAL DEPARTMENT
SICK AND FIT CERTIFICATE

Hospital Health unit No. ……………..

Name: ………………………………………………………..

Designation:……………………………………………………

Branch or Department ……………………………………….

Station where employed………………………………….

Grade ………………………………………………………..

Date of “Sick” certificate: ………………………………

Recommendation for sick leave for change of air ………

No. ……………… date……………… for period of …………...

No. ……………… Date ………………… for a further period of …………...

Disease …………………………………………………………

Period for which employee is likely to be off duty………

Date of “fit” certificate ………………………………………

Sick certificate ………………………………………

Fit certificate ………………………………………

I hereby certify that I have examined (Name) …………

(Designation) ……………………………………………

(Branch or Department) ………………………………

(Station where employed) ……………………………

who was sick and under treatment from (date) ………

to (date) …………………… * and on leave on 

medical recommendation from (date) ………………… to

(date) …………………… is now fit to attend to his duties.

Signature of Railway medical officer

Designation: ……………………………

Date ……………………………

Place ……………………………

* Delete whichever is inapplicable

----------RAILWAY
MEDICAL DEPARTMENT
“FIT” CERTIFICATE

Hospital Health unit No. ……………..

I hereby certify that (Name) …………

(Designation) ……………………………………………

(Branch or Department) ………………………………

(Station where employed) ……………………………

(Issuing doctor’s initials with designation)

Date ……………………………

Place ……………………………

* Delete whichever is inapplicable

----------RAILWAY
MEDICAL DEPARTMENT
“FIT” CERTIFICATE

Hospital Health unit No. ……………..

I hereby certify that (Name) …………

(Designation) ……………………………………………

(Branch or Department) ………………………………

(Station where employed) ……………………………

(Issuing doctor’s initials with designation)

Date ……………………………

Place ……………………………

* Delete whichever is inapplicable

----------RAILWAY
MEDICAL DEPARTMENT
“SICK “ CERTIFICATE

Signature of applicant …………………………………

Hospital Health unit No. ……………..

I hereby certify that (Name) …………

(Designation) ……………………………………………

(Branch or Department) ………………………………

(Station where employed) ……………………………

He is likely to be unfit to perform his duties for …………

days with effect from (date) ……………………………

Signature of Railway medical officer

Designation ……………………………

Date ……………………………

Place ……………………………

* Delete whichever is inapplicable
RAILWAY
MEDICAL DEPARTMENT
INTERIM SICK CERTIFICATE
( Counterfoil )

No.…………………

I hereby certify that –
………………………………………………………………………………
………………………………………………………………………………
Name  :    ………………………………………………………………………………
Designation :    ………………………………………………………………………
Branch or Department:   …………
…………………………………………………….
Station  where employed  :   …………………………………………………………..
Sick certificate No.  :  ………………………………….. Dated:    ……………………
( in form ………………………………………..)  was issued, is likely to be unfit to
…………………………………
…………………………………
perform his duties for a further period from  ………
……………………………….
…………………………………
Signature  of railway doctor
Designation :    ……………………
Date  ………………………
Place  ………………………
RECOMMENDATION FOR LEAVE FOR CHANGE OF AIR OR RECUPERATION

No. ........................................

Name: .................................................................

Designation: ...........................................................

Branch or Department: ................................................

Station where employed: ............................................

Sick certificate No. ....................................................

Dated .................................................................

Period of leave recommended ....................................

Disease: ...............................................................

I recommended that –

Name: .................................................................

Designation: ...........................................................

Branch or Department: ................................................

Station where employed: ............................................

in whose favour sick certificate No. ............................ dated ................................

was issued be granted a * period/further period of ........................ months ...........

days........................................................................ Leave for change or air or recuperation.

................................................................. Divisional Medical Officer

................................................................. Divisional Medical Officer.

Date: .................................................................

Place: .................................................................

* Delete whichever is inapplicable

Note: No recommendation contained in this certificate shall be evidence of a claim to any Leave not admissible to the Railway employee under the rules.
RAILWAY
MEDICAL DEPARTMENT
DUTY CERTIFICATE

No. ……………………

Name : ………………………………………………………………………………..

Designation : ………………………………………………………………………….

Station where employed : ……………………………………………………………..

Remarks : ……………………………………………………………………………….

……………………………………………………………………………………………

……………………………………………………………………………………………

Initials of Railway doctor

Designation : ………………………

Date : ……………………………

Place : ………………………..
UNFIT CERTIFICATE FOR RAILWAY SERVICE
(Counterfoil)

Hospital/Health Unit

Name:

Designation:

Station:

Class:

Branch or Department:

Marks of identification: (I) (ii)

Date of birth:

About

I/We consider on grounds recorded on the counterfoil that he has permanently incapacitated for further service (or in the department to which he belongs) in consequence of his illness from.

Arrangements should be made to relieve him of his duties as early as possible/immediately with a view to his retirement from the Railway service.

There is no reasonable prospect that the Railway employee concerned will ever be fit to resume his duties.

Date:

Place:

Initial/Initials of Issuing Officer/
Members of Medical Board

Confidential

Hotel/Health Unit

MEDICAL DEPARTMENT

UNFIT CERTIFICATE FOR RAILWAY SERVICE

Name:

Designation:

Station:

Class:

Branch or Department:

Marks of identification: (I) (ii)

Date of birth:

About

I/We consider on grounds recorded on the counterfoil that he has permanently incapacitated for further service (or in the department to which he belongs) in consequence of his illness from.

Arrangements should be made to relieve him of his duties as early as possible/immediately with a view to his retirement from the Railway service.

There is no reasonable prospect that the Railway employee concerned will ever be fit to resume his duties.

Date:

Place:

Signature/Signatures of issuing Officer/Members of Medical Board
ANNEXURE - XVI
(Para 547 & 548)

MEDICAL DEPARTMENT

CERTIFICATE OF SICKNESS FOR GRANT OF LEAVE TO GAZETTED EMPLOYEES

Signature of the applicant

I…………………………………………………………………………………………after careful personal examination of the case, hereby certify that
the health of …………………………………………whose signature is given above, is to be such as to render absence
from duty for a period of ……………………………………………… with effect from
……………………………………………….is absolute necessary for the restoration of his health.

Diagnosis to be mentioned in the office copy only.

Date…………………..…………………..
Place…………………..…………………..
………………………………..Division

ANNEXURE – XVII
(Para 548)

MEDICAL DEPARTMENT

CERTIFICATE OF DETENTION OF GAZETTED EMPLOYEES FOR MEDICAL OBSERVATION.

Shri……………………………………………….having applied to us for a medical certificate recommending him
grant of leave, we consider it expedient, before granting or refusing such a certificate, to detain under Professional
observation for ……………………..days.

Signature (1)…………………………..Designation………………
Do (2)…………………………..do………………
Do (3)…………………………..do………………
Date…………………..
Place…………………..
CERTIFICATE OF FITNESS TO RETURN TO DUTY FOR GAZETTED EMPLOYEES.

No. …………………

I Medical Officer in charge of ………………………………………………………………………………Division, do hereby that I have carefully examined Shri ………………………………………..of the …………………………………………… Branch or Department and find that he has recovered from his illness and is now fit to resume duties in railway service.

I also certify that the original medical certificate (s) on which leave was granted or extended was/there produced before me.

Date …………………

Signature of Medical Officer.

Place …………………………

Division

CERTIFICATE OF RECOMMENDATION FOR LIGHT DUTY.

Hospital No. …………………

Health unit

This is to certify that :-

Name…………………………………………………………..Designation……………………………..Department………………

Station……………………………… who was sick and under treatment for …………………………………………………

from(date)…………………………..to (date)………………………….is recommended light duty/change of occupation before he is declared fit for duty of his original post.

Date: ………………………

Place: ………………………

Divisional Medical Officer

…………………………….Division
This is to certify that:-

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Department</th>
<th>Station</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

who was recommended light duty/change of occupation vide certificate No. Dated is permanently medically unfit for the duties of his original post. I recommend that on medical grounds arrangements should be made to provide him with suitable alternative employment permanently.

Date: 

Place: 

Divl. Medical Officer.

Division
**ANNEXURE XXI**

(See Para 566)

**MEDICAL DEPARTMENT**

**CASTE SHEET FOR EXAMINATION OF DRUNKENESS**

1. Name and address/designation of suspect …
   ………………………………………………………………………………

2. Date and Time of examination. …
   ………………………………………………………………………………

3. What is the appearance of suspect? …
   ………………………………………………………………………………
   Is he drowsy? ...
   ………………………………………………………………………………
   Are his upper eye lids and features relaxed? ...
   ………………………………………………………………………………
   Are his eyes and face congested? ...
   ………………………………………………………………………………
   Is he seating and slobbering? ...
   ………………………………………………………………………………

4. How does he behave ...
   ...
   Is he noisy? ...
   ...
   Boisterous?
   ...
   Silly?
   ...
   Excited?
   ...
   Garrulous?
   ...
   Restless?
   ...
   Heavy?

5. Is his conception of time and space Normal? ...
   (If it is, say, ‘Yes’; if it is not, repeat statement indicating the contrary)

6. Test his Memory. Ask him, for example, to remember a couple of Addresses, or to describe the accident which led to his arrest, or Ask him to describe some event indicated by a picture in an Illustrated paper.

7. Note his speech. Is it thick, nasal, lisping, stammering, or Stumbling?
   
   Make him repeat difficult words or read aloud a small newspaper Notice.


9. Are the movements of his hands steady? Test his handwriting by Making him write his name, age, occupation and address.

10. Examine his pupils. Note whether they are dilated, contracted or irregular and their reaction to light. Test his sense of pain.

11. Does he smell of alcohol?
12. Are there signs of other disease such as epilepsy or apoplexy?

13. Add any other observations bearing on this matter -
   
   (a) Has the examination revealed symptoms indicating this condition is not normal?

   (b) Is it proved that the symptoms found are due to alcohol?

   (c) Is the condition one of drunkenness?

Date  …………………………….  ………….

Place  ……………………………

Doctor  

Signature and Designation Examining Doctor
| 1. Name         | …… | …… | …… | ………………………………………… |
| 2. Sex          | …… | …… | …… | ………………………………………… |
| 3. Age          | …… | …… | …… | ………………………………………… |
| 4. Married or Single | …… | …… | …… | ………………………………………… |
| 5. Occupation   | …… | …… | …… | ………………………………………… |
| 6. Religion     | …… | …… | …… | ………………………………………… |
| 7. Residence    | …… | …… | …… | ………………………………………… |
| 8. Relation     | …… | …… | …… | ………………………………………… |
| 9. Heredity     | …… | …… | …… | ………………………………………… |
| 10. Temperament | …… | …… | …… | ………………………………………… |
| 11. Habits      | …… | …… | …… | ………………………………………… |
| 12. Behavior generally | …… | …… | …… | ………………………………………… |
| 13. Any delusion, illusion, or hallucination | …… | …… | …… | ………………………………………… |
| 14. Morbidly suspicious, suicidal or homicidal | …… | …… | …… | ………………………………………… |
| 15. Mode of onset and general course | …… | …… | …… | ………………………………………… |
| 16. Mental faculties, memory, power of recognition, reasoning power Judgement, self control, volition, depression, stupor and excitement altered feelings towards relatives | …… | …… | …… | ………………………………………… |
| 17. Expression and articulation, nutrition of body, and presence of deformities in hand or body. | …… | …… | …… | ………………………………………… |
| 18. Writing     | …… | …… | …… | ………………………………………… |
| 19. Pulse and temperature and bodily functions | …… | …… | …… | ………………………………………… |
| 20. Sleep and character of dreams | …… | …… | …… | ………………………………………… |
| 21. Motor and sensory functions of brain and cord | …… | …… | …… | ………………………………………… |
| 22. Headaches, neuralgic pains | …… | …… | …… | ………………………………………… |
| 23. Syphilis, drunkenness, drugging, D.T., sunstroke | …… | …… | …… | ………………………………………… |
| 24. Any intent to deceive | …… | …… | …… | ………………………………………… |
| 25. Blood examination, leucocytosis, etc. | …… | …… | …… | ………………………………………… |
| 26. Whether feigned or genuine | …… | …… | …… | ………………………………………… |

Date: …………………………………………

Place …………………………………………

Signature and Designation of Examining Doctor
ANNEXURE –XXIII
(See para 587)

Hospital
Railway

Health Clinic (Periodical Check Up)

(Consultation by appointment through Dr……………… between…………and …….hours.
Telephone No…………………………

Name:…………………… …………………………  Designation:………………………………………
Address:……………………………………………  Telephone No…………………………………….
Pay Rs…………………………………………….. Date of birth:………………………………………

Instructions: Date……………………………………
1. Please attend Dr………………between………………..and ……………….hours on working days. He will
   arrange for all the tests given below, to be done in the laboratory X-Ray room, etc.
2. Please attend fasting with empty stomach.
3. Please bring your morning specimen of urine and stool with you.
4. After all the above laboratory reports, X-Ray chest, examination by dental surgeon and AMO(Gynaecology) (for
   ladies only) and any other examination as advised, has been completed, kindly report to Dr………………
   Room No…………………………between……………between………………data for ECG and complete physical check up.
5. The complete record in the form of a health file will be maintained by Dr………………and Your index No.(Regd.
   No.) will be given to you along with the advice regarding the next date for check up. The Health File will be
   handed over to you for taking it with you to the doctor in charge of the hospital if you are transferred from this
   hospital.

<table>
<thead>
<tr>
<th>INVESTIGATION</th>
<th>REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Urine</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>2. Stools.</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>3. Hb:</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>4. T.L.C.</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>5. D.L.C.</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>6. E.S.R.</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>7. Blood sugar: (a) fasting.</td>
<td>(b)Post.Prandial.  ……………………</td>
</tr>
<tr>
<td>8. Serum Cholesterol</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>9. Blood urea.</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>10. M.M.R.Chest.</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>11. E.C.G.</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>12. Height:</td>
<td>…. …. ….  ……………………………………</td>
</tr>
<tr>
<td>13. Weight.</td>
<td>…. …. ….  Standard weight)…………………</td>
</tr>
<tr>
<td>14. Any other significant point</td>
<td></td>
</tr>
</tbody>
</table>

History: …… …. ….  ……………………………………
Past History: …… …. ….  ……………………………………
Family History: …… …. ….  ……………………………………

141
Physical Examination:  

<table>
<thead>
<tr>
<th>System</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimentary system</td>
<td></td>
</tr>
<tr>
<td>Respiratory system</td>
<td></td>
</tr>
<tr>
<td>Cardio-vascular system</td>
<td></td>
</tr>
<tr>
<td>Pulse rate</td>
<td>p.m.</td>
</tr>
<tr>
<td>Ryth.</td>
<td></td>
</tr>
<tr>
<td>Regular/irregular</td>
<td></td>
</tr>
<tr>
<td>condition of arteries</td>
<td></td>
</tr>
<tr>
<td>Hearth</td>
<td></td>
</tr>
<tr>
<td>Nervous system</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Ophthalmic</td>
<td></td>
</tr>
<tr>
<td>Gynaecological (for ladies only)</td>
<td></td>
</tr>
<tr>
<td>Additional remarks</td>
<td></td>
</tr>
<tr>
<td>Impression</td>
<td></td>
</tr>
<tr>
<td>Advice</td>
<td></td>
</tr>
<tr>
<td>Due dates for next check up</td>
<td></td>
</tr>
</tbody>
</table>

142
Chapter VI

MEDICAL ATTENDANCE AND TREATMENT

Section A - Definitions

601. In these paragraphs, unless there is anything repugnant in the subject or context and subject always to the provisions contained in the Indian Railway Establishment Code, Volume I-

(1) ‘Authorised Medical Officer’ means the Railway Medical Officer within whose jurisdiction the Railway employee is headquartered or one who is specifically nominated for the purpose.

Note: (i) The Authorised Medical Officer may, as per the requirements of a particular case, refer the case to any other Medical Officer of the required speciality.

(ii) Ordinarily the jurisdiction of a Railway Medical Officer will be taken to cover Railway employees residing within a radius of 2.5 km. of the Railway hospital/health unit and within 1 km. radius from the station of the Medical Officer’s jurisdiction.

(iii) A Railway doctor on regular leave cannot perform the duties of "Authorised Medical Officer".

(2) "Medical attendance" means-

(a) Attendance on Railway employee, members of the family or dependent relatives as defined in pass rules (hereafter called "Beneficiary") at the consultation room maintained by the Authorised Medical Officer or in any Railway hospital/health unit.

(b) If there is no such consultation room/health unit/hospital, then attendance in any non-Railway hospital/health centre/dispensary to which the Railway "beneficiary" is referred to by the authorised medical officer.

(c) Attendance on a Railway employee at his residence in terms of para 634 of this chapter.

(d) Such special investigations as are considered necessary by the authorised medical officer.

Note: (i) Special investigations may include Pathological, Bacteriological and similar tests, USG, Endoscopic examinations, FNAC etc.,

(ii) For such special investigations up to Rs 1000/- in each case done in Govt./recognised Hospital or in any hospital, powers for referral/reimbursement are redelegated to MD/CMS/MS up to Rs 1000/- in each case, in case the requisite facilities are not available in nearby Govt/recognised Hospital

(iii) This power will be exercised by the MD/CMS/MS in consultation with two senior doctors (one pathologist and the other from surgical or medical speciality or by the last two when a pathologist is not available) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended

(iv) It should be ensured that only the special investigation facilities which are not available in Railway Hospital are referred and not the routine ones.

(v) Investigations costing more than Rs 1000/- each will continue to be decided by the Chief Medical director of the Railways, wherever necessary, in consultation with the FA&CAO, provided these were done at the instance of the Authorised Medical Officer and the amount involved does not exceed Rs.10000/- per case.

(Ministry of Railway's letter No.87/H/6-1/20 dt. 10/03/88, No.91/H/6-4/26 dt. 05/01/1994, 05/12/97, No. 89/H/6-4/policy dated 20/09/2000 and No.99/H/6-4/policy dated 8-11-2001)

(e) Such consultation with a specialist or other medical officer in the service of Government, stationed at places served by the Railway administration which the Authorised Medical Officer, with the approval of the Chief Medical Director, certifies to be necessary to such extent and in such manner as the specialist or the medical officer may determine.

Note: (i) A patient should not be referred to:-

(a) a specialist or medical officer not in the service of Government.
(b) a specialist or medical officer in the service of Government but posted outside the place served by the Railway administration.

(ii) Consultation with a specialist or other medical officer means obtaining an opinion on the case and advice as to the line of treatment, and management of the case, but not treatment by him.

(iii) If the Authorised Medical Officer is of the opinion that the case of a patient is of such a serious or special nature as to require medical attendance by some person other than himself, he may, with the approval of the Chief Medical Director of the Railway (which shall be obtained beforehand unless the delay involved entails serious danger to the health of the patient)-

(a) send the patient to the nearest specialist or other medical officer by whom, in his opinion, medical attendance is considered necessary for the patient, or

(b) if the patient is too ill to travel, request such specialist or other medical officer to attend upon the patient.

(iv) A specialist or medical officer summoned as above, on production of a certificate by the Authorised Medical Officer, will be entitled to travelling allowance as admissible to him under the rules applicable to him.

(v) Honorary specialists attached to Government Hospital or other recognised hospitals may be considered as Government specialist for the purpose of this Sub-para subject to the condition that such consultation will be permissible only in places where Government specialists are not available and only on the advice of the authorised medical officer who should obtain prior approval of the Chief Medical Director. The fees paid to the honorary specialists for consultation at their private consulting rooms will be reimbursed to the Railway employees in accordance with the rates prescribed for Government specialists. The consultation with the honorary specialists at their private consulting rooms will be permissible only in emergent cases.

(vi) The State Government, where agreeable, should debit the Railway administration concerned by preferring bills or by raising debits in respect of consultation fees of Government specialists. Otherwise reimbursement to the Railway employees concerned would be permissible as per rules.

(3) (A) "Treatment" means -

the use of all medical and surgical facilities available at the Railway hospital/health unit or the consulting room of the Authorised Medical Officer and includes:

(a) the employment of such pathological, bacteriological, radiological and other methods as are considered necessary by the Authorised Medical Officer;

(b) the supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily stocked in the hospital;

(c) the supply of such medicines, vaccines, sera or other therapeutic substances etc., not ordinarily stocked, which the Authorised Medical Officer may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient.

(d) such accommodation as is ordinarily provided in the hospital suited to the status of the Railway employee concerned. If accommodation suited to his status is not available, accommodation of a higher class may be allotted provided it can be certified by the medical officer in charge of the Government/recognised hospital:-

(i) that accommodation of the appropriate class was not available at the time of admission of the patient, or, if subsequently available, the condition of the patient did not permit shifting, and

(ii) that the admission of the patient into the hospital could not be delayed due to the nature of the illness until accommodation of the appropriate class became available.

Note:- In the case of admission of a Railway “beneficiary” in a Government or a recognised hospital, the Hospital authorities, where agreeable, should debit to Railway administration
concerned by preferring bills or by raising debits in respect of the charges for accommodation provided in
the hospital. Otherwise, reimbursement to the Railway employee concerned would be permissible as per
rules.

(e) such nursing as is ordinarily provided to in-patients by the hospital.
(Engagement of special nurses will be allowed to the extent indicated in sub section (3) of
Section C of this Chapter).

(f) the specialist consultation as described in para (2)(e) above.

(g) shifting of the patient for treatment or examination from residence to a hospital or from
one hospital to another hospital in an ambulance belonging to the Railway or Government or a local
authority, etc.

Note:-(i) If, in any situation, an ambulance cannot be pressed into service to attend to an
exceptionally emergent case, alternative arrangements of taxi or other suitable and available transport
vehicle should be made to ensure prompt transport. The nominal payment that may be involved in such
cases may be met out of the contingencies. Assistant Divisional Medical Officers may be delegated with
powers for incurring of such contingent expenditure. However, all such cases, where public transport
facilities are hired, should be reviewed by the competent higher authority such as MS/CMS in charge of the
division to ensure that engagement of taxi etc, is not made on frivolous grounds.

(ii) In exceptional cases, when the patients are not actually fit to resume duty but are discharged from the hospital e.g., fracture cases discharged with plaster of Paris cast, amputation cases,
convalescent cases recommended sick leave, etc., with the specific approval in writing of the Medical
Officer in charge of the hospital, the facility of transporting patients to their residence in an ambulance
may also be allowed free of cost.

(h) Blood transfusion charges paid to a Government Institution or any other local
organisation registered/approved for the supply of blood to patients in hospitals.

(i) free diet to the extent indicated in sub-section (2) of Section C of this Chapter.

(j) The dental treatment to the extent indicated in para 637 of this Chapter.”

(B) It does not include:-

(a) Massage treatment, except that in the case of poliomyelitis, may be allowed as part of the
general treatment.

(b) Testing of eye sight for glasses except at Railway hospitals where facilities exist for the
same.

Note:- (i) If local conditions warrant, the Railways may have their own arrangements for
manufacturing and supplying of glasses to Railway “beneficiaries” on no-profit- no-loss basis. This
scheme should be financed from the Staff Benefit Fund. In the case of group D staff, only 50 percent of the
cost of spectacles may be borne by the Staff Benefit Fund.

(ii) Reimbursement of charges incurred in connection with treatment by a private
oculist is not admissible under any circumstances whatsoever even if it is taken on the advice of the
Authorised Medical Officer.

(c) Taxi, tonga or other conveyance charges incurred to convey a patient from his residence to the
hospital or vice versa, except as provided in clause A(g) above.

(d) Cottage booking fee, admission fee, dhobi charges and charges for attendants/ ayahs at the
hospital.

(e) Special articles of diet not ordinarily provided by the hospital to its in-patients.

(f) Charges incurred on account of treatment for immunizing or prophylactic purposes except at
Railway hospitals at the discretion of the Authorised Medical Officer.

Note:- Cost of vaccination, inoculations and injections for prophylactic and immunizing purposes
taken before commencement of international travel by Railway employees and members of their families
and dependent relatives in order to procure health certificates required under International Travel
Regulations, may be reimbursed to them from the Railway revenue provided they are travelling on duty or on authorised leave in circumstances in which they are entitled to fares at Railway expense.

(4) "Railway employees", for the rules contained in this Manual, means persons who are members of a service or who hold posts under the administrative control of the Ministry of Railways excepting such of the employees of the Ministry of Railways as are covered by the Medical Attendance and Treatment Rules issued from time to time by the Ministry of Health and Family Welfare.

(5) "Family members", for the purposes of these rules, will include –

(a) consort-

(i) wife of railway employee, whether she is earning or not
(ii) Husband of a Railway employee, whether he is earning or not;

(b) Sons-

(i) sons under 21 years of age provided they are wholly dependent on the railway employee;
(ii) sons over 21 years of age without an upper age limit, even if not a student or invalid, provided he is wholly dependent on and resides with the railway employee;

(c) Daughters-

(i) unmarried daughters, irrespective of whether they are earning or not and irrespective of their age;
(ii) widowed daughters, irrespective of their age provided they are wholly dependent on the railway employee.

(d) Step sons, unmarried step daughters, subject to the age limit prescribed in (b) and (c) above, provided they are wholly dependent on the railway employee.

Note: In a case where both husband and wife are railway employees, the wife may be allowed to avail herself of the medical attendance and treatment facilities either according to her own status or according to the status of the husband, which ever is more favourable. The children may also be allowed these concessions according to the status of either of their parents and the preferential claim of reimbursement of medical expenses.

(6) "dependent relatives" for purposes of these rules, will include all such persons as are eligible under Pass Rule and thus will include:

(a) mother/step mother; if a widow
(b) unmarried or widowed sister or step sister if father is not alive
(c) brothers/step brothers under 21 years of age, if father is not alive;

Provided that the above are wholly dependent on and reside with the railway employee. The words "wholly dependent " means a person, who does not have independent income more than 15% of the emoluments of railway employee concerned or Rs plus Dearness relief thereon, whichever is more.

Note: The age limit prescribed in case of brother/step-brother will not apply to bonafide students of recognized educational institutions and to invalids on appropriate certification by the railway medical officer.

(i) Mother includes adoptive mother only in cases in which the mother has legally adopted the railway employee as a child and has, since adoption, always been recognized as mother. A railway employee may not obtain medical attention for his real other as well as adopted mother.

(Rly Bds No. 2000/H/PNM.AIRF dt 5-9-2000)
(para 601 sub para (5) of R.I 1995 Edition)

(6a) “Beneficiary” is defined as a Railway employee or his/her family member or a dependent relative as defined in the Pass Rules.

(7) "Patient" means a person to whom the rules in this Chapter apply and who has fallen ill.

Section B - Extent of Application

Sub-Section (1)-Railway employees

602. Medical attendance and treatment facilities shall be available, free of charge, to all "Railway employees", their "family members" and "dependent relatives", (as defined under Pass Rules) irrespective of whether the employees are in Group A, B, C or D, whether they are permanent or temporary, in accordance with the detailed rules as given in Section C & D of this Chapter.

Note:- For this purpose the Railway staff employed in the offices mentioned below shall be regarded as attached to the Railway administration noted against each office:

(i) Advanced Permanent Way Training School, Pune .... Central Railway
(ii) Railway Recruitment Board, Bhopal .... ....Do...
(iii) Director, Rail Movements, Kolkata .... Eastern Railway
(iv) Railway Recruitment Board, Patna .... ....Do...
(v) Chairman, Railway Recruitment Board, Kolkata .... ....Do
(vi) Chief Mining Engineer(Dy. Coal Commissioner, Production.) .... ....Do
(vii) Deputy Director Railway Stores(Steel),Kolkata .... ....Do
(viii) Research Designs and Standards Organization, Lucknow .... Northern Railway
(ix) Chairman, Railway Recruitment Board, Allahabad .... ....Do
(x) Railway Recruitment Board, Srinagar .... ....Do...
(xi) Railway Recruitment Board, Chandigarh .... ....Do...
(xii) Diesel Locomotive Works, Varanasi .... North Eastern Railway
(xiii) Railway Rates Tribunal, Chennai .... Southern Railway
(xiv) Integral Coach Factory, Perambur .... ....Do
(xv) Chairman, Railway Recruitment Board, Chennai .... ....Do
(xv) Railway Recruitment Board, Bangalore .... ....Do...
(xvii) Railway Recruitment Board, Thiruvananthapuram .... ....Do...
(xviii) Indian Railway School of Signal and Telecom .... South Central Railway, Secunderabad
(xix) Railway Recruitment Board, Secunderabad .... ....Do...
(xx) Railway Recruitment Board, Ranchi .... South Eastern Railway
(xxi) Railway Recruitment Board, Bhubaneswar .... ....Do...
(xxii) Railway Recruitment Board, Bangalore .... ....Do...
(xxiii) Tank Wagon Controller, Mumbai .... Western Railway
(xxiv) Railway Recruitment Board, Ajmer .... ....Do...
(xxv) Railway Staff College, Baroda .... ....Do
(xxvi) Railway Recruitment Board, Ahmedabad .... ....Do...
(xxvii) Chairman, Railway Recruitment Board, Mumbai .... ....Do
(xxviii) Railway Recruitment Board, Guwahati .... N.F. Railway
(xxix) Metropolitan Transport Project, Kolkata .... The Railways in their respective areas i.e. the E.R and S E Railway.
(xxx) Metropolitan Transport Project, Mumbai .... The Railways in their respective areas i.e. the Central and Western Railways.
(xxxi) Metropolitan Transport Project, Chennai .... Southern Railway.

(Sub-Section 2 Note of R.I 1995 reprint. and Ministry of Railways letters no.69/H/I/38 dated 6th October 1969, No.71/H/1-1/35 dated 5th November 1971 and No.80/H/6-1/3 dated 22nd February 1980).

Sub-Section(2)-Railway employees on leave/leave preparatory to retirement.

603. A Railway employee on leave, including leave preparatory to retirement, is eligible for the same medical attendance as would be admissible to him/her while on duty.

(Sub-Section 3 -R.I 1995 reprint)

Sub-Section(3) -Re-employed Railway employees

604. Retired Railway employees, on their re-employment in Railways, are entitled to medical attendance and treatment facilities, free of charge, as per details given in Sections C&D of this Chapter.

(Ministry of Railways' letter No.E.51ME1/3/3 dated 26th February 1951)
Sub-Section(4) - Officers and staff of the Commissioner of Railway Safety

605. The staff and officers attached to this establishment are entitled to free medical attendance and treatment for self and family members in accordance with the detailed rules as given in Section C &D of this Chapter, irrespective of whether they were transferred from the Railways or recruited directly by the Ministry of Tourism and Civil Aviation.

(Ministry of Railways' letter No.66/H/16/3, dated 16th November 1966)

Sub-Section(5) - Audit Staff

606. (1) Railway Audit Staff are governed by the following rules:

(i) The normal entitlement of the Railway Audit employee is the G.C.S (MA) rules or the C.G.H.S rules as are in operation but the employee can exercise an option to avail of the Railway Medical facilities for himself and dependant members of the family in terms of the provisions of para 19 of the Railway Audit Manual.

(ii) An employee will be governed either by Railway medical facilities or the Civil medical facilities but not both simultaneously.

(iii) The option to avail of either the Railway medical facilities or the Civil medical facilities will be available to each individual employee and need not be exercised by all the employees of an office as a whole.

(iv) The option once exercised will not be changed except in the event of the change of residence at the same station or transfer to another station.

(v) When a Railway audit staff opts for Railway facilities, medical attendance and treatment to the extent available to Railway employees of corresponding status will be available, free of charge, to the Railway Audit staff and their family members, in accordance with the detailed rules as given in Section C &D of this Chapter.

(CAG's letter No. 3309-NGE I/112-78 dated 24-09-80)

(2) Audit staff posted in North east Frontier Railway, and their families, who have been permitted Railway Medical facilities, when referred for medical treatment by the Chief Medical Director/N.F.Railway to the hospitals on other Railways for any specialist treatment, will get appropriate treatment in those Railway hospitals. However, if the N.F.Railway Audit staff are required to be referred to civil hospitals, recognised under the Railway Medical Attendance Rules for medical treatment, the cost of such medical treatment will be borne by the Audit Department themselves.

(M.O. R’s letters No.E46ME38/3, dt.24/06/1964, No.64/H/7/158 dt. 9/11/64 and No. 81/H/6-1/47 dt. 2/02/82)

Sub-Section(6) - Railway employees on deputation to Rail India Technical and Economic Services Ltd. (RITES) Indian Railway Construction Company Ltd. (IRCON)

607. Railway employees on deputation to RITES/IRCON may be permitted to continue to avail of the medical facilities in accordance with the detailed rules as given in Section C&D of this Chapter. However, RITES/IRCON would pay annual contribution on the basis of per capita expenditure on a Railway employee on an All-Indian Railways basis multiplied by the number of Railway employees on deputation with them who have opted for these rules.

(Ministry of Railways' letter No.79/H/6-3/8, dated 18th July 1980)

Sub-Section(7) - Railway employees on deputation with Trade Unions, etc.

608. Railway employees on deputation with Trade Unions or other similar organisations as full-time paid union workers may be permitted to continue to avail of the medical facilities, free of charge, in accordance with the detailed rules as given in Section C&D of this Chapter.

(Ministry of Railway's letters No.MHS9/MEL/21/Medical, Dt.01/08/960 and No. E(L) 60UTI -111, dt. 21/12/1960).
609. (1) Medical attendance and treatment facilities will be available, free of charge, to the trade union officials who are ex-railway employees, in accordance with the detailed rules as given in Section C & D of this Chapter, on the following terms and conditions:-

(i) The ex-Railway employees should have resigned from the Railway service and the resignation accepted by the Railway administration.

(ii) The ex-employee should be president, vice-president or general secretary at the All-India level or the Zonal level of a recognised trade union. The office bearers at the divisional or branch level etc. would not be eligible for the facility.

(iii) The benefits would be admissible till they attain the normal age of retirement of a railway employee.

(2) The above officials after attaining the age of superannuation may elect to join the "Retired Employees' Liberalised Health Scheme '97". The rate of contribution in their cases will be on the basis of last pay drawn on the Railways.

(Ministry of Railways' letters No.E (LU)71UT3-2, dt. 02/071971 and No.E (LR)III-78 UTF-3, dated 1st March 1978)

Sub-Section (9)-Quasi-Railway Organisations

610. (1) Free medical attendance and treatment facilities in Railway Hospitals are available to the staff themselves of the:

(i) Consumer Co-operative Societies,
(ii) Staff Benefit Fund Committees,
(iii) Railway Institutes,
(iv) Railway Officers' Clubs,
(v) Station Committees,
(vi) Statutory canteens on Indian Railways and
(vii) Whole time (not part time) employees of the AIRF/NFIR & Zonal recognised unions/Federations. The number of beneficiaries on this account is restricted to the current level of whole time workers/officers employed by the Federations/recognised unions.

Note: The above mentioned staff should obtain medical fitness certificates from the Railway Medical Officers who, while issuing such certificates, will make sure that the applicant is not suffering from any old and chronic disease requiring medication on a permanent basis. Zonal Railways may issue medical identity cards to such staff only after scrutinizing the medical certificate. Such cards should have expiry date as the end of the financial year and be renewed at the start of the next year on receiving authority letter from the concerned organisation.

(2) Free out door treatment facilities only will be available to the family members of the quasi-Railway Organisations as mentioned in Para 610 (1). All such beneficiaries should be issued identity cards with photographs of beneficiaries mentioning "VALID FOR OUT-DOOR TREATMENT ONLY"

(3) Medical attendance and treatment facilities are available to the staff and to the members of their families of the Co-Operative credit Societies and Banks on payment on per capita basis, the per capita charge being calculated on the basis of total expenditure on medical services (excluding health services) incurred on Railway employees in India during the previous financial year.

(4) The staff (but not their family members) of the Canteens on the Railways run by Co-operative Societies specially formed for the purpose and in the Ministry of Railway's office may be extended free medical treatment in the outpatient departments only. However, charges are levied for all investigations.

(5) Indoor medical facilities to the family members of the quasi-Railway organisations as mentioned in Para 610(1) above will be made available on payment at per capita basis. The per capita charge is calculated on the basis of total expenditure on medical services (excluding health services) incurred on Railway employees in Indian Railways during the previous financial year.

Note: All those who are permitted/entitled for medical treatment on per capita basis under paras 610 and 623, can only avail of medical facilities available locally in respective Railway hospital/Health
Units without any referral to other Intra-Railway or Inter Railway Hospitals/Health Units or any other intra-Railway or inter -Railway Hospitals/Health units or any other non Railway Hospitals. For availing of treatment in any super specialty centers, such beneficiaries will be treated as outsiders. For this purpose the term ‘super specialty’ denotes those specialised services for which separate centres have been developed at various Railway Zones i.e. Cardiovascular Surgery at Perambur, Plastic surgery at Byculla, Gastroenterology at J.R.H, Orthopedic Surgery at Howrah, Orthopedic centre and Cancer treatment facilities at C.R/I/Varanasi.

(MOR's decision No.2 below Rule 602-R.I, MOR's letters No.64/H/7/116, dated 31st August 1965, No.71/H/1-1/18, dated 14th September 1971 and No.73/H/6-1/24, dated 1st October 1973 and Rly Bd.'s No. E(W) 97 CNT-4 dt. 15/11/1979 , M.O.R.'s letter No.88/TGII/1010/51/ Medical/ Policy dt. 09/12/1988, M.O.R.'s letter No.90/H/6-1/13 dt. 28/05/1993, 24/08/93, 25/11/94, and Bd.'s No90/H/6-1/13 dt. 23/11/94 , No 90/H/6-1/13 dt 24/05/1995, dt 22/06/1995and 08/09/97and letter No.98/H-1/2/1 dt 7-2-02))

Sub-Section(10)-Apprentices

611. Medical attendance and treatment facilities, free of charge, will be admissible to all Apprentices other than those governed by the Apprentice Act, 1961, but not to their family members, on the same scale as available to Railway employees, but confined only to the extant facilities as available in Railway hospitals and health units. For the purpose of medical attendance and treatment they may be classified according to the categories for which they are Apprentices. For the purpose of recovery of diet charges, the stipend drawn by them should be treated as pay. No reimbursement facilities are available in non-Railway institutions or T.B institutions where beds have been reserved for Railway employees.

Note: (i) Trade Apprentices as are governed by the Apprentice Act 1961, but otherwise come within the definition of the phrase "family members" or "dependent relatives" of a Railway employee, will be eligible for medical attendance and treatment facilities according to the status of the Railway employee, under the normal rules.

(ii) Free medical treatment may be accorded to all Apprentices, including those governed by the Apprentice Act, 1961, when personal injuries are caused to them by accidents arising out of and in the course of the training as Apprentices.

(Sub-section 10 of 602-R-1 1995 reprint and MOR's letters No. MH 58 ME1/24/Medical dt..12/01/1960, No 64/H/1/51 dt. 23/05/1966. No.E(Trg)/64/TRU/89 dt. 27/05/1966 and No.E(Trg)1/67/TRI/15 dt. 08/02/1968)

Sub-Section(11) Retired Employees

612 A “Retirees Employees Liberalised Health Scheme-1997 ("RELHS-1997").

(1) Retired Railway employees covered under RELHS-97 will be provided with full medical facilities as admissible to serving employees in respect of medical treatment, investigations, diet, and reimbursement of claims for treatment in Govt. or recognised non railway hospitals. They will also be eligible inter-alia, for a) ambulance services b) medical passes c) home visits d) medical attendance for first two pregnancies of married daughters at concessional rates and e ) treatment of private servants as applicable to serving railway employees.

Note: (i) Those who join the RELHS-97 shall hold identity cards with photographs of all the beneficiaries.

(ii)For the purpose of d) of subpara (1)above special identification cards will be issued duly affixing photographs of married daughters with clear instructions on the card which shall read " ONLY FOR CONFINEMENT AND TREATMENT DURING ANTE-NATAL AND POST NATAL PERIODS FOR THE FIRST TWO PREGNANCIES AT CONCESSIONAL RATES"

(2) Eligibility: Minimum 20 years of qualifying service in the Railways will be necessary for joining the scheme and the following categories of persons will be eligible to join the same:

(i) All serving Railway employees desirous of joining the scheme will be eligible to join it in accordance with the procedure laid down herein under “Mode of Joining”;

(ii) All retired Railway employees who were members of the old RELHS will automatically be included in the RELHS ’97.

150
(iii) Spouse of the Railway employee who dies in harness.

These orders are not applicable to those Railway servants who quit service by resignation.

(3) Family/Dependents

Definition of ‘family’ for the purpose of this scheme will be the same as in respect of the serving Railway employees. The definition of “dependant” will be the same as in the Pass Rules.

(4) Rate of contribution

a) For joining RELHS ’97, one time contribution equal to the last month’s basic pay will have to be made at the time of retirement by those opting to join the scheme. The persons who are already members of the existing RELHS are not required to make any fresh payment. However, those who have joined the existing RELHS after 1.1.96 will have to pay the difference of one time contribution on account of introduction of fifth pay commission’s revised pay scales w.e.f. 1.1.96. It will be the responsibility of the Railway Administration to realise the amount due from the concerned RELHS members.

b) In respect of pre 96 retirees the basis for the one time contribution will be the revised pension drawn by the retired railway employee for joining the RELHS-97. The rate of contribution shall be calculated as under.

i) For employees who retired before 1-1-96 : Revised basic pension as on 1-1-96 including commuted value( Gross pension) multiplied by the figure of two.

b) all those who retired prior to 1.1.96 and joined RELHS between 1.1.96 and 30.9 96 are required to pay a one time contribution equal to their last pay drawn.

ii) For family pensioners: A sum equivalent to double the amount of their revised normal family pension as on 1-1-96

iii) For SRPF Optees : For those SRPF Optees or their widows for whom ex-gratia payment has been approved on the basis of the recommendations of the V CPC, a one time contribution at twice the ex-gratia monthly payment may be deposited.


(5) Mode of Joining

a) All employees will have to give their option to join the RELHS ’97 at least 3 months prior to their date of retirement. The option given once will be treated as final. No further chance will be given subsequent to retirement.

b) Such of the post 1-1-96 retirees who have not yet joined the scheme will be given another chance to join by 31-12-99.

c) For pre 1-1-96 retirees there is no cut-off date for joining RELHS-97. However they have to pay the contribution at rates mentioned in the preceding paragraphs.

d) Members of RRECHS will also have the option to switch over to RELHS ’97 by making payments as mentioned in sub-para(4) above before 31-12-99.

(Authority: Ministry of Railways letter No.91/H/28/1 dated 23.10.97, dt. 26/03/1999 and 97/H/28/1 dt. 17-05-1999)

B. Retired Railway Employees Contributory Health Scheme(RRECHS)

(1) RRECHS will continue for the existing members of the scheme. No new members will be allowed to join the scheme

(2) The benefits under the scheme will be limited to out door treatment of retired railway employee and his/her spouse in Railway hospitals/health units

(3) The beneficiary may avail of the facilities from the hospital where he/she is registered irrespective of the railways he/she has retired from.

(4) The retired railway employee and his/her spouse will be entitled to the services of the railway doctor of the same rank as retired employee was entitled to at the time his/her retirement. Free supply of medicines and drugs ordinarily stocked in Railway hospitals for the treatment of
outpatients may be permitted by the railway doctor treating the case, who may also refer the case to the Hony. Consulatnt attached to the railway hospitals for which no separate charges will be levied. Routine examination of blood, urine and stool including blood sugar, blood cholesterol, blood urea examination and routine Chest x-ray P.A view and routine E.C.G may be done free. Separate charges based on 40 % of the schedule of charges laid down for outsiders will however be recovered for indoor treatment, specialised treatment, other pathological examinations, radiological examinations and operations. Cost of medicines not ordinarily stocked in railway hospitals for treatment in the outpatient department, charges for blood when supplied form railway hospitals and charges for diet will be recovered in full. The facility for out door treatment for chronic diseases like T.B., Leprosy, Cancer and Diabetes etc. are as available to serving railway employees may be extended.

(5) The existing members of the scheme who wish to continue in the scheme have to pay revised rates of contribution at the following rates w.e.f 01/02/2000 in advance for either six months or whole year in acash or by cheque.

<table>
<thead>
<tr>
<th>Categories of the staff</th>
<th>Rate of monthly contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group D</td>
<td>Rs.9/-</td>
</tr>
<tr>
<td>Group C</td>
<td>Rs.18/-</td>
</tr>
<tr>
<td>Group B</td>
<td>Rs.27/-</td>
</tr>
<tr>
<td>Group A</td>
<td>Rs.36/-</td>
</tr>
</tbody>
</table>

(6) The benefits of the scheme may be extended to the dependenat children of the retired railway employees on payment of additional charges at half the rates as mentioned in sub para 5 above for each dependenat child, the other terms and conditions remaining unaltered.

(7) Endorsement for the contribution made from time to time should be made on the identity card.

(8) In the event of death of the beneficiary /beneficiaries before the expiry of the term for which contributions have been paid, the contribution already paid is not refundable to their heirs.

(9) No reimbursement is allowed in cases where the beneficiaries have to take medical treatment in places other than the railway hospitals. If referred to other railway hospitals for indoor treatment charges may be recovered by the treating hospitals.

(10) No medical pass can be issued.

Note: (i) Advance payment covering bed charges for 10 days as also other expected dues in full, subject to a minimum of Rs. 50/- is a precondition for admission of a beneficiary as an indoor patient. Further payment should be ensured for amounts that may become or expected to be due. The doctor in-charge of the case has to take it as his personal responsibility. Settlement of dues may be finalised at the time of discharge of the patient.

(ii) A person who is in this scheme should keep his/her identity card valid by paying the subscriptions regularly in time and getting his card renewed. The card can not be renewed for short intermittent periods without payment for the intervening spells irrespective of whether the beneficiary has availed of any treatment or not during those spells.

( Rly Bd's No 83/H/6-2/6 dt 15/09/1984, No.84/H/6-2/9 dt 15/06/1985, No.88/H/6-2/19 dt 10/05/1988, No.81/H/6-2/8 dt 24/08/1982, No.82/H/6-2/6 dt.Nil/12/1982 and Bd's Letter No..97/H/28/1(pt) dat 30/08/1999)

Sub-Section(12)-Railway employee enrolled/commissioned in the Territorial Army

613. A Railway employee enrolled/commissioned in the Territorial Army will be entitled to treatment by military medical services during the periods of training and embodiment. The family members and dependent relatives of the employees will be governed by the Railway Medical Attendance and Treatment Rules during the period the Railway employee is in training in military service.

Sub-Section(13)-Government Railway Police Personnel

614. Medical attendance and treatment facilities, both outdoor and indoor, may be made available at the specific request of the State Government concerned, to the personnel themselves of both the "Order" Police and the "Crime" Police wings of the Government Railway Police. Debits on per
capita basis, the charge being calculated on the basis of total expenditure on medical services (excluding health service) incurred on Railway employees on all Indian Railways during the previous financial year, may be raised against the State Governments concerned leaving it to the State Governments to pass on the debits to the Railways in respect of the "Order" Police.

Note: (1) No separate charges will be levied for the medicines ordinarily stocked in Railway hospitals and health units, nor will the doctors charge any fees for consultations in Railway hospitals and health units.

(2) The expenses incurred for the treatment of Government Railway Police personnel in civil hospitals and dispensaries, at places where Railway medical facilities are not available, will not be reimbursed.

(3) For the calculation of the charges to be recovered from a State Government, the total strength of the Government Railway Police personnel of the State should be taken into account irrespective of actual number of persons availing of the facilities.


Sub-Section(14)-Private servants

615. The private servant of a Railway employee (i.e. a person employed on a salary in personal service of the Railway employee concerned on a whole-time basis) as is eligible for passes, is also eligible for medical attendance and treatment as outdoor patient and also, to the extent accommodation is available, as indoor patient, at all Railway hospitals and health units. In case of indoor treatment, charges at 40 percent of the schedule of charges laid down for outsiders may be levied for the specialised and indoor treatment and for all investigations.

Note: The outpatient treatment should be confined to short routine illness and not diseases requiring prolonged management of cases.


Sub-Section(15)-Casual Labour

616. All casual labour, project as well as non-project, may be given medical facilities (for self only) in out-patient department. The service cards of the employees may be utilised as the identification card for this purpose.

Note: (i) When they develop post-sterilization complication and require indoor treatment, free diet also is admissible.

(ii) Casual labour (both project as well as open line) with more than three months service will be entitled to same rights and privileges as admissible to regular Railway employees i.e., for self and family members.


Sub-Section(16) - Contractors, their staff and labourers

617. (1) Contractors engaged by Railway administration and their staff are not entitled to free medical attendance and treatment facilities. They and their family members may be treated in Railway hospitals and health units as private patients and charged accordingly.

(2) Contractor’s labor (but not their family members) may be given free medical treatment facilities in Railway hospitals and health units in places where no other hospitals etc., are available, provided the contractor pays the cost of the diet, medicines and dressings.

Sub-Section(17)-Licensed Porters

618. (1) Licensed porters are eligible for free outdoor medical treatment for self, wife and dependent children only at Railway hospitals and health units. However, charges are levied for all laboratory, X-ray examination and other investigations.
(2) Free medical attendance and treatment facilities as indoor patient (excluding diet) will be available in Railway hospitals only when the licensed porters sustain grievous injuries while carrying passengers' luggage. This will be certified by the Station Master/Station Superintendent concerned that the party was hurt while working as a licensed porter in the Railway premises and as also about his identity. A free Railway Pass may be issued to cover his journey to the line doctor/hospital/health unit where necessary.

Note: (a) Every bonafide licensed porter should be issued a Medical Identity card bearing the photographs of all entitled members, duly attested by the competent authority engaging him. This card should mention the name of his wife and dependent children who are the bonafide beneficiaries. The same should have clear indication of ‘VALID FOR OUT DOOR TREATMENT ONLY’

(b) Every licensed porter on the termination of his service or transfer of his license must surrender his medical card to the competent authority before he is relieved. Utmost care is required to be taken to avoid fraudulent use of the card by unauthorized persons.

(c) Any licensed porter, if found to be indulging in fraudulent use of this medical card, must be given deterrent punishment/cancellation of his license.


Sub-Section (18).Licensed Shoe Shine Boys

619. Licensed Shoe shine Boys working at the Railway Stations are eligible for free outdoor medical treatment for self only at Railway hospitals and health units subject to the following conditions. However, charges are levied for laboratory, X-rays and other investigations.

(a) Every bonafide licensed shoe-shine boy should be issued a Medical Identity card bearing his name and photograph, duly attested by the authority competent to issue licenses to them. It should be clearly mentioned on the Medical Identity Card that it is ‘VALID FOR OPD TREATMENT ONLY’

(b) Every licensed shoe shine boy on transfer of his license must surrender his medical card to the competent authority before he is relieved. Utmost care is required to be taken to avoid fraudulent use of the card by any unauthorized person.

(c) Any licensed shoe-shine boy, if found to be indulging in the fraudulent use of this medical card, must be given deterrent punishment/cancellation of his license.

( Rly Bd.'s No.95/H/6-1/17 dt. nil/06/1998)

Sub-Section (19)-Commission Vendors

620. Free medical treatment facilities are available to the commissioned vendors/bearers engaged on commission basis in the departmental catering on the Railways as outdoor patients for self only. Free medical attendance and treatment facilities as indoor patients will be available only when they sustain injuries in the course of their duties.

Note: The outpatient treatment should be confined to short routine illnesses and not diseases requiring prolonged management of cases.

(Ministry of Railways' letters No.62/H/I/70, dated 16th February 1963 and No.61)H/1/70 Pt.A, dated 17th March 1964 and No.71/H/1-1/16 dated 16th June 1971).

Sub-Section (20)-Pool Officer

621. The Pool Officers of the Council of Scientific and Industrial Research, New Delhi, attached to the Railways, are not entitled to free medical attendance and treatment facilities.

(Ministry of Railways' letter No.E(GR/1/64RCI/52, dated 23rd August 1965).

Sub-Section(21) - Outsiders
Free medical attendance and treatment facilities are not admissible to outsiders.

However, when spare accommodation is available after meeting the needs of Railway beneficiaries, the Railway administration may allot up to a maximum of 10 per cent of the beds in a Railway hospital for outsiders.

Different charges as shown in Annexure I have been laid down for different types of accommodation in health units/polyclinics and wards of various hospitals. For the calculation of charges to be recovered from outsiders, the day should be counted from midnight and the charges for hospital stay should be for a full day even if the stay in the hospital is for a fraction of a day. These charges are inclusive of accommodation, ordinary medicines and professional services but do not include charges for X-ray examination, pathological, bacteriological and analytical tests etc. The charges for different types of accommodation, investigations, blood transfusion and treatment procedures have been given in Annexure I to this Chapter and should be separately paid for. The charges for items not specified in Annexure I may be decided by the Railway administration locally in consultation with their F.A & C.A.Os.

Outsiders seeking admission in the Railway hospitals for medical or surgical treatment require thorough medical examination by the concerned doctors at the time of admission. For this examination/consultation, a fee of Rs.40/- (valid for 15 days) should be charged, in addition to the usual charges for all clinical and pathological investigations. Where the visits by outsiders are for investigations only and no examination by or consultation with the doctor is involved, only the prescribed charges for the investigations should be realised.

Different charges are also levied for diet and special medicines. The rate of recovery in respect of diet may be full cost of the diet plus 50 per cent of the overhead rounded off to the nearest rupee. Half diet charges are levied only if discharged at or before 12 noon.

Charges for blood transfusion are laid down in annexure I.

Separate charges are also levied for diet and special medicines. The rate of recovery in respect of diet may be full cost of the diet plus 50 per cent of the overhead rounded off to the nearest rupee.

Note: Outsiders undergoing tubectomy or vasectomy in Railway hospitals/health units are exempt from any charges, including for consultation, routine investigations, operation, admission, if necessary, and medicines required for these operations.

A list broadly classifying the operations into major, minor, trivial, and special is contained in Annexure II to this Chapter. In doubtful cases, however, the decision of the Chief Medical Director in regard to classification shall be final.

Fees levied from outsiders for confinement cases to Railway hospitals are as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal labour without episiotomy</td>
<td>Rs.1375+ labor room charges</td>
</tr>
<tr>
<td>Normal labour with episiotomy</td>
<td>Rs.1625+ labor room charges</td>
</tr>
<tr>
<td>Abnormal labour</td>
<td>Rs.2000+ labor room charges</td>
</tr>
</tbody>
</table>

Note: (1) There will be no sharing of any charges recovered for bed/cabin(Srl No.2(i) of Annexure I) theatre/labour room charges(Srl No XVIII of Annexure I). These are to be credited in full to the Railway revenue. However, other charges given in Annexure I to this chapter are to be shared between the Railway medical personnel (including Medical officers) and the Railway administration in the ratio of 1:4. The total amount realised from outsiders should be credited to the Railway revenue first and the claim
has to be preferred later. 80% of the amount so realised should be retained by the Railway. Balance 20% will be available for sharing amongst doctors and hospital staff as follows:

(a) Doctors 40%
(b) Para medical Group'B' or 'C' Staff 35%
(c) Ministerial and other Group 'C' staff in separate functions like laundry, diet ambulance etc., 5%
(d) Group 'D' Staff 20%

The proportion allotted to various categories should be divided equally among members of the category.

(Bd.'s No 88/H/2-1/14 dt. nil/11/90)

(2) Advance payment, covering bed charges for ten days as also other expected dues in full, subject to a minimum amount which may vary from Rs 500/- to 1000/- depending upon the type of the case, is a precondition for admission of an outsider as an indoor patient. Further payments should be ensured for amounts that may become or be expected to be due. The doctor in charge of the case has to take this as his personal responsibility. Settlement of dues may be finalized at the time of the discharge of the patient.

(3) Married daughters of the Railway employees, should be charged at 40% of the scheduled charges fixed for outsiders for bed, operation, laboratory tests, X-ray etc. including Ante-natal and post natal check-up period for the first two confinements. O.T. charges will not be levied for the first two confinements. Full charges are to be levied for diet and medicines. The consultation fee in OPD valid for a fortnight as applicable to outsiders should be levied in full.

(4) Freedom fighters travelling on a valid first class pass: Medical facilities, as are available in Railway hospitals, may be provided to freedom fighters, free of cost, as and when they undertake 'Bharat Darshan' on a valid first class Pass.

(Bd.'s Letter No 84/H/17/3 dt. 09/04/84 and No. 86/H/6-3/15 dt 21/05/1987)

(5) The Chairman and members of the Passengers' Amenities Committee will be governed by the Railway Medical Attendance Rules during their tenure as the Chairman/members of the committee.

(Rly Bd.'s letter No ERB-I/96/23/27 dt. 17/02/97)

(Sub Section 22 - Employees of other Government Departments)

623. (1) For the employees of other Government departments residing at places where there are no government hospitals/dispensaries other than the Railways, the concerned government department may enter into an agreement with the Ministry of Railway on "no-profit- no-loss" terms for the grant of Railway medical attendance and treatment facilities to their employees in such places.

(2) Medical attendance and treatment facilities of both the outdoor and indoor type will be made available to such employees and their family members. The indoor accommodation will be given to them only if the same is not required for the use of Railway beneficiaries.

(3) For these services, the Government department concerned will be required to pay annually to the Railway administration, the charges calculated on per capita basis for the total number of their employees in the area to whom the Scheme has been extended, irrespective of the number of employees who actually availed of the Railway medical facilities. The rates for purposes of such calculations will be as per Railway's per capita expenditure on medical and health facilities to their own
employees in the preceding financial year. The charges are inclusive of accommodation, ordinary medicines and professional services.

(4) Accommodation, ordinary medicines, and professional services shall be free. Separate charges will, however, be levied for X-ray examination, pathological, bacteriological and analytical tests, diet, special medicines, confinement cases and operations at the scale laid down for outsiders in Sub-Section(21).

(5) Separate charges will also be levied for visits by the Railway Medical Officers to the residence of the employees and their family members at the same scales as laid down for Railway employees in Para 634.

Note: (i) The per capita rates referred to in Paras 623(3), and 610 of this chapter will be based on the All-India Railway average and not on the per capita expenditure of the concerned Railway administration.

(ii) The charges mentioned in Para 623(4) above are to be paid by the employees themselves in the first instance, which may subsequently be claimed by them from their own department as per the rules of that department.

(iii) The fees mentioned in Para 623(5) above, may be retained by the Railway doctor in full. Higher fees will not be charged for night visits.

Sub-Section (23)

Central Government employees governed by the C.S.(M.A.) Rules 1944.

624. Central Government employees governed by the C.S.(M.A) Rules 1944 and orders issued thereunder can, subject to the availability of accommodation, avail of such medical attendance and treatment as admissible to outsiders in Railway hospitals on payment of charges as prescribed for outsiders. Preference would, however, be given to these employees amongst outsiders.

(Ministry of Railways' letter No.74/H/6-3/14 dated 4th August 1975).

Note: 1) The Chairman, Vice Chairman and Members of Railway Claims Tribunal shall be entitled to medical treatment and hospital facilities as provided in the Central Govt. Health Scheme and in places where the CGHS is not in operation, as provided in the CS(MA) rules 1944.

2) Notwithstanding anything contained in 1) above, the Chairman, Vice Chairman and Members of Railway Claims Tribunal shall be entitled, at their option, to avail of the health service facilities applicable to officers of equivalent pay scales under the Railway administration or where there are no equivalent pay scales, to facilities applicable to officers drawing the highest pay scale under the Railway administration.

(Ministry Of Railway’s No.89/H/10/2 dt. 30/11/1989)

Sub-section(24). Railway employees on deputation in India/abroad/posted abroad:-

625. Railway employees sent on deputation to other Govt. Departments/Corporations/Undertakings may be governed by the Medical Attendance Rules of the borrowing Department/Corporation/Undertaking. The borrowing Department/Corporation/ Undertaking may, however, allow the Railway employee, at his option, to enjoy Railway medical facilities, provided a contribution to Railway revenue is made by the borrowing Department/Corporation/Undertaking or by the Railway employee concerned, as may be mutually agreed upon between them, at the rates of recovery prescribed from time to time for Government employees of his status under the Central Govt. Health Scheme.

(sub-section 19 under Rule 602-R.I 1995 reprint.)

(1) Railway employees on deputation abroad and India-based Railway employees posted abroad:- Railway employees working in posts outside India and/or sent abroad on deputation may be divided into the following three categories for the purpose of grant of medical facilities, viz.-

(a) those who are sent on "short-term" deputation abroad i.e. when the period of continued stay abroad does not exceed six months;
(b) those who are sent on "long-term" deputation abroad i.e. for a period in excess of six month; and

(c) India-based Railway employees posted abroad.

(2) Railways employees falling under category 1(a) above will governed by the orders issued by the Ministry of External Affairs from time to time, whereas those falling under 1 (b) and 1(c) above will be entitled to medical facilities as are admissible under the Assisted Medical Attendance Scheme as published by Ministry of External Affairs and as corrected from time to time.

(3) Subject to the provisions of the Assisted Medical Attendance Scheme, the concessions admissible thereunder are also applicable to wives, children and step-children residing with and wholly dependent on the employees falling under 1(b) and 1(c) above.

(Ministry of External Affairs' Memorandum No. 1 (i) 19/MP-55 dated 13th September 1955).

Families in India of employees posted abroad.

(1) Free medical attendance and treatment will also be admissible to families in India of employees posted abroad, provided medical attendance and/or treatment is in accordance with the rules and orders in force in India.

(2) The employee concerned should arrange to collect from his family in India all the necessary certificates, bills, receipts, vouchers, etc. that are required to accompany any claim for refund under the relevant rules and orders. He should then submit his claim to his Accounts Officer through the Head of the Mission/post in which he is serving. The claim should be made out in the salary bill form and supported by the prescribed application form, necessary bills, vouchers and certificates as required under the rules. When the payment is authorised by the Accounts Officer, it should be made payable in India to person duly nominated by the employee to receive payment on his behalf. Refunds for expenditure incurred in India shall not be made in a foreign currency. The nomination shall generally accompany the claim so that after the claim has been passed by the Accounts Officer, that officer can issue a letter of authority to the nominee to receive the payment. The expenditure on such refunds should be debited to the Railways.

(Ministry of External Affairs' Memorandum No. 1(i) 19/MP-55 dated 13th September 1955).

(3) Medical Examination: For the purposes of the Assisted Medical Attendance Scheme, the examining medical authority for both the gazetted and non-gazetted Railway employees will be the MS/CMS of the division.

(4) The Controlling Officer: The 'Controlling Officer' in the case of medical claim of the Railway employees serving in/deputed to Missions/post abroad will be the Head of the Mission/post concerned.

(M 602 sub-section 4 of R.I 1995 reprint.).

Families of Railway Employees on secondment to foreign service.

(5) Families, left behind in India, of Railway employees on secondment abroad on foreign service terms may be treated at par with the families of retired railway employees governed by the Retired Railway Employees Contributory Health Scheme.

(M.O.R's letter No.78/H/6-1/27 dated 21/09/1978)

626. Identity card necessary for availing of facilities in Railway hospitals- (1) No medical treatment facilities should be provided to a Railway beneficiary if the medical identity card is not produced for the purpose.

(2) In the case of licensed porters, commission vendors etc., who are not regular employees of the Railway but who are entitled to Railway medical facilities on a restricted scale, they may be issued identity cards with an additional endorsement indicating the category to which they belong, like "licensed porter" "commission vendor", etc.

(3) In so far as casual labour is concerned, their service book which indicates whether they are in service or not at the particular point of time may serve as the medical identity card.

(4) In emergencies, however, a patient, even in the absence of identification papers, has to be attended first, including administration of such medicines, and use of such appliances as may be necessary. With the help of Welfare Inspectors, efforts should be made to establish the patient's identity. In case the patient is found to be a non-Railway beneficiary, he should be treated as an outsider and charged accordingly or
transferred to a non-Railway hospital as soon as the patient's condition stabilizes and the expenditure incurred written off with concurrence of the competent authority.

(Ministry of Railway’s letters No.79/H/6-1)24, dated 30th July 1979, No.76/H/6-1/10, dated 25th May 1978 and No.79/H/6-1/22, dated 26th July 1979).

Sub-Section (25) - General

627. Non-entitled persons temporarily staying with Railway employees residing in places where outside medical help is not readily available: Relations of Railway employees not covered by the Railway Medical Attendance and Treatment Rules and friends temporarily staying with Railway employees residing at places where outside medical help is not readily available, will be entitled to medical attention by Railway doctors, who may charge fees as indicated in Paragraph 634(2).


628. Passengers who take ill while travelling: (1) While it is not incumbent on the Railways to provide medical relief to passengers who take ill, such assistance is invariably rendered in practice as a matter of courtesy to a customer.

(2) Charges for medical aid to passengers afflicted with sudden illness or injury (other than as a result of a railway accident in which case it is the duty of the Railway administration to provide free medical attendance and treatment facilities) are levied on the principle that the relationship between a bona fide passenger and a Railway doctor must be that of a private patient and his medical attendant. A Railway doctor attending such a passenger may be allowed to recover consultation fee at the following rates:

Consultation fee of Rs.20/- irrespective of the grade of the attending Medical Officer; This fee is retained in full by the attending doctor:

(Rly Bd.’s No 82/H/6-1/22 dt. 30/03/89)

(3) As regards the charges for medicines, injections, etc., the same may be recovered at the following rates and the amount so recovered will be credited, in full, to the Railway revenue:-

(i) Re.1 per tablet or dose of mixture.
(ii) Maximum retail price as mentioned on the strip per dose of higher antibiotic.
(iii) Rs.5 per sterile dressing of wounds.
(iv) Rs.10 per injection (which includes the cost of the common items eg. the injecting materials).

(Bd’s No.99/H/6-5/1 dated 27/08/1999)

(4) In the case of indigent passengers, where it is not possible to recover the cost of medicines etc., these may be issued free on the certificate of indigence from the doctor. The expenditure, if any, incurred in connection with the hospitalisation of such cases, may be treated as a part of ordinary expenses of working the Railway hospitals.

Note: If and when a Railway doctor is not available for attending on a passenger or trespasser taking ill while travelling or on railway premises, the services of a non-Railway doctor may be obtained with the full knowledge and consent of the parties concerned that the patient or somebody on his behalf will pay to the doctor direct. For this purpose, a list of non-Railway doctors of the neighborhood should be maintained by Station Superintendents as detailed in Para 707 of chapter VII of this manual.

(Note (1) below item 51 of Appendix VII-GII and Ministry of Railway's letters No.65/H/7/44, dated 17th October, 1966, No.68/H/I/17, dated 14th January 1969 and No.70/H/13/32, dated 7th May 1971).

629. Persons transferred to Railways from other services: A Government employee transferred either temporarily or permanently to a post under the Ministry of Railways, shall be entitled to medical attendance and treatment facilities in accordance with the rules as detailed in Section C&D of this Chapter.

(Rule 611-R.I.)

630. Immunisation facilities to non-entitled persons: Prophylactic immunisations, to guard against the spread of communicable diseases in an epidemic form, particularly in the case of large projects, may be extended, free of charge, to casual labour, contractors' labour and even to those persons who are otherwise not eligible normally, like the local shopkeepers, etc. who, in their unprotected state, may be a source of danger to the Railway community in general.
631. **Persons arrested under the Railway (Unlawful Possession) Act, 1966:** Persons arrested under the Railway Property (Unlawful Possession) Act, 1966, and requiring medical attendance and treatment during the period of detention under the Railway Protection Force may be offered the same in the following cases -

(i) where civil medical facilities are not available within easy reach.

(ii) where the denial of these facilities could be dangerous or injurious to the life of such persons, or

(iii) when such cases are specially referred to Railway doctor by the officials of the Railway Protection Force (for example, Assistant Sub-Inspectors, Sub-Inspectors and Inspectors).

(Ministry of Railways’ letter No.68/Security/Spl./70/4, dated 15th March 1969.)

632. **Persons governed by all India Services (Medical Attendance) Rules 1954:** Persons governed by the All India Services (Medical Attendance) Rules 1954 have been made eligible for obtaining medical attendance and treatment in Railway hospitals. The terms and conditions will be as shown in sub-section (22) of Section B of this chapter.

**Section C - Scope of Medical Attendance and Treatment**

**Sub-Section(1) - General**

633. **Medical attendance and treatment:** The Railway “beneficiaries” are entitled, free of charge, to medical attendance and treatment-

(a) in such Railway hospital, health unit or consulting room maintained by the Authorised Medical Officer, at or near the place where the patient falls ill, as can, in the opinion of the Authorised Medical Officer, provide the necessary and suitable facilities; or

(b) if there is no such hospital, health unit or consulting room as referred to in clause (a) above, in such Government hospital, health centre or dispensary at or near that place, as can, in the opinion of the Authorised Medical Officer, provide the necessary and suitable facilities; or

(c) if there is no such hospital, health centre or dispensary as referred to in clause (a) and (b) above, any other hospital with which arrangements have been made for the treatment of the Railway employees at as near that place as can, in the opinion of the Authorised Medical Officer provide the necessary and suitable medical facilities.

Note:- (i) Allotment of hospital accommodation in the Railway hospitals depends on the condition and seriousness of the disease, and not on the status of the patient. However, in some Government/recognised hospitals, accommodation in special wards is provided according to the status of the patient. In so far as the Railway employees are concerned, those drawing a basic pay of Rs.4875/- and above p.m. would be considered to be eligible for ‘special’ wards.

(ii) Family members may avail of medical facilities from a medical institution referred to in sub-para (b) and (c) above without the intermediary of the Authorised Medical Officer.

(Rule 609 R.I and MOR’s letters No.67/H/1/58 dt. 23/05/1968, No.71/H/1-1/6 dt. 09/10/1971, and No. 79/H/6-1/5 dt. 03/02/1980)

634. **Attendance at residence:** (1) Attendance at residence is restricted to:-

(a) a gazetted Railway employee when he falls sick. No charges are to be levied in such cases.

(b) a non-gazetted Railway employee, when he falls sick and is as a result, compelled to be confined to his residence. No charges are to be levied in such cases.

(c) a member of a gazetted/non-gazetted Railway employee’s family or dependent relative, when visited by the Authorised Medical Officer. In all such cases, however, the employee concerned should pay the visiting fee, as per schedule.

160
Note:- Railway employees, it is expected, will not call doctors to their residence for trivial ailments and thus waste the doctor’s time.

(2) For visits at residence of Railway employees drawing Rs. 3725/- and above per month for attendance on their family members and dependent relatives, emergent or otherwise, the Railway doctors are entitled to receive fees. The payment of fees in such cases may be regulated by the visit.

<table>
<thead>
<tr>
<th>Sr. Div. Medical Officer</th>
<th>Rs 20/-</th>
<th>Rs 12/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Div. Medical Officer</td>
<td>Rs 16/-</td>
<td>Rs 10/-</td>
</tr>
<tr>
<td>Asst. Div. Medical Officer</td>
<td>Rs 12/-</td>
<td>Rs 6/-</td>
</tr>
</tbody>
</table>

Note: (i) No fee should be charged from any employee drawing less than Rs 3725/- per month.

(Bd’s No 82/H/6-1/22 dt. 23/05/87)

(ii) When there is more than one member of a Railway employee’s family or dependent relative to be examined at the residence, visiting fees may be charged for each member separately.

(iii) When a Railway Medical Officer is called upon to render medical assistance to a Railway “beneficiary” at an out station, he may be granted travelling allowance as on tour while the medical service rendered is free. When, however, the doctor is entitled to charge fees as provided above, he may claim travelling allowance only if he deposits the fees received into the Railway revenue. While preferring claims for the travelling allowance in such cases, the doctor should indicate the amount of fees received by him and give a certificate on the bill that the fees received by him has already been credited to the Railway revenue.

(iv) No extra fee for conveyance is to be charged.

(Rule 605 R.I 1995 reprint MOR’s letters No. 62/H/1/20 dt. 06/05/1964 and No.65/H/64 dt. 17/10/1966)

635. Special Provision regarding female and child beneficiaries:

At places where there are no Railway hospitals or Government hospitals, female beneficiaries and children of Railway employees up to 12 years of age, may directly obtain medical attention and treatment, without the intermediary of the Authorised Medical Officer.

(Rule 606-R.I and MOR’s decision No.1 thereunder and M.O.R’s letters No.64/h/154 dt. 11/12/1964, No. 66/H/11/9 dt. 20/03/1967, No.76/H/11 dt. 17/04/1970 and No.80/H/64/15 dt. 21/08/1980)

636. Supply of artificial limbs and appliances:-

(1) A Railway ‘beneficiary’ (injured on duty or not), requiring artificial limbs and appliances, would be entitled to reimbursement of both hospitalization charges and the full cost of artificial limbs and appliances, as recommended by the Orthopedician, as also the cost of repairs, renewals and adjustments thereof from time to time, subject to the following conditions:

(i) Production of certificate from a specialist in the concerned speciality in the Railway hospital that the purchase, repairs and renewals or adjustments are essential.

(ii) Purchase, repairs, renewals or adjustments being done at the rehabilitation department of a Medical College, artificial limb centre, Pune or such other organisations and centres recognised for the purpose by the Central/State Governments concerned.

(iii) The cost of the repairs or adjustments of the limb/appliance should not exceed the cost of the replacement of the limb/appliance.

Note:- The above para does not apply to the supply or replacement of heart pacemakers and heart valves for which para 666 may be referred to.
(2) Supply of Breast Implant/Prosthesis in cases where patients undergo Mastectomy would be as under:-

(i) Patients willing to undertake permanent Breast implantation may undergo such implantation at Zonal level Railway Hospital. Implants may be arranged by the Zonal Hospital, itself.

(ii) Patients opting for external prosthesis may submit the reimbursement claim upto an upper limit of Rs. 5,000/-. Replacement will be allowed once in 5 (five) years only. Each such case should be thoroughly scrutinized and examined by a suitable lady doctor of the Railway Hospital.

637. Provision of dental treatment: (1) Free treatment may be given to all Railway “beneficiaries” in regard to the following ailments in all Railway dental clinics and at all places where Railway dental attention facilities have been provided:-

(i) Extraction,
(ii) Scaling and gum treatment,
(iii) Root canal treatment, and
(iv) Filling of teeth.

(2) In addition, free dental treatment of a major kind is also admissible in cases where it is considered as a part of any general or constitutional ailment, that the teeth are the source of disturbance. Treatment of such conditions may include treatment of any condition involving the jaw bones, operation of gums for the extraction of growths, surgical operation needed for the removal of odontomes and impacted wisdom teeth.

Note: The supply of artificial dentures is excluded from the scope of dental treatment.

(Para 608 R.I 1995 reprint and MOR's letters No.E57me5/85/Medical dt. 9/10/03/1961, and No.62/H/7/31 dt. 30/04/1962)

638. Donation of blood: (1) For donating blood to blood banks attached to Railway hospitals or other Govt. hospitals, or for donating blood on being called upon in emergencies etc., the Railway employee will not be required to obtain any prior permission of the Government.

(2) When a Railway employee or a member of his family or an outsider donates blood to the blood bank attached to the Railway hospital, every effort should be made to encourage them. The Railway may consider issue of cards to voluntary blood donors with the offer of free replacement if the donor needs blood transfusion for self or his family within a period of 12 months.

(Rly Bd.'s letters No. 84/H/6-1 dt. 04/06/85 and No.90/H/8/3 dt. 15/03/91)

(3) Railway employee who donates blood to a Railway hospital on a working day, may be granted special casual leave for that day. This special casual leave will be granted even if the donor is returned back without donating blood on medical grounds.

(4) A Railway employee who comes from an out station to donate blood to a Railway hospital, may be granted complimentary pass of the same class, as admissible to him under the normal rules, to cover the journey. He may also be allowed a minimum of journey time apart from the one day special casual leave for rest.

(5) As blood is considered to be a therapeutic substance used in treatment of patients, any expenditure incurred by the Railway hospitals for obtaining blood for their blood banks shall be debited to the Railway revenue and allocated under the head "Medicines."

Note: As far as possible, Railway employees should be encouraged to donate blood voluntarily and not with any mercenary motive.

(MOR's letter No.65/H/7/248 dt. 05/02/1966)

Sub-Section(2)- Instructions regarding Diet
639. Diet to be provided in Railway hospitals: Railway administration should, as a rule, provide cooked food to all the in-patients in Railway hospitals.

640. Scale: (1) The scale of diet to be served in Railway hospitals should be drawn up by the Railway administration with a view to suit the local conditions and basic caloric requirements of the patients.

(2) The scale of diet provided in Railway hospitals should be published in the Weekly Gazette once a year for general information.

641. Charges: Diet supplied to patients in Railway hospitals will be charged as per the following schedule:-

Charges are to be fixed by the various Zonal Railways for the hospitals under their control.

Categories:
(A) Railway employees:-

1. Railway Employee

(a) Whose basic pay does not exceed Rs.4000/- p. m. in case of group 'D' categories .... Free

(b) All Railway employees in group 'C' whose basic pay is Rs 4200/- or below per month .... 75 % of the charges as fixed by the Railways

2. Railway employees whose pay is above Rs 4201/- & above per month .... Full Charges as fixed by the Railways.

3. Railway employees injured in the course of duty (not exceeding beyond one year after they are declared permanently unfit and discharged from service) .... Free

4. Retired railway employees governed by the RELHS-97 .... Same as for serving employees (see note x below)

   a. Private servants and outsiders etc. .... Full charges as fixed by the Railways.(see note ix below)

5. (i) Railway employees whose pay is below Rs.6200/- per month when receiving treatment for T.B., Leprosy or mental diseases in a Railway or approved institution. .... Free

   (ii) Railway employees whose pay is Rs. 4200/- or below per month when receiving treatment for cancer in Railway hospital. .... Free

   (iii) Railway employees whose basic pay is Rs 6200/- p.m. and above when receiving treatment for TB/Leprosy or mental diseases in a Railway or approved institution and whose pay is above Rs 4200/- p.m. when receiving treatment for cancer. .... Actual cost to be recovered

(B) Family members and dependent relatives :-

(a) Family members receiving treatment for T.B., leprosy or mental diseases and dependent relatives of railway employees receiving treatment for TB or leprosy in a Railway or approved institution, when the pay of the Railway employee concerned is below 6200/- per month .... Free

(b) Family members and dependent relatives of employee whose pay is Rs.4200/- or below per month while receiving treatment for cancer in Railway hospital .... Free
(c) Family members/dependents of Retired employees governed by RELHS-97 ....same as for family members/dependents of serving employees

(d) Family members and dependent relatives not covered by (a), (b) or (c) above .... Full charges as fixed by the Railways

(Bd.’s No 86/H/6-1/39 dt. 22/03/90, No.86/H/6-1/39 dt. 16/07/92 and 98/H/6-1/29 dt. 25/06/99)

Note:-
(i) The charges for the supply of special articles of food not ordinarily provided by the Railway hospitals to its in-patients shall be billed for separately.

(ii) General Managers have powers to sanction free diet to Railway employees injured in the course of duty for such period as they remain indoor patients not extending beyond one year after they are declared permanently unfit and discharged from service. This provision applies to all Railway employees gazetted or non-gazetted, irrespective of pay limits.

(iii) Free diet is admissible to casual labour while undergoing treatment in a Railway hospital in connection with accident cases falling under the Workmen’s Compensation Act and other cases referred to in sub section (15) of section B of this chapter.

(iv) Indigent passengers and trespassers injured or taken ill and removed to a Railway hospital may be given diet at the expense of the Railway, the expenditure being treated as part of the ordinary working expenses of the Railway hospital.

(v) The charges for diet, when supplied by non-Railway Government/recognised hospitals to Railway employees, when not indicated separately in the tariff should, for reimbursement purposes, be reckoned to be 20 per cent of the flat rate charged.

(vi) Pay limits given at (A) and (B) above refer to “basic pay” and are exclusive of “dearness pay”.

(vii) Diet provided by the hospitals is intended for patients only. In exceptional cases, when diet may have to be provided to patients’ attendants (companions) who, of necessity, had to stay in hospital having come from outside and long distances or in serious cases, should be charged for to cover full costs and all overheads and the charges should be high enough to be a disincentive.

(viii) Any patient from whom charges are to be levied for diet and who takes diet from the hospital, may be charged for the full day, if he/she has been admitted before 12.00 hours in any particular day and only half diet charges if he/she has been admitted after 12.00 hours.

(ix) Diet charges for outsiders undergoing treatment in railway hospitals will be actual diet charges fixed by railways and 50% as handling and service charges as additional charge.

(x) For the purposes of calculation of diet charges the amount deposited by the Retiree at the time of joining RELHS is taken as his/her pay.

In case of railway employees who have retired prior to 1-1-96 and have already joined RELHS by paying the last basic pay at the time of retirement, their eligibility for free and chargeable diet will be governed by the earlier instructions in regard to different pay slabs contained in Bd's Letters No.86/H/6-1/39 dated 26/03/90 and 14/05/90 i.e Rs.1150/- Rs 1350/- and Rs 2000/- in place of Rs 4000/-, Rs 4200/- and Rs 6200/- respectively.

642. Review of diet charges: It is essential that the Railways should periodically revise the rates of recovery against diet charges in consultation with their F.A. & C.A.Os, in respect of such of the patients as are not supplied free diet. The rates are to be fixed on the principle of ‘no-profit-no-loss’. The charges should be calculated on the basis of the local market price of various food items supplied by the Railways in their hospitals such as milk, vegetables, rice, pulses, egg etc.,. In addition, all the Railways may also include 20% of the total cost so calculated for basic inputs, to meet the cost of overheads and fix diet charges accordingly. The rates thus fixed must be reviewed every three years. For this purpose Railways may nominate Diet Review Committee of 5-6 members belonging to Medical department such as CMS, Sr.DMO, etc., and one member from finance, one from personnel department, and one or two from local recognised unions. Revision of diet charges should be made on the basis of recommendation of such a review committee. Action for review should be initiated one year in advance on the basis of actual for the
last two years so that the revised charges are made effective immediately after three years. The revised rates will apply prospectively. A copy of the memorandum of revised diet charges should be sent to Board by the Railways.

643. Option for hospital diet: To avoid any chances of complaint, a patient who is not entitled to free diet under the rules should be asked to give in writing whether he prefers to have his own diet or wants to get hospital diet on payment as prescribed. Patients who have exercised their option for hospital diet, to start with, will not ordinarily be allowed to change over to own diet during their stay in the hospital and vice versa.


Sub-Section(3) - Instructions regarding Nursing

644. Nursing in Railway hospitals: (1) In Railway hospitals, all in-patients should be provided with ordinary and routine nursing to the extent possible.

(2) Engagement of special nurses should be considered on merits. The attending medical Officer should recommend the employment of special Nurses only where their services are absolutely essential and that too for the minimum period necessary.

(Rules 603(5)(v) and 632-R.Land Ministry of Railways letter No.MH60ME1/4/Medical dated 10th March 1961).

645. Nursing in Non-Railway hospitals: (1) For ordinary nursing provided in a Government recognised hospital, the charges are normally included in the hospital bills and are not separately recovered from the patient. If, however, these charges are recovered separately, they are reimbursable.

(2) Where special nursing is required, the certificate of the Medical Officer in charge of the hospital should be obtained before hand. The necessary recommendation should be made in the form of certificate as given in part B of Certificate B of Annexure III to this Chapter. As for the reimbursement of charges in such cases, the Railway employees should bear the cost up to 25 % of his/her pay for the period for which special nursing was engaged, the rest being borne by the Railway administration. This does not, however, apply in the case of a Railway employee who is injured on duty.

646. Railway employees injured on duty: (1) A Railway employee injured on duty would, in addition to the treatment ordinarily admissible to others, be entitled free of cost, to such special nursing as the Authorised Medical Officer may certify in writing to be essential for the recovery of or for the prevention of serious deterioration in the condition of the Railway employee.

Note: - The above concession will also be admissible to a Railway employee on duty who receives injuries in connection with civil disturbances.

(2) For this purpose, a Railway employee in a disturbed area shall be considered as being continuously on duty and any injuries received by him as a result of those disturbances shall be held to have been received in the course of such duty unless the facts of the case give a clear indication to the contrary. This also applies to a Railway employee on leave in a disturbed area, in whose case it should be assumed, unless the facts of the case give a clear indication to the contrary, that he was attacked and injured because of his being a Railway employee.

Sub-Section(4) - Reimbursement

647. Reimbursement allowed if medical attendance was availed at the instance of the Authorised Medical Officer: (1) A Railway employee obtaining medical attendance and/or treatment for himself or a member of his family or dependent relatives should, under the provisions of para 633 consult his authorised medical officer first and proceed in accordance with his advice. In case of his failure to do so, his claim for reimbursement will not be entertained except as provided hereinafter. All claims for reimbursement should be scrutinised with a view to see that the Authorised Medical Officer, or another Medical Officer who is either of equivalent rank or immediately junior in rank to his Authorised Medical
Officer and attached to the same hospital/health unit as the Authorised Medical Officer, was consulted in the first instance.

Note: When a patient is referred to any Govt./recognised hospital by Authorised Medical Officer the referral covers treatment/investigations in that specific hospital only. If in the course of treatment in that hospital some investigations are required to be done at a place other than that hospital such referral should also be routed through the Authorised Medical Officer except those cases who are taking indoor treatment in that hospital. Only those cases, (particularly those taking treatment as OPD patients in the referral hospitals), where it has been specifically certified by the Authorised Medical Officer that re-reference was done with his approval, will be considered for reimbursement.

(Bd.’s Letter No92/H/6-4/121 dt. 10/03/93)

(2) Consent of the Authorised Medical Officer is not necessary in the case of family members and dependent relatives when they go to one of the recognised hospitals. In such cases, the counter-signature on the bills or of the receipts (where the bill system is not in vogue and receipts are issued for payments), by the Superintendent or other head of the hospital will be regarded as sufficient.

(Rules 604 and 618-R.Land MOR's letters No.67/H/1/11 dated 4th March 1968 and No.71/H/1-1/6 dated 9th November 1971).

648. Treatment in an emergency:

1) Where, in an emergency, a Railway employee or his dependant has to go for treatment (including confinement) to a Government hospital or a recognised hospital or a dispensary run by a philanthropic organisation, without prior consultation with the Authorised Medical Officer, reimbursement of the expenses incurred, to the extent otherwise admissible, will be permitted as detailed below. In such a case, before reimbursement is admitted, it will be necessary to obtain, in addition to other documents prescribed, a certificate in the prescribed form as given in part C of certificate B of Annexure III to this Chapter from the Medical Superintendent of the hospital to the effect that the facilities provided were the minimum which were essential for the patient's treatment. In such cases, the General Managers are delegated with -

a) full powers for reimbursement of medical expenses for treatment taken in Govt. Hospitals and

b) upto a limit of Rs.1,00,000/- (Rupees one lakh) in each case where treatment is taken in Recognised Hospitals (strictly for the diseases for which such Hospitals has been recognised) and dispensaries run by philanthropic organisations without proper referral by Authorised Medical Officer (AMO) in emergent circumstances. All cases above Rupees one lakh would be referred to Railway Board along with the Proforma as given in Annexure VI to this chapter duly filled in all the columns.

2) In case, where the treatment had to be taken in private/non-recognised hospitals in emergent circumstances, without being referred by the Authorised Medical Officer, the General Managers are empowered to settle reimbursement claims up to Rs.50,000/- per case. It should be ensured that treatment taken in private hospitals by Railway men is reimbursed only in emergent cases and for the shortest and unavoidable spell of time. All claims above Rs 50,000/- should be referred to he Railway Board. along with the duly filled in proforma given in Annexure VI to this chapter.

Note: (ii)However if treatment is neither available at Railway Hospital nor at recognised hospitals, Zonal Railways may refer the emergent cases to Private non recognised hospitals involving the cost of treatment up to Rs 50,000/- (Rupees fifty thousand only) in each case and also to release advance payment thereof, if any, directly to such hospitals

(Bd’s No 2000/H/6-4/Policy dt 15-1-04)

3) Divisional Railway Managers are also empowered to settle the claims with the concurrence of their associate finance for reimbursement of medical expenses in respect of treatment taken in emergency in Government or Recognised Hospitals (except in the case of Private Hospitals where the existing procedure of taking personal approval of GM/AGM should continue) upto Rs.10,000/- (Rupees ten thousand only) per case and with a ceiling limit of Rs.50,000/- (Rupees fifty thousand only) per year only.

Note: i)These powers, as mentioned in sub paras 1) and 2) above, will not be delegated further to any lower authorities and will be exercised by the GM/AGM personally, duly scrutinised by CMD (CMS in the case of production units) and concurred by FA&CAO.

ii) The powers of (1) (b) above do apply for the specified diseases only for which recognition to a Private Hospital has been granted and not for treatment of other diseases. Referral of a patient to such hospitals
recognised hospital for treatment other than the specified diseases in special circumstances and reimbursement thereof would continue to be referred to Railway Board.

(Note 1&2 under Rule 617-R.I 1995 reprint and MOR's letters Nos.67/H/1,26, dated 25th January 1968 and 1st June 1968, No. 91/H/6-4/4 dt. 21/02/1992, No.80/H/6-4/49 dated 24th April, No.91/H/6-4/26(pt) dt. 20/11/1995, dt. 28/05/96, No.91/H/6-4/4, dt. 21/02/92, 05/12/97, No.91/H/6-4/26(Pt) dt 10/09/1999 and No 2000/H/6-4/Policy dt 6-3-2003).

649. Families accompanying Railway employees proceeding on tour:
(1) The medical expenses incurred on the treatment of a member of a Railway employee's family accompanying him on tour can be reimbursed, on the same scale and conditions on which they can be reimbursed to the Railway employee himself, if illness occurs during that period and treatment is taken in a Railway or Government hospital.

(2) The above concession is not admissible in a case where a Railway employee, while proceeding on tour, takes a member of his family along with him with the intention of obtaining treatment in a place other than at his headquarters.

(MOR's decision below Rule 618-R.I 1995 reprint.)

650. Treatment at the residence:
(1) Where, owing to the absence or remoteness of a suitable hospital (Railway or otherwise) or owing to the severity of the illness or other causes considered adequate by the Authorised Medical Officer, a Railway employee receives treatment at his residence, the expenses incurred by the Railway employee for such items and services as would have been admissible to the patient otherwise would be reimbursable.

(2) The above claims should be accompanied by a certificate in writing by the Authorised Medical Officer stating reasons for his opinion as referred to above and indicating the cost of treatment admissible to the patient otherwise. Such cost should take into account the charges for medicines and dressings, as also amount of fees, if any, paid to the Authorised Medical Officer.

(Rule 619 R.I 1995 reprint and Note below)

651. Payment of charges:
Payment to Government/recognised hospitals on account of hospital charges should, in the first instance, be made by the Railway employee concerned to the hospital authorities and the refund thereof claimed from Railway administration later.

Note: The State Government, where agreeable, should debit the Railway administration concerned by preferring bills for those items for which reimbursement is permissible. To facilitate payment to such of the Government/recognised hospitals which press for advance deposit of money for the treatment of cases referred to them, the CMS/MS in charge of the division concerned may be allowed an imprest. The holder of the imprest should submit a report for the amount spent. Further, the General Managers may sanction advance payment up to the reimbursable portion of the anticipated cost of the treatment or up to Rs.1 Lakh, whichever is less on recommendations of the C.M.D and the concurrence of the F.A.&C.A.O towards the treatment of Railway 'beneficiary' in Govt. Hospital/recognised hospitals where they are officially referred by the Authorised Medical Officer. However efforts should be made for payments through bill system or in installments agreeable to the concerned hospital authorities through negotiation. In order to meet some urgent requirements to save the life of the patients, DRM's of the divisions can also sanction such advance payment subject to limitations stipulated above with the concurrence of the Divisional finance and on recommendations of the CMS/ MS of the divisional hospital. However, post facto approval of the G.M in such exceptional cases must be obtained to regularise the same.


652. Claims to be preferred within six months:
All claims for reimbursement of medical charges should invariably be preferred within six months from the date of completion of treatment as shown in the essentiality certificate of the Authorised Medical Officer/Medical Officer concerned. A claim for reimbursement of medical charges not countersigned and not preferred within six months of the date of completion of treatment, should be subjected to investigation by the Accounts Officer and, where a special sanction is accorded on an application from the Railway employee for reimbursement of any charges in relaxation of the rules, that sanction will be deemed to be operative from the date of its issue and the period of six months for preference of claim will count from that date.

(Note 2 below Rule 621-R.I. 1995 reprint)
653. **Forms for preferring claims:** A Railway employee claiming refund for the expenses incurred by him on account of medical attendance and treatment in a Government/recognised hospital should prefer his claim in the prescribed forms as given in Annexure III & IV to this Chapter, accompanied by the necessary documents as indicated in those forms.

654. **"Rounding off" of claims:** Like other payments, such as pay and allowance, the payment on account of medical expenses should also be rounded off to the nearest rupee.

655. **Scrutiny of claims:** All claims for reimbursement should first be carefully scrutinised by the competent authorities, who, in consultation with the Authorised Medical Officer, where necessary, will disallow any claims or items, which do not satisfy the rules and orders on the subject. Thereafter, as and when the bills are received by the department concerned, they should be disposed of without delay.

656. **Rate and schedule of charges:** (1) The rates and schedule of charges of the Government/recognised hospitals concerned may be obtained from the respective State Government/Recognised hospital.

(2) In the case of Government/recognised hospitals, the tariff of which does not indicate the accommodation and diet charges separately, 20 per cent of the flat rate should be reckoned as diet charges.

657. **Expenses incurred as outdoor patient:** Reimbursement of medical expenses incurred as an 'outdoor' patient in a Railway hospital/health unit or at a Government and other recognised institution is permitted.

(Rule 625-R.I. 1995 reprint.)

658. **Items and services not covered by the definition of the term "treatment:"** Expenditure incurred by a Railway “beneficiary” on items and services not covered by the definition “treatment” will not be reimbursable.

659. **Reimbursement of cost of medicines which are neither ordinarily stocked nor available in Railway medical institutions, but are purchased from the market:** (1) With a view to minimising the claims for refund of the cost of items which are inadmissible, the Medical Officers who are concerned with the medical attendance and treatment of patients, should bear in mind that essentiality certificates should not be issued in respect of items which are not medicines but which are primarily foods, tonics, toilet preparations, disinfectants or appliances etc. A decision should depend on whether the drug element is small in comparison with the food content of the preparation prescribed. Further a proprietary preparation should not be prescribed if a non proprietary medicine of similar therapeutic effect is available. Necessary guidance in this regard should be taken from the Indian Railway Pharmacopoeia with respect to admissibility of drugs/medicines for the reimbursement and which has been certified to be of therapeutic value and essential for the recovery/prevention of serious deterioration in the condition of the patient. The cost of disposable sundries shall be treated as reimbursable. The disposable sundries include gauges, bandages, adhesive plasters, I.V sets, syringes, catheters, Ryle’s tubes and other disposable used in surgical and other operations.

(Bd.’s No 91/H/6-4/39 dt. 26/12/91/30/01/92, and 30/10/96)

(2) The charges for the cost of medicines which are refundable will be allowed only if the claim for refund thereof is accompanied by the cash memo and an essentiality certificate duly countersigned by the Authorised Medical Officer in the prescribed proforma as given in Annexure V to this Chapter. Every cash memo must be countersigned by the doctor prescribing the medicines and the essentiality certificate must contain the names of all the medicines prescribed and the amount incurred on the purchase of each medicine, whether or not the original prescriptions have been submitted.

Note: The underlying idea in asking for the essentiality certificate and the cash memos etc., is to make sure that the medicines were actually considered essential by the Authorised Medical Officer and that they were purchased and consumed by the patient as directed.

(3) Any sales tax paid on these medicines will also be reimbursable.

(4) The charges for packing and postage, if any, incurred will not be refundable.

(5) Ordinarily, expenses on account of the cost of medicines intended for injections prescribed at the consulting room of the Authorised Medical Officer but administered at the residence of the patient, who is a member of the family or dependent relative of a Railway employee, will not be refundable. In serious cases, however, the reimbursement is regulated vide Sub-paragraph (2) above.
(6) The State Government, where agreeable, should debit the Railway administration concerned by preferring bills or by raising debits in respect of the cost of medicines, vaccines, sera etc. not ordinarily available in hospitals, which are certified in writing to be essential for the recovery or prevention of serious deterioration in the condition of a Railway “beneficiary”, who is admitted in a non-Railway Government hospital for treatment at the instance of the Authorised Medical Officer. If the State Government concerned are not agreeable to such an arrangement, reimbursement to the Railway employee concerned would be permissible as per rules.

(MOR's decisions No.1,2 and 3 below Rule 603-R.I. and No.92/H/6-1/41 dt. 15/01/1993).

660. Items and services rendered in connection with medical attendance and treatment:

Charges for items and services rendered in connection with (but not included in) medical attendance and treatment of a patient entitled to Railway medical attendance and treatment facilities shall be determined by the Authorised Medical Officer and paid by the patient.

( Rule 626-R.I 1995 reprint.)

661. Reimbursement of medical expense incurred abroad:

The following guide-lines should be adopted in dealing with cases relating to requests for medical treatment abroad and matters relating thereto.

(i) As a rule, reimbursement of cost of medical treatment incurred abroad should not be allowed.

(ii) In exceptional cases, necessitating treatment of a kind yet to be widely established in the country, where railway employees, on medical advice, choose to go on their own, reimbursement could be authorised by the Ministry of Railways, but should be limited to the expenditure that would have been incurred had such treatment been received in India in a Govt. Hospital or a recognised hospital. However, the question of reimbursement of air passage in such cases shall not arise at all.

(iii) Foreign exchange may be released to Railway employee for the purpose of treatment abroad to the same extent as is permissible to private citizen.

(iv) The facilities for specialist treatment, as available in Railway hospital or other Govt/recognised hospitals, should be availed of by the Railway employees.

(v) To consider cases treatment of which is not available in India a medical Board should be constituted at the Zonal Railway by the C.M.D. The Board should make specific recommendations and also give reasons for recommending treatment abroad. It should also certify that the treatment is not available in India. The certificate should be endorsed by the C.M.D & General Manager and sent to the Ministry of Railways for approval.

(Rly Bd.’s No 83/H/6-4/19 dt. 22/09/83)

662. Reimbursement for in-vitro fertilisation for treatment of sterility:

The method of conception by In-vitro fertilisation (IVF) and Intra-Uterine Insemination (IUI) techniques shall be subsidised by allowing reimbursement to a ceiling limit of 25% of the expenses incurred per cycle and limited up to a maximum number of three cycles. This subsidy will be available only to those employees whose cases have been referred to any hospital (including private hospitals and nursing homes) where such facilities are available, on the specific recommendations of the Medical Board, with the expert doctors as members, nominated by the Chief Medical Director of Zonal Railways. The acceptance of the recommendations of such Medical Board by the Chief Medical Director will be mandatory before such reference to Railway Board.

(Bd.’s No 96/H/6-1/9 dt. 08/08/96 and No. 2000/H/6-3/1 dt 21/11/2000)

663. Reimbursement of expenses on CAT Scan:

(i) Powers have been delegated to G.M/C.M.D to settle claim of the railway employees up to Rs 10000/- for C.T Scan carried out without prior permission of C.M.D in a Govt. Hospital and even in a private institution without the prior permission of the Authorised Medical Officer in case the same had to be got done by the patient in emergency by according their post facto sanction

(ii) MD/CMS/MS of Central hospital/Divl. Hospital/work shop hospital/Production unit is empowered to sanction/reimburse up to a maximum of Rs 10000/- for CAT scan done in Govt./recognised hospital or in any Hospital in case the requisite facilities are not available in nearby Govt./Recognised hospitals. This power will be exercised by the MD/CMS/MS in consultation with two senior doctors

169
from surgical and one from medical specialty) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended.

(Railway Bd.’s No. 97/H/6-4 dated 09/05/97, No 96/H/6-1/32 dt 5/3/1998 and No 91/H/6-4/26 Pt dt. Nil-03-98, No 91/H/6-4/26 Pt III dt., 16/12/98 and No. 99/H/6-4/Policy Dt. 20/09/2000)

664. Reimbursement of expenses on M.R.I: Sanction up to Rs 10000/ to Railway employees for M.R.I investigation from Govt./recognised institution and from non-recognised institutions, in absence of such facilities in Govt./recognised institutions, will be given by the MD/CMS/MS of the Central Hospitals/Divl. Hospitals/Work shop hospitals/Production units. This power will be exercised by the MD/CMS/MS in consultation with two more senior doctors(one from surgical and one from medical specialty) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended.

(Bd.’s No 96/H/6-1/32 dt. 08/08/1996, No .91/H/6-4/26 Pt dt. nil-3-98, No.98/H/6-4/26 Pt III dt. 16/12/98 and No. 99/H/6-4/Policy Dt. 20/09/2000)

Note: G.M/C.M.Ds are competent to settle all claims of Railway employees for CT Scan/M.R.I up to the ceiling limit as laid down above by according their post facto approval.

(Bd.’s No. 96/H/6-1/21 dt. 05/03/98)

665. Reimbursement of expenses on purchase/replacement/repair/adjustment of artificial Electronic larynx: Reimbursement of the cost of the artificial electronic larynx should be made to the Railway employees and their family members governed by the Railway Medical Attendance Rules on the recommendations of the DG(RHS). The payment would, however, be made by the administrative authority direct to the supplying agencies, and not to the Railway employee concerned.

(Bd.’s No 82/H/6-1/21 dated 11/10/1984)

666. Reimbursement of the cost of Heart Valves, Heart Pace Makers and Pulse Generators etc.:

(i) Supply of Heart valves, Heart Pace Makers and Pulse Generators as well as the replacement of Pulse Generators in the case of a Railway “beneficiary” will be made only on the recommendation of the Chief Medical Director, the administrative authority directly making the payment to the supplying agencies and not to the Railway employees concerned. The ceiling limit of the cost of VVI pace maker is Rs 60,000/- This payment may however be made to the beneficiary on production of valid documents and on the recommendations of the authorised Medical Officers(AMOs) in case the implantation has been done at Govt/Private hospitals, in emergent circumstances. The reimbursement would be limited to such amount which would have been otherwise paid by the Railways Hospital for same device if procured by them

(ii) In case s where the cost of VVI pace maker exceeds the limit of 60,000/- the same would continue to be referred to the Ministry of Railways duly certifying the reasonability of its cost by CMD/GMs of the concerned Railways /Production units ans concurred in by their FA&CAO for consideration and approval

(iii) Delegation of powers referred to above in para (i) above does not authorise the zonal Railways to allow reimbursement of part payment from the overall claim, and send the proposal to Bd’s office for reimbursement of balance amount.

(Bd’s No 2000//6-4 /Policy (pace maker) dt 21-2-3)

667. Hearing aids : Rs 2500/- or the cost of hearing aid, which ever is lower, can be reimbursed by the Chief Medical Directors. The administrative authority would make the payment involved direct to the supplying agency and not to the Railway employee concerned. Cases of hearing aids costing above Rs 2500/- should be referred to Board, duly concurred by FA&CAO, for consideration and approval.

(Bd.’s No 85/H/6-4/28 dt. 28/08/96)

668. Intra-ocular lens : The cost of intra-ocular lens implant surgery done in Government hospitals, when the facility is not available in Railway hospitals, will be reimbursed in full. When the I.O.L surgery is done in non-Railway recognised hospitals, the actual cost or Rs. 12000/- whichever is less, for each eye will be reimbursed. However stringent scrutiny shall be made by ophthalmologists and only complicated, high risk cases be referred with adequate justification be referred to non railway hospitals.
Zonal Railways may deal with and settle the reimbursement claims for IOL lens implantation surgery done in non railway/non recognised hospitals, as per the new rates, on merit.

(A) Dental Treatment: Subject to conditions laid down in para 647 the cost of dental treatment will be reimbursed at the following rates.

(i) Extraction under L.A. (any tooth) Rs. 75.00
(ii) Extraction under L.A. of Molar tooth Rs. 100.00
(iii) Cement/Glass Inomer filling (per tooth) Rs. 75.00
(iv) Silver Amalgam/composite filling per tooth Rs. 125.00
(v) Root canal of Molar tooth Rs. 600.00
(vi) Root canal of a tooth (other than a molar) Rs. 250.00
(vii) Orb prophylaxis Rs. 250.00
(viii) Periodontal surgery (each quadrant) Rs. 250.00
(ix) Periodontal surgery (full mouth) Rs. 1000.00
(x) Apicoectomy Rs. 600.00
(xi) Extraction of impacted tooth Rs. 600.00
(xii) Alveolectomy Rs. 250.00
(xiii) Fracture Mandible/Maxilla intermaxillary fixation Rs. 2500.00
(xiv) Intra Oral periapical Dental X-ray Rs. 50.00
(xv) Occlusal X-ray Rs. 100.00
(xvi) Upper/lower full dentured (once in life time) Rs. 2000.00

(Bd’s No.2000/H-1/12/27 Part I dt 2-9-02)

(Section D) Other General Instructions regarding medical attendance and treatment

669. Duties of Railway doctors in urgent cases: Whenever a Railway employee calls upon a Railway Medical Officer for medical assistance either for himself or for any member of his family or dependent relatives, the doctor so called upon shall, if the case is represented as urgent, render such assistance as may be necessary without hesitation, leaving the question of his being the Authorised Medical Officer and fees etc. to be inquired into and settled afterwards.

(Rule 632- R.I. 1995 reprint)

670. Issue of Passes under medical advice: (1) Special Passes on medical grounds will be issued for journey from station nearest to the residence of a Railway servant where Railway medical facilities for treatment of the railway servant or his family members are not available to a station where railway dispensary or hospital or sanatorium with the required facilities for treatment is located. Passes will ordinarily be issued for the class of entitlement of the railway servant on privilege account. The grant of higher class passes and attendants on medical grounds shall be regulated as under:-

(2) If the Medical Officer considers that the patient should be accompanied by an attendant during travel for his journey to an outstation for treatment the inclusion of the attendant in the Railway pass shall be regulated as under:-

(a) One attendant may be allowed, on the recommendation of the Medical Officer in-charge of the hospital, health unit/polyclinic, if the patient is bed ridden and is unable to sit up.

b) If the patient is in big plaster, or physically handicapped or unconscious or paralysed or mentally retarded, where one attendant cannot lift the patient, two attendants in the same class may be provided on the express recommendation of the Medical Officer. In cases where the patient is in coma/shock/stupor due to any cause (irrespective of T.B/ Cancer) such as head injury etc., a higher class pass along with an attendant in the same class may be given, on the recommendation of the Medical Officer.

(i) Provided that, the facility of an attendant shall be available only when no other family member is accompanying the patient. Such passes where an attendant has been allowed should, therefore, be restricted to the patient and the attendant only.

(ii) Provided further that higher class passes shall be allowed only for outward journey while proceeding for treatment to an outstation. After the patient recovers, the return journey pass shall be issued
for the class to which the patient is entitled. Where an attendant was allowed to accompany the patient, he shall be issued second class pass for the return journey.

(iii) In case, higher class pass to the Railway employee for his return journey has also been considered necessary specific recommendation of the C.M.D of the Railway in whose jurisdiction the hospital is located shall be necessary.

(iv) Pass for the return journey of the entitled class or the higher class as the case may be shall be issued on the recommendation of the C.M.D of the Railway in whose jurisdiction the hospital is located. To facilitate the issue of passes by that Railway stamped endorsement authorising that Railway for issue of the medical passes may be made on the pass when it is issued for outside journey.

(v) In cases where a Railway servant falls seriously ill outside the Zonal Railways on which he is working and is referred to a hospital located on another station for specialised treatment by the Railway Medical officer, he may be given a special pass available from that place to the location of the hospital/dispensary to which he has been referred to and back to the same place. The concerned medical officer recommending the grant of the pass shall report the facts of the case to the controlling C.M.D of the employee indicating clearly reasons that necessitated the treatment at an out station in support of his recommendation for issue of a Special Pass.

(3) The Medical Officers recommending the issue of pass on medical grounds shall submit a monthly statement to the concerned C.M.D indicating the circumstances of each case and the reasons for recommending such passes. C.M.D should ensure that the recommendation of the Medical Officers for issue of Passes were in accordance with the guidelines of these orders.


671. Use of ambulance cars by lady doctors in emergencies:
(1) Lady doctor, when called to visit a patient, may be allowed the use of ambulance cars not only for going to the patient’s house and also to bring her back to her residence/hospital, in the following circumstances:-

(a) When she has to attend an emergency.
(b) When the call for a house visit is received by her from a remote area.
(c) When the call is received from an unknown quarter.
(d) When the call is received at night.

(2) Validity of the points made for eligibility of use of the ambulance cars would be decided by the head of the hospital concerned.

(3) It is not necessary that on the visit, the lady doctor should bring the patient for admission if it is considered not necessary to admit the patient.

(4) No mileage allowance would be admissible to the lady doctor for such calls. If she draws any consolidated conveyance allowance, there would be automatically proportionate deduction in the same for such use of ambulance car.

(Ministry of Railway's letter No.76/H/22/16 dated 18th January 1977).
ANNEXURE I
(see Para 622)
Schedule of charges laid down for treatment of Outsiders in Railway Hospitals

Note: For the first two pregnancies of married daughters of Railway employees concessional charges at 40% of schedule of charges laid down for outsiders are levied for confinement including bed, operation, laboratory, X-ray etc., except diet and medicines. This facility is extended to the ante-natal and post-natal periods also.

<table>
<thead>
<tr>
<th>Nature of treatment/Investigation</th>
<th>Charges (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. OPD in Hospital/Health Unit . Cost of medicines, investigation extra per 15 days consultation.</td>
<td>40</td>
</tr>
<tr>
<td>2. (i) Daily ward charges</td>
<td>40</td>
</tr>
</tbody>
</table>

173
P.S.: These would be only per bed/day charges, including routine nursing and routine ward care. Charges for investigations, drugs, treatment, diet or operations would be extra.

(a) Admission charges
(b) A Class (Cabin Ward AC) 400
(c) B Class (Cabin Ward non-AC) 350
(d) General Ward AC, irrespective of whether AC is used or not
(e) General Ward Non AC 60
(f) Beds in Health Units, Health Centres & Polyclinics 20
(g) ICU (Life Support system not used) 450
(h) ICU (Life support system used) 750

(ii) a) Special Nursing 300
    b) Additional visit of Doctor 50
    c) Cabin ward 100

(iii) Surcharge

There will be surcharge of 25% on all the above mentioned charges at Zonal Headquarters’ Hospital.

(iv) Operational charges

(a) Trivial operation 250
(b) Minor operation 600
(c) Major operation 2500
(d) Special operation 5000
(e) Open Heart Surgery -
(f) CABG  General Ward 114000
(g) CABG with One Valve 127500
(h) Angiogram (Pvt. Ward) 52000
(i) Angiogram (Genl. Ward) 49500
(j) Angiogram with Stent 126000

(v) Service charges for the following, if done in isolation as an independent procedure.

(a) Catheterisation 125
(b) Transfusion of blood 150
(c) Lumbar puncture 150

Confinement
(d) Confinement – Normal without episiotomy 1375
(e) Confinement – Normal with episiotomy 1625
(f) Confinement – Abnormal 2000

Note: These charges do not include cost of drugs transfusion of blood, disposable items, implants or Transplants used during operation. It covers only theatre charges operation fee and oxygen Inhalation anaesthesia agents, incubation and lumbar puncture done in theatre labour room.
(vi) Others

(a) ECG without report 125
(b) ECG with report 150
(c) SIGNAL Average Late Potential E.C.G 750
(d) Sonography/echography
   - Heart 600
   - Other parts of body 450
(e) Angiography coronary 8000
(f) Tread Mill Winkes’ Tests 450
(g) Computerized Tread Mill 825
(h) Echo-Cardiogram 750
(i) Physiotherapy electrical e.g., electric traction, short-wave diathermy per sitting whether with or without exercise.
   25
(j) Physical physiotherapy e.g., physical traction, wax bath hot packs per sitting with or without exercise.
   15
(k) Exercises only per sitting
   5
(l) All other laboratory charges, investigations, X-rays or other procedures as given below:

I. Clinical Pathology

1. Routine blood cell examination, including blood cell counts. 30
2. Smears for Haemoparasite 30
3. Urine examination – Routine, chemical and microscopic. 50
4. Examination of stools for parasites including microscopic examinations for parasites occult blood. 50
5. Examination of sputum smears AFB and other microorganisms. 50
6. Microscopic examination of pus smears. 30
7. Other pathological examinations like throat swabs and skin scrapings for fungus, Lepra bacillus, etc. 30
8. Examination of CSF, complete (microscopic and chemical). 60

II. Microbiology

1. Cultures for bacteria 60
2. Culture and sensitivity test 120
3. Serological test for identification of infecting organisms such as Widal test, VDRL, Kahn’s STS, etc. 100
4. Serological test for identification of virus infections. 200

III. Hematology and Immunology

1. Bleeding and coagulation time 50
<table>
<thead>
<tr>
<th>Test</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ESR</td>
<td>30</td>
</tr>
<tr>
<td>2. PCV</td>
<td>50</td>
</tr>
<tr>
<td>3. Haemogram</td>
<td>100</td>
</tr>
<tr>
<td>4. LE Cell</td>
<td>50</td>
</tr>
<tr>
<td>5. Bone marrow test</td>
<td>55</td>
</tr>
<tr>
<td>6. Rh. factor and other anti-globulin tests</td>
<td>300</td>
</tr>
<tr>
<td>7. Coomb’s test</td>
<td>40</td>
</tr>
<tr>
<td>8. Serum electrophoresis</td>
<td>150</td>
</tr>
<tr>
<td>9. Immuno-globulin estimations and immuno-electrophoresis</td>
<td>450</td>
</tr>
</tbody>
</table>

**IV. Bio-Chemistry**

<table>
<thead>
<tr>
<th>Test</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Blood Sugar</td>
<td>30</td>
</tr>
<tr>
<td>2. Blood Urea</td>
<td>30</td>
</tr>
<tr>
<td>3. Blood Urea Nitrogen</td>
<td>30</td>
</tr>
<tr>
<td>4. Serum Creatine</td>
<td>30</td>
</tr>
<tr>
<td>5. Serum amylase</td>
<td>40</td>
</tr>
<tr>
<td>6. Simple non routine tests</td>
<td>75</td>
</tr>
<tr>
<td>Glucose tolerance test (according to samples examined)</td>
<td></td>
</tr>
<tr>
<td>Serum proteins including albumin globulin ratio, serum Electrolyte,</td>
<td></td>
</tr>
<tr>
<td>serum uric acid, serum phosphates, Phosphatases (acid, alkaline),</td>
<td></td>
</tr>
<tr>
<td>liver function tests including SGPT and total protein, gastric</td>
<td></td>
</tr>
<tr>
<td>analysis and stools fats estimations.</td>
<td></td>
</tr>
<tr>
<td>7. Bilirubin &amp; urobilinogen</td>
<td>20</td>
</tr>
<tr>
<td>8. Prothrombine time</td>
<td>30</td>
</tr>
</tbody>
</table>

**V) Tests requiring high inputs and specialised equipment.**

- (i) Lipid profile                                                  | 200   |
- (ii) Blood gas analysis                                            | 300   |
- (iii) Radio immuno-assay                                           | 300   |
- (iv) Hormone estimations using radio isotope techniques.           | 300   |
- (v) Urinary ketosteroids, VMA                                      | 250   |
- (vi) Urea clearance test                                           | 75    |
- (vii) Urine urea estimation                                        | 75    |

**VI) Blood Bank**

<table>
<thead>
<tr>
<th>Test</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Blood grouping, including Rh.</td>
<td>50</td>
</tr>
<tr>
<td>2. Blood grouping and cross matching</td>
<td>225</td>
</tr>
<tr>
<td>3. M.P</td>
<td>25</td>
</tr>
<tr>
<td>4. VDRL</td>
<td>100</td>
</tr>
<tr>
<td>5. HBS Ag</td>
<td>150</td>
</tr>
<tr>
<td>6. HIV</td>
<td>225</td>
</tr>
<tr>
<td>7. HCV</td>
<td>225</td>
</tr>
<tr>
<td>(Blood Donor to be provided)</td>
<td></td>
</tr>
</tbody>
</table>

**VII) Cytology**

176
1. Histopathological examination 80
2. Exfoliative cytological examination 50
3. Aspiration cytological examination 80
4. Radio therapy per sitting (deep and superficial) 125
5. Electro convulsive therapy per sitting 50

VIII) Miscellaneous examinations and services.

1. Mantoux test 15
2. Patch or intra-dermal tests for sensitivity to antigen per test. 15
3. – do - set of tests. 150
4. Respiratory function test (FVC, FEV & MSP) 125
5. Detailed respiratory functions excluding blood gas. 150
6. Anti-rabies vaccine per course (in case of human diploid vaccine & PCEV – cost of vaccine will be extra). 200
7. Audiometry 100
8. Refraction 75

IX. Dental Treatment

1. Extraction under L.A. (any tooth) 75
2. – do - (molar tooth) 100
3. Cement/Glass Income filling (per tooth) 75
4. Silver amalgam/Composite filling 125
5. Partial denture 500
6. Full denture 900
7. Root Canal of a tooth (other than Molar) 250
   Root Canal for Molar teeth 600
8. Oral Prophylaxis 250
9. Periodontal Surgery each quadrant 250
   ------do-------- (full-mouth) 1000
10. Apicolectomy 600
11. Extraction of impacted tooth 600
12. Alveolectomy 250
13. Fracture Mandible/Maxilla inter maxillary fixation 2500

X) Others

1. Charges for BGPD 150
2. Charges for Holter Monitor Test 1375
3. Charges for EEG 500
4. Charges for fluoroscopy 60

XI) Charges for X-ray

177
1. Dental Perpical X-Ray 20
2. MMR 4" x 4" 30
3. 6.1/2 x 8.1/2" 50
4. 8" x 10" 50
5. 10" x 12" 75
6. 12" x 15" 90
7. 14" x 14" 100
8. 14" x 17" 110

(Cost of opaque material involved is extra (in special investigations at cost plus 25% handling charges).

XII) 1. All other laboratory charges, investigations and X-rays, or other procedures not specified above 50% increase proposed over existing charges.
2. Drugs, disposable items and implants, items of Local .Purchase. will be charged at cost plus 35% handling charges.
3. Handling and service charges will be 70% additional over the diet charges.

XVII. (a) Heamodialysis (first dialysis) 2250
       Subsequent five dialysis 750
       Seventh dialysis 1500
(b) Peritoneal dialysis 3000

XVIII. In addition, labour room/theatre charges shall be charged as follows:
1. For trivial operation under local anesthesia 70
2. For trivial operation under general anesthesia or regional. 150
3. For minor operation. 300
4. For major operation. 500
5. For special operation. 1000
6. CABG 1000
7. Open heart/closed heart 1000

XIX. Separate OT charges are not applicable if dental surgery is done in OT attached to dental OPD.

For the above mentioned operations, the costs of disposable surgical appliances, valves, anesthesia and (any other costly items used) will be levied separately actual cost plus 25% handling charges.

Note: ‘NIL’ indicates no changes required to be done as the

(Bd’s No.200/H/6-1/45 dt 15-05-2001)
### Annexure-1(A)
Proposed (Revised) Rate of investigation for non-railway cases
In nuclear medicine/Ophthalmology departments of B.R.Singh Hospital, Sealdah.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Modalities</th>
<th>Type</th>
<th>Charges (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Myocardial Perfusion Imaging</td>
<td>With 99mTC-Terfusion Imaging With 201 – Thallium First pass study</td>
<td>2970.00 5940.00 1780.00</td>
</tr>
<tr>
<td>2.</td>
<td>Liver Scan</td>
<td></td>
<td>800.00</td>
</tr>
<tr>
<td>3.</td>
<td>Renogram</td>
<td></td>
<td>1000.00</td>
</tr>
<tr>
<td>4.</td>
<td>Renal Scan with 99mTc-DMSA</td>
<td></td>
<td>4000.00</td>
</tr>
<tr>
<td>5.</td>
<td>Bone Scan</td>
<td></td>
<td>1100.00</td>
</tr>
<tr>
<td>6.</td>
<td>Lung Perfusion, Ventilation Scan</td>
<td></td>
<td>1700.00</td>
</tr>
<tr>
<td>7.</td>
<td>Hepatobiliary System</td>
<td></td>
<td>1000.00</td>
</tr>
<tr>
<td>8.</td>
<td>MUGA gated blood scan</td>
<td></td>
<td>1400.00</td>
</tr>
<tr>
<td>9.</td>
<td>Thyroid Scan with 99mTc04</td>
<td></td>
<td>600.00</td>
</tr>
<tr>
<td>10.</td>
<td>Parathyroid Scan</td>
<td></td>
<td>3000.00</td>
</tr>
<tr>
<td>11.</td>
<td>Brain SPECT Scan</td>
<td></td>
<td>5000.00</td>
</tr>
<tr>
<td>12.</td>
<td>Thyroid Uptake and Scan</td>
<td></td>
<td>1000.00</td>
</tr>
<tr>
<td>13.</td>
<td>Renal Scan with 99mTc-GHA</td>
<td></td>
<td>1000.00</td>
</tr>
<tr>
<td>14.</td>
<td>131-I Therapy</td>
<td></td>
<td>1000.00</td>
</tr>
<tr>
<td>15.</td>
<td>Fundus Photography (Each Eye)</td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>16.</td>
<td>Biometry (each eye)</td>
<td></td>
<td>125.00</td>
</tr>
<tr>
<td>17.</td>
<td>Fluorescein in Angiography</td>
<td></td>
<td>600.00</td>
</tr>
<tr>
<td>18.</td>
<td>Laser Photocoagulation</td>
<td>By Argon Laser</td>
<td>600.00</td>
</tr>
<tr>
<td>19.</td>
<td>Laser Yag Application for</td>
<td>Capsulectomy</td>
<td>600.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Membranecty</td>
<td>600.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tricectomy</td>
<td>600.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tumours &amp; Cysts</td>
<td>600.00</td>
</tr>
</tbody>
</table>

### Annexure-1(B)
Revised Rate of Non Rly cases in Cardiology Department of Perambur Rly Hospital, Chennai.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Treatment procedure</th>
<th>Charges payable to Hospital (without Material (in Rupees))</th>
<th>Expenditure on material (in Rupees) including 25% levy</th>
<th>Total expenditure for the patient (in rupees) (a)+(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Coronary Angiogram/ Cardiac Catheterisation</td>
<td>8,000</td>
<td>3,750</td>
<td>11,750</td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Pacing</td>
<td>8,000</td>
<td>52,500</td>
<td>60,500</td>
</tr>
<tr>
<td>3.</td>
<td>Coronary Angioplasty (without stent)</td>
<td>15,000</td>
<td>37,500</td>
<td>52,500</td>
</tr>
<tr>
<td>4.</td>
<td>Coronary Angioplasty with Stent (one vessel/one lesion)</td>
<td>15,000</td>
<td><strong>87,500</strong></td>
<td><strong>102,500</strong></td>
</tr>
<tr>
<td>5.</td>
<td>Valvuloplasty</td>
<td>15,000</td>
<td>56,250</td>
<td>71,250</td>
</tr>
<tr>
<td>6.</td>
<td>Peripheral Angioplasty Without Stent</td>
<td>15,000</td>
<td>37,500</td>
<td>52,500</td>
</tr>
<tr>
<td>7.</td>
<td>Peripheral Angioplasty with Stent</td>
<td>15,000</td>
<td>75,000</td>
<td>90,000</td>
</tr>
<tr>
<td>8.</td>
<td>Open Heart Surgery/CABG</td>
<td>40,000</td>
<td>62,500</td>
<td>102,500</td>
</tr>
<tr>
<td>9.</td>
<td>CABG with one valve</td>
<td>40,000</td>
<td>1,12,500</td>
<td>1,52,500</td>
</tr>
<tr>
<td>10.</td>
<td>Closed Heart Surgery</td>
<td>15,000</td>
<td>12,500</td>
<td>27,500</td>
</tr>
</tbody>
</table>

- Material to be supplied by the patient to the hospital.
The above rates for angioplasty and stenting are given for single vessel/single lesion. For any additional balloon or stent, patient has to incur appropriate expenditure.


ANNEXURE II

LIST SHOWING CLASSIFICATION OF OPERATIONS INTO MAJOR, MINOR AND TRIVIAL

<table>
<thead>
<tr>
<th>SR. NO.</th>
<th>SYSTEM</th>
<th>TYPE</th>
<th>OPERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OP. ON NERVOUS SYSTEM (N.S)</td>
<td>SPECIAL</td>
<td>REMOVAL OF BRAIN TUMOR</td>
</tr>
<tr>
<td>2</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>CRANIOTOMY</td>
</tr>
<tr>
<td>3</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>DRAINAGE OF INTRACRANIAL ABCESS</td>
</tr>
<tr>
<td>4</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>CEREBRAL ARTERIOGRAPHY</td>
</tr>
<tr>
<td>5</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>EMBOLIZATION, EMOBLECTOMY</td>
</tr>
<tr>
<td>6</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MINOR</td>
<td>ENCEPHALOGRAPHY</td>
</tr>
<tr>
<td>7</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MINOR</td>
<td>VENTRICULOGRAPHY</td>
</tr>
<tr>
<td>8</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>LAMINECTOMY</td>
</tr>
<tr>
<td>9</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>RHIZOTOMY</td>
</tr>
<tr>
<td>10</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>RADICULECTOMY</td>
</tr>
<tr>
<td>11</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>CHORDOTOMY</td>
</tr>
<tr>
<td>12</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>EXCISION OF INTRASPINAL LESION</td>
</tr>
<tr>
<td>13</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>SHUNT FOR HYDROCEPHALUS</td>
</tr>
<tr>
<td>14</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MAJOR</td>
<td>SECTION OF SYMPATHETIC NERVE</td>
</tr>
<tr>
<td>15</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MAJOR</td>
<td>GAGLIONECTOMY &amp; SYMPATHECTOMY</td>
</tr>
<tr>
<td>16</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MAJOR</td>
<td>NEUROLYSIS</td>
</tr>
<tr>
<td>17</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MAJOR</td>
<td>NEUROPLASTY</td>
</tr>
<tr>
<td>18</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MINOR</td>
<td>MYELOGRAPHY</td>
</tr>
<tr>
<td>19</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MINOR</td>
<td>NEUROTOMY</td>
</tr>
<tr>
<td>20</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MINOR</td>
<td>NEURECTOMY</td>
</tr>
<tr>
<td>21</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MINOR</td>
<td>AVULSION OF NERVE</td>
</tr>
<tr>
<td>22</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MINOR</td>
<td>NEUROTIPSY</td>
</tr>
<tr>
<td>23</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MINOR</td>
<td>NEURORRHAPHY</td>
</tr>
<tr>
<td>24</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>TRIVIAL</td>
<td>SPINAL PUNCTURE/ INJ. INTO PERIPHERAL NERVE</td>
</tr>
<tr>
<td>25</td>
<td>OP. ON PERIPHERAL N.S</td>
<td>MINOR</td>
<td>INJ. INTO SYMPATHETIC NERVE OR GANGLION</td>
</tr>
<tr>
<td>26</td>
<td>OP. ON THYROID &amp; PARATHYROID</td>
<td>MAJOR</td>
<td>THYROIDECTOMY SUBTOTAL/PARTIAL</td>
</tr>
<tr>
<td>27</td>
<td>OP. ON THYROID &amp; PARATHYROID</td>
<td>MAJOR</td>
<td>THYROIDECTOMY TOTAL</td>
</tr>
<tr>
<td>28</td>
<td>OP. ON THYROID &amp; PARATHYROID</td>
<td>MAJOR</td>
<td>EXCISION OF THYROGLOSSAL TRACT</td>
</tr>
<tr>
<td>29</td>
<td>OP. ON THYROID &amp; PARATHYROID</td>
<td>MAJOR</td>
<td>OP ON PARATHYROID INCLUDING REMOVAL</td>
</tr>
<tr>
<td>30</td>
<td>OP. ON THYROID &amp; PARATHYROID</td>
<td>MAJOR</td>
<td>REMOVAL OF THYROID, ADENOMA</td>
</tr>
<tr>
<td>31</td>
<td>OP. ON THYROID &amp; PARATHYROID</td>
<td>MINOR</td>
<td>INCISION OF THYROID ABCESS</td>
</tr>
<tr>
<td>32</td>
<td>OP. ON ADRENALS</td>
<td>SPECIAL</td>
<td>ADRENALECTOMY</td>
</tr>
<tr>
<td>33</td>
<td>OP. ON PITUITARY</td>
<td>SPECIAL</td>
<td>HYPOPHYSECTOMY-TRANSFRONTAL</td>
</tr>
<tr>
<td>34</td>
<td>OP. ON PITUITARY</td>
<td>SPECIAL</td>
<td>HYPOPHYSECTOMY-TRANSPLIENOID</td>
</tr>
<tr>
<td>35</td>
<td>OP. ON THYMUS</td>
<td>SPECIAL</td>
<td>THYMECTOMY</td>
</tr>
<tr>
<td>36</td>
<td>OP. ON OTHER ENDOCRINE ORGANS</td>
<td>MAJOR</td>
<td>OP. ON CAROTID BODIES</td>
</tr>
<tr>
<td>37</td>
<td>OP. ON EYE</td>
<td>MAJOR</td>
<td>INTRAOCULAR REMOVAL OF EYE BALL</td>
</tr>
<tr>
<td>38</td>
<td>OP. ON EYE</td>
<td>MAJOR</td>
<td>EXENTERATION OF ORBIT</td>
</tr>
<tr>
<td>39</td>
<td>OP. ON EYE</td>
<td>MAJOR</td>
<td>TENOTOMY OF EYE TENDON</td>
</tr>
<tr>
<td>40</td>
<td>OP. ON EYE</td>
<td>MAJOR</td>
<td>ENCUCLEATION OF EYE BALL</td>
</tr>
<tr>
<td>41</td>
<td>OP. ON EYE</td>
<td>MAJOR</td>
<td>REMOVAL OF INTRAOCULAR FOREIGN BODY</td>
</tr>
<tr>
<td>42</td>
<td>OP. ON EYE</td>
<td>MAJOR</td>
<td>EVISCERATION OF EYE</td>
</tr>
<tr>
<td>43</td>
<td>OP. ON EYE</td>
<td>MINOR</td>
<td>REMOVAL OF FOREIGN BODY/PARTIAL&amp;PERIPHERAL CONJ. SAC</td>
</tr>
<tr>
<td>44</td>
<td>OP. ON EYE</td>
<td>TRIVIAL</td>
<td>CANTHOTOMY</td>
</tr>
<tr>
<td>45</td>
<td>OP. ON EYE</td>
<td>MINOR</td>
<td>CANTHECTOMY</td>
</tr>
<tr>
<td>46</td>
<td>OP. ON EYE</td>
<td>MINOR</td>
<td>CANTHIOPLASTY</td>
</tr>
<tr>
<td>47</td>
<td>OP. ON EYE</td>
<td>MINOR</td>
<td>BLEPHAROTOMY</td>
</tr>
<tr>
<td>48</td>
<td>OP. ON EYE</td>
<td>MINOR</td>
<td>EXCISION OF TARSAL PLATE</td>
</tr>
<tr>
<td>49</td>
<td>OP. ON EYE</td>
<td>MAJOR</td>
<td>BLEPHAROPLASTY &amp; TARSOPLASTY</td>
</tr>
<tr>
<td>50</td>
<td>OP. ON EYE</td>
<td>TRIVIAL</td>
<td>CHALAZION OPERATION</td>
</tr>
<tr>
<td>51</td>
<td>OP. ON EYE</td>
<td>TRIVIAL</td>
<td>EPILETION OF EYE Lid</td>
</tr>
<tr>
<td>52</td>
<td>OP. ON EYE</td>
<td>MINOR</td>
<td>REPAIR OF CONJUNCTIVA</td>
</tr>
<tr>
<td>OP. NO.</td>
<td>OP. ON EYE</td>
<td>DESCRIPTION</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>TRIVIAL INCISION OF CONJUNCTIVA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>SPECIAL CORNEAL TRANSPLANTATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>MAJOR KERATOPLASTY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>MINOR KERATOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>MAJOR IMPLANTATION OF LENS, IOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>MINOR IRIDOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>MINOR IRIEDECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>MINOR IRIDODIALYSIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>MINOR IRIEPLASTY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>MINOR IRIEOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>MINOR CYCLOIDIALYSIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>MINOR CYCLODIASTHERMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>SPECIAL DETACHMENT OF RETINA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>MAJOR OP. OF CHOROID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>MINOR SCLEROTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>MINOR SCLERECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>SPECIAL CATARACT WITH IMPLANTATION OF LENS(PC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>MAJOR CATARACT EXTRACTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>MINOR CAPSULOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>MAJOR DACRYOCYSTORHINOSTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>MAJOR DACRYOCYSTECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>TRIVIAL INCISION OF LACRIMAL SAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>TRIVIAL OPHTHALMOSCOPY, FUNDUSCOPY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>76</td>
<td>SPECIAL COCHLEAR IMPLANTATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>MAJOR OP. ON OSSICLES OF EAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>MAJOR OP. ON LARYRINTH &amp; VESTIBULE OF EAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>MAJOR OP. ON MASTOID ANTRUM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>MAJOR OP. ON TYPANUM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>MINOR REPAIR OF EAR LOMULE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>TRIVIAL INCISION OF EXTERNAL EAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>83</td>
<td>TRIVIAL REMOVAL OF FOREIGN BODY FROM EXTERNAL AUDITORY CANAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>84</td>
<td>MINOR OP. ON EUSTACHIAN TUBE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85</td>
<td>MAJOR REPAIR OF NOSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>86</td>
<td>MAJOR ETHMOIDECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>87</td>
<td>MINOR OP. ON NASAL SEPTUM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>MINOR TURBINECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>89</td>
<td>MINOR REDUCTION OF FRACTURE OF NOSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>MINOR T &amp; D OF PARANASAL SINUSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>TRIVIAL T &amp; D OF NOSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92</td>
<td>TRIVIAL REMOVAL OF FOREIGN BODY FROM NOSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93</td>
<td>SPECIAL EXCISION &amp; RECONSTRUCTION OF TRACHEA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>94</td>
<td>MAJOR REPAIR OF TRACHEA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95</td>
<td>MINOR LARYNGOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>MINOR LARYNGOSTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>MINOR TRACHEOSTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>TRIVIAL INTUBATION OF TRACHEA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>TRIVIAL EXCISION OF LACRIMAL SAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>MINOR EXTRATION OF IMPACTED MOLAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>MINOR SURGICAL REMOVAL OF TEETH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>TRIVIAL T &amp; D OF ALVEOLAR ABSCESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>TRIVIAL EXTRATION OF EACH TEETH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>TRIVIAL EXTRATION OF MOLAR TOOTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>105</td>
<td>MINOR APICECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>106</td>
<td>TRIVIAL EXCISION OF LESION OF GUMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>TRIVIAL REPAIR OF TEETH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>SPECIAL LARYNGO-PHARYNXECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>SPECIAL COMMANDO OPERATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>110</td>
<td>MAJOR PHARYNGOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>MAJOR OP. FOR CORRECTION OF CLEFT PALATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>MAJOR GLOSSECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>113</td>
<td>MINOR ADENOIDECTION WITHOUT TONSILLECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>114</td>
<td>MAJOR TONSILECTOMY WITH ADENOIDECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115</td>
<td>MINOR TONSILECTOMY WITHOUT ADENOIDECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>116</td>
<td>OP. ON OROPHARYNX TRIVIAL &amp; D OF PERITONSILLES ABDCESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>117</td>
<td>OP. ON OESOPHAGUS SPECIAL OESOPHAGO GASTRECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>118</td>
<td>OP. ON OESOPHAGUS SPECIAL DEVASCULARISATION OP. &amp; OTHER SIMILAR OP.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>119</td>
<td>OP. ON OESOPHAGUS MAJOR OESOPHAGOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>120</td>
<td>OP. ON OESOPHAGUS MAJOR EXCISION OF STRICTURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>121</td>
<td>OP. ON OESOPHAGUS MAJOR HELLER'S OPERATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>122</td>
<td>OP. ON OESOPHAGUS MINOR OESOPHAGOSCOPY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>123</td>
<td>OP. ON OESOPHAGUS MINOR INJ. OF OESOPHAGIAL VARICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>124</td>
<td>OP. ON OESOPHAGUS MINOR DILATATION OF OESOPHAGUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>125</td>
<td>OP. ON SALIVERY GLANDS MAJOR SIALOADENECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>126</td>
<td>OP. ON SALIVERY GLANDS MINOR SIALODENOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>127</td>
<td>OP. ON SALIVERY GLANDS MINOR REMOVAL OF SALIVARY CALCULUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>128</td>
<td>OP.ON INTRATHORACIC VESSELS SPECIAL OP. ON ANEURYSM OF GREAT VESSEL, INTRATHORACIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>129</td>
<td>OP.ON INTRATHORACIC VESSELS SPECIAL ARTERIOTOMY OF GREAT VESSEL, INTRATHORACIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>130</td>
<td>OP.ON INTRATHORACIC VESSELS SPECIAL REPAIR OF CONGENTIAL DEFECT OF GREAT VESSELS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>131</td>
<td>OP.ON INTRATHORACIC VESSELS MAJOR ARTERIORRHAPHY OF GREAT VESSELS, INTRATHORACIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>132</td>
<td>OP.ON INTRATHORACIC VESSELS MAJOR LIGATION OF GREAT VESSELS, INTRATHORACIC INCLUDING PDA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>133</td>
<td>OP.ON INTRATHORACIC VESSELS SPECIAL ARTERIAL GRAFTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>134</td>
<td>OP.ON INTRATHORACIC VESSELS SPECIAL EMBOLECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>135</td>
<td>OP. ON THORAX MAJOR MEDIASTINOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>136</td>
<td>OP. ON THORAX MAJOR THORACOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>137</td>
<td>OP. ON THORAX MAJOR EXCISION OF LESION OF MEDIASTINUM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>138</td>
<td>OP. ON THORAX MAJOR BRONCHOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>139</td>
<td>OP. ON THORAX MAJOR REPAIR OF BRONCHUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>140</td>
<td>OP. ON THORAX MAJOR PNEUMONECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>141</td>
<td>OP. ON THORAX MAJOR lobectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>142</td>
<td>OP. ON THORAX MAJOR PLEURECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>143</td>
<td>OP. ON THORAX MAJOR REPAIR OF LUNG &amp; PLEURA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>144</td>
<td>OP. ON THORAX MINOR THOR ACENTESIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>145</td>
<td>OP. ON THORAX MINOR OTHER OP. ON CHEST WALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>146</td>
<td>OP. ON THORAX MINOR BRONCHOSCOPY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>147</td>
<td>OP. ON THORAX MINOR PLEUROTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>148</td>
<td>OP. ON THORAX TRIVIAL PLEURAL ASPIRATION &amp; PLEURAL BIOPSY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>149</td>
<td>OP. ON THORAX MINOR RIB RESECTION AND DRAINAGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>150</td>
<td>OP. ON THORAX TRIVIAL PNEUMOTHORAX ARTIFICIAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>151</td>
<td>OP. ON THORAX MAJOR MASTECTOMY, RADICAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>152</td>
<td>OP. ON BREAST MAJOR PATEY'S OPERATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>153</td>
<td>OP. ON BREAST MAJOR MASTECTOMY WITH AXILLARY CLEARANCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>154</td>
<td>OP. ON BREAST MINOR LUMPECTOMY OR SIMPLE MASTECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>155</td>
<td>OP. ON BREAST MINOR FORMAL BIOPSY OF BREAST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>156</td>
<td>OP. ON BREAST TRIVIAL NEEDLE/TROCAR BIOPSY OF BREAST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>157</td>
<td>OP. ON ABDOMINAL WALL MAJOR LAPAROTOMY AND DRAINAGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>158</td>
<td>OP. ON ABDOMINAL WALL MINOR REPAIR OF INGUINAL HERNIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>159</td>
<td>OP. ON ABDOMINAL WALL MAJOR REPAIR OF FEMORAL HERNIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>160</td>
<td>OP. ON ABDOMINAL WALL MAJOR REPAIR OF ABDOMINAL WALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>161</td>
<td>OP. ON ABDOMINAL WALL MINOR HERNIOTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>162</td>
<td>OP. ON ABDOMINAL WALL MAJOR EXPLORATORY LAPRO TOMY WITH/ WITHOUT BIOPSY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>163</td>
<td>OP. ON ABDOMINAL WALL TRIVIAL PNEUMOPERITONEUM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>164</td>
<td>OP. ON ABDOMEN MAJOR EXCISION OF TUMOURS-INTRA ABDOMINAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>165</td>
<td>OP. ON STOMACH SPECIAL DEVASCULARISATION OPERATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>166</td>
<td>OP. ON STOMACH SPECIAL TOTAL GASTRECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>167</td>
<td>OP. ON STOMACH MAJOR GASTRECTOMY, SUBTOTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>168</td>
<td>OP. ON STOMACH MAJOR GASTRECTOMY, PARTIAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>169</td>
<td>OP. ON STOMACH MAJOR GASTROJEJUNOSTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>170</td>
<td>OP. ON STOMACH MAJOR VAGOTOMY &amp; DRAINAGE PROCEDURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>171</td>
<td>OP. ON STOMACH MINOR GASTROSCOPY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>172</td>
<td>OP. ON STOMACH MINOR GASTROSTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>173</td>
<td>OP. ON APPENDIX MINOR I &amp; D OF APPENDICULAR ABSCSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>174</td>
<td>OP. ON APPENDIX MINOR APPENDICECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>175</td>
<td>OP. ON INTESTINES MAJOR COLONOSCOPY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>176</td>
<td>OP. ON INTESTINES MAJOR RESECTION OF SMALL BOWEL OR COLON e.g. HEMICOLECTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>177</td>
<td>OP. ON INTESTINES MAJOR RESECTION ANASTOMOSIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>178</td>
<td>OP. ON INTESTINES MINOR ENTEROTOMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP. ON INTESTINES</td>
<td>MINOR</td>
<td>ILEOSTOMY</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>OP. ON INTESTINES</td>
<td>MINOR</td>
<td>COLOSTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON INTESTINES</td>
<td>TRIVIAL</td>
<td>SIGMOIDOSCOPY</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>MAJOR</td>
<td>ANTERIOR RESECTION</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>MAJOR</td>
<td>ABDOMINO PERINEAL RESECTION</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>MINOR</td>
<td>PROCTOPEXY</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>MINOR</td>
<td>HAEMORRHOIDECTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>MINOR</td>
<td>EXCISION OF ANAL FISTULA</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>TRIVIAL</td>
<td>PROCTOSCOPY</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>TRIVIAL</td>
<td>INCISION OF ANAL ABSCESS</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>TRIVIAL</td>
<td>INJ. OF HAEMORRHOIDS</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>MINOR</td>
<td>APPLICATION OF RUBBER BAND</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>TRIVIAL</td>
<td>EXCISION OF ANAL FISSURE</td>
<td></td>
</tr>
<tr>
<td>OP. ON RECTUM &amp; ANUS</td>
<td>TRIVIAL</td>
<td>DILATION OF ANAL SPHINCTER</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>SPECIAL</td>
<td>HEPATECTOMY, PARTIAL</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>SPECIAL</td>
<td>HEPATOICYSTOSTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>SPECIAL</td>
<td>REPAIR OF STRICTURE-BILE DUCT</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>SPECIAL</td>
<td>ANASTOMOSIS OF BILE DUCT</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>MAJOR</td>
<td>CHOLECYSTECTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>MAJOR</td>
<td>CHOLECYSTOSTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>SPECIAL</td>
<td>PANCREATECTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>SPECIAL</td>
<td>PANCREATOJEJUNOSTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>MAJOR</td>
<td>PANCREATOTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>MAJOR</td>
<td>PANCREOLITHOTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>MAJOR</td>
<td>EXCISION OF LESION OF PANCREAS</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>MAJOR</td>
<td>PANCREATOJEJUNOSTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON LIVER &amp; BILE DUCTS</td>
<td>MAJOR</td>
<td>DRAINAGE OF PANCREATIC ABSCESS</td>
<td></td>
</tr>
<tr>
<td>OP. ON SPLEEN</td>
<td>MAJOR</td>
<td>SPLENEXECTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON KIDNEY</td>
<td>SPECIAL</td>
<td>RENAL TRANSPLANTATION, RECIPIENT ONLY</td>
<td></td>
</tr>
<tr>
<td>OP. ON KIDNEY</td>
<td>MAJOR</td>
<td>NEPHROTOMY, EXPLORATORY</td>
<td></td>
</tr>
<tr>
<td>OP. ON KIDNEY</td>
<td>MAJOR</td>
<td>NEPHRECTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON KIDNEY</td>
<td>MAJOR</td>
<td>PYELOPLASTY/PYELOLI THOTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON KIDNEY</td>
<td>MAJOR</td>
<td>NEPHRECTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON KIDNEY</td>
<td>MAJOR</td>
<td>NEPHROPEXY</td>
<td></td>
</tr>
<tr>
<td>OP. ON KIDNEY</td>
<td>MAJOR</td>
<td>RETROGRADE PYELOGRAPHY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETER</td>
<td>MAJOR</td>
<td>URETEROLITHOTOMY, URETEROCYSTOTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETER</td>
<td>MAJOR</td>
<td>URETEROSIGMOIDOSTOMY/URETEROCYSTOTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETER</td>
<td>MAJOR</td>
<td>ILEAL CONDUIT</td>
<td></td>
</tr>
<tr>
<td>OP. ON URINARY BLADDER</td>
<td>MAJOR</td>
<td>CYSTECTOMY (PARTIAL/TOTAL)</td>
<td></td>
</tr>
<tr>
<td>OP. ON URINARY BLADDER</td>
<td>MAJOR</td>
<td>CYSTOSTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URINARY BLADDER</td>
<td>MAJOR</td>
<td>TRANURETHRAL RESECTION OF BLADDER TUMOUR</td>
<td></td>
</tr>
<tr>
<td>OP. ON URINARY BLADDER</td>
<td>MAJOR</td>
<td>BASKETING OF URETERIC STONES</td>
<td></td>
</tr>
<tr>
<td>OP. ON URINARY BLADDER</td>
<td>MINOR</td>
<td>CYSTOSTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URINARY BLADDER</td>
<td>MINOR</td>
<td>CYSTOSTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URINARY BLADDER</td>
<td>MINOR</td>
<td>CYSTOSTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETHRA</td>
<td>MINOR</td>
<td>URETHROCYSTOTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETHRA</td>
<td>MINOR</td>
<td>URETHROCYSTOTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETHRA</td>
<td>MINOR</td>
<td>URETHROLYTIC CYSTOTOMY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETHRA</td>
<td>MAJOR</td>
<td>URETHROPLASTY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETHRA</td>
<td>MINOR</td>
<td>URETHROSCOPY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETHRA</td>
<td>TRIVIAL</td>
<td>MEATOTOMY, URETHRAl</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETHRA</td>
<td>TRIVIAL</td>
<td>URETHROSCOPY</td>
<td></td>
</tr>
<tr>
<td>OP. ON URETHRA</td>
<td>TRIVIAL</td>
<td>DILATION OF URETHRA WITH SOUND</td>
<td></td>
</tr>
<tr>
<td>OP. ON PROSTATE SEMINAL VESICLES</td>
<td>MAJOR</td>
<td>PROSTATOMY, SUPRAPUBIC</td>
<td></td>
</tr>
</tbody>
</table>
242 OP. ON PROSTATE SEMINALVESICLES MAJOR PROSTATECTOMY, RETROPUBLIC
243 OP. ON PROSTATE SEMINALVESICLES MAJOR PROSTATECTOMY, PERINEAL
244 OP. ON PROSTATE SEMINALVESICLES MAJOR PROSTATECTOMY, TRANSURETHRAL
245 OP. ON PROSTATE SEMINALVESICLES MAJOR VESICLEECTOMY,SEMINAL
246 OP. ON OTHER MALE GENITALIA MAJOR EXCISION OF PENIS
247 OP. ON OTHER MALE GENITALIA MAJOR HYPOSPIADIUS
248 OP. ON OTHER MALE GENITALIA MAJOR EXCISION OF FALCIARIL SCROTUM & IMPLANTATION OF TESTES INTO THIGHS
249 OP. ON OTHER MALE GENITALIA MAJOR OP. FOR STRESS INCONTINENCE OF URINE
250 OP. ON OTHER MALE GENITALIA MINOR CASTRATION
251 OP. ON OTHER MALE GENITALIA MINOR ORCHIDECTOMY
252 OP. ON OTHER MALE GENITALIA MINOR UNILATERAL EXCISION OR EVERSION IN HYDROCELE
253 OP. ON OTHER MALE GENITALIA MINOR EXCISION OF VRCOCELE
254 OP. ON OTHER MALE GENITALIA TRIVIAL CIRCUMCISION
255 OP. ON OTHER MALE GENITALIA TRIVIAL RECANAIALISATION OF VAS
256 OP. ON OTHER MALE GENITALIA MAJOR ANASTOMOSIS OF TUBES
257 OP. ON OTHER MALE GENITALIA MINOR CAstration-FAemale
258 OP. ON OTHER MALE GENITALIA MINOR SALPINxo-OOPHORECTOMY
259 OP. ON OTHER MALE GENITALIA TRIVIAL FALLOPIAN INSUFFLATION
260 OP. ON OTHER MALE GENITALIA MAJOR RECANAIALISATION AFTER TUBECTOMY/TUBAL BLOCK
261 OP. ON OTHER MALE GENITALIA SPECIAL PELVIC EVISCREATION
262 OP. ON OTHER MALE GENITALIA MAJOR HYSTERECTOMY, TOTAL
263 OP. ON OTHER MALE GENITALIA MAJOR HYSTERECTOMY, RADICAL
264 OP. ON OTHER MALE GENITALIA MAJOR HYSTERECTOMY, VAGINAL
265 OP. ON OTHER MALE GENITALIA MINOR HYSTEROTOMY
266 OP. ON OTHER MALE GENITALIA MINOR HYSTEROPEXY
267 OP. ON OTHER MALE GENITALIA MINOR COLPORAHIPHY
268 OP. ON OTHER MALE GENITALIA TRIVIAL DILATION OF CERVIX
269 OP. ON OTHER MALE GENITALIA MINOR CURETTAGE OF UTERUS
270 OP. ON OTHER MALE GENITALIA TRIVIAL CAUTERIZATION OF CERVIX
271 OP. ON OTHER MALE GENITALIA TRIVIAL BIOPSY OF UTERUS
272 OP. ON OTHER MALE GENITALIA TRIVIAL COLPOTOMY
273 OP. ON OTHER MALE GENITALIA MAJOR PERINEOERPHRGY
274 OP. ON OTHER MALE GENITALIA TRIVIAL INCISION OF ABSCESS OF BARTHOLIN'S GLANDS
275 OP. ON OTHER MALE GENITALIA MINOR BIOPSY OF VULVA
276 OP. ON OTHER MALE GENITALIA MAJOR REPAIR OF VESICO VAGINAL FISTULA
277 OBSTETRIC OPERATIONS MAJOR CAESAREAN SECTION
278 OBSTETRIC OPERATIONS MAJOR EMBRYOTOMY
279 OBSTETRIC OPERATIONS MAJOR CRANIOTOMY, FOETAL
280 OBSTETRIC OPERATIONS MINOR VERSION, INTERNAL
281 OBSTETRIC OPERATIONS MINOR EPSIOTOMY & STITCHING
282 OBSTETRIC OPERATIONS TRIVIAL VERSION, EXTERNAL
283 OP. ON BONE SPECIAL HIP REPLACEMENT
284 OP. ON BONE SPECIAL KNEE REPLACEMENT
285 OP. ON BONE SPECIAL SPINAL FUSION, ANTERIOR, POSTERIOR
286 OP. ON BONE SPECIAL LIMB SAVING OP. WITH IMPLANTS
287 OP. ON BONE MAJOR OPEN REDUCTION OF FRACTURE WITHOUT FIXATION
288 OP. ON BONE MAJOR REDUCTION OF FRACTURE FIXATION
289 OP. ON BONE MAJOR LAMINECTOMY & DECOMPRESSION
290 OP. ON BONE MAJOR LAMINECTOMY WITH DISCECTOMY
291 OP. ON BONE MINOR SEQUESTRECTOMY
292 OP. ON BONE MINOR CLOSED REDUCTION OF FRACTURE
293 OP. ON BONE MINOR DEBRIDEMENT OF COMPOUND FRACTURE
294 OP. ON BONE TRIVIAL NEEDLE BIOPSY OF BONE OR MARROW
295 OP. ON BONE MAJOR ARTHROSCOPY-DIAGONISTIC/OPERATIVE
296 OP. ON BONE MAJOR KNEE ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION
297 OP. ON BONE MAJOR EXTERNAL FIXATION STABILISATION
298 OP. ON BONE MAJOR ARTHROTOMY
299 OP. ON BONE MAJOR EXCISION OF SEMILUNAR CARTILAGE
300 OP. ON BONE MINOR BURSECTOMY
301 OP. ON BONE MINOR CLOSED REDUCTION OF DISLOCATION
302 OP. ON BONE MAJOR OPEN REDUCTION OF DISLOCATION

184
<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
<th>Complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>005</td>
<td>O.P. ON JOINTS MAJOR</td>
<td>ARTHRODESIS</td>
</tr>
<tr>
<td>006</td>
<td>O.P. ON JOINTS MINOR</td>
<td>ASPIRATION OF JOINT</td>
</tr>
<tr>
<td>007</td>
<td>O.P. ON JOINTS TRIVIAL</td>
<td>MANIPULATION OF JOINT</td>
</tr>
<tr>
<td>008</td>
<td>O.P. ON JOINTS MINOR</td>
<td>BIOPSY OF JOINT</td>
</tr>
<tr>
<td>009</td>
<td>O.P. ON MUSCLES&amp;TENDONS MAJOR</td>
<td>TRANSPLANTATION OF MUSCLE ORIGIN</td>
</tr>
<tr>
<td>010</td>
<td>O.P. ON MUSCLES&amp;TENDONS TRIVIAL</td>
<td>TENOTOMY</td>
</tr>
<tr>
<td>011</td>
<td>O.P. ON UPPER LIMB SPECIAL</td>
<td>INTERSCAPULOThorACIC AMPUTATION</td>
</tr>
<tr>
<td>012</td>
<td>O.P. ON UPPER LIMB MAJOR</td>
<td>DISARTICULATION AT SHOULDER</td>
</tr>
<tr>
<td>013</td>
<td>O.P. ON UPPER LIMB MAJOR</td>
<td>AMPUTATION, FOREARM</td>
</tr>
<tr>
<td>014</td>
<td>O.P. ON UPPER LIMB MAJOR</td>
<td>AMPUTATION, ARM</td>
</tr>
<tr>
<td>015</td>
<td>O.P. ON UPPER LIMB MAJOR</td>
<td>DISARTICULATION AT ELBOW</td>
</tr>
<tr>
<td>016</td>
<td>O.P. ON UPPER LIMB MAJOR</td>
<td>DISARTICULATION AT WRIST</td>
</tr>
<tr>
<td>017</td>
<td>O.P. ON UPPER LIMB MINOR</td>
<td>AMPUTATION, THUMB</td>
</tr>
<tr>
<td>018</td>
<td>O.P. ON LOWER LIMB SPECIAL</td>
<td>DISARTICULATION OF FINGER</td>
</tr>
<tr>
<td>019</td>
<td>O.P. ON LOWER LIMB MAJOR</td>
<td>ABDOMINOPYLORACIC AMPUTATION</td>
</tr>
<tr>
<td>020</td>
<td>O.P. ON LOWER LIMB MAJOR</td>
<td>DISARTICULATION OF HIP JOINT</td>
</tr>
<tr>
<td>021</td>
<td>O.P. ON LOWER LIMB MAJOR</td>
<td>AMPUTATION, THIGH</td>
</tr>
<tr>
<td>022</td>
<td>O.P. ON LOWER LIMB MAJOR</td>
<td>AMPUTATION, LEG</td>
</tr>
<tr>
<td>023</td>
<td>O.P. ON LOWER LIMB MAJOR</td>
<td>AMPUTATION, FOOT</td>
</tr>
<tr>
<td>024</td>
<td>O.P. ON LOWER LIMB MAJOR</td>
<td>DISARTICULATION AT KNEE</td>
</tr>
<tr>
<td>025</td>
<td>O.P. ON LOWER LIMB TRIVIAL</td>
<td>AMPUTATION, TOE</td>
</tr>
<tr>
<td>026</td>
<td>O.P. ON ARTERIES SPECIAL</td>
<td>EXCISION OF ANEURYSM OF GREAT VESSELS</td>
</tr>
<tr>
<td>027</td>
<td>O.P. ON PERIPHERAL ARTERIES MAJOR</td>
<td>ARTERIOTOMY WITH EXPLORATION</td>
</tr>
<tr>
<td>028</td>
<td>O.P. ON PERIPHERAL ARTERIES MAJOR</td>
<td>ARTERIOTOMY WITH EMBOLECTOMY</td>
</tr>
<tr>
<td>029</td>
<td>O.P. ON PERIPHERAL ARTERIES MAJOR</td>
<td>ARTERECTOMY</td>
</tr>
<tr>
<td>030</td>
<td>O.P. ON PERIPHERAL ARTERIES MAJOR</td>
<td>ANEURYSMORRHAPHY</td>
</tr>
<tr>
<td>031</td>
<td>O.P. ON PERIPHERAL ARTERIES MAJOR</td>
<td>BYPASS GRAFTS</td>
</tr>
<tr>
<td>032</td>
<td>O.P. ON PERIPHERAL ARTERIES MINOR</td>
<td>LIGATION OF ARTERY</td>
</tr>
<tr>
<td>033</td>
<td>O.P. ON VEINS SPECIAL</td>
<td>PORTO CAVAL &amp; OTHER SHUNT OPERATIONS</td>
</tr>
<tr>
<td>034</td>
<td>O.P. ON VEINS MINOR</td>
<td>PHLEBOTOZY WITH EXPLORATION</td>
</tr>
<tr>
<td>035</td>
<td>O.P. ON VEINS MINOR</td>
<td>LIGATION OF VEIN</td>
</tr>
<tr>
<td>036</td>
<td>O.P. ON VEINS MINOR</td>
<td>STRIPPING OF VARICOSE VEIN</td>
</tr>
<tr>
<td>037</td>
<td>O.P. ON VEINS TRIVIAL</td>
<td>INJ. OF VEIN</td>
</tr>
<tr>
<td>038</td>
<td>O.P. ON VEINS TRIVIAL</td>
<td>VENOGRAPHY</td>
</tr>
<tr>
<td>039</td>
<td>O.P. ON LYMPHATIC SYSTEMS MAJOR</td>
<td>LYMPHADENECTOMY, RADICAL</td>
</tr>
<tr>
<td>040</td>
<td>O.P. ON LYMPHATIC SYSTEMS MAJOR</td>
<td>BLOCK DISSECTION, NECK</td>
</tr>
<tr>
<td>041</td>
<td>O.P. ON LYMPHATIC SYSTEMS MAJOR</td>
<td>INGUINAL BLOCK DISSECTION</td>
</tr>
<tr>
<td>042</td>
<td>O.P. ON LYMPHATIC SYSTEMS MINOR</td>
<td>LYMPHADENECTOMY, SIMPLE</td>
</tr>
<tr>
<td>043</td>
<td>O.P. ON LYMPHATIC SYSTEMS MINOR</td>
<td>LYMPHANGIOPLASTY</td>
</tr>
<tr>
<td>044</td>
<td>O.P. ON LYMPHATIC SYSTEMS MINOR</td>
<td>BIOPSY OF LYMPH NODE</td>
</tr>
<tr>
<td>045</td>
<td>O.P. ON SKIN MAJOR</td>
<td>ROTATION GRAFTS</td>
</tr>
<tr>
<td>046</td>
<td>O.P. ON SKIN MAJOR</td>
<td>SKIN GRAFTS</td>
</tr>
<tr>
<td>047</td>
<td>O.P. ON SKIN TRIVIAL</td>
<td>PEDICLE GRAFTS</td>
</tr>
<tr>
<td>048</td>
<td>O.P. ON SKIN TRIVIAL</td>
<td>I &amp; D, SUPERFICIAL</td>
</tr>
<tr>
<td>049</td>
<td>O.P. ON SKIN TRIVIAL</td>
<td>OXYCHOTOMY</td>
</tr>
<tr>
<td>050</td>
<td>O.P. ON SKIN TRIVIAL</td>
<td>REMOVAL OF FOREIGN BODY FROM SUPERFICIAL TISSUE</td>
</tr>
<tr>
<td>051</td>
<td>O.P. ON SKIN TRIVIAL</td>
<td>EXCISION OF SUPERFICIAL CYST</td>
</tr>
<tr>
<td>052</td>
<td>O.P. ON SKIN TRIVIAL</td>
<td>REMOVAL OF NAIL</td>
</tr>
<tr>
<td>053</td>
<td>O.P. ON SKIN TRIVIAL</td>
<td>SUTURE OF SUPERFICIAL WOUNDS</td>
</tr>
<tr>
<td>054</td>
<td>O.P. ON SKIN TRIVIAL</td>
<td>DEBRIDEEMENT OF WOUNDS</td>
</tr>
<tr>
<td>055</td>
<td>O.P. ON SKIN TRIVIAL</td>
<td>BIOPSY OF SKIN</td>
</tr>
<tr>
<td>056</td>
<td>SURG. PROCEDURE NOT CLASSIFIED MAJOR</td>
<td>MICRO VASCULAR MYOCUTANEOUS FLAP</td>
</tr>
<tr>
<td>057</td>
<td>SURG. PROCEDURE NOT CLASSIFIED MAJOR</td>
<td>LASER FULGURATION</td>
</tr>
<tr>
<td>058</td>
<td>SURG. PROCEDURE NOT CLASSIFIED MAJOR</td>
<td>EXCISION OF MALIGNANT TUMOURS LIMBS/PARIETIES</td>
</tr>
<tr>
<td>059</td>
<td>SURG. PROCEDURE NOT CLASSIFIED MINOR</td>
<td>ENDOSCOPY WITH/without BIOPSY</td>
</tr>
<tr>
<td>060</td>
<td>SURG. PROCEDURE NOT CLASSIFIED MAJOR</td>
<td>COLONOSCOPY WITH/without BIOPSY</td>
</tr>
<tr>
<td>061</td>
<td>SURG. PROCEDURE NOT CLASSIFIED TRIVIAL</td>
<td>CATHERIZATION-URETHRAL</td>
</tr>
<tr>
<td>062</td>
<td>SURG. PROCEDURE NOT CLASSIFIED TRIVIAL</td>
<td>I.V. TRANSFUSION</td>
</tr>
<tr>
<td>063</td>
<td>SURG. PROCEDURE NOT CLASSIFIED TRIVIAL</td>
<td>I.V. CHEMOTHERAPY WITH DRUG INFUSION</td>
</tr>
<tr>
<td>064</td>
<td>SURG. PROCEDURE NOT CLASSIFIED TRIVIAL</td>
<td></td>
</tr>
</tbody>
</table>
ANNEXURE III
(See Para 645,653)
CERTIFICATE TO BE OBTAINED FROM AN ATTENDING NON-RAILWAY INSTITUTION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

CERTIFICATE ‘A’
(To be completed in the case of patients who are not admitted to hospital for treatment)

1. Name and designation of the Railway employee (in BLOCK letters).................................................................
2. Office in which employed ........................................................................................................................................
3. Pay of the Railway employee ................................................................................................................................
4. Place of duty ............................................................................................................................................................
5. Actual residential address ........................................................................................................................................
6. Name of the patient and his/her relation to the Railway employees .................................................................
   Note: In the case of children, state age also.
7. Place at which the patient fell ill ............................................................................................................................
8. Nature of illness and its duration ............................................................................................................................

(a) that the injections administered were not for immunising or prophylactic, purposes.

(b) that the patient has been under treatment at ....................................................... hospital/dispensary and that the
    under mentioned medicines prescribed by me in this connection were essential for the
    recovery/prevention of serious deterioration in the condition of the patient. The medicines are not
    stocked in the ........................................................... (name of hospital/dispensary) for supply to private patients
    and do not include proprietary preparation for which cheaper substances of equal therapeutic value are
    available nor preparations which are primarily foods, toilets or disinfectants.

<table>
<thead>
<tr>
<th>Name of medicines</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

(a) that the patient is/was suffering from ........................................... and is/was under my treatment from
    ......................... to ..................

(b) that the patient was given pre-natal or post-natal treatment.

(e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs .............................. was incurred
    were necessary and were undertaken on my advice at ..................................................... (name of hospital or
    laboratory).

(f) that I referred the patient to Dr ............................................. for specialist consultation and that the necessary
    approval of the ................................. (name of the principal Medical Officer) as required under the rules was
    obtained.

(g) that the patient did not require hospitalisation.

Signature and designation of the
Medical Officer
Date .............................................
Place .............................................

Name of the hospital/dispensary to which attached

Note: Certificates not applicable should be struck off. Essentiality certificate as given in (b) as above is
compulsory and must be filled in by the Medical Officer in all cases.
CERTIFICATE ‘B’

(To be completed in the case of patients who are admitted to hospital for treatment)

Part A

I, Dr....................................................... hereby certify:

(a) that the patient was admitted to hospital on my advice/on the advice of ....................................................... (name of Medical Officer).

(b) that the patient has been under treatment at ................................................. and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital) .............................................. for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

<table>
<thead>
<tr>
<th>Name of medicines</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

(c) that the injections administered were not for immunising or prophylactic purposes.

(d) that the patient was suffering from .............................................. and was under my treatment from ..................................... to .....................................

(e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs.............................. was incurred were necessary and were undertaken on my advice at ................................................. (name of hospital or laboratory).

(f) that I called in Dr....................................................... for specialist consultation and that the necessary approval of the .............................................. (name of the principal Medical Officer), as required under the rules was obtained.

Date ...............................                                                                                                                Signature and designation of the
Place ..............................                                                                                            Medical Officer in charge of the case at the hospital

Part B

I certify that the patient has been under treatment at the ............................................................... hospital and that the services of the special nurses, for which an expenditure of Rs.............................. was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Date................................                                                                                                                Signature and designation of the
Place ..............................                                                                                            Medical Officer in charge of the case at the hospital

Countersigned

Principal Medical Officer

Part C

I certify that Shri/Shrimati/Kumari..................................................of................................................... employed in the ....................................................... has been under treatment for .................................................. disease from ..................................... to ..................................... at the ................................................. hospital and that the facilities provided were the minimum which were essential for the patient’s treatment.

Date...............................                                                                                                                Signature and designation of the
Place ..............................                                                                                            Medical Department

Note: Certificates not applicable should be struck off. The Essentiality Certificate as given in Part A (b) above is compulsory and must be filled in by the Medical Officer in all cases.
FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

(See Para 653)

(See Para 653)

ANNEXURE IV

(Note: Separate form should be used for each patient)

1. Name and designation of the Railway employee (in BLOCK letters) .............................................
2. Office in which employed .................................................................
3. Pay of the Railway employee ............................................................
4. Place of duty .................................................................................
5. Actual residential address ...............................................................  
6. Name of the patient and his/her relationship to the Railway employee ...........................................

Note: In the case of children, state age also.

7. Place at which the patient fell ill ...................................................
8. Nature of illness and its duration ..................................................
9. Details of the amount claimed .....................................................

I. Medical Attendance:

(i) Fees for consultation indicating

(a) the same and designation of the Medical Officer consulted and
the hospital or dispensary to which attached. ..........................................

(b) the number and dates of consultations and the fee paid for each
consultation. ..................................................................................

(c) the number and dates of injections and the fee paid for each
injection. ..................................................................................

(d) whether consultations and/or injections were had at the hospital,
at the consulting room of the Medical Officer or at the
residence of the patient. .................................................................

(ii) Charges for pathological, bacteriological, radiological or other
similar tests undertaken during diagnosis, indicating:

(a) the name of the hospital or laboratory where the tests were
undertaken. ..................................................................................

(b) whether the tests were undertaken on the advice of the
Authorised Medical Officer. If so, a certificate to
that effect should be attached. ..................................................

(c) Cost of medicines purchased from the market (List of
medicines, cash memo and the essentiality certificates
should be attached). .................................................................

II. Hospital Treatment:

Charges or hospital treatment, indicating separately the charges for:

(i) Accommodation

(State whether it was according to the status or pay of the Railway
employee and in cases where the accommodation is higher than
the status of the Railway employee, a certificate should be attached
to the effect that the accommodation to which he was entitled was
not available). ..................................................................................

(ii) Diet ..................................................................................

(iii) Surgical operation or medical treatment ....................................

(iv) Pathological, bacteriological, radiological or other similar tests
indicating:

(a) the name of the hospital or laboratory at which undertaken

(b) and whether undertaken on the advice of the Medical Officer
in charge of the case at the hospital. If so, a certificate to
that effect should be attached.
(v) Medicines ........................................................................
(vi) Special medicines ...........................................................
(List of medicines, cash memo and the essentiality certificate should be attached).
(vii) Ordinary nursing. ............................................................
(viii) Special nursing i.e., nurses special engaged for the patient 
(State whether they were employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Railway employee or patient. In the former case, a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached).
(ix) Ambulance charges ..........................................................
(State the journey – to and from – undertaken)
(x) Any other charges e.g., charges for electric light, fan, heater, air-conditioning, etc. ..........................................................
(State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient).

Note: (1) If the treatment was received by the Railway employee at his residence under Para 634, give particulars of such treatment and attach a certificate from the Authorised Medical Officer as required.

(2) If the treatment was received at a hospital other than a Government, recognised hospital, necessary details and the certificate of the Authorised Medical Officer that the requisite treatment was not available in any nearest Government/recognised hospital should be furnished.

III. Consultation with a specialist:

Fees paid to a specialist or a Medical Officer other than the Authorised Medical Officer, indicating:

(a) the name and designation of the specialist Medical Officer consulted and the hospital to which attached. ..........................................................
(b) number and dates of consultations and the fee charged for each consultation. ..........................................................
(c) whether consultation was had at the hospital, at the consulting room of the specialist or Medical Officer, or at the residence of the patient. ..........................................................
(d) whether the specialist or Medical Officer was consulted on the advice of the Authorised Medical Officer and the prior approval of the Chief Medical Director of the Railway was obtained. If so, a certificate to that effect should be attached.

10. Total amount claimed ..........................................................
11. List of enclosures ................................................................

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date........................................ Signature of the Railway employee.
Place ........................................
MEDICAL DEPARTMENT

ESSENTIALITY CERTIFICATE

I certify that Shri/Shrimati/Kumar .................................................................
wife/son/daughter .............................................. of ......................................................
employed in the ...................................................... has been under my treatment for
......................... disease from ...................... to ...................... at the ......................
hospital/my consulting room and that the under mentioned medicines prescribed by me in this connection
were essential for the recovery/prevention of serious deterioration in the condition of the patient. The
medicines are not stocked in the ...................................... hospital
.......................................................... and do not include proprietary preparations for
which .......................................................... hospital for supply to
private patients cheaper substances of equal therapeutic value are available, nor preparations, which are
primarily foods, toiletries or disinfectants.

<table>
<thead>
<tr>
<th>Name of medicines</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

...................................................
Signature of the Medical Officer
In charge of the case at the hospital.

Date .............................  
Signature and designation of the
Place .............................  Authorised Medical Officer
Proforma for submission of claim for reimbursement of medical expenses incurred by Railway Employees for treatment in Private Hospital/Non-Recognised Institutions

1. Name of the patient
2. Age
3. (a) Relationship with Railway Employee  
   (b) Name of the employee
4. Designation
5. Pay
6. Name of the Institution where taken for treatment
7. Date of admission
8. Date of discharge
9. Date of admission of claim
10. Reasons for delay, if delayed for more than 3 months
11. Total period of stay as Indoor patient
12. Reasons for long stay (if stayed for more than 48 Hrs)
13. Type of medical emergency
14. Was there no Railway/Govt. facility available to deal with it
15. Distance of the nearest Govt. Hospital and whether facilities available there
16. Distance of the nearest Railway hospital and whether facilities available there. If not how far is the Railway hospital with the facilities available.
17. Distance of the private hospital, where facilities availed, from residence/place of illness.
18. When the Railway Medical Officer was informed about such admission.
19. Did the patient take any treatment before or after the present sickness (if this existed ad if YES when………)
20. Total amount claimed (with break-up charges)
21. Item wise break of expenditure had the treatment taken place in Govt. Hospital.
22. Verbatim views of C.M.D
23. Verbatim views of F.A & C.A.O
CHAPTER VII
MEDICAL AID AT THE TIME OF RAILWAY ACCIDENTS

701. GENERAL POLICY:- (1) The general policy in the case of Railway accidents in which casualties occur is that of rapid evacuation after rendering immediate and necessary first aid treatment. This is always preferable to prolonged detention and elaborate treatment at the site of accident as the time factor is of paramount importance in removing the injured persons to the nearest hospitals by the first available means of transport to enable all necessary medical aid to be rendered.

(2) It is therefore, essential that the Railway doctors know thoroughly their duties not only when called upon to render medical aid to the injured but also in connection with the preparations made by the Railway administration to deal with accidents and the maintenance and use of accident relief medical equipment.

(Ministry of Railway's letter No. 383.T.G/dt. 31/3/1951)

702. TYPES OF ACCIDENT RELIEF MEDICAL EQUIPMENT:- With a view to provide prompt medical aid, the following types of accident relief medical equipment are provided on the Railways.

(1) Scale I - in medical vehicles, as part of accident relief trains. Contents as per Annexure I

(2) POMKA (POrtable Medical Kit for Accidents)-in all health units, polyclinics and sub divisional, divisional and zonal hospitals, (Annexure II)

(3) Scale II- in boxes, at specified stations.(Annexure III)

(4) First aid boxes in all stations dealing with passenger traffic, workshops, marshalling yards, loco sheds, and C & W depots, and in breakdown vans of accident relief trains and guards (Annexure IV)

(No. 87/H/7/12 dt.. 15/09/1989 and dt. 02/08/1995)

(5) Special first aid boxes – provided in all long distance superfast, Shatabdi and Rajdhani trains (Annexure V)

(Bd.'s letter 85/H/7/9 dt.30.6.95)

(6) First aid box for gangmen- (AnnexureVI)

Apart from the equipment referred to above, every Railway doctor should be provided with an emergency medical bag in which he can carry the injectables, pain relieving drugs and other medicines and dressings required in emergency. If a Railway doctor happens to be on the spot of an accident, he can start relief work without waiting for the regular medical equipment to arrive.

(Para 1414 of Indian Railway Establishment Manual and Min. Of Railways letter No.69/H/2/6 dt. 16/8/71 and Rly Bd.'s letter No.87/H/7/12 dated 15/09/89)

703. POLICY REGARDING PROVISION OF DIFFERENT TYPES OF ACCIDENT RELIEF MEDICAL EQUIPMENT:-

(1) Accident Relief Medical Equipment Scale I in Medical vehicles forms a unit of the accident relief train and is stationed at divisional headquarters and at other selected important stations preferably where there are hospitals or health units in charge of Railway medical officers. The function of the vehicle is to carry medical equipment to the site of accident so that prompt medical aid could be rendered and injured persons transported expeditiously to the nearest hospitals.

(2) An auxiliary van is also provided along with the medical vehicle and stabled in the same siding with both ends open. The auxiliary van should have provision for emergency tools for extricating passengers from debris and should also carry adequate supply of drinking water and provision for tea, coffee and light refreshment to be served to affected passengers.
(3) As far as possible, items of medical equipment likely to be required immediately for opening a
temporary field dressing station should be kept in portable containers which should be numbered, each
container having a printed card attached to it in the front giving the details of the contents.

(4) The medical vehicle should be stabled in a siding having opening at both ends. Although the
responsibility of placing of medical vehicle in a suitable position for taking it out quickly at a moments
notice rests with the operating and mechanical departments, yet it is the duty of medical department also to
keep an eye on the position in which medical van is stabled. If it is stabled in any manner likely to cause
delay in it's movement in an emergency, it should at once be brought to the notice of official in charge for
necessary action.

(5) The medical portion of the accident relief train i.e. the medical vehicle should be stabled separately
or so marshalled on the relief train that it can, if necessary, be despatched in advance of the rest of the rake
without any delay.

(6) In despatching an accident relief train to the site of accident site, any factors likely to reduce the
speed, such as the presence of a crane on the train, should be taken into account in deciding as to whether
the medical vehicle should be sent in advance.

Note: All medical vehicles should be so built as there is no speed restriction when they are despatched
to the site of accident. Further the train examiner should ensure that all bearings etc. of these vehicles are in
good working condition.

Portable Medical Kit for Accident (POMKA)

(7) Contents of POMKA as per annexure II should be stored in a convenient suitcase ( Size 21 inches)
for easy transport by road / rail. There should be one set of POMKA in Health units & polyclinics and two
sets in sub- divisional hospitals. The divisional/ zonal hospitals are required to have three sets of POMKA
with some additional items as per annexure II to this chapter.

Scale II - Equipment

(8) Accident relief medical equipment Scale II is located at selected stations where there is no accident
relief train. They should be located at every 80 to 100 km. apart, and preferably where there is a Railway
hospital or a health unit. Generally there should be at least one scale II equipment stationed on either side of
a scale 'I' equipment so that in case of major accidents, at least one or the other can reach and be available at
the site of accidents in quick time.

(9) The equipment which now consist of 3 sets of POMKA and additional item as per Annexure III
should be in charge of the Station Manager/Dy..S.S and should be stored in portable boxes of suitable size
and standard pattern as approved by the Chief Medical Director, on a raised concrete platform so that it's
bottom does not touch the floor, in a separate room in or adjacent to the station building. If necessary, a
room should be specially constructed for the purpose. It should have separate entry and exit one on either
side, and it should be so situated as to facilitate easy loading of the boxes in train. For quick transporting,
loading and unloading of the boxes containing scale II equipment, a wheelbarrow with handle should also be
provided.

(10) This equipment is intended for use in major accidents only and is to be handled by any doctor or
by qualified first-aiders under the supervision of the doctors. It should not be normally utilised for minor
accidents.

Special First Aid Boxes

(11) (a) The special first aid boxes with contents as per the list at Annexure V should be
provided in all the long distance, super fast, Shatabdi and Rajdhani Trains. The tablets and injectables
provided in these boxes will be used by any qualified allopathic doctor who may be travelling in the train.
Other first aid material provided, including tablet paracetamol (for Headache/Fever) can be used by a first
aid trained person.
(b) These boxes will be under the charge of the Train Supdt.s. in the trains, who will be responsible for getting these boxes replenished from the hospitals/health units.

(c) In the trains where train Supdt.s. are not posted/available, such boxes will be given in the charge of departmental Pantry Car Managers who, likewise, will be responsible to get them replenished from the hospitals.

(d) The boxes with Train Supdt.s./Pantry Car Managers in the above mentioned trains will be in addition to those provided to Guards.

(e) The additional boxes and items required for the purpose may be supplied from the Railway hospitals and no additional budgetary sanctions on this account will be provided. The size of these special boxes will be 46 cms in length, 30 cms in width, and 13 cms height and should be metallic only. The requisite number of the boxes on each Railways may be assessed as per the number of rakes of such trains, keeping in mind an additional cushion for replacements/additional future provisions in more trains. CMDs on the Railways will arrange to process procurement of these boxes through the Controller of Stores.

(Railway Board’s letter No. 95/H/7/9 dated 30.06.95)

First aid boxes

(12) Static first aid boxes in breakdown vans of accident relief trains, and at stations, workshops, yards, loco sheds and carriage and wagon depots etc., should be hung in a prominent place on a wall bracket in the respective offices. These boxes should be made of metal, preferably aluminium, with the lid fitting well down over the sides as to be dust proof, and should have a handle or a canvas strap arrangement for ease of carrying. The exact size and pattern of the boxes should be standardised by the Chief Medical Director.

(13) The first aid boxes for guards of passenger carrying trains should be of the standards as fixed by the St. John Ambulance Association of India and the contents should be as detailed in Annexure IV. These boxes should be the personal equipment of the guards and should be carried by them in their guard-boxes.

(14) The first aid box of guards of suburban trains may be compact and smaller in size. They should have canvas strap arrangement so as to be carried on the shoulder.

(15) The equipment in first aid boxes in the workshops may differ from the standard first aid boxes to comply with the rules prescribed by the respective state Govts. under the Factories Act, in case they are different from those laid down by the Ministry of Railways.

(16) First Aid box for gangmen shall be an aluminium or metallic box, which is not likely to be rusted. It should be sturdy. Wooden boxes wherever used may be retained till they are fit for use. Their replacement should be by aluminium boxes only.

(17) The equipment contained in the first aid boxes is only for first aid and is to be used by those qualified in first aid. Even though no first aid box has been provided for the guards of the goods trains, the guards and drivers of such trains are expected to be trained in first aid, so that, life saving measures like stopping of haemorrhage and transport of case with fractured limbs can be undertaken at site.

(Para 1415 and 1416 of Indian Railway Establishment manual and Ministry of Railways' letters No.62/142/118/M(C) dt. 12/10/1962, No 66/M(M&P) 7/2 dt. 4/09/1967 and 27/07/1968, No.69/H/2/6 dt. 16/08/1971, dt. 3/12/1971 and dt. 22/12/1972)

704. Maintenance of keys:-

Scale I Equipment

(1) The keys of the locks of the various external doors of the medical vehicle will be in duplicate, one set to be in charge of the Junior Engineer (Loco) or the Station Master and the other with the medical officer in charge of the station where the vehicle is located. The keys in both the cases should be suitably marked
for identification, and will be kept in a glass fronted case, duly sealed by the station master or the medical officer in charge of the station where the vehicle is located, as the case may be, and is to be fixed in a prominent place in their respective offices.

(2) The keys of any locks inside the vehicle should also be in duplicate, one set in a glass fronted case fixed inside the vehicle duly sealed by the doctor in charge, and the other set will be kept in his custody in a sealed glass fronted case, and fixed in a prominent place in hospital or the health unit of the section.

Scale 'II' Equipment

(3) The boxes of scale II equipment will not be provided with locks and keys but will be kept sealed by the medical officer in charge of the section. The entire scale II equipment will be kept in separate boxes in a room in or adjacent to the station building, which will be locked and provided with duplicate keys, one of which will be with the stationmaster on duty and the other with the medical officer in charge. The keys in both cases should be suitably marked for identification, and will be kept in glass fronted cases, duly sealed by the station master or the medical officer, as the case may be, and fixed in a prominent place in their respective offices.

POMKA

(4) One key should be attached to the handle of the box and the other kept sealed in box in the room where the POMKA is kept.

First Aid Boxes

(5) The keys of First aid boxes for use at static locations such as stations, marshalling yards, workshops, loco sheds, carriage and wagon depots, etc., will be kept in charge of the local supervisors on duty.

(6) The first aid boxes with guards of trains carrying passengers will have no keys.

(7) Special first aid boxes should be sealed. If locked, the keys should be available either with the Train Supt. or the Pantry Car Manager, as the case may be.

705. The details of accident relief medical equipment:-

(1) The details of the contents of the accident relief medical equipment Scale 'I', Scale 'II', POMKA and first aid boxes are indicated in Annexure I to VI to this chapter, respectively. A synopsis is given in Annexure VII to this chapter.

(2) Inside the Medical vehicle or the room, as the case may be, printed list showing the full details of all the scale 'I' and Scale 'II' equipment will be affixed in a prominent place in a glass fronted case.

(3) A printed list showing the full details of all scale 'I' equipment will be displayed in a glass case fixed in a prominent place inside the vehicle. A printed list of the contents of each of the boxes, almirahs, cupboards, cabinets, or shelves will be displayed outside of these, to indicate their contents.

(4) The outside of each of these boxes of scale II equipment should be painted with a number and broad classification of contents as indicated against the list in Annexure III. A printed list of the contents of each of the boxes will be affixed to the inside of the lid of the boxes to indicate the contents.

(5) The outside of each of the first aid boxes at stations, marshalling yards, work shops, loco sheds, carriage and wagon depots and with the guards shall be painted with a number, sign of red cross on white background, the words "first aid box", name of station, workshop, etc., as indicated below:
(6) A printed list of all contents of the first aid boxes will be affixed to the inside of the lid of the boxes.

(Ministry of Railway's letter No.69/H/2/6 dt. 16/8/1971, No.71/H/2/11 dt. 18/12/1971, No. 69/H/2/6 dt. 10/01/1977 and No.79/H/7/10 dt. 11/09/1979 and 08/11/1979)

706. Custody, replenishment and inspection of the accident relief medical equipment:-

(1) The medical officer in charge of the section is responsible for ensuring that the contents of the accident relief medical equipment Scale 'I' and Scale 'II' are as prescribed and are in good order. After use, the equipment should be inspected by the medical officer in charge of the section and replenishment of all the consumed articles arranged immediately.

(2) Where Scale 'II' equipment is stored in the station building, the station master is responsible for the safe custody of the boxes. Whenever this equipment is sent to the site of accident and the contents used by Railway / non Railway doctor, the responsibility for returning the unused equipment back to the station from where it was taken rests with the station master of the station where the equipment was sent, and the Railway doctor in whose jurisdiction the equipment is located will, on return of the equipment, check the same and arrange immediately for necessary replenishment of the articles used.

(3) As regards to First aid boxes, in all big Railway stations, the contents should be replaced and refilled from the Station superintendent. These boxes should not be sent to the Health units /Hospitals for refilling. In small stations, these may be sent to the Health Units for refilling.

(Rly Bd.'s letter No 87/H/7/12 dated 15/09/89)

(4) The medical officer in charge of the section should inspect all accident relief medical equipment in his section and submit periodical inspection reports to his immediate superiors.

(5) A complete stock taking of all equipment in the A.R.M.E should be done every year. A certificate to the effect that this has been done and that the equipment are according to the scales laid down should be submitted by the medical officer in charge of the section so as to reach the Medical Officer in charge of
Division by the end of November and to the Chief Medical Director by the end of December. To enable this
to be checked, the date of replacement should be clearly shown on the packages so replaced.

6) A.R.M.E Scale 'I' and auxiliary van must be inspected monthly by the following officials
(preferably jointly):

(a) Medical officer
(b) Station master/Dy.Station superintendent/Station Manager.
(c) Junior Engineer (Telecommunication).
(d) Junior Engineer (Train Examining), and
(e) Electrical official in charge.

7) The train examiner must personally ensure that the coaches are in good working order on the
mechanical side and then certify their fitness. The electrical official must personally examine and similarly
ensure and certify that the electrical portion of the auxiliary coaches and the electrical equipment in the main
coach are in good working order.

8) The A.D.M.O/D.M.O/Sr.DMO must check the medical equipment and shall be responsible for the
immediate replacement of articles found unserviceable or deficient.

9) The train-examining official should ensure that the water tanks are drained and refilled with fresh
water once in a month.

10) The telecommunication official must thoroughly test the portable telephone to ensure that this is in
working order and that the wire diagram is up to date. He must also check the public address equipment
wherever provided.

11) After each monthly inspection, a report should be submitted by the medical officer in charge to the
C.M.S./M.S. in charge of the division stating that joint inspection has been carried out and bring to the
notice of C.M.S/M.S any defects noticed that require remedial action. He will also bring to the notice of
C.M.S/M.S in charge if the vehicle has not been inspected by any of the official mentioned above to enable
the Medical Officer in charge to take action at the divisional level.

12) Scale II equipment will be inspected by the ADMO/DMO/SR.DMO and the stationmaster once in
a month.

13) The C.M.S/M.S must inspect the A.R.M.E scale I once in six months and scale II once in a year
and take such action as found necessary to see the equipment is up to the standard and in good working
order. It is desirable that the inspection of scale I equipment is done jointly with Sr. DME, Sr. DEE and Sr.
DSTE During the inspection, complete stock verification should be done.

14) In addition to the monthly inspection, to ensure that all bearings etc., are in good condition, the
train examining official must arrange for the coaches to be taken out on a trial run once in a quarter to the
nearest junction where they may be detached and brought back. This must be arranged by the J.E/train
examination and the Station Master, in conjunction with the control and in consultation with the medical
officer in charge, so that all concerned are aware of the position of the vehicle. The date of such trial runs
and results thereof should be entered in the inspection book. To ensure that all staff required to attend in
case of accidents are alert and are conversant with what they are expected to do at the time of accident,
accident drill should be conducted once every three months, if there is no real accident within that quarter.

15) Other medical and executive officers would also make surprise checks of all accident relief
medical equipment including the first aid boxes in running trains. Endorsement of inspection of first aid
boxes should be given in the notebook provided in those boxes. After inspection, all seals broken by the
inspecting officer would be replaced.

16) A notice board should be displayed outside the office where the first aid box is kept, showing that
there is a first aid post with Red Cross markings for information of staff and travelling public.

Note:-(i) Staff should be properly trained and conversant with the methods of putting up shelters.
(ii) Items of accident relief medical equipment that are expended during the accident should be recouped immediately.

(iii) Surgical instruments that are not made of stainless steel should be kept smeared lightly with Vaseline. Once a year Vaseline should be wiped off, the instrument cleaned with rag soaked in kerosene and fresh Vaseline applied.

(iv) There are many items, which are to be kept in sterile drums so that they will be available ready for immediate use. The Medical officer in charge of the division can decide the number of drums required. The drums should be of uniform size of 23-cm diameter and 23 cm height so that they can be sterilised in the single drum autoclaves normally available at almost all health units. These items should be re-sterilised every month and the date of last sterilisation indicated.

(v) All perishable items as well as injectibles and medicines should be replaced every year, sometime during September/October, i.e., when the monsoons are over. Items like adrenaline and glucose should be replaced even earlier if they show signs of deterioration, like brown discolouration or deposits in injections of adrenaline and fungus growth, hazziness or deposits in bottles and ampoules of glucose solution.

(vi) Bottles containing spirituous preparations like surgical spirit, tincture iodine, etc., should be sealed with candle wax to make them airtight.

(vii) Plasma, A.T.S., Tetanus toxoid, Anti gas gangrene serum, etc. and any other equipment as well as additional quantities of equipment like blankets, stretchers, dressing materials etc., which are likely to be needed at the site of accident may be taken from the hospital and health units, in addition to the standard Accident Relief Medical Equipment.

(viii) Stretchers should be opened out and canvas tested by standing on it for deterioration once in three months. Blankets should be taken out of their boxes and examined once in six months. Umbrellas to be regularly tested by opening them.

(ix) Insecticides and/or moth repellents like naphthalene balls, di-chloro benzene etc., should be used to prevent damage to blankets, etc.

(x) Petromax lanterns and Primus stoves should be lit and tested once a quarter.

(xi) Rubber goods should be powdered with french chalk. Hot water bags and ice caps should be kept lightly inflated. All rubber goods should be replaced from fresh hospital stock once a year, including rubber tourniquets when required.

(xii) Transfusion fluids in A.R.M.E should be kept in disposable polythene containers.

(xiii) Torch cells should normally be kept outside the torch. The plastic cover on torch cells should be removed. These should be replaced once in six months or earlier if they show signs of deterioration. The torches should be tested at each inspection. All medical officers have full powers for replacement of any items that become due or any deficiencies that occur on attending an accident.

(xiv) Articles of medical comfort such as tea, coffee, milk powder and sugar, etc., should be replaced once a year or earlier if they show signs of deterioration in stock.

(xv) All items of equipment which are periodically replaced may be consumed in Railway hospitals and health units if otherwise fit for consumption.

(xvi) All other items that are found to have deteriorated or become unserviceable on each inspection should be replaced.

(xvii) Availability of vials for collection of blood samples for alcohol content should be ensured.

(xviii) O₂ cylinder should be tested regularly for availability of oxygen.
(xix) ARME should be regularly cleaned and all electrical connections should be on and only the mains should be ‘off’

(xx) The ward of the ARME should have a door opening towards the track.

(Para 1429 of Indian Railway Establishment Manual and Ministry of Railway's letters No.1/M & H/13/75 dt.. 2nd and 3rd November.1961, No.69/H/2/6 of 16/8/1971 and No.77/H/9 dt. 30/06/1977 and Bd.'s letter No. 87/H/7/12 dated 2.8.95)

707. Maintenance of list of medical institutions and private practitioners etc., of the neighbourhood:-

1) Station masters/Dy.SS should maintain a list of all Railway and non railway medical institutions, private practitioners and first-aiders available in the neighborhood in the proforma as given in Annexure VIII -XI to this chapter. These lists should be exhibited in a conspicuous place in the office of the stationmaster at each station and also paste them in ARMEs for the guidance of all concerned. The stationmaster should make certain that these lists are kept up-to-date. The medical officer in charge of the section should periodically inspect the same to see that these are properly maintained and kept up to date.

2) The medical officer in charge of the section should also maintain the list as given in Annexure X and XI to this chapter. These lists should be hung in a conspicuous place in his office/consulting room and kept up-to-date.

3) All medical officers should make themselves acquainted beforehand with the capacity of the facilities available at all non-railway hospitals and dispensaries in their jurisdiction and try to establish personal relationship with the officials concerned.

4) Formalities if any, to be observed before a person could be admitted in a non-railway medical institution for treatment, should also be completed with the concerned authorities beforehand and not kept pending till an accident actually takes place.

(MOR's letter No.MH59/MES/19/medical dt. 31/01/1959 and No. MH 59/MES/96/Medical dt. 25/09/1959and A.C slip no 7 of 2002 Bd’s no 2002/H/23/4 dt 31-12-2002)

708. Display of detailed road maps:-

In case where the site of accident is approachable by road, medical aid may be rushed more quickly and more conveniently by road than by train. A detailed road map for each division should therefore be obtained and kept framed in all Railway control offices. Copies of these should also be available in all Railway hospitals, so that in case of need road ambulance vans can be rushed to the site directly from the Railway hospitals. The road ambulance vans should be kept in proper working condition so that they are fit to undertake long journeys.

(MOR's letter No.64/H/2/1 dt. 13/01/1964)

709. Classification of Injuries:-

1) For the purpose of these rules, a Railway employee or a passenger or a trespasser shall be considered to be 'injured' only when he/she is incapacitated from following customary vocation for more than forty eight hours. Such injuries are classified as under -

   (i) 'Serious' (include 'grievous' injuries as defined below)
   (ii) 'Minor' or 'Simple', but excluding 'trivial' injuries such as abrasions or bruises.

2) The following are considered to be grievous injuries( as per section 320 of the Indian Penal Code) -

   (a) Emasculation.
   (b) Permanent privation of the sight of either eye.
   (c) Permanent privation of the hearing of either ear.
(d) Privation of any member or joint.
(e) Destruction or permanent impairment of powers of any member or joint.
(f) Permanent disfigurement of head or face.
(g) Fracture or dislocation of a bone or tooth.
(h) Any hurt which endangers life, or which causes the sufferer to be, during the space of twenty days, in severe bodily pain or unable to follow his ordinary pursuits.

(3) Injuries other than those defined above are considered to be minor or simple injuries.

(4) Apart from the 'injured' cases as above, there may be cases where a passenger or trespasser receives only petty abrasions or bruises. These are of trivial nature and technically speaking should not be taken as 'injured' persons.

Note: Change of classification of injuries may be necessary in the light of x-rays and other detailed findings after admission. Advice with regard to change of classification of injuries should be furnished to the Chief Medical Director as early as possible.


710. Duties of the staff at the time of an accident:-

(1) The most suitable responsible Railway official on whom is to devolve the responsibility of summoning the nearest available medical aid according to the urgency of the case is the Station Master. When the Station Master on duty receives information that there has been a serious accident in his jurisdiction and the services of the medical department are necessary, he should immediately take action to send the accident relief medical equipment to the site of accident by the first available means of transport. If the equipment is being sent by the relief train, and the medical officer does not arrive before the train is ready to start, the equipment should be sent with the train in charge of a responsible person, preferably one holding a first aid certificate. This medical equipment will be placed at the disposal of any available medical man on the spot.

(2) The medical officers will keep themselves in readiness for such an emergency. Immediately on receiving notice that a serious accident has occurred for which the services of the medical department are required, the medical officer in charge of the section himself, if time permits, or a responsible official deputed by him, will take the following steps:-

(i) Notify his superiors.
(ii) Notify the Matron/Sister on duty (where there is a hospital and nursing staff).
(iii) Ask all concerned authorities to co-operate with the medical department and to allow first aid men belonging to their departments to render first aid and assist in the transport of the injured from the point of accident to the non-railway /Railway hospital.
(iv) Call for assistance from the neighbouring divisions and neighbouring Railway also, if the nature and the magnitude of the accident warrant it.
(v) Inform the local non-railway hospitals about the occurrence of the accident so that they should remain in readiness to receive and treat the injured.
(vi) Instruct the nearest St. John Ambulance Brigade to send with equipment as many Brigade personnel as possible.
(vii) Detail one medical officer if he can be spared or a senior dispenser to remain on duty for seeing that all arrangements are made at the hospital at the receiving end for the reception of the injured, that transport is in readiness, that all first aid men available are informed of the accident, etc.
(viii) Proceed to the site of the accident by the first available means of transport, along with the necessary staff and medical equipment.

(ix) Advice any medical personnel *en route* to accompany him.

Note:-(a) If the medical officer in charge of the section is not available at the time of receipt of the information of the accident, the official next in charge should take the initiative and proceed to the site of the accident with all the available equipment and the staff at his disposal and by the first available means of transport.

(b) In an accident case, the question of jurisdiction does not arise. It is the duty of every Railway doctor to respond to the call, whenever required, irrespective of the jurisdiction.

(c) In large stations, where there are number of doctors, details of duties to be carried out by each in case of an accident may be laid down.

(para 1416 and 1417 of Indian Railway Establishment Manual)

### 711. Medical aid at the site of accident:-

(1) In major Railway accidents where the number of casualties is expected to be large, it may be worthwhile to establish one or more temporary field dressing stations at the site of accident, in bivouac shelters as per the sketch given below for guidance:

A: Minor Casualties  B: Cases of Shock  C: Cases of Grievous Injuries  D: Death

(2) When the accident has occurred near a station, the medical officer in charge may also make use of any building belonging to Railway which might be suitable for setting up of temporary field dressing station, for example, refreshment room or waiting room.

(3) The temporary field dressing station should consist of the following posts:-
(a) Reception post,
(b) First aid post,
(c) Fuel, lighting, water, and refreshment post,
(d) Resuscitation post,
(e) Surgical post,
(f) Comfort and dispatch post,
(g) Mortuary,
(h) Latrines.

(4) The Railway doctor in charge should detail the staff available to take over the necessary equipment from the accident relief medical vehicle and the boxes etc., give instructions to open them and keep everything in readiness to receive and deal with the casualties.

(5) The work of different posts should be regulated as follows:-

(a) Reception post:- All the casualties including the dead should be brought to this post directly from the site of accident for sorting and dispatch to other posts. Minor casualties should be directed to the first aid post and after necessary first aid treatment should be sent directly to the comfort and dispatch post for disposal. Serious casualties should be directed to the resuscitation post and/or surgical post, as the case may be, for treatment. The dead, after examination should be sent to the Mortuary. It is advisable that such cases be examined again after ten minutes before finally coming to the conclusion of their being dead or not.

(b) First aid post:- Here all minor casualties should be rendered first aid and then sent directly to the despatch post for disposal.

(c) Fuel, lighting water and refreshment post:- Here all necessary arrangements should be made for providing light and supply of boiling water and refreshments, etc., for the use of other posts.

(d) Resuscitation post:- The casualties are treated here. The post must be as quiet and sheltered as possible. Relief of pain and distress, correction of dehydration, restoration of blood volume and administration of oxygen etc., may be carried out where necessary.

(e) Surgical post:- Casualties requiring urgent surgical aid must be given treatment at this post and then taken to the despatch post. No elaborate surgical treatment should be undertaken, but spot amputation of crushed and hanging limbs may be done.

(f) Comfort and despatch post:- Casualties should be provided necessary comfort in the form of rest and refreshment while awaiting despatch. Here the patient's name, address and ticket/pass No. etc., should also be noted. If the patient wishes to proceed home or to his destination, he should be allowed to do so, after taking down the particulars about him. Serious casualties should be transported to the nearest hospitals without delay by the first available means of transport.

(g) Mortuary:- All dead, after examination and confirmation, should be brought to Mortuary covered with shrouds, and handed over to police for identification and disposal.

(h) Latrines:- At least two latrines- one for male and one for female- should be provided at convenient and accessible sites. Necessary number of sweepers and bhisties may be obtained from the nearest Health Inspector.

(6) All the injured persons should be dealt with in a systematic manner. Elaborate surgical methods need not be undertaken on the spot. The aim should be to provide first aid with the least possible delay, and special attention should be paid to the treatment of shock, arrest of haemorrhage, splinting of fractures etc., where necessary. Arrangements should thereafter be made to evacuate the seriously injured to the nearest hospital as expeditiously as possible. To the extent found feasible, evacuation of such cases to a hospital should be in the direction that the injured person was proceeding.
The injured persons other than Railway beneficiaries should be shifted, as far as possible, to the nearest non-railway hospital except in the following circumstances:

(i) Non availability of non-railway hospital.
(ii) Want of accommodation in the non-railway hospital.
(iii) Unsuitability of non-Railway hospital to render first aid.
(iv) Difficulty of transport.
(v) Serious condition of the patient.
(vi) In other circumstances considered justifiable by the attending medical officer.

The injured persons other than Railway beneficiaries, when admitted in a Railway hospital should be transferred to non-railway hospital as and when their condition permits.

During evacuation of the injured persons to a hospital by train, stretcher/lying case should preferably be accommodated in medical vehicles and suitable alternate accommodation in the train may be utilised for the others.

An attendant, male or female as needed, should travel in each compartment and a sweeper with a bedpan and a urinal should be available.

Medical assistance enroute from other Railway hospitals/health units should be arranged.

A ticket giving particulars, as far as possible, of name, father's/husband's name, address, ticket/pass No. and brief notes of injuries and first aid rendered, should be tied round the neck of all serious cases evacuated to hospitals. The hospitals to which the injured are being evacuated should be advised by quickest means regarding number and sex of the injured that are being sent to them.

The Chief Medical Director must be informed immediately of any serious accident, which has involved loss of life or injury to persons. The list of the injured with a description of their major injuries must be issued with the least possible delay. The Chief Medical Director should be kept informed of the exact position regarding the names and number of persons injured or dead, nature of casualties and the time of evacuation of the injured persons to hospital. If the cases admitted are in a hospital in the section, a daily report must be sent of their progress in the first week, and at such intervals as asked for subsequently.

The senior doctor in charge should be the last person to leave the site of accident after ascertaining that no case has been missed. He should arrange to get particulars of all the injured cases including those attended by non-railway doctors and the names and addresses of such doctors for settling claims, if any, and for issuing letters of appreciation by the Chief Medical Director or the General Manager later.

At stations where Railway hospital is provided, the senior doctor left behind would make the following arrangements:-

(i) He should get as many beds emptied in the male, female, and children's wards as possible by discharging non-serious cases.

(ii) Adequate arrangements for blood transfusion should be made, operation theatre should be kept ready, and ambulance should be despatched to the station to bring the casualties.

(iii) Ambulances should be requisitioned from the Municipalities, Red Cross centres, and civil and military hospitals where necessary.

(iv) All local hospitals, whether civil or military, should be advised to be prepared to receive casualties, giving them an approximate idea of the number of such casualties they should expect.

In order that these instructions are carried out correctly and expeditiously, it is essential that every member of the Medical staff should be conversant with his duties and should know the contents and use of various types of medical equipment to be handled by them at the time of accident. When a permanent Railway employee proceeds on transfer or leave, the attention of the relieving employee should be drawn by
the relieved employee to these instructions and to his individual duties. All hospital staff should be conversant with the erection of bivouac shelters.

(17) The doctor in charge should arrange periodical rehearsals to ensure that the staff concerned are able to carry out the above instructions.

(18) Railway Medical Officers providing medical aid at the site of accident should use doctor’s aprons with arm Red Cross badges of minimum 6 " wide. All other personnel rendering medical aid at the accident site should wear arm badges.

(paras 1418 to 1426 of the Indian Railway Establishment Manual and Bd.’s letter No 82/H/7/3 dt. 05/06/82, B6/safety-I/24/47 dt.15.3.89 and dt 08-06-1989)

Note:– If an accident has occurred elsewhere and the injured are given attention in transit enroute, their full particulars without disturbing the dressing should be noted and sent to the medical officer in charge of the section.

712. Referring of the injured persons to private hospitals:-

(1) It will be the duty of the train or station staff to render first aid to a person injured within the Railway premises immediately. If necessary, arrangements should be made to summon medical aid from other Railway or non-railway sources.

(2) In the following special cases, the injured person may be taken to a private hospital:-

(a) When there is no railway or non-railway hospital available within a radius of, say eight kilometres of the site of accident, or

(b) When the attending doctor certifies, in writing, in the prescribed proforma as given in Annexure XII to this chapter, that the treatment in private hospital is necessary in the interest of the patient.

(3) Where a private hospital, to which an injured person is taken in terms of (a) and (b) above has different scales of charges for different kinds of accommodation/diet, he should normally be limited to the lowest class of accommodation/diet available. It will be left to the discretion of the doctor in charge, depending on the severity of the injury, to admit the injured person to a higher class of accommodation/diet, if it is considered essential for the recovery, or for prevention of serious deterioration of the condition of the injured person.

(4) Where the aforesaid conditions are not satisfied but the injured person, or any adult member of his family who happens to be along with him, desires him to be provided with a higher class of accommodation/diet, there would be no objection to this being done, provided the injured person or the adult member of the family agrees, in writing, to pay the extra cost involved directly to the hospital authorities.

(5) For this purpose, each of the Railway administrations should come with a working arrangement with such private hospitals as may be necessary in the areas served by them so that in an emergency, injury cases can be referred without loss of time to the hospitals concerned. To facilitate matters and to avoid misunderstandings, the Chief Medical Director should draw up a list of such private hospitals, bearing in mind the Railway or non-Railway hospitals in existence in the vicinity. The Chief Medical Director should also settle the charges to be paid to the hospitals for such cases for each class of accommodation/diet etc.

(6) The bills by such private hospitals should be submitted through the Chief Medical Director who will certify the correctness of the charges payable, before passing for payment by the FA&CAO. Payments to private hospitals under this para can be arranged locally by the Railways and the Ministry of Railways approval is not necessary.

(Para 1421 of Indian Railway Establishment Manual and M.O.R's letter No.MH 59/MES/96/ Medical dt. 18/12/1959)
713. Recording of information:-

(1) As on these occasions, the medical staff are fully engaged in dealing with the casualty cases, a responsible official should be detailed by the Divisional Railway Manager to take notes, regarding details of the injured as mentioned and as dictated by the doctor.

(i) Name.
(ii) Full address.
(iii) Ticket/Pass No. with full particulars of journey.
(iv) Two marks of identification.
(v) Details of injuries.
(vi) existing deformities and old scars.

(2) Only rough notes are to be recorded at the site of accident, based on which detailed reports are to be made out later as laid down in para 714.

Note:- The official detailed by the D.R.M. will also make arrangements for refreshments and food, and to collect names and addresses of relatives of the injured passengers to be informed.

(3) The attending doctor should also make a note in respect of following, as the information may be useful at an official inquiry:-

(i) Time and mode of receipt of first information of accident.
(ii) Time of occurrence of the accident.
(iii) Time of his departure from his station for the site of accident.
(iv) Transport used.
(v) Details of the staff who accompanied, and medical equipment taken or ordered to be despatched to the site of accident.
(vi) Time of his arrival at the site of accident.
(vii) Copies of all messages, including telephonic and telegraphic messages to his immediate superior or any other person.

Note:- No statement with regard to number or nature of casualties should be given to members of public or press till all casualties have been reconciled and after ensuring that not a single case has escaped attention. These reconciled and final figures should only be given to press or general public by the senior most Railway official on the spot, viz., Divisional Railway Manager, Chief Medical Superintendent or other divisional officers as the case may be.

714. Submission of reports:-

(1) On return to head quarters, a detailed report should be made out based on rough notes recorded vide para 713, which should give the name and addresses of all persons injured, with details of injuries, and should state how each case has been disposed off. The detailed report should also give particulars of the cases attended by the non-railway doctors and the name and addresses of such doctors. The report should be submitted to the Chief Medical Director along with the injury reports on accident block forms for passengers and railway employees separately.

(2) These notes should be kept confidential as these form important documents for assessing compensation. (Para 1427 of Indian Railway Establishment Manual)

715. Issue of complimentary passes to the next of kin:-
Complimentary passes may be issued to the next of kin of the victims of accident from any station in India to the site of accident and back to the destination, as well as to surviving victims, who are discharged from the hospitals, to their destinations, provided that:-

(i) the issue of such passes should be centralised in the General Manager's office and should have the personal approval of the General Manger,

(ii) the class of pass for the surviving victims should be the same as they were travelling, or higher if recommended by the attending doctor,

(iii) the class of pass for the relatives should be determined according to their status,

(iv) such passes should be issued to not more than two relatives of the injured or the deceased persons and,

(v) no break journeys are allowed.

(M.O.R's letter No. E (G) 58-5-6/1 dt. 23/25/08/1958)

716. Earmarking of alternate motor vehicles to ambulance cars:-

Wherever an ambulance car is available, an alternate road vehicle of Railways may also be earmarked for use in case of contingencies of ambulance van not being able to proceed to the site of accident. When neither such ambulance nor a Railway vehicle is available, the attending doctor may also hire any other vehicle for the transport of casualties as well as doctors, para medical staff and accident relief medical equipment. The details in regard to payment in such cases may be settled by the General Managers in consultation with their Financial Advisors & Chief Accounts Officers.

(Ministry of Railway's letter No.77/H/7/19 dt. 17/01/1978 and No.80/H/7/2 dt. 14/08/1980)
## ANNEXURE I

### CONTENTS OF ARME SCALE I

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Items</th>
<th>Qty</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.V.</td>
<td>Fluids in disposable plastic transfusion bottles</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) 5% Glucose</td>
<td>5 Nos.</td>
<td>in built-in cabinet or shelves, marked &quot;syringes&quot;</td>
</tr>
<tr>
<td></td>
<td>b) Normal saline</td>
<td>5 Nos.</td>
<td>Injections and medicines</td>
</tr>
<tr>
<td></td>
<td>c) Plasma expander like low molecular dextran</td>
<td>5 Nos.</td>
<td></td>
</tr>
<tr>
<td>2.(a)</td>
<td>Disposable sterile infusion sets</td>
<td>12 Nos.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) Venflow</td>
<td>5 Nos</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Sterile disposable syringes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) 2 ml</td>
<td>20 Nos.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) 5 ml</td>
<td>10 Nos</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) 10 ml</td>
<td>10 Nos</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) 20 ml</td>
<td>10 Nos</td>
<td></td>
</tr>
<tr>
<td></td>
<td>disposable needles</td>
<td>50 Nos</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Inj Pentazocine</td>
<td>50 amps</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Inj Atropine sulphate .65mg or .6 mg</td>
<td>10 amps</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Inj Diclofenac sodium 3 ml</td>
<td>50 amps</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Inj Adrenaline 1: 1000 strength amps</td>
<td>5 amps</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Inj Buprenorphine</td>
<td>10 Nos</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Inj Lignocaine hydrochloride without adrenaline 2% vial of 50 ml</td>
<td>5 vials</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Inj Ampicillin 250 mg/vial</td>
<td>20 vials</td>
<td></td>
</tr>
<tr>
<td>10(a)</td>
<td>Amoxycillin</td>
<td>100 cap. In strips</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Inj Dopamine 5 ml</td>
<td>10 amps</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Inj Dexamethasone each vial containing 4 mg</td>
<td>10 vials</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Inj Diazepam 10 mg</td>
<td>10 amps</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Inj Pheneramine maleate</td>
<td>6 amps</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Inj Ranitidine</td>
<td>6 amps</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Inj Deriphylline</td>
<td>6 amps</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Nifedipine liquid capsule for sublingual use</td>
<td>6 caps</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Inj Paracetamol 2 ml I.M.</td>
<td>6 amps</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Inj Dicyclomine Hcl 2ml I.M.</td>
<td>6 amps</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Inj Metoclopramide</td>
<td>10 amps</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Inj Lasix</td>
<td>12 amps</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Surgical spirit 350 ml in wax stoppered bottle</td>
<td>2 bottles</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Solution of Iodine 2% 120 ml in stoppered bottle/Povidone Iodine solution</td>
<td>2 Bottles</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Chloroxylenol or similar antiseptic 120 ml</td>
<td>2 bottles</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Sterile paraffin tulle 10cmx10 cm or equivalent in tins of 24 pieces</td>
<td>5 tins/packets</td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Lignocaine jelly in tube</td>
<td>1 Nos</td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Redistilled water for inj 10 ml vials</td>
<td>10 vials</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Paracetamol tablets 0.5 Gm in strip</td>
<td>100 tab</td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Tab Diazepam 5 mg</td>
<td>50 tab in strips</td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Tab Pheneramine maleate</td>
<td>50 in strips</td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Oral rehydration powder</td>
<td>12 pts</td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Tab Diclofenac sodium</td>
<td>100 tab in strips</td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Tab Prochlorperazine 5 mg</td>
<td>50 in strips</td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Tab Dicyclomine Hcl</td>
<td>50 in strips</td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Tab Metronidazole + Furazolidine</td>
<td>100 tab in strips</td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Tab Antacids</td>
<td>100 in strips</td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>Tab Salbutamol 4 mg</td>
<td>50 in strips</td>
<td></td>
</tr>
</tbody>
</table>
38. Tab Metoclopramide hydrochloride 30 in strips
39. Coronary vasodilator sublingual (sorbitrate 10 mg) 50 in strips
40. Nasal drops 3 vials
41. Tinidazole (300 mg) 100 in strips
42. Chloramphenicol eye applicaps in bottles of 25 2 Nos
43. Anti infective or antiseptic insufflation powder 10 gms container 5 Nos
44. Surgeon's instruments and ligature in a case containing the following: Operation theatre room
-----------------------------------------
   a) Liston's Amputation knife 1 No cabinet or shelf
   b) Board Parker scalpel handle size no. 4 2 Nos marked instruments
   c) B.P. Blade for above 1 Packet and appliances
   d) Amputation saw 1 No
   e) Probe sinus 20 cm 1 No
   f) Director butterfly wing 1 No
   g) Forceps bone 18 cm 1 No
   h) Needle holder universal 2 Nos
   i) Scissors blunt pointed 12 cm S.S 1 No
   j) Scissors sharp pointed 15 cms S.S 1 No
   k) Artery forceps spencer wells 12 cm S.S. 10 Nos
   l) Razor safety with packet of 5 blades in case 1 No
   m) Catheter male G.S. size 8 & 12 1 each
   n) Tourniquet Esmarch (I.R. Bandage) 2 Nos
   o) Suture needles cutting curved and straight assorted size in vulcanite case 5 each
   p) Ligature catgut chromic with straight needles of 50 mm and curved needles of 40 mm attached in sealed tubes 5 each
   q) Ligature nylon medium 50 strands
   r) Ligature catgut plain in sealed tube with needles size 0 & 1 6 each
45. Forceps tongue S.S 1 No
46. Mouth Gag adult and child size 1 No each
47. Airways plastic or rubber child and adult size 2 each
48. Sponge holder 20 cm long S.S 4 Nos
49. Scissors surgical 12 cm blunt and sharp pointed S.S 3 Nos
50. Forceps dissecting 12 cm toothed S.S 1 No
51. Forceps dissecting 12 cm non toothed S.S 1 No
52. Forceps dressing 12 cm S.S 3 Nos
53. Forceps cheatle S.S 2 Nos
54. Corneal loupe 1 No
55. Tracheostomy set in a case labelled 'sterile', consisting of tracheostomy tube with tapes, one scalpel with blade, one sharp hook, two artery forceps, mosquito silk suture, one blunt hook and double hook retractor, sterile gauze.
56. Labelled cut-open set sterilized in case consisting of: 1 B.P scalpel with blade No 4, 2 Nos mosquito artery forceps, one fine dissecting forceps, one I.V. Cannula, silk thread, one needle connected polythene tube gauze.
57. Eye lid retractor 1 No
58. Eye spud S.S 1 No
59. Eye fixation forceps S.S 1 No
60. Rubber catheter sizes 4,6 & 8 1 No each
<table>
<thead>
<tr>
<th>Item Description</th>
<th>Quantity</th>
<th>Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foley's catheter universal size</td>
<td>2 Nos</td>
<td></td>
</tr>
<tr>
<td>Tourniquet Esmarch's(I.R. bandages and card in tin case)</td>
<td>2 Nos</td>
<td></td>
</tr>
<tr>
<td>Stethoscope binaural</td>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td>Sphygmomanometer</td>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td>Scissors Mayo 7&quot; straight</td>
<td>1 No</td>
<td></td>
</tr>
<tr>
<td>Bowls lotion 25 cm, 20 cm, 16 cm, diameter E.I.</td>
<td>2 Nos each</td>
<td></td>
</tr>
<tr>
<td>Trays instrument and dressing with cover</td>
<td>1 No each</td>
<td></td>
</tr>
<tr>
<td>30 x 25 cm, 25 x 20 cm, 25 x 15 cm all S.S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tray kidney size 25 cm and 20 cm,</td>
<td>2 Nos each</td>
<td></td>
</tr>
<tr>
<td>Brush nail</td>
<td>5 Nos</td>
<td></td>
</tr>
<tr>
<td>Apron operation plastic</td>
<td>5 Nos</td>
<td></td>
</tr>
<tr>
<td>Apron operation, longcloth to be kept in sterile drums</td>
<td>5 Nos</td>
<td></td>
</tr>
<tr>
<td>O.T. Slippers size 7,8</td>
<td>2 Nos each</td>
<td></td>
</tr>
<tr>
<td>Face mask disposable</td>
<td>10 Nos</td>
<td></td>
</tr>
<tr>
<td>Head cap disposable(surgeon)</td>
<td>10 Nos</td>
<td></td>
</tr>
<tr>
<td>Towels operation surgical 100 x 60 cm in sterile drums</td>
<td>20 Nos</td>
<td></td>
</tr>
<tr>
<td>Gloves surgical size 6-1/2&quot;, 7&quot;, 7-1/2&quot; sterile disposable assorted size</td>
<td>10 Nos</td>
<td></td>
</tr>
<tr>
<td>Coats surgeons</td>
<td>5 Nos</td>
<td></td>
</tr>
<tr>
<td>Towels hands surgeons (in Polythene bag)</td>
<td>10 bags</td>
<td></td>
</tr>
<tr>
<td>Soap toilet in case- cakes</td>
<td>5 Nos</td>
<td></td>
</tr>
<tr>
<td>Stopper loosener</td>
<td>1 No</td>
<td></td>
</tr>
<tr>
<td>Operation table tubular steel with sponge rubber mattress</td>
<td>1 No</td>
<td>in operation theatre room</td>
</tr>
<tr>
<td>Shadowless lamps 30 cm dia or angle poise and fixed on side panel</td>
<td>1 No</td>
<td></td>
</tr>
<tr>
<td>Trolley anesthetic without castor with stand for oxygen cylinder</td>
<td>1 No</td>
<td></td>
</tr>
<tr>
<td>Oxygen cylinder 1320 Ltr. capacity with key</td>
<td>1 No</td>
<td></td>
</tr>
<tr>
<td>Inj ketamine hydrochloride</td>
<td>5 Amps</td>
<td></td>
</tr>
<tr>
<td>Mask Oxygen, polythene(big and small)</td>
<td>1 No each</td>
<td></td>
</tr>
<tr>
<td>Portable resuscitation kit in a bag</td>
<td>1 No</td>
<td></td>
</tr>
<tr>
<td>containing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Automatic resuscitator with provision for positive pressure ventilation, inspiratory, expiratory flow adjustments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Manual resuscitator (Ambu's Bag)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Oxygen cylinder (small) ventimask with tubes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Suction (manual and automatic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Intubation set with laryngoscope, endotracheal tubes of all sizes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Stethoscope, sphygmomanometer, Hammer, Spatula, torch, thermometer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) I.V. Rod in two (folded) disposable IV set, adhesive plasters, sterilised gauge, bandage scissors, dissecting &amp; tissue forceps, heamostatic forceps, needle holder, disposable syringe &amp; needle, splint.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revolving stool</td>
<td>2 Nos</td>
<td></td>
</tr>
<tr>
<td>Trolley instrument without castors &amp; with castor and glass top</td>
<td>1 No each</td>
<td></td>
</tr>
<tr>
<td>Steriliser instrument portable with two burner spirit stove sizes 30 x 20 x 15 cm and 20 x 10 x 10 cm</td>
<td>1 No</td>
<td></td>
</tr>
<tr>
<td>Gauge cut in assorted sizes and packed in</td>
<td>20 Mtrs</td>
<td>in cupboard or shelf</td>
</tr>
</tbody>
</table>
dressing drum 23 x 25 cms sterilised marked 'sterilisation' and dressing material

92. Wool cotton absorbent cut to size and sterilised in drum 23 x 25 cm 2 Kg "
93. Wool cotton absorbent packet of 500 Gms 10 pkts "
94. Bandage loose woven compressed 7.5 cm wide and 4.5 Mtr long 100 Nos "
95. Bandage loose woven compressed 10 cm wide and 4 Mtr long 100 Nos "
96. Bandage adhesive 7.5 cm wide in sealed tins 2 Nos "
97. Bandage triangular 130 x 90 x 90 cm (SJAB) 30 Nos "
98. Adhesive plaster 2.5 cm x 5 Mtr 3 Nos "
adhesive plaster 10 cm x 5 Mtr 3 Nos "
99. Scissors Mayo 7 " 1 No "
100. Mackintosh 1 Mtr size. 5 Nos "
101. Swab sticks in bundles of 25 wrapped in cloth bag and sterilised in drums 50 Nos "
102. Spirit methylated in wax stoppered bottles of 250 ml each. 4 Bottles "
103. Ready made plaster of Paris bandage 10 cm & 15 cms sizes in tins. 20 bandages of each size "
104. Corrugated rubber drain for operation. 1 sheet "
105. Pins safety assorted sizes in packets of 10. 4 sets "
106. Thomas splint adult & child size. 2 Nos store room in built cupboard cabinet or shelves marked 'splints' etc., primus stove, petromax, kerosene oil.

107. Splint arm & forearm wooden set of 6. 2 sets "
108. Splint thigh wooden list on set of 6. 3 sets "
109. Hammer 400 Gms. 1 No "
110. Chisel 2.5 cms wide. 1 No "
111. Saw 30 cm long. 1 No "
112. Clasp knife. 2 Nos "
113. Cork screw opener. 1 No "
114. Matches safety packet of one dozen boxes. 1 Pkt "
115. Torch Eveready 4 cell (compact hand carrying). 10 Nos "
116. Bulbs for torches (spare). 5 Nos "
117. Water bottle with drinking cup and strap 1 Ltr. 5 Nos "
118. Basin wash hand E.I. 35 cms dia. 5 Nos "
119. Buckets plastic 5 Ltr capacity. 5 Nos "
120. Jug water E.I. 2 Ltr capacity. 2 Nos "
121. Stove primus/LPG stove. 2 Nos "
122. Day carrier. 1 No "
123. Kerosene oil in 5 Ltr tin. 1 tin "
124. L.P.G. Petromax 1.5/2 Ltr. 5 Nos "
125. Note book with pencil. 5 Nos "
126. Memo pad with carbon paper. 5 Nos "
127. Book for noting injury particulars. 5 Nos "
identification etc.

128. Skin marking pencil. 2 Nos "
129. Ground sheet size 200 x 120 cm. 2 Nos "
130. Brassards arm with red cross. 50 Nos "
131. Haversack each containing the following: Store room in In-built
a) Roller bandages 10 Nos cupboard cabinet or shelves marked 'Haversacks'
b) Triangular bandages 2 Nos

c) Tab. Paracetamol 20 in strips
d) Sterile adhesive strip 40 Nos
<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dressing standard size</td>
<td>1 box</td>
</tr>
<tr>
<td>e) Antiseptic cream (25 Gm)</td>
<td>1 tube</td>
</tr>
<tr>
<td>f) Chloramphenicol eye applicaps</td>
<td>10</td>
</tr>
<tr>
<td>in plastic box</td>
<td></td>
</tr>
<tr>
<td>g) Torch (3 cell)</td>
<td>1</td>
</tr>
<tr>
<td>h) Arm brassard red cross</td>
<td>5 Nos</td>
</tr>
<tr>
<td>i) Memo pad with pencil</td>
<td>1</td>
</tr>
<tr>
<td>j) Tally cards 10 cm x 7 cm with eyelets &amp; tapes</td>
<td>12</td>
</tr>
<tr>
<td>k) Disposable sterilised syringes with needle 2 cc</td>
<td>2</td>
</tr>
<tr>
<td>l) Inj Diclofenac sodium</td>
<td>2 amps</td>
</tr>
<tr>
<td>m) Safety pins</td>
<td>10 Nos</td>
</tr>
<tr>
<td>n) Esmarch tourniquet</td>
<td>1 No</td>
</tr>
<tr>
<td>o) Wooden splint set of 6</td>
<td>1 set</td>
</tr>
<tr>
<td>p) Analgesic aerosol spray</td>
<td>1</td>
</tr>
<tr>
<td>q) Analgesic Antiseptic spray</td>
<td>1</td>
</tr>
<tr>
<td>132. Sterile adhesive strip dressing standard size</td>
<td>1 box</td>
</tr>
<tr>
<td>133. Cups feeding E.I. (200 ml)</td>
<td>5 Nos</td>
</tr>
<tr>
<td>134. Mug polythene 300 ml capacity</td>
<td>5 Nos</td>
</tr>
<tr>
<td>135. Hot water bags I.R. with cover &amp; ice cap</td>
<td>5 Nos</td>
</tr>
<tr>
<td>136. Spittoons</td>
<td>5 Nos</td>
</tr>
<tr>
<td>137. Bed sheets cotton white 2.1 x 1.5 Mtr</td>
<td>40 Nos</td>
</tr>
<tr>
<td>138. Pillow cotton 50 x 20 cms with 2 water proof</td>
<td>20 Nos</td>
</tr>
<tr>
<td>covers for each pillow</td>
<td></td>
</tr>
<tr>
<td>139. Sarees cotton white 5.5 Mtr</td>
<td>10 Nos</td>
</tr>
<tr>
<td>140. Lungis cotton white 2 Mtr each</td>
<td>20 Nos</td>
</tr>
<tr>
<td>141. Shirts open in front with half sleeves large size</td>
<td>20 Nos</td>
</tr>
<tr>
<td>142. Water proof sheeting 1 x 1 Mtr in pieces</td>
<td>20 Nos</td>
</tr>
<tr>
<td>143. Sand bags 30 cm x 15 cm</td>
<td>10 Nos</td>
</tr>
<tr>
<td>144. Hand punkhas</td>
<td>10 Nos</td>
</tr>
<tr>
<td>145. Shrouds long cloth 2.1 Mtr x 1.5 Mtr</td>
<td>40 Nos</td>
</tr>
<tr>
<td>146. Backrest wooden</td>
<td>1 No</td>
</tr>
<tr>
<td>147. Camps stool folding</td>
<td>2 Nos</td>
</tr>
<tr>
<td>148. Camps table folding</td>
<td>2 Nos</td>
</tr>
<tr>
<td>149. Blankets woolen/cotton according to climate</td>
<td>50 for B.G.</td>
</tr>
<tr>
<td>150. Bed pan E.I. slipper shaped</td>
<td>4 Nos</td>
</tr>
<tr>
<td>151. Urinal male E.I.</td>
<td>4 Nos</td>
</tr>
<tr>
<td>152. Urinal female E.I.</td>
<td>2 Nos</td>
</tr>
<tr>
<td>153. Milk powder 450 Gms or Milk condensed</td>
<td>2 Tins</td>
</tr>
<tr>
<td>154. Sugar in lever lid tin in 0.5 Kg /1 Kg poly pack</td>
<td>2 kgs</td>
</tr>
<tr>
<td>155. Tea in sealed tin of 500 Gms (250 Gms packs 2)</td>
<td>1 tin</td>
</tr>
<tr>
<td>156. Coffee (instant) 100 Gms in sealed tins</td>
<td>2 tins</td>
</tr>
<tr>
<td>157. Table spoons S.S.</td>
<td>5 Nos</td>
</tr>
<tr>
<td>158. Tea spoon S.S.</td>
<td>10 Nos</td>
</tr>
<tr>
<td>159. Tea pot</td>
<td>1 No</td>
</tr>
<tr>
<td>160. Tumbler polythene or disposable glass</td>
<td>40 Nos</td>
</tr>
</tbody>
</table>

Note: All items are as per hospital's requirements and may vary based on the specific needs of the hospital or ward.
161. Cork screw                                                  1 No    
162. Tin Opener                                                  1 No    
163. Bucket with flat cover polythene size 5 ltr                2 Nos   
164. Kettle aluminium size 3 ltr                                 1 No    
165. Degchi aluminium with cover 20,18,15 & 10 cms dia set of 4   1 set   
166. Sterile /mineral water                                     25 bottles   
167. Bucket G.I. 5 ltr capacity                                 2 Nos   
168. Polythene carbuoys with handle and stopper 18 Ltr capacity (for drinking water)  2 Nos   
169. Stretcher folding S.J.A. Pattern (aluminium) in box fitted to the under frame marked 'stretcher, umbrella, shelter etc' 10 Nos    
170. Umbrella hand                                              5 Nos   
171. Rain coat plastic with hood (like ladies raincoat)         5 Nos   
172. Gum boots standard and large                               2 Nos each   
173. Breath analyser                                             1 No    
174. Vials for collection of blood samples for testing alcohol content 5 Nos    
175. Dictaphone                                                  1 No    
176. Stair case steel                                            2 Nos   
177. Shelter as per specification given below: Shelter BIVOUAC 420 cm x 420 cm x 240 cm made of light single fly canvas with the fly extended to the ground on the two sides & open at the two ends. On both sides there should be hoods attached to the top to prevent rain beating in. Tents made of white & Blue fabric complete with bamboo poles without joints, iron pegs hammer and salits 1 No    
178. Under water seal                                            1 No.   
179. Foot operated Suction machine                              1 No.   

ANNEXURE II

PORTABLE MEDICAL KIT FOR ACCIDENTS (POMKA) TO BE TRANSPORTED BY ROAD/RAIL

1. One surgical dressing drum (size 10" dia x 5" ht) autoclaved, each containing one kg. of sterilised cotton, 5 meters of gauze (cut to different sizes) and 10 roller bandages (7.5 cm x 4 mtrs) and two towels.

   It should also contain one bag containing 6 artery forceps, 1 scalpel, sterile linen/silk suture; 1 tooth and 1 non toothed dissecting forceps, 2 scissors, 2 Spencer Well artery forceps, curved cutting needles No.2 with Universal needle holder.

   2. Catgut with needles : 2 packets
   4. Rubber tourniquet : 2 Nos.
   5. (a) Disposable sterile syringes 2 cc with needles : 10 Nos.
      (b) Disposable sterile syringes 5 cc with needles : 10 Nos.
   6. Methylated spirit/antiseptic lotion/povidone/iodine : 1 bottle of 250 cc
   7. Chloramphenicol applicaps : 10 in plastic container
   8. Tab paracetamol : 100 tab in strips
   9. Tab Diclofenac sodium : 30 tab in strips
   10. Tab Pheneramine maleate 25 mg (Avil) : 30 tab in strip
   11. Tab Prochlorperazine 5 mg (Stemetil) : 30 in strips
   12. Tab Dicyclomine HCl : 30 in strips
   13. Tab Metronidazole with Furoxoloxide : 30 tab in strips
   14. Tab Antacid : 30 in strips
   15. Tab Salbutamol 4 mg : 30 in strips
   16. Tab Diazepam 5 mg : 10 in strips
   17. Tab Metoclopramide : 10 in strips
   18. Coronary vasodilator sublingual (Tab Sorbitrate 10 mg) : 10 in strips
   19. Tab Buprenorphine (Tamagesic) : 12 tablets
   20. Antiseptic cream 25 Gms : 1 tube
   21. Antiseptic Ointment/Antiseptic lotion : 1 tube
   22. Nasal drops : 1 vial
   23. Oral rehydration powder : 4 packets
   24. Inj Pentazocine : 2 amps
   25. Inj Diclofenac sodium 3 ml amps : 10 amps
   26. Inj Pheneramine maleate : 5 amps
   27. Inj Diazepam 10 mg amps : 5 amps
   28. Inj Dopamine 5 ml amps : 5 amps
   29. Inj Dexamethasone 4 mg vial : 2 vials
   30. Inj Lignocaine (plain) 2% 50 ml vial : 1 vial
   31. Inj Ranitidine : 2 amps
   32. Inj Deriphylline : 2 amps
   33. Nifedipine liquid capsule for sublingual use (depin) : 2 capsules
   34. Inj Paracetamol 2ml i.m : 2 amps
   35. Inj Dicyclomine HCl 2ml i.m : 2 amps
   36. Inj Lasix : 4 amps
   37. Inj Buprenorphine : 6 amps
   38. Aerosol spray dressing : 1 No.
   39. Ambubag with airway 1 adult, 1 child size : 1 No.
   40. Disposable transfusion set : 1 No.
   41. Disposable transfusion glucose bottle : 2 Nos.
   42. Stethoscope : 1 No.
   43. Kidney tray 25 cm and 20 cm : 2 Nos.
   44. Brush nail : 1 No.
   45. Gloves surgical : 2 pairs
46. Ryle's tube : 1 No
47. Soap toilet : 2 cakes
48. Arms band with red cross : 10 Nos
49. Torch of three cells : 2 Nos
50. Adhesive plaster 2.5 cmx 4.5 mtrs and 10 cmx 5 mtrs : one each
51. Splints wooden extensible set of 6 : one set
52. Rain coat plastic : 2
53. Crepe bandage : 2

NOTE : Contents should be stored in a convenient container like a suit-case (size 21") for easy transport

DISTRIBUTION OF POMKA

A) Health unit/Poly clinic : 1 set of Pomka
B) Sub-divisional hospital : 2 sets of Pomka
C) Divisional/Zonal hospital : 3 sets of Pomka with the following additional items

Additional items

1. POP Bandages 10 cms & 15 cms : 10 assorted
2. Mackintosh sheet 1x1 mtr : 2
3. Aerosol spray dressing : 2
4. Folding stretcher : 2
5. Portable Boyle apparatus : 1
6. Dictaphone : 1
7. Generator set : 1
8. Laryngoscope set : 1
9. Endotracheal tubes : 1 set
Annexure III

CONTENTS OF ARME SCALE II:

Each ARME Scale II should contain 3 sets of POMKA and the following additional items

Additional items for ARME II

1. POP Bandages 10cm and 15 cms : 5 each
2. Mackintosh 1 Mtr x 1 Mtr : 2
3. Folding stretcher : 2
4. L.P.G. Based petromax : 2
5. Spare mantle for petromax : 2
6. Match box : 1
7. Tally card 10x 7 cms with one skin marking pencil : 12
8. a. Catheter sterile male : 2
   b. Catheter sterile female : 2
9. Mouth gag : 1
10. Shop scissors : 1
11. Clasp knife : 1
12. Umbrella hand : 2
13. Gum boot : 2 pairs
14. Basin wash hand E.I. 35 cm dia : one
15. Bed sheets : 10
16. Shroud : 6
17. Blanket woolen or cotton according to climatic conditions : 6
18. Note book with pencil : 2 Nos
19. Memo pad with carbon : 2 Nos
20. Book for noting injury particulars, identification marks etc : 2 Nos

These additional items for scale II ARME should be kept in two boxes for easy transport
Annexure IV

FIRST AID BOX

Item should be kept in small first aid box. The ones fixed in the station may continue to be of wooden/aluminum. The portable ones in trains should be of aluminum or metal. No change in the pattern.

 CONTENTS:
1. Set of six wooden extensible splints (St.John Ambulance type) 1 set deleted
2. Sterile adhesive strip dressing(standard size) 20 Nos
3. Rubber tourniquet 2 Nos
4. Roller bandages (7.5 cm x 4 Mtr) gauze 10 Nos
5. Triangular bandages(130 cm x 90 cm x 90 cm ) 4 Nos
6. Tab Paracetamol 20 in strips
7. Antiseptic cream 25 Gms 1 tube
8. Injury card 1 No
9. Safety pin set of 10 1 set
10. Tab diazepam 10 tab in strip
11. Cotton wool 100 gms 1 packet

As at present, in all big Railway stations, the contents should be replaced and refilled from the S.S. These boxes should not be sent to the Health units/Hospitals for refilling. In small stations, these may be sent to the Health Units for refilling.

The aluminum boxes should not be bigger than 22 cms x 18 cm x 10 cm and it's weight along with the contents should be about 1.5 Kg and in no case should exceed 2 Kg.

(Annexure II to Rly Bd's No 87/H/7/12 dt 15/09/89 and letter NO.2001/H/23/6 dt 29-06-2001)
Annexure V

FIRST AID BOX FOR RAJDHANI/SHATABDI/SUPERFAST EXPRESS

(Corrected Vide Letter Dt.:4/7/95)

Revised list of contents of First Aid Box for Long Distance Vestibule Trains, Rajdhani Express & Shatabdi Express.

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>ITEM</th>
<th>Nos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Band-Aid strips (1.9x7.2 cms)</td>
<td>50</td>
</tr>
<tr>
<td>2.</td>
<td>Sterile Absorbent Gauze Pad (7.5x7.5)</td>
<td>15</td>
</tr>
<tr>
<td>3.</td>
<td>Sterilised Absorbent Cotton Wool (25 gms)</td>
<td>10</td>
</tr>
<tr>
<td>4.</td>
<td>Roller Bandage (7.5 cms x 4 m)</td>
<td>20</td>
</tr>
<tr>
<td>5.</td>
<td>Triangular Bandage</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>Adhesive Plaster (2.5x4/5 mars)</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>Splints, Wooden, extensible set of 6</td>
<td>1 set</td>
</tr>
<tr>
<td>8.</td>
<td>Pins safety on a card or in a box</td>
<td>20</td>
</tr>
<tr>
<td>9.</td>
<td>Scissors Dressing</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>Esmarch Tourniquet (IR. Bandage)</td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>Resuscitator Aid Bag (Air-Viva Type)</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>Airway Tubes (Medium &amp; small size)</td>
<td>2</td>
</tr>
<tr>
<td>13.</td>
<td>Tab. Paracetamol</td>
<td>30 tabs in strips</td>
</tr>
<tr>
<td>14.</td>
<td>Tablets Diclofenac sodium</td>
<td>30 -do-</td>
</tr>
<tr>
<td>15.</td>
<td>Tab. Pheniramine Maleate 5 mg</td>
<td>30 -do-</td>
</tr>
<tr>
<td>16.</td>
<td>Tab. stemetil 5 mgm</td>
<td>30 -do-</td>
</tr>
<tr>
<td>17.</td>
<td>Tab. Dicyclomine Hcl</td>
<td>30 -do-</td>
</tr>
<tr>
<td>18.</td>
<td>Tab. Metronidazole+Furozolidone (Dependal-M)</td>
<td>30 -do-</td>
</tr>
<tr>
<td>19.</td>
<td>Tab. Antacid</td>
<td>30 -do-</td>
</tr>
<tr>
<td>20.</td>
<td>Tab. Salbutamol 4 mgm</td>
<td>30 -do-</td>
</tr>
<tr>
<td>21.</td>
<td>Tab. Diazepam 5 mgm</td>
<td>30 -do-</td>
</tr>
<tr>
<td>22.</td>
<td>Tab. Metoclopramide HCL</td>
<td>10 -do-</td>
</tr>
<tr>
<td>23.</td>
<td>Coronary Vasodilator sub-lingual (Tab Sorbitrate)</td>
<td>10 -do-</td>
</tr>
<tr>
<td>24.</td>
<td>Antiseptic Cream 25 gms</td>
<td>1 tube</td>
</tr>
<tr>
<td>25.</td>
<td>Antiseptic ointment/Antiseptic lotion</td>
<td>1 tube</td>
</tr>
<tr>
<td>27.</td>
<td>Nasal Drops</td>
<td>1 vial</td>
</tr>
<tr>
<td>28.</td>
<td>Chloramphenicol Eye applicaps</td>
<td>10 in plastic container</td>
</tr>
<tr>
<td>29.</td>
<td>Oral Rehydration Powder</td>
<td>4 pkts</td>
</tr>
<tr>
<td>30.</td>
<td>Inj.Metaclopramide HCL 5mg/ml (2ml amp)</td>
<td>2 amps</td>
</tr>
<tr>
<td>31.</td>
<td>Inj. Dexamethasone 4 mg/ml</td>
<td>1 vial</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>----------</td>
</tr>
<tr>
<td>32.</td>
<td>Inj. Diclofenac sodium (3ml/amp)</td>
<td>2 amps</td>
</tr>
<tr>
<td>33.</td>
<td>Inj. Pentazocine HCL 30 mg/ml</td>
<td>1 amp</td>
</tr>
<tr>
<td>34.</td>
<td>(I) 5% Glucose Transfusion disposable bottle plastic</td>
<td>1 No</td>
</tr>
<tr>
<td></td>
<td>(ii) Normal Saline</td>
<td>1 No</td>
</tr>
<tr>
<td>35.</td>
<td>Disposable transfusion set</td>
<td>1 Nos.</td>
</tr>
<tr>
<td>36.</td>
<td>Disposable syringes 2 cc</td>
<td>2 Nos.</td>
</tr>
<tr>
<td>37.</td>
<td>Disposable syringes 5 cc</td>
<td>1 Nos.</td>
</tr>
<tr>
<td>38.</td>
<td>Needles size 20</td>
<td>4 Nos.</td>
</tr>
<tr>
<td>40.</td>
<td>First Aid Box Card for accountal</td>
<td>1 Nos.</td>
</tr>
<tr>
<td>41.</td>
<td>Injection Pheniramine Maleate</td>
<td>2 amps</td>
</tr>
<tr>
<td>42.</td>
<td>Injection Ranitidine</td>
<td>2 amps</td>
</tr>
<tr>
<td>43.</td>
<td>Injection Deriphyline</td>
<td>2 amps</td>
</tr>
<tr>
<td>44.</td>
<td>Nifedipine Liquid Capsule for sub-lingual use (Depin)</td>
<td>2 capsules</td>
</tr>
<tr>
<td>45.</td>
<td>Injection Diazepam</td>
<td>2 amps</td>
</tr>
<tr>
<td>46.</td>
<td>Inj. Paracetamol 2ml-1M</td>
<td>2 amps</td>
</tr>
<tr>
<td>47.</td>
<td>Injection Dicyclomine Hcl 2 ml</td>
<td>2 amps</td>
</tr>
<tr>
<td>48.</td>
<td>Injection Frusemide</td>
<td>4 amps</td>
</tr>
<tr>
<td>49.</td>
<td>Disposable Spirit Swabs</td>
<td>10 Nos.</td>
</tr>
</tbody>
</table>

**Note:** Medicines, Injections and Transfusion fluid to be used by a qualified person authorised to use the Allopathic Drugs.
Annexure VI

FIRST AID BOX FOR GANG MEN

It shall be an aluminium or metallic box, which is not likely to be rusted. It should be sturdy. Wooden boxes, wherever used, may be retained till they are fit for use. Their replacement should be by aluminium boxes as and when required.

CONTENTS:
1. Gauze roller bandages(7.5 cm x 4 Mtr) 10 Nos
2. Triangular bandages(130 cm x 90 cm x 90 cm ) 4 Nos
3. Tab Paracetamol 20 in strips
4. Chlorampshenicol eye applicaps 10 in plastic container
5. Antiseptic cream 25 Gm tube 1 No
6. Sterile adhesive strip dressing standard size 10 Nos
7. Sterilised first field dressing in sealed polythene 12 cm x 8 cm 2 Nos
8. Safety pin set of 10 1 Set
### Annexure VII

**STANDARD ACCIDENT RELIEF MEDICAL EQUIPMENT OF ALL KINDS :-**

Distribution and Maintenance of

<table>
<thead>
<tr>
<th>No.</th>
<th>Location</th>
<th>Description of medical equipment</th>
<th>Place where equipment carried or kept</th>
<th>Contents</th>
<th>Equipment designed to be used by</th>
</tr>
</thead>
</table>
| 1.  | On Accident Relief Trains and at selected stations | 1. Accident Relief Medical Equipment Scale ‘I’.  
2. Static First Aid Equipment in First Aid Box. | Medical Relief Vehicle.  
Breakdown tool van. | See Annexure I.  
See Annexure IV. | Doctors.  
Qualified First Aiders. |
| 2.  | POMKA HealthUnit/polyclinic/sub-divisional/divisional/zonal Hospitals. | HealthUnit/polyclinic/sub-divisional/divisional/zonal Hospitals. | See Annexure II. | Doctors.  
Qualified First Aiders. |
| 3.  | At other selected stations where there is no Accident Relief Train. | Accident Relief Medical Equipment Scale II. | Station Building. | See Annexure III. | Doctors and Qualified First Aiders. |
| 4.  | At all stations dealing with passengers. | Static First Aid Equipment in First Aid Box. | Stationmaster’s Office. | See Annexure IV.  
One stretcher. | Qualified First Aiders. |
| 5.  | Rajdhani / Statadhi/ Superfast Express. | Special First Aid Box. | With Train Superintendent or Pantry car Manager. | See Annexure V. | Doctors.  
Qualified First Aiders. |
| 6.  | In all trains carrying passengers. | Guards’ First Aid Box. | With Guard. | See Annexure IV  
Qualified First Aiders. |
| 7.  | At all marshalling yards, and other such places. | Static First Aid Equipment in First Aid Box. | Yard Master’s Office TXR’s Office and/or Signal Cabins, etc, conveniently situated. | See Annexure IV  
One stretcher. | Qualified First Aiders. |
| 8.  | In workshops | Static First Aid Equipment in First Aid Box. | Workshop Foreman’s office and/or at other convenient places throughout the workshops with clear instructions to | See Annexure IV  
One stretcher. | Qualified First Aiders. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>show where the First Aid Equipment is located and in whose immediate charge it is.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>See Annexure IV One stretcher.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Qualified First Aiders.</td>
</tr>
</tbody>
</table>
# Annexure VIII

## LIST OF RAILWAY HOSPITALS AND HEALTH UNITS IN THE NEIGHBOURHOOD.

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td><strong>Station</strong></td>
<td><strong>Name and location of the hospital or health unit</strong></td>
<td><strong>Designation of the medical officer in charge</strong></td>
<td><strong>Number of beds for males and females</strong></td>
<td><strong>Whether X-ray facilities are available</strong></td>
<td><strong>Whether operation theatre exists</strong></td>
<td><strong>Whether requisition for assistance can be sent by telephone (give telephone number), telegram or messenger</strong></td>
<td><strong>Distance of the hospital or health Unit from the station</strong></td>
<td><strong>Mode of transport available</strong></td>
<td><strong>Remarks</strong></td>
</tr>
</tbody>
</table>

Note: Any change in the particulars should be entered as and when it takes place and kept up-to-date by the Stationmaster/Station superintendent.
ANNEXURE – IX
(See Paragraph 707)

LIST OF NON-RAILWAY HOSPITALS OR DISPENSARIES INCLUDING GOVERNMENT, MUNICIPAL, MISSION, MILITARY OR PRIVATE INSTITUTIONS IN THE NEIGHBOURHOOD

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Station</th>
<th>Name of the hospital or dispensary</th>
<th>Address</th>
<th>Designation of the doctor in-charge</th>
<th>Number of beds for males and females</th>
<th>Whetherr X-ray facilities are available</th>
<th>Whetherr operation theatre exists</th>
<th>Whether requisition for assistance can be sent by telephone (give telephone number), telegram or messenger</th>
<th>Distance of the institution from the station</th>
<th>Mode of transport available</th>
<th>Remarks</th>
</tr>
</thead>
</table>

Note: any change in the particulars should be entered as and when it takes place and kept up-to-date by the Station Master.

1 2 3 4 5 6 7 8 9 10 11
ANNEXURE X  
(SEE PARAGRAPH 707)  
LIST OF PRIVATE MEDICAL PRACTITIONERS AVAILABLE AT OR IN THE VICINITY OF THE STATION  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station</td>
<td>Name of the medical practitioner</td>
<td>Medical qualifications</td>
<td>Full address and telephone number (clinic and residence)</td>
<td>Whether requisition for assistance can be sent by telephone or messenger</td>
<td>Whether available at short notice during day or night</td>
<td>Remarks</td>
</tr>
</tbody>
</table>

Note:- Any change in the particulars should be entered as and when it takes place and kept up-to-date by the Station Master.

---

ANNEXURE XI  
(See Paragraph 707)  
LIST OF RAILWAY PERSONNEL AT ……. STATION, INCLUDING IN THE LOCAL WORKSHOPS, LOCOSHEDS ETC., QUALIFIED TO RENDER FIRST AID  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station</td>
<td>Name</td>
<td>Designation</td>
<td>Address</td>
<td>Rostered hours of duty</td>
<td>Remarks</td>
</tr>
</tbody>
</table>

Note:- Any change in the particulars should be entered as and when it takes place and kept up-to-date by the Station Master.
ANNEXURE XII
(See Paragraph 712)

_________________________ RAILWAY

Ref.: Accident to Train No: ___________ at __________________________ on ____________

This is to certify that Shri/Shrimati/Kumari …………………………………who has been injured in the above mentioned accident and attended to by me, requires treatment in a hospital immediately and that he/she must be sent to the nearest(Private) Hospital.

_________________________

(Signature of the Doctor & Designation)

Registration No: _________________

Station_____________________

Date: _________________ Time ____________________
CHAPTER VIII
SPECIAL PROVISION RELATING TO VARIOUS DISEASES
Section A- Tuberculosis

801. Examination of all candidates: - All candidates for appointment to posts in Railway service are to be thoroughly examined and investigated for evidence of tuberculosis and, where necessary, protected against the disease by B.C.G. vaccination. The investigation will include a radiographic examination of the chest.

(MOR's letters No. 63/H/5/3 dated 6th July 1963 No. 64/H/5/23 dated 7th December 1964 and No. 67/H/5/2 dated 20th April 1967).

802. Examination of employees coming in contact with susceptible groups of population:

(1) Teachers and other categories of staff in Railway schools, who come in contact with susceptible groups of population, may also be radiographically examined and protected by necessary B.C.G. vaccination, etc. to the extent possible. Those suffering from tuberculosis should be extended full facilities for treatment and rehabilitation.

(2) Food handlers, whether Railway employees or employed on commission basis in departmental catering establishments, should be subjected to radiographic examination of the chest, free of cost, in Railway hospitals. Where facilities for such examination do not exist in Railway hospitals, arrangements should be made with the state Governments concerned for the purpose. In the case of those employed by contractors in the establishments run by them, the contractors themselves should arrange to have them radiographically examined at any state Government center at their own cost and produce a certificate at the time of appointment, as also at subsequent, periodical re-examinations, which should be at the end of every year thereafter. Such examinations, where not feasible in state Government institutions, may be carried out in Railway hospitals on payment of outsider's charges. The contractors should also arrange to have them tuberculin tested and B.C.G. vaccinated where such facilities are available.


803. Employment/retention of persons with healed tuberculosis in Railway services: (1) There is no bar to employment on Railways of persons who may have suffered from tuberculosis in the past but are certified by recognised tuberculosis specialists as healed cases and fit for work, provided such persons are considered otherwise fit by Railway doctors or by Railway medical board as the case may be.

(2) A Railway employee whose services are terminated either because the maximum limit of leave and extraordinary leave admissible is exceeded or because the medical officer cannot recommend the grant of leave as there appears to be no reasonable prospect of the employee ever being fit to resume duty (i.e., under Rule 2228- R.II, which should, however, be used with due care so as not to cause unnecessary hardship in tuberculosis cases) may, on recovery, and on his being certified by a tuberculosis specialist as non-infective and fit for work, be considered for appointment, even in permanent capacity, in suitable posts for which he is considered fit otherwise.

Note:-(i) A recognised tuberculosis specialist is a person belonging to any one of the under mentioned categories:

(a) A medical practitioner who has been engaged in tuberculosis work for a period of at least eight years, where the practice was mainly confined to this specialty;

(b) One who has been in-charge of modern tuberculosis institution, either a hospital, a sanatorium or a clinic with facilities for X-ray and laboratory examination, for period of five years, or one who has worked in such an institution as senior Assistant for a period of five years;
(c) Professors and teachers of medicines recognised by the Universities who have had special training in tuberculosis or who have had a large practice, i.e., 50 per cent of his total practice was tuberculosis work for a period of at least five years.

(i) The benefits envisaged in paragraph 803 above may, *mutatis mutandis*, be extended to apprentices also.

(ii) When re-employed in permanent posts, they may be confirmed therein out of turn provided they were permanent before their previous service was terminated due to absence through sickness. If their previous service was only temporary, they may be confirmed in their turn counting their previous service also for this purpose only.

(iii) The balance of previous leave, if any, should lapse in the case of such re-employed staff.

(iv) For purposes of fixation of pay of non-gazetted staff on re-employment, it should be fixed in such a way that, as far as possible, there is no sharp diminution in emoluments on their re-employment from what they were drawing at the time of their discharge from Railway service. The cases of re-employment in gazetted posts should be sent to the Ministry of Railways for orders.

(v) Condoning of break in service for the purpose of provident fund and special contribution to provident fund will be dependent on the person refunding the provident fund and special contribution to provident fund previously received by him.

(vi) The previous service will count for the purpose of passes and P.T.O’s also when the break in service is condoned for the purpose of special contribution to provident fund.

(vii) The previous service will be taken in to account for counting the length of service for purposes of eligibility to appear in a departmental test/examination.


804. Duties of a doctor on detection of a tuberculosis case:- (1) Cases of tuberculosis or suspected tuberculosis may come to the notice of the Railway medical officers in one of the following ways viz.-

(i) in the course of normal work in the out-patient or in-patient department;

(ii) From sick certificates brought by Railway staff from private medical practitioners and other non railway institutions; and

(iii) Cases discovered at chest clinics on Railways.

(2) All tuberculosis cases should immediately be brought to the notice of the Medical Officer in-charge of the division by the Railway medical officer, who initially spots them, who will make the best possible arrangements commensurate with the condition of the patient for the treatment of the case either in a Railway chest clinic, a Railway Hospital, or a non-railway sanatorium/institution where separate annexes/beds have been reserved for the purpose. The Medical Officer in-charge of the division will also take necessary action in regard to examination, segregation or follow up of contacts and prophylactic inoculation of the Railway population at risk.

805. Scope of treatment of employees, their families and dependants-In Railway hospitals and Railway chest clinics

(1) Railway employees, members of their families and dependent relatives will receive, free of charge, treatment for tuberculosis, to the extent facilities are available in Railway hospitals and Railway chest clinics.

**In reserved accommodation in non-railway sanatoria/institutions**

(2) Railway employees, members of their families and dependent relatives may receive, free of charge, treatment for tuberculosis, in non-railway sanatoria/institutions where separate annexes/beds have been reserved for the purpose.
(3) For institutional treatment, preference should be given to Railway employees. The family members and dependent relatives of the Railway employees may be allotted these reserved beds when not required for Railway employees themselves. However, family members and dependent relatives, when admitted, will not be required to give place to Railway employees.

(4) Before sending a patient to a non-railway sanatorium/institution, the case should be got approved by the authorities of the sanatorium/institution by sending them skiagrams and clinical notes etc., in the forms prescribed by them. After examination of these skiagrams and clinical notes, etc., the authorities of the sanatorium/institution will advise the Medical Officer in-charge of the division concerned of the suitability or otherwise of the patient for admission.

(5) It is also necessary that the authorities of the sanatorium/institution should inform the Medical Officer In-charge of the Division concerned at least four weeks before the discharge of a patient from the sanatorium/institution, so that the patient next in the waiting list can be sent in his place in time and the bed does not remain vacant for a long time.

(6) It is advisable that the authorities of sanatorium/institution send all admission and discharge reports to the Medical Officer In-charge of the concerned Division.

**In non-reserved accommodation in recognized non-railway sanatoria/institutions**

(7) When early sanatorium or hospital treatment is necessary and no Railway reserved beds are available, Railway employees, members of their families and dependent relatives may, at the instance of their authorized medical officer, get themselves admitted in non-reserved accommodation in the non-railway tuberculosis sanatoria/institutions recognized for the purpose.

(8) The authorized medical officer, while referring cases against non-reserved accommodation in recognized sanatoria/institution in terms of sub-paragraph (7) above, should give the following certificates:

(a) Early admission to the sanatorium/institution is necessary.

(b) No railway-reserved bed is available.

(9) The Chief Medical Director of the Railway should, in such cases, contact the Medical Superintendents of the recognized sanatoria and refer the cases for admission and treatment, to them subject to conditions that

(i) the standard of treatment provided by them is good and efficient,

(ii) the patient should, as far as possible, be admitted to a free ward,

(iii) If (ii) above is not possible, then the patient should be admitted to the lowest class of paying wards, where charges should be comparable to those paid for reserved beds in other sanatoria, of up to Rs. 2,400 per bed per annum, and

(iv) In case the patient prefers to be in a paying/costlier ward, even when accommodation is available in a free/lower class of paying ward, he may be allowed to do so, but additional cost shall not be borne by the Railway.

Note. (i) The Chief Medical Directors and the Medical Officer In-charge of Division should maintain full information regarding all sanatoria and similar other institutions on the Railway irrespective of whether they have beds reserved at the cost of Railway revenues, and should also keep sufficient number of admission forms of all those sanatoria/institutions, so that patients who may wish to make their own arrangements for bed may have the necessary information and advice readily available to them.

(ii) A patient should, at his own cost, provide himself with necessary utensils, clothing mosquito net, etc., if the regulations of a sanatorium/institution so require.
806. Admissibility of free diet to patients suffering from tuberculosis: Please see paragraph 641

807. Payment of medical expenses incurred by patients suffering from tuberculosis: When a Railway employee, a member of his family or dependent relatives receive treatment in non-reserved accommodation in a recognized tuberculosis institution in terms of paragraph 805(7) above, the sanatorium charges, including diet charges, incurred on all kinds of tuberculosis diseases, may be paid direct to the sanatorium authorities by the Railway Administrations on the basis of the monthly bills received subject to the conditions that:

(i) Before payment is made, the charges on account of special medicines, reimbursement in respect of which is not admissible, and the cost of diet in respect of those whose pay is more than Rs.4200/- per month, are deducted from the bills of the sanatorium, and

(ii) Payment should be made only so long as a reserved bed is not available in the same hospital or in a nearby hospital and, as soon as a reserved bed is available, the patient should be removed to the reserved bed, unless it is medically inadvisable to do so.

Note: Cost of special medicines or extra diet should be borne by the Railway administrations if the cost of reservation of beds in a sanatorium/institutions does not include such charges. The General Manager will have full powers to sanction the cost of such special medicines. These powers should not, however, be re-delegated to lower levels.


808. Post-treatment check-up of Railway employees by tuberculosis specialists: Where it is considered by the Medical Officer In-charge of Division concerned that a patient should be sent to a sanatorium/institution for a follow-up by a tuberculosis specialist, arrangements for the same should be made. If, for non-availability of reserved beds, the patient has to be admitted in non-reserved accommodation, the charges incurred will be borne by the Railway Administration.

809. Submission of Reports: The Medical Officer In-charge of Divisions should send monthly reports to the Chief Medical Director, in all necessary details about the progress of the patients sent to the different railway/non-railway sanatoria/institutions. The Chief Medical Directors will thus be in a position to determine approximately when the next vacancy will occur, and ensure full utilisation of the reserved beds.

810. Issue of passes to patients suffering from tuberculosis: please see para 832.

811. Admissibility of allowances to patients suffering from tuberculosis: please see para 833.

812. Establishment of chest clinics: (1) With a view to provide preliminary and post-sanatorium treatment to the Railway employees, their family members and dependent relatives suffering from tuberculosis, and thus to correspondingly reduce their stay in non-railway sanatoria/institutions, a minimum of one chest clinic should be provided for each division on the Railways, irrespective of the bed strength of the divisional hospital. These chest clinics may ordinarily be located in each divisional hospital, due regard being paid also to stations at which there is a large concentration of railway population, for example, a large workshop or shed, etc.

(2) These chest clinics should have the following facilities:

(i) X-ray examination of the chest.

(ii) sputum and blood test.

(iii) specialised equipment, like artificial pneumothorax and pneumoperitonium,

(iv) special antibiotics and drugs,

(v) a few beds for indoor accommodation, primarily for outstation patients, and
(vi) a doctor having special training and experience in tuberculosis.

(Ministry of Railways, letters NO. E 55ME5/54/Medical dated 24th February 1956 and 6th November 1956).

813. Orientation training course at the National Tuberculosis Institute, Bangalore:- (1) With a view to have effective control on the incidence of tuberculosis amongst Railway population, each Railway may send one team at a time consisting of the following staff, for orientation training courses for control of tuberculosis at the National Tuberculosis Institute, Bangalore:-

(i) One Medical Officer.
(ii) One treatment organiser/(Health Visitor)
(iii) One X-ray Technician.
(iv) One Laboratory Technician.
(v) One B.C.G. team leader.
(vi) One Sr. Clerk (statistical).

(2) The following terms will govern the training of such teams :-

(i) The duration of the training will be for a period of three months.

(ii) The period of training will be treated as on duty.

(iii) The trainees may be allowed stipend (Rs. 100 per month in the case of the medical officer and Rs. 50 per month in the case of other categories) that will be paid by the Health Ministry or travelling allowance under Rule 331-R.I., whichever is higher. Only the difference between the travelling allowance and the stipend will be payable by the Railway.

(iv) Free simple hostel accommodation will be provided to the trainees, who will however have to meet their messing and other incidental expenses, themselves.

(MOR’s letter NO. 64/H/5/31 dated 3rd September 1965)

814. Annual return regarding data on tuberculosis - A consolidated return, giving month wise information in the prescribed proforma as given in Annexure I to this chapter, should be furnished to the Tuberculosis Association of India at the end of every financial year, and a copy there of endorsed to the Ministry of Railways.

(MOR’s letter No. MH58ME5/12/Medical dated 30th June 1959 and 25th July 1962)

Section B-- Cancer

815. Scope of treatment of employees, their families and dependants.- (1) A Railway employee, a member of his family or dependent relatives shall receive, free of cost, treatment for cancer at Railway hospitals, to the extent facilities for such treatment exist.

(2) They may also receive, free of cost, treatment, at the nearest recognised hospital providing such treatment, on the recommendation of the authorised medical officer.

In case where they are advised by the Medical superintendent of the recognised hospital to continue certain treatment or check ups after their discharge from the hospital as a follow-up, they may be allowed to do so without consulting an authorised medical officer.

(3) If the Medical Superintendent of the recognised hospital to whom the patient is sent for treatment by the authorised medical officer, recommends that special treatment is necessary at the Tata Memorial Hospital, Mumbai, such patient may also receive free treatment at this hospital.


816. Issue of passes to patients suffering from cancer.- Please see para 832.
817. (a) Admissibility of allowances to patients suffering from cancer.- please see para 833.
(b) Admissibility of free diet to patients suffering from cancer.- please see para 641.

818. Grant of advances to patients suffering from cancer.- please see para 834.

819. Facilities available to Railway passengers (other than employees) suffering from cancer/other diseases-(1) Cancer patients are granted concession while travelling alone or with an attendant. The concession is allowed for admission to or on discharge from hospitals/institutes where cancer patients are treated and also for their re-examination or periodical check-up.

(2) The concession order (letter of authorisation) for the outward journey is issued by the Divisional Railway Managers/Divisional Commercial Managers/Chief Commercial Managers etc., of the Railway concerned on production of a certificate in a prescribed form from the State/Divisional Medical Officer/Registered Medical Practitioner/officer-in-charge of the Cancer hospital/institute. On presentation of the concession order, the station Master issues tickets at concessional rates.

(3) For return journey on discharge from cancer hospital/institute or after re-examination or periodical check-up, the Station Master/Dy.Station Superintendent issues the concessional tickets on production of a certificate from the officer-in-charge of hospital.

Section C-Poliomyelitis, Cerebral Palsy and Spastic Paralysis

820. Scope of treatment of employees, their families and dependants.- (1) A Railway employee a member of his family or dependent relatives shall receive, free of cost, treatment for polio, cerebral palsy and spastic paralysis, at Railway hospitals, to the extent facilities for such treatment exist.

(2) They may also receive, free of cost, treatment at the nearest recognised hospital providing such treatment on the recommendation of the authorised medical officer.

(3) If the Medical Superintendent of the recognised hospital, to whom the patient is sent for treatment by the authorised medical officer, recommends that special treatment is necessary at the Children's Orthopaedic Hospital, Mumbai, such patient may also receive free treatment at this hospital.

821. Grant of advances to patients suffering from polio, cerebral palsy and spastic paralysis-- please see paragraph 834.

822. Admissibility of allowances to patients suffering from polio, cerebral palsy and spastic paralysis-- please see para. 833.

Section D-Mental health

823. Scope of treatment of employees, their families and dependants.- (1) A Railway employee, a member of his family or dependent relatives shall receive, free of cost, treatment for mental diseases at Railways hospitals, to the extent facilities for such treatment exist.

(2) They may also receive, free of cost, treatment at any recognised hospital providing such treatment, on the recommendation of the authorised medical officer.

(3) The duration of the treatment for which reimbursement of medical expenses will be admissible to the Railway employee concerned should not exceed six months to begin with unless the Medical Superintendent of the mental hospital concerned certifies that further treatment for a reasonable period, up to two and half years in five or more separate spells (i.e. six month or less at a time) beyond the initial six month limit, is likely to lead to complete recovery of the patient.

Note: - As an alternative to the method of reimbursement to the Railway employees as referred to above, the state Governments, where agreeable, may debit the Railway administration concerned for the expenses incurred on Railway cases in their recognised mental hospitals. These instructions will apply also
to recognised non-government mental hospitals. In respect of items for which reimbursement is not allowed under the rules, it must be ensured that the charges are recovered by the institutions direct from the patients.

(4) When a patient, who had been cured and discharged, has a relapse of the illness, he can be admitted afresh for six months. His stay may also be extended for a further reasonable period not exceeding six months, on the strength of a certificate given by the Medical Superintendent of the mental hospital concerned that there is reasonable prospect of complete recovery within this extended period.

(5) When a patient, who had been discharged not as fully cured but improved, is re-admitted shortly after being discharged, say within six months, reimbursement should be allowed only if the Medical Superintendent of the mental hospital certifies that there is reasonable prospect of complete recovery within six months.

Note:- (i) the maximum total period of treatment at a mental hospital should not exceed one and a half years in the lifetime of a patient.

(ii) There should be no time limit for outdoor treatment at a recognised mental hospital which may be allowed till such time as the medical authorities of the mental hospital advise otherwise.


824. Engagement of attendants.- Attendant/attendants may be engaged when it is certified by the hospital authorities that the attendant/attendants was/were not engaged in lieu of special nursing. Reimbursement will be allowed in such cases.


825. Capitation fees not allowed.- Reimbursement of capitation fees, where levied in mental hospitals, is not admissible.

(Ministry of Railways' letter No. 61/M & H/1/32, dated 4th September 1961).

826. Issue of passes to patients suffering from mental diseases.- Please see paragraph 832.

827. (a) Admissibility of allowances to patients suffering from mental diseases:- Please see paragraph 833

(b) Admissibility of free diet to patients suffering from mental diseases:- Please see paragraph 641

Section E- Diabetes

828. Scope of treatment of employees, their families and dependent relatives.—(1) A Railway employee, a member of his family or dependent relatives shall receive, free of cost, treatment for diabetes at Railway hospitals, health units, to the extent facilities for such treatment exist. The medicines and drugs necessary for this purpose will be stocked and supplied from Railway hospitals/health units as long as required to control the disease and/or the authorized medical officer considers necessary.

(2) Medicines, drugs and injections are normally issued only on the authorisation of the authorized medical officer, but since diabetes is a disease which requires prolonged treatment, suitable procedure may be evolved by Railway administrations for supply of these medicines, drugs and injections to such cases, so that inconvenience to patients caused by frequent visits is avoided.

(3) Where the treatment of diabetes includes administration of medicines and drugs through injections, this should not be taken as authorising the routine attendance of the authorised medical officer at the residence of the patient for the purpose.
(4) For injections prescribed in connection with the treatment of diabetes, only the vials will be supplied by the Railways. Syringes and injecting needles should be procured by the patients themselves and not supplied from the Railway stock.

(5) As such medicines and drugs are supplied by the Railway hospitals and health units, the claims for reimbursement of expenses on this account are not to be entertained.

(Ministry of Railways letters No. 66/H/1/33 dated 9th December 1968 and No. 64/H/1/26 dated 6th February 1969).

Sections F- Leprosy

829. Scope of treatment of employees, their families and dependants:- (1) A Railway employee, a member of his family or dependent relatives shall receive, free of cost, treatment for leprosy at Railway hospitals, to the extent facilities for such treatment exit.

(2) They may also receive, free of cost, treatment for leprosy at the recognized hospital providing such treatment on the recommendation of the authorized medical officer.

830. Admissibility of free diet to patients suffering from leprosy.- please see paragraph 641.

831. Employment of persons in Railway services who had leprosy:- Candidates who have been leprosy patients but have after treatment been confirmed by a leprosy specialist as non-infective and fit for work should be treated as fit for employment when they are examined for medical fitness by Railway doctors or by a railway medical board, as the case may be, if they are other wise fit. Confirmation of such an employee should be proceeded with only after two years of service. However, for a period of five years after initial appointment, such an employee should be medically examined annually to check that he continues to be fit.

Note.- (i) Railway employees who were suffering from leprosy and whose services were terminated either because of the maximum limit of leave and extraordinary leave having been exceeded or because the medical officer could not recommend the grant of leave as there appeared to be no reasonable prospect of the employee's ever being fit to resume duty may be considered, on their being certified by a leprosy specialist as non-infective and fit for work, even in a permanent capacity in suitable posts for which they are considered fit other wise.

(ii) When re-employed in permanent posts, they may be confirmed there in, out of turn, provided they were permanent before their previous service was terminated due to absence through sickness. If their previous service was only temporary, they may be confirmed as per their turn counting their previous services also for this purpose only.

(iii) For purposes of fixation of pay of non-gazetted staff on re-employment, it should be fixed in such a way that, as far as possible, there is no sharp diminution in emoluments on their re-employment from what they were drawing at the time of their discharge from Railway service. The cases of re-employment in gazetted posts should be reported to the of Ministry Railways for orders.


Section G- other general instructions relating to the diseases dealt with in sections A to F

832. Issue of Special passes on medical grounds:-

I. Condition of Entitlement
Issued for journey from station nearest to the residence of a Railway servant where railway medical facilities for treatment of the railway servant or his family members are not available to a station where railway dispensary or hospital or sanatorium with the required facilities for treatment is located.
II. Entitlement / Facilities
1. Pass will ordinarily be issued for the class of entitlement of the railway servant on privilege account
2 (a). A higher class of pass may be issued at the discretion of the General Manager of the Railway Administration/Unit or Secretary, Railway Board for outward journey only to:

(i) a railway servant or his family members suffering from tuberculosis or cancer for travelling with one family member or dependent relative or a companion when no family member or dependent relative is included, on the recommendation of the Chief Medical Director of the Railway concerned. No attendant will be included.

(ii) a railway servant or his family member or dependent relative when the railway servant himself has arranged a bed in a sanatorium provided the Division Medical Officer of the Railway certifies that the Railway Administration could not arrange a bed and that treatment in that sanatorium/hospital is necessary.

(iii) a railway servant or his family member or dependent relative suffering from tuberculosis or cancer for travel from one sanatorium to another for further treatment, operation etc. provided that the concerned medical authorities certify that this is necessary and provided further that such recommendation of sanatorium/hospital authorities is accepted by the Chief Medical Director of the Railway. A family member or dependent relative may also be included if necessary.

2 (b). The grant of higher class pass and attendants on medical ground shall be regulated as under:

(i) If the Medical Officer considers that patient should be accompanied by an attendant during travel for his journey to an outside station for treatment the inclusion of the attendant in the Railway pass shall be regulated as under:-

   ii) One attendant may be allowed if the patient is bed-ridden and is unable to sit up, on the recommendation of the Medical Officer in-charge of the hospital/health units/polyclinic.

   iii) If the patient is in big plaster where one attendant can not lift the patient, two attendants in the same class on the recommendation of the Medical Officer may be provided.

   iv) In cases where the patient is in coma/shock/stupor due to any cause (irrespective of T.B./cancer) such as head injury etc. a higher class pass along with an attendant in the same class may be given on the recommendation of the Medical Officer.

Provided that the facility of an attendant shall be available only when no other family member is accompanying the patient. Such passes where an attendant has been allowed should, therefore, be restricted to the patient and the attendant only.

Provided further that higher class passes shall be allowed only for outward journey while proceeding for treatment to an outside station. After the patient recovers, the return journey pass shall be issued for the class to which the patient is entitled. Where an attendant was allowed to accompany the patient, he shall be issued second class pass for the return journey.

3(i) In case, higher class pass to the Railway employee for his return journey has also been considered necessary, specific recommendation of the CMD of the Railway in whose jurisdiction the hospital is located shall be necessary.

ii) Pass for the return journey of the entitled class or higher class as the case may be shall be issued on the recommendation of the CMD by the Railway in whose jurisdiction the hospital is located. To facilitate issue of pass by that Railway, stamped endorsement authorising that Railway for issue of the medical passes may be made on the pass when it is issued for outside journey.

4. In case where a Railway servant falls seriously ill outside the Zonal Railway on which he is working and is referred to a hospital located on another station for specialised treatment by the Railway Medical Officer, he may be given a special pass available from that place to the location of the hospital/ dispensary to which he has been referred and back to the same place. The concerned Medical Officer recommending the grant of the pass
shall report the facts of the case to the controlling CMD of the employee indicating clearly reasons that necessitated treatment at an outside station in support of his recommendation for issue of Special pass.

The Medical Officers recommending the issue of pass on medical grounds shall submit a monthly statement to the concerned CMD indicating the circumstances of each case and the reasons for recommending such passes. CMD should ensure that the recommendations of the Medical Officers for issue of passes were in accordance with the guidelines of these orders.

(Railway Servants (Pass Rules), 1986 2nd edition 1993 –Schedule VII (Special Passes)

833. Admissibility of allowances to patients suffering from tuberculosis, cancer, polio, cerebral palsy, spastic paralysis or mental diseases.-

(1) A Railway employee suffering from tuberculosis, cancer, polio, cerebral palsy or spastic paralysis, who is sent to a medical institution for treatment, on the advice of authorised medical officer, shall be entitled to travelling allowance as for a journey on tour to and from the place of treatment, but no daily allowance shall be admissible for any halts.

(2) A Railway employee suffering from mental diseases, who is sent to a recognized mental hospital for treatment on the advice of the authorized medical officer, shall be entitled, for only the road portion of the journey, to the actual cost of transit not exceeding half the mileage allowance calculated for the road journey. No daily allowance shall be admissible for any halts.

(3) If the authorized medical officer certifies in writing that in the case of a Railway employee or a member of his family or dependent relatives suffering from tuberculosis, cancer, polio, cerebral palsy or spastic paralysis, it is unsafe for the patient to travel unattended and that it is necessary for an attendant to accompany the patient to the place of treatment, an attendant may be allowed to be deemed to have been travelling on duty and may draw travelling allowance for the outward and inward journeys as for a journey on tour, and (b) if not a Railway employee, may be allowed the actual expenditure incurred for road journeys not exceeding the mileage allowance which would have been admissible to the Railways employee himself.

Note:- (i) No cost of conveyance of personal effects may be allowed.

(ii) Daily allowance may be allowed for journeys undertaken after completion of treatment for periodical check-ups at the nearest institution where the patient had received treatment on the advice of the authorized medical officer as also on the advice of the authorities of the said institution.

(4) If the authorised medical officer certifies in writing it is unsafe for a patient suffering from mental disease to travel unattended and that an attendant is necessary to accompany him to the place of treatment, the attendant shall be entitled, for only the road portion of the journey, to the actual cost of the transit not exceeding half the mileage allowance, admissible to the Railway employee concerned, calculated for the journey. This will cover journeys not only to the nearest Railway station but also journeys by road to the hospital concerned. No daily allowance shall be admissible for any halts.

Note:- The outward journey should be deemed to have commenced from the headquarters of the Railway employee or from the place from which the patient actually travels, which ever is nearer, to the place of treatment. Likewise, the return journey will be deemed to have ended at the headquarters or at the place to which the patient actually travels, whichever is nearer.

(Rule 323 (1)-R. I and Ministry of Railways; letters No. E56ME5/96/Medical dated 3rd August 1956 and No. MH58ME1/20/Medical dated 13th May 1959).

834. Grant of advances to patients suffering from cancer, polio, cerebral palsy or spastic paralysis:- Advances may be granted to low paid Railway employees who find it difficult to make initial payment of hospital bills, etc. from their private resources in cases of treatment for cancer, polio, cerebral palsy or spastic paralysis, on the terms and conditions mentioned below-
(i) The advance would be admissible only in cases where the Railway employee or a member of his family or dependent relatives is being treated as an in-patient in one of the recognized hospitals. The advance should not be allowed in case where treatment is being obtained at the residence of the Railway employee or at the consulting room of the authorized medical officer or as an out-patient at a hospital.

(ii) The application for an advance should be supported by a certificate from the medical officer in-charge that the patient is being treated as an in-patient in the hospital; such a certificate should also indicate the probable duration of stay of the patient in the hospital and the anticipated cost of treatment which would otherwise be reimbursible under the rules and be also countersigned by the authorized medical officer.

(ii) Not more than one advance should be granted in respect of the same illness.

(iv) An advance under these rules will be admissible only to the eligible Railway employees. The amount of advance will be as per extant rules prevailing at the time of application.

(v) The amount of the advance shall be adjusted against the subsequent claim for reimbursement of the expenditure as admissible under the rules and the balance, if any, recovered from the pay of the Railway employee concerned in two equal monthly installments after the discharge of the patient from the hospital.

(vi) In the cases of temporary employees, the grant of an advance under these rules would be subject to the production of surety from a permanent Railway employee not covered by the payment of Wages Act.

## ANNEXURE I

*(see Paragraph 814)*

### ANNUAL RETURN GIVING INFORMATION REGARDING TUBERCULOSIS

*(PERIOD ENDING 31st March .............)*

<table>
<thead>
<tr>
<th>Month</th>
<th>No. of new cases examined during the month</th>
<th>No. of new cases diagnosed as suffering from pulmonary tuberculosis</th>
<th>No. of new cases with positive sputum</th>
<th>No. of new cases diagnosed as suffering from non pulmonary tuberculosis</th>
<th>No. of cases discharged with improved results</th>
<th>No. of cases discharged with worse results</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>August</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>September</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>October</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER IX

PUBLIC HEALTH SERVICES

Public Health

901. The provision of preventive and promotive Health Services are essential to control communicable and non-communicable diseases and to improve the health of the Railway population, so as to enable them to lead a better quality of life. Some of the preventive and promotive Health Services provided on the Railways are:

a) Family Welfare Services
b) MCH services including Antenatal care, Immunisation of children and Nutritional supplements, etc.
c) Control of communicable and non-communicable diseases including Implementation of National Health Programmes, like control programmes for Malaria, Tuberculosis, Diarrhoea, Cancer, Blindness, AIDS, etc.
d) Food Hygiene and Implementation of PFA
e) Monitoring of quality of water supply
f) Industrial Health
g) Environmental Sanitation
h) School Health Services
i) Health Education
j) Health Services in Fairs and Festivals
k) Control of Epidemics

Dy. Chief Medical Director (Health and Family Welfare) implements these Community Health Activities at the Zonal Headquarters level under guidance of Chief Medical Director. Medical Officer in charge of Health and Family Welfare in the division is responsible for its implementation at the divisional level. The Community Health Services are given in an integrated manner. All Medical Officers and Paramedical staffs have the responsibility in the delivery of comprehensive health services

Section A

SANITATION

902. National cleanliness Day

October 2nd is to be observed as a “National cleanliness Day” on the Railways every year. The Railway population should contribute with the general public towards its success.

(Railway Board’s letter No.80/M&H/7/92 dated 21.9.1960)

903. Sanitation means maintaining a clean environment so that the beneficiaries stay in neat and hygienic environment. The modern scientific term is Environmental Engineering. Railway stations, colonies and all work places are to be maintained in a hygienic and clean manner and adequate care is to be taken at the planning stage itself. Keeping this objective in view, special emphasis is laid on the collection and disposal of refuse, sewage and sullage in a scientific manner. Sanitation services are to be provided in all the railway premises including the railway colonies, railway stations, circulating area, railway yards, office and cleanliness of the coaches and the track. Cleanliness of these areas, is a multidisciplinary approach by various departments of the Railways viz.. Medical, Engineering, Commercial and Mechanical. The Medical Department maintains the sanitation at railway colonies where Health Inspectors are posted.
The Commercial Department maintains other colonies, stations and also the Goods Office, Parcels office, etc. The Mechanical Department looks after the sanitation and cleanliness of the coaches. The Civil Engineering Department does so for the yards, track and underground sewerage areas. A Janitor who has staff working under his control looks after the sanitation in big offices. Sanitation of the bulk of the 8000 Railway Stations on Indian Railway are under Commercial Department.

904. Supply of accessories to sanitary staff doing scavenging work

1) The sanitary staff doing scavenging work should be provided with brooms which should have long handles, with a small khurpee (flat scrubber) fixed at the other end for scrubbing purposes.

2) The buckets to be used by them should have collapsible lids with hinges. Where possible, wheelbarrow should be used.

(Railway Boards letter No.60/M&H/7/89 dated 18th September, 1960 and No.61/M&H/7/140 dated 12.10.1962)

905. Supply of accessories to sanitary staff coming in contact with night soil

1) The sanitary staff working in septic tanks, disposal of night soil, etc. in view of the special nature of the duties performed by them should be provided with the following accessories at the scale noted against each:

   (a) Gum boots - one pair every 3 years
   (b) Post-mortem rubber gloves - one pair every year
   (c) Water-proof apron - one pair every year

2) Further, they should be provided with long spades and rakes etc.

3) The night soil should be collected in proper containers with collapsible lids with hinges and carried in wheelbarrows to ditches, trenches or disposable grounds. Night soil will not be carried as head load under any circumstances.

4) There should be adequate washing facilities for the staff, preferably near the depot.

Note: Detailed specification for the accessories referred to in sub-para (3) above have been given in Railway Board’s letter No.61/M&H/7/140 dated 28th January, 1963.

(Railway Board’s letter No.59/W2/SN/3 dated 10.12.1959, No.61/M&H/7/140/Pt.1 dated 5th March 1962 and No.60/M&H/7/140 dated 28th January 1963)

906. (1) All new buildings constructed should have sanitised latrines, with water borne disposal of faeces.

(2) At places where roads are good and have huge drains, the sanitation should be done by using mechanical aids. For these refuse collectors, mini refuse collectors, skip hoists, mechanical road sweepers, sewage line cleaning machines, excavated loaders, front end loaders, mini water jet cleaning machines suitable for platforms, are freely available with indigenous technology in the country. These gadgets will help easy cleaning and are cost effective. As an experimental measure they should be tried out at one large station in each division. Some of these gadgets shall be of immense help in sanitation arrangements at major fairs and festivals.

(3) Sanitation of latrines will be given top priority in allocation of funds for improvements in staff quarters.

907. Contract labour: Section 10(1) of the Contract labour (regulation and abolition) Act 1970 prohibits employment of contract labour, for sweeping, cleaning, dusting and watching of buildings owned or occupied by establishments of the Central Government. This act does not apply to the outside cleaning and other maintenance operations of multi-storeyed buildings where such cleaning or maintenance operations can not be carried out except with specialised experience.
908. **Station Sanitation**

a) At wayside stations where no Health Inspector is posted, supervision over sanitation work should be with the Station Master.

b) At stations where there are whole time Health Inspectors, sanitation would be supervised by the traffic representative in-charge. For technical guidance and organisational control, Health Inspectors would continue to be under Medical Department.

(Railway Board’s letter No.84/H/27/41 dated 5.6.85)

909. **Precautions while cleaning sewer lines/septic tanks:** Safaiwalas while cleaning sewer lines/septic tanks should take necessary precautions to avoid accidents from toxic gases in the sewerage system. Health Inspectors should supervise such operation personally and see that the precautions as detailed below are undertaken:

i) **Before leaving office**

   Before leaving office following must be ensured:

   a) History of the site should be collected from old workers and available records.
   b) All the safety equipment including First Aid Box are taken.

ii) **On arrival at site:**

   a) Proper fencing and signals must be provided whenever a manhole is opened.
   b) If fencing is not available and manhole is required to be opened, a person must be stationed near the open manhole and should be instructed not to leave the manhole in any circumstance as long as it is open.
   c) A supervisor who is quite conversant with the work of sewer cleaning and maintenance should be responsible for the cleaning operations. He should be present at the work site throughout the cleaning operations.
   d) No worker should be allowed to go into the manhole without the knowledge and presence of the supervisor.
   e) Worker should apply coconut oil to his body before entering the manhole to avoid biological infections.
   f) At least three manholes on each side of the entry manhole must be kept open at least two hours before any worker is allowed to enter into the manhole.
   g) Before entry, a moistened lead acetate paper should be lowered into the manhole and tested for presence of hydrogen sulfide. If a positive result is obtained the test should be repeated after every half an hour and no one should be allowed to enter till a negative result is obtained.
   h) A burning safety lamps should be lowered in the manhole and oxygen deficiency test should be carried out.
   i) If the test results are still doubtful a hand or power operated air blower should be used to blow up the sewer gas.
   j) Harness belt/rope should be tied to the chest of the worker going inside. 2 workers are required to be stationed on the ground to pull out the worker if required.

iii) **Working inside sewers:**

   a) Adequate arrangement for light must be made inside the manhole.
   b) Neither implements nor removed silt from sewer line should be kept near the manhole.
c) If the worker inside manhole requires any instrument, same should be tied to a rope and hung inside the manhole.
d) If the worker in the sewer/manhole gets ill, he should be at once taken out and given necessary first aid including artificial respiration if needed.
e) The worker should not be allowed to remain in the sewer for more than half an hour at a time.

iv) After completion of work before leaving site

a) After work is over, the workers entered into manholes should clean their bodies with sufficient water and soap.
b) When the work is over all manholes are to be checked and covers are put properly.
c) It should be ensured that no material, implement is lying in the manhole.
d) Take attendance of all workers before leaving site, to ensure that all the workers who went into the sewer line have come out.

(Railway Boards letter No.97/H(FW)/5/5 dated 9..6.97)

910. Hospital Waste Management

Each hospital should develop a proper system for collection, storage and disposal of hospital waste. The following steps are recommenced:

a) The segregation of hospital waste at source in different categories, hazardous and non-hazardous and collection in readily identifiable colour coded containers.
b) Infectious waste should be subjected to incineration.
c) Needles, scalpel, blades and discarded glassware should be disinfected by autoclaving.
d) Non hazardous waste to be disposed off in a manner similar to household waste.
e) Specifications regarding temperature, emission levels, capacity size and height of incinerator, fuel efficiency etc. are to be borne in mind while selecting the incinerators.
f) Keeping in view the issues of environmental pollution, inherent problems of production of ash and toxic emissions associated with the incineration process, alternative strategies of medical waste management can be thought of which involves:

(i) Reduction of waste (e.g. use of glass syringes instead of plastic syringes)
(ii) Composting of organic faction of waste
(iii) Usage of chemical processes which are eco-friendly and
(iv) autoclaving and mechanical shredding, etc. may be explored.

g) Adequate emphasis may be given on training, motivation and supervision of hospital staff on waste management.
h) Protection of workers and their safety is essential to prevent infection and injury while handling waste. Adequate protective wears like gloves, aprons, masks and boots may be provided to waste handlers and they should be immunised against Hepatitis B virus.

(Railway Boards letter No.96/H/2-2/1 dated 23.4.97)

Section B

PROVISION OF SAFE WATER SUPPLY
911. Responsibilities: Provision of safe drinking water is the responsibility of Engineering department, while medical department is responsible for monitoring the quality of drinking water. The Engineering department is responsible for chlorination of water supply and maintenance of storage tanks in Railway colonies and stations. Mechanical Department maintains the overhead tanks of coaches.

(Railway Board’s letter No.83/N(C)/165/5 dated 26.6.86)

Supply of potable water in stations and colonies is absolutely essential. Any negligence on the part of field staff in carrying out regular checks and adequate chlorination of drinking water should be viewed seriously.

(Railway Board’s letter No.88/H/9/1 dated 6.4.89)

912. Chlorination

Chlorination should be done generally using chlorine gas by chloronomes installed at filtration plants, operated and maintained by Engineering Department. Chlorocil equipment using brine solution can also be used for chlorination purposes where assured electricity is available as this equipment produces instant chlorine gas by electrolytic process. At other places chlorination has to be done by mixing good quality bleaching powder solution (containing at least 25% of chlorine) at a particular rate with raw water in the main pump at the pump house itself or at the high level storage tank by Section Engineer.

The residual free chlorine available one-hour after chlorination should be 0.5 mg/L Chloroscopes to know residual chlorine and Horrocks apparatus to assess chlorine demand of water should be available with all Engineering staff in-charge of chlorination and all Health Inspectors.

(Railway Board’s letter No.80/H/26/5 dated 15.5.80)

913. Residual chlorine

The Health Inspectors should check the presence of residual chlorine daily at various distribution points e.g. platforms, refreshment rooms, waiting halls, hospitals, schools and in the Railway colonies (preferably from farthest taps in the distribution systems), randomly and record of the same should be kept in a register. Suitable remedial measures should be taken in case of deficiency. Health Inspectors should also test the bleaching powder used once in 3-4 months for chlorine content (must contain at least 25% of chlorine)

(Railway Board’s letter No.88/H/9/1 dated 6.4.89)

In draught areas where potable water is brought in tanker wagons from another station, these tank wagons must be periodically inspected and disinfected. Water trolleys, water coolers, water filters in running rooms and waiting rooms, etc. should also be regularly inspected.

914. Bacteriological and Chemical examination

Health Inspectors should collect water samples for bacteriological examination at least once a month from each bigger/important station and major Railway colony and every 2 months from each smaller station and colony. Health Inspectors should also send water samples for chemical examination once in six months.

(Railway Board’s letter No.88/H/9/1 dated 6.4.89)

The bacteriological examination is done to know the coliform count in 100 ml of water by the presumptive coliform test. In a coliform count of 4 to 10, the quality of the sample is suspicious and above 10, it is unsatisfactory. It is essential that water samples, after collection, are transported to the nominated Railway laboratory without delay in Ice Kit container or with ice in ice box or Thermocol containers. The samples are to be collected by Health Inspectors and not by his proxy. Adequate number of autoclaved sample bottles (250 ml) should be available with Health Inspectors. Since free chlorine in water defeats the very purpose of bacteriological examination, sodium thiosulphate should invariably be put in bottles before autoclaving to neutralise the free chlorine. Before taking a sample, health inspectors should estimate the free chlorine content of water by a chloroscope and record it on the label. The Health Inspectors should be trained in handling autoclaved bottles and collection of water sample from various sources without artificially polluting the water. Label pasted on water sample bottles should have the name of the station,
source of water supply, date and time of collection, Name of H.I., chlorine content at the time of water collection, whether sodium thiosulphate added and whether the sample is clear or turbid. These must be written legibly with ballpoint pen.

915. Action on test reports

Health Inspectors should ensure that test reports are received back and followed up. Unsatisfactory results should be conveyed promptly to Engineering officials in writing. Engineering officials shall duly inform the Health Inspectors about the corrective action taken. DRMs should co-ordinate this matter in their monthly divisional meetings and ensure corrective action. Divisional In-charge should send a monthly statement to CMD for corrective action at the Zonal level. CMD should send a report to the Railway Board once in 3 months regarding number of unsatisfactory reports and corrective action taken thereon on the prescribed proforma.

916. Accountability in case of lapse in supply of safe drinking water

It is necessary that the Supervisors and Officers entrusted with the responsibility of supply of safe drinking water are made fully accountable for any lapse on this account. The responsibility for an unsatisfactory sample would lie with the Section Engineer concerned and, in case of repeated unsatisfactory reports of samples in a particular locality, the responsibility shall shift to the Section Engineer in-charge, and, if the number of contaminated samples is numerous and repeated in a Sub-Division, the AEN is personally responsible.

(Rly Bd.'s letter No. 94/LM(B)/9/5 Dated 24.5.94)

Section C

Medical Arrangements At Major Fairs (Melas) And Festivals

917. General

i) Major and minor fairs and festivals occur in this country at varying periodicity. The Railways have an important role to play in the same as transport carriers of the public. The Medical Department is involved to provide necessary environmental sanitation and medical aid. The scope of the railway medical department is limited to railway premises only. These measures have to be undertaken in collaboration with the State and local health authorities, where melas are held.

ii) As these fairs vary greatly in scope and character, it is not possible to formulate fixed rules that will apply under all conditions. Medical and sanitary measures required, depend upon the local conditions.

iii) Requirement of staff will depend on the magnitude of the congregation. Hence, no fixed yardsticks can be laid down for the strength of staff required. However, as a general guideline, one Safaiwala for every thousand pilgrims, one Safaiwala for a block of 20 toilet seats and one Safaiwala for every 50 urinals is the accepted general standard. However, the employment of staff should be in phases depending upon the needs. Within these parameters, staff are to be used for disinfection and for control of mosquitoes and flies.

918. Responsibility

The main responsibility for environmental sanitation and health at the mela site is of the State Health Authorities. The Railway Administration’s responsibility will generally be confined to railway premises. However, a close liaison has to be maintained by the Railway Medical Authorities with the State and local health authorities.

919. Objectives of the Medical Department

1) Environmental sanitation.
2) Prevention of epidemics.
3) Prevention of infectious diseases.
4) Providing first aid to injured persons.
5) Isolation of doubtful cases of infectious diseases in a ward or hospital till arrangements for the transport to the infectious diseases’ hospital can be made.

6) Providing medical aid to the railway staff posted there.

**Note:** It is not the responsibility of the Railways to man and work at the inspection and inoculation posts for the passengers. Railways will ensure that all railway employees going to the mela area are inoculated. However, Railways may assist the State Health authorities in inoculation of the pilgrims, as and when the need arises. Inspection and segregation of the infectious cases amongst the passengers is also the primary responsibility of the State Health Authorities.

**920. Planning**

On receipt of a notice from the State Government, the DRM will form a committee of Divisional Officers of which the Medical Officer in-charge of the division will also be a Member to plan arrangements for the mela. The State Health Authorities will intimate the dates of the Mela and approximate number of pilgrims expected. The Medical Officer In-charge of the Division would do his own planning for the medical and sanitation arrangement. He will visit the site of the mela well in advance and chalk out the requirement of equipment, human resource and funds. Additional funds, if required, may then be obtained.

**921. Nomination of Mela Medical Officer:**

1) The Medical Officer In-charge of the Division shall appoint a senior Medical Officer, depending on the number of pilgrims expected, duration and importance of the mela, who will be in-charge of the medical and sanitation arrangements for the mela. He shall work under the direct control of the Medical Officer in-charge of the division.

2) In case of big melas e.g. Kumbh Mela, he must have a few DMOs, ADMOs under him for different first aid posts and the Medical Officer in-charge of the division will distribute duties as deemed necessary.

3) The Medical Officer nominated by the Medical Officer in-charge of the division shall be designated as the Mela Medical Officer. He will be nominated well in advance of the commencement of the mela and will be constantly associated with the meetings, correspondence in connection with the mela; and maintain liaison with State and local Health authorities.

4) A Chief Health Inspector should also be nominated exclusively for this purpose to assist the Mela Medical Officer. He will make occasional trips to the mela site to study the housing problems of his staff, the sanitary conditions existing before the mela, the improvements needed to meet with the extra demands, and have these attended to by the departments concerned. In consultation with the Committee formed by the DRM, he shall ask for accommodations for his staff and also the lay-out to provide effective environmental sanitation.

5) The Mela Medical Officer should be at the site before the commencement of the mela along with the Chief Health Inspector so nominated, to take care of the sanitation problems.

**922. Duties of the Medical Officer posted in a mela area**

a) He will be overall in-charge of the medical and sanitary arrangements.

b) He shall report to the Medical Officer in-charge of the division on day-to-day happenings such as the number of passengers inspected, number of incoming and outgoing pilgrims, the number of cases of infectious diseases detected and their disposal, the number of causalities treated etc. He must take initiative using his judgements for sorting out any problem that may crop up during the mela and seek advice from the Medical Officer in-charge of the division.

c) He should examine and ensure hygienic handling of foodstuff kept for sale by the vendors, canteen contractors and catering establishments in the railway premises.

d) He should inspect the sanitary and water arrangements daily.
e) He should deploy staff and supervise inspections of the incoming and outgoing passengers for detection of disease. On detection of any case, either in the carriage or at the inspection barrier, he should detain and segregate the case and send it to the Civil Hospital. The carriage in which the case has been detected, should be detached, disinfected under his guidance and should be allowed to be used only when certified as fit.

f) He will maintain close liaison with the civil health authorities regarding any communicable disease that has arisen or is likely to arise in the civil area, and should take necessary precautions to prevent its spread to railway premises. He should help the State Health Authorities in conducting inoculations, confining the activities generally to railway premises.

g) He should ensure that his staff work in shifts.

h) He should maintain discipline amongst his staff.

i) He should appoint responsible staff to keep account of all the tools and plants and the consumable items provided for the Mela.

j) He must maintain a record of cases treated, the number of infectious disease cases detected, the number of passengers examined for infectious diseases, and the number of inoculations carried out.

k) Assistance of other departments of the Railway, and co-operation of the State authorities concerned should be sought as and when necessary.

923. Staff requirements.

1) Staff that can be spared from other places of the division should be spared. In case of requirement of staff needed other than those that can be spared from the division, a demand should be placed on the Chief Medical Director well in advance so that, he can arrange for the staff either from other divisions of the Railway or take assistance from sister railways. Temporary staff may be appointed as casual labour on local rates as approved by the civil officers in charge of the mela through local employment exchange, after obtaining sanction of competent authority. Name, Father’s name, age and two marks of identification of each employee should be entered in a register and their signatures/LTI impressions obtained. If this is not done, it may not be possible for the Mela Medical Officer to arrange payments from the station earnings.

2) In big melas, recruitment of casual labourers becomes a problem. Housing is a necessary pre requisite for them. Staff has a tendency to move from one unit to another. In such exigencies, the health inspectors coming on mela duty can bring casual labourers from their areas.

924. Inspection posts.

i) Inspection posts will be required in the mela area and will be manned by the St.John Ambulance Brigade personnel. At vital places, a Medical Officer too shall be posted. The inspection posts will perform the following duties.

a) Render First-aid

b) Patrolling duty for detection of infectious diseases

c) Carrying patients on stretchers from the platforms to the medical institutions

d) Carrying messages

e) Attending to telephone calls

f) Attending to patients admitted in the wards and providing them with comforts.

g) Attending to any other duty specified by the Mela Medical Officer.

ii) Besides the above, there will be inspection posts at out stations surrounding the mela area.

iii) Members of the nursing division will be utilised for

a) Duties in the inspection posts and wards;

b) Inspection of ladies compartments.

925. Sanitary measures.
i) Before the actual commencement of the Mela the Safaiwalas should start cleaning the area and desilting of drains. When the whole of the Mela area is absolutely neat and clean, the total strength of staff should be divided into groups and placed under the charge of Health Inspectors, two thirds of them being preferably on day duty and one third on night duty.

2) Banana skins, leaves, papers, cigarette cases, etc. shall immediately be picked up after the departure of each train, the tracks cleaned and dusted with a mixture of lime and bleaching powder in the ratio of 4:1

3) The garbage collected should be burnt, buried or disposed of as per arrangements made before the mela.

926. Inoculation.

All staff deputed for mela duty will be properly protected against Cholera and Typhoid. Vendors must be in possession of valid vaccination certificates. Passes to staff going on duty to mela should be issued only after checking their inoculation certificates.

927. Water Supply.

(1) Samples of water of all stations in the mela area will be sent to the nearest railway laboratory for analysis one month before the commencement of the mela and thereafter at regular intervals. If the water is found defective, the Civil Engineering Department should be informed who will take necessary action to render the water potable.

(2) During the mela period, the Health Inspectors using chloroscopes shall carry out daily testing of the water for residual chlorine. The residual chlorine should be 0.5 mg/l. In case it is not up to this standard, chlorination should be increased.

928. Bathrooms.

(1) A row of taps in suitable temporary structures made of brick or galvanised iron sheets, or corrugated asbestos sheets or bamboo, tatties with cement flooring should be built separately for males and females, with suitable arrangements for drainage of water.

(2) As a general guideline, one bathroom is required for every 500 passengers and these have to be systematically planned at the originating and also at the terminating stations as pilgrims have to wait for 24 hours or so to catch their trains.

929. Sprinkling of water on roads.

Arrangements should be made for sprinkling of water on roads to prevent the dust from rising.

930. Canteens and kitchens.

(1) Canteens and kitchens for the staff should have floors with proper arrangements for washing of utensils and crockery. All kitchens should be provided with electric light and should be fly-proof.

(2) Temporary kitchens should be provided at the originating and terminating stations for passengers who might have to wait for want of train accommodation; so as to enable them to do their cooking.

931. Refreshment rooms, vending stalls, etc.

(1) All refreshment rooms, vending stalls, canteens, running rooms and catering establishment on railway premises should be inspected daily. Food handlers, ice vendors, etc. should be examined according to the standards laid down for examination of refreshment rooms and vending stalls. The food handlers and ice vendors should be protected against cholera and typhoid.

(2) All food should be kept covered under fly-proof covers.

932. Latrines.
Dug well latrines are ideal for mela areas. There should be separate latrines for males and females. They should be suitably distributed over the mela area under the railways’ jurisdiction. Other public latrines, if not provided with flush arrangements, should be closed for the duration of the mela. In case dug well latrines cannot be provided, the alternative is bore hole latrines, or deep trench latrines.

933. Urinals.
Soakage pits should be constructed. There should be sufficient number of urinals, distributed throughout the mela area, separately for males and females.

934. Anti-mosquito and anti-fly measures.
Adequate measures should be taken to prevent breeding of mosquitoes and flies. All permanent buildings as well as temporary structures in the mela area should be sprayed with insecticides. Adequate number of spittoons and dust bins should be provided. The Carriage and Wagon Department and Medical Department should spray all incoming trains at the last junction. The object is to keep the areas absolutely free from mosquitoes and flies. In the open areas, knock down anti-fly, anti-mosquito sprays should be done.

935. Sale of wholesome food.
It is necessary that special attention is paid to ensure that only wholesome food or food articles are sold in the mela area and also on the journey area. The food should be kept covered to prevent contamination by flies. It should also be ensured that the utensils are properly cleaned.

936. Anti snake measures.
In areas infected with snakes, all the holes in the ground should be treated with appropriate chemicals and thereafter filled with earth.

937. Washing and cleaning of rakes.
They will be washed and cleaned by the Carriage and Wagon Department in the usual manner.

938. Disposal of infectious disease cases.
All cases suffering from infectious diseases should first be brought to the nearest medical institution, and then transferred to an infectious disease hospital. All cases of vomiting, diarrhoea or dysentery should also be transferred to such hospitals for examination.

939. Dispersal of mela.
1) On the inward journey, the passengers alight from the trains and go straight to the mela and have little inclination to stay in the railway premises. On the return journey, however, pilgrims are in a hurry to catch the first available train, collecting in large numbers on railway premises. Greater attention therefore has to be paid towards maintenance of cleanliness in railway premises during dispersal. Hence, it is essential to have toilets, urinals bathrooms and kitchens for the pilgrims. To a great extent, the success of the Mela Medical Officer lies in keeping the railway premises clean at the time of dispersal.

2) Mela Medical Officer should make at least two rounds daily of the whole mela area and take necessary action to rectify defects noticed by him. Medical Officer in-charge of the division shall also pay frequent visits during the mela period.

3) i) When the mela is officially declared over by the State Authorities, the Mela Medical Officer will arrange to return all staff and equipment to their respective sources. The temporary labour is to be discharged, after paying them from the station earnings.

ii) Some staff will have to be kept behind for cleaning the area after the mela is declared closed.

940 Submission of report.
At the end of the mela, the Mela Medical Officer will submit a detailed report to the Medical Officer in-charge of the division in whose jurisdiction the mela had taken place.
941. Definition

(1) “Quarantine” means any restrictions imposed upon the movements of a railway employee or a member of his household or upon his intercourse with other persons. Such restrictions being imposed when the person is suffering from, or having suffered within a preceding period not greater than the usual maximum incubation period of the infectious disease. Such restriction is designed to prevent the spread of disease by an affected person to another non-affected person. Quarantine has gradually become less important with modern knowledge of disease control.

(2) “Quarantinable Infectious Diseases” means cerebro-spinal meningitis, cholera, diphtheria, typhus fever or such other disease as may have been declared to be such by a State Government within the areas under its administration.

(3) “Infectious diseases” means Chicken Pox, Leprosy, Measles, Mumps, Scarlet fever, Typhoid fever, Whooping cough or such other diseases as may have been declared to be such by a State Government within the areas under its administration.

(4) “Household” includes any member of his family or dependent relatives of a railway employee residing with him, or other person who at the time occupies any part of the same unit or residence or any servant of the above living in the same residence.

942. Procedure to be followed when a quarantinable infectious disease is detected or suspected in the household.

(1) A railway employee residing within the jurisdiction of a Railway Medical Officer who knows or has reasons to suspect that either he himself or a member of his household is suffering from a quarantinable infectious disease, shall immediately notify his Medical Officer, or if residing beyond the jurisdiction of a Railway Medical Officer, shall inform his immediate superior of the fact at once.

(2) The railway employee’s immediate superior under sub-paragraph (1) above, shall immediately notify the Medical Officer in charge of his section. The message shall specify the suspected illness, the name, designation and address of the railway employee, and whether his residence is within the railway premises, or if otherwise, approximately how far therefrom.

Note: In respect of the 3 quarantinable infectious diseasesviz. Cholera, Plague and meningitis, the notification as referred to in paragraph (1) and (2) above should be sent by telegram to the following authorities:

(a) The Director of Public Health (Director of Health Services at the State);
(b) The Civil Surgeon of the District/District Health Officer
(c) Municipal Health Officer/Cantonment Executive Officer
(d) The Chief Medical Director
(e) MD/CMS/MS in-charge

In the case of other quarantinable/infectious diseases advice by letter should be sent to the relevant authorities above.

(3) When a railway employee or a member of his household is suffering from a quarantinable infectious disease, it will be his duty, if he is residing within the jurisdiction of a Railway Medical Officer to facilitate the examination of himself or the affected person in the household by doctor.

(4) When a railway employee or a member of his household is suffering from a quarantinable infectious disease, it will be his duty, if he is living beyond the jurisdiction of a Railway Medical Officer to immediately arrange for the examination of himself or the affected person in the household by a Medical Officer in charge of a Government or Municipal Hospital or dispensary situated nearest to the place of his duty, failing that any other registered medical practitioner and produce a certificate from him stating the nature of the illness.. The certificate in question should be submitted to the Medical Officer in charge of the section though his immediate superior.

( Rly. Bd.'s letter No. E47/ME1/7/3 Dated 12.4.48)
943. **Restrictions imposed on a railway employee under Quarantine**

A railway employee to whom a quarantine admission certificate has been issued, shall not, until the issue of a quarantine discharge certificate terminate his period of quarantine.

(i) Either himself frequent or permit members of his household to frequent places of public resort, such as institutes, schools, reading rooms, shops, places of worship and the like; or

(ii) If resident in railway premises, leave without the express permission of his Authorised Medical Officer, the station or in part thereof which the Medical Officer may consider proper in the interest of the health of the public; or

(iii) Permit any person not being a member of the medical or health staff or other expressly authorised person, to enter his house or hold unnecessarily communication with himself or a member of his household.

**Note:** No clothing of any sort be sent to be washed without the doctor’s advice.

944. **Quarantine leave : Deleted**

(Rule 551 RI 1995 reprint)

945. **Procedure to be followed when a case of infectious disease is detected or suspected in the household.**

A Railway employee in whose household an infectious disease is verified to be present in a contagious phase, within a prior period not greater than the usual maximum incubation period of such disease, shall attend the railway health unit or hospital and will continue to do so until such time as it appears that the likelihood of the railway employee contracting the malady in question no longer exists. The railway employee shall also facilitate, for a similar period, such examination of members of his household by a Railway Medical Officer as the latter may deem reasonable or should the railway employee reside beyond the jurisdiction of a Railway Medical Officer he shall, when called upon, furnish a medical report obtained from a Medical Officer of the Local State Government, failing which, from that of any other registered medical practitioner certifying the health of his household.

(Rule 941-RI)

946. **Carriage of passengers with infectious or contagious diseases**

a) Railways shall not carry persons suffering from the following infectious or contagious diseases:

i) Cerebro-spinal meningitis

ii) Chicken-pox

iii) Cholera

iv) Diphtheria

v) Measles

vi) Mumps

vii) Scarlet fever

viii) Typhus fever

ix) Typhoid fever

x) Whooping cough

b) A person suffering from any of the above diseases shall not enter or remain in any carriage on a railway or travel in a train without the permission of the Station Master or other railway servant in-charge of the place where such person enters upon the railways.

c) A railway servant giving such permission may, on the person suffering from the disease and agreeing to pay the usual number of fares for reserving a compartment, arrange for his separation from other persons travelling upon the railway.

d) Detention of Passengers suffering with any Infectious or Contagious diseases - When a passenger is detained at railway station by a Medical Officer, as a measure for prevention of the spread of infectious or contagious diseases referred to in Para (a) above and when such a passenger is unable to continue the Journey by the train for which the ticket is issued and the period of its availability in terms laid down for break of journey en route is exceeded, the Station Master on the authority of certificate from the Medical Officer, shall make the ticket available for further journey by an endorsement on the back of the ticket.
Section E

SCHOOL HEALTH

947. Periodical Medical Examination of School Children

(1) Medical examination of school children studying in railway schools should be carried out at the
time of admission and once a year thereafter by the concerned Medical Officer. Any defect noticed should
be recorded so that the school authorities can advise the parents of such children to give necessary treatment
to them. Particular care must be taken to examine the children in respect of the following:

i) Congenital defects
ii) Malnutrition
iii) Tonsils and Adenoids
iv) Eyes
v) Ears
vi) Teeth and gums
vii) Skin

Note:
(i) The concerned Medical Officer will not be entitled to any honorarium for conducting the above
periodical examinations.

(ii) Suitable action should be taken to follow up cases of children, requiring treatment and to give them
such treatment.

(Railway Board’s letter No.MH/58/ME5/163/Med. dated 10.3.59 and No.63/H/7/89 dated
16.11.1964)

948. School Health week:

School Health week has been included in the calendar of activities at the National Level to be
organised in the last week of August every year. During this period all school children should be subjected
to Health Check up and those needing treatment should be followed up. Programme of Health Education
should also be organised in the schools in collaboration with the school authorities during the week.

(Board’s letter No.97/H(FW)/10/3 dated 21.2.97)

Section F

General Physical check-up of certain categories of staff

949. Medical examination of food handling staff.

(1) The food handling staff working under contractors/railway catering department, in Refreshment
Rooms, Food Stalls, dining cars and station vendors, as well as cooks, masalchies and helpers working in
the railway hospital, running rooms, canteens, training school hostels; water men; and running room bearers;
though classified in category “C” for the purpose of medical examination, should nevertheless be subjected
to periodical medical examination at Railway hospitals/health units, with a view to detect and prevent
communicable diseases and infectious diseases. The check up is to be done as follows:
i) On first appointment  
ii) Every year thereafter  
iii) Before being permitted to return to work after prolonged sickness; and  
iv) On appearance of any skin disease or any rash on the skin.

2) The periodical medical examination should include radiographic examination of the chest to detect cases of pulmonary tuberculosis and examination of skin for any infectious disease. Radiographic examination of chest should invariably be done through MMR or large X-ray films.

(Board’s letter No.95/H(FW)/8/1 dated 6.10.95)

Food handlers, whether Railway employees or employed on commission basis in departmental catering establishments, should be subjected to radiographic examination of the chest, free of cost, in Railway hospitals. Where facilities for such examination do not exist in Railway hospitals, arrangements should be made with the State Governments concerned for the purpose. In the case of those employed by contractors in the establishments run by them, the contractors themselves should arrange to have them radiographically examined at any State Government centre at their own cost and produce a certificate at the time of appointment, as also at subsequent periodical examinations, which should be at the end of every year thereafter. Such examinations, where not feasible in State Government Institutions, may be carried out in Railway Hospitals on payment of outsider’s charge.

3) Charges to be levied for medical examination of food handling staff- Please See Paragraph 589

**Note:**

a) The Station Master/ Canteen Manager will direct the employees, station vendors and others connected with the handling of food and water supply to Railway Medical Officers for examination for the above purpose with a authority on the prescribed proforma (Annexure I). Suitable punitive measures should be initiated against defaulters,

b) The Railway Medical Officer will issue the necessary health certificates in the prescribed proforma.(Annexure II)

c) The licensed contractor will ensure that the health certificates are readily available for inspection by any inspecting official.

d). The Station Master/ Canteen Manager will maintain a register with necessary entries posted up to date in the prescribed proforma. This register should be exclusively for medical examination only. (Annexure III)

e) The Station Master/Catering Inspector should see that all vendors are in possession of medical certificates and that they are sent for medical examination as prescribed.

f) All catering/vending contracts should provide for medical examinations as laid down in sub paragraphs 1 and 2 above and should also provide for dealing adequately with failures by contractors by punitive measures.


**950. Medical Examination of book contractors and their staff**

(1) Book stall contractors who personally deal with customers, as well as their shopkeepers and salesmen, etc. should at the time of initial recruitment and periodically there after at intervals of six months, produce health certificates regarding their physical fitness from any registered medical practitioner which should specify, particularly, that the persons in question are free from Tuberculosis.
Where the Supervisor/Inspecting officials of the Railway suspect that such persons are suffering from tubercular infection, etc., they may be directed to report to a Railway Medical Officer at the nearest railway medical institution for medical examination. If considered necessary, the persons concerned may be required to produce X-ray of their chest, etc. for examination by the Railway Medical Officer. Such examinations, where not feasible in State Government institutions, may be carried out in railway hospitals on payment of outsiders’ charges.

(Railway Board’s letter No.64/TGIII/461 dated 12.8.1965)

Section G

951. National Health Programmes

The Railways are actively involved in the implementation of various National Health Programmes. The important National Health Programmes are:

1. National Family Welfare Programme including MCH.
2. National Malaria Eradication Programme
3. National Filaria Control Programme
4. National Tuberculosis Control Programme
5. National Leprosy Eradication Programme
6. National Programme for Prevention of Visual impairment and Control of Blindness
7. Diarrhoeal Diseases Control programme
8. National Iodine Deficiency Disorders Control Programme
10. Kala Azar Control Programme
11. National Cancer Control Programme
12. National Mental Health Programme
14. National STD Control Programme
15. National AIDS Control Programme
16. National Programme for Control of JE
17. National Water Supply and Sanitation Programme
18. Minimum Needs Programme

952. Malaria Control

The measures taken for control of malaria should be in line with the directions of the National Malaria Eradication Programme. Liaison with NMEP authorities / State Malaria cells for logistic, technical and other support has to be maintained at all levels.

1. Diagnosis and treatment
   i) All cases of fever should have their blood smears examined for Malarial parasite before taking chloroquine.
   ii) Whenever a slide is found positive for MP, Radical treatment for cure is a must.
   iii) All Medical Officers should prescribe presumptive and radical treatment of Malaria as per the schedule given by NMEP.
iv) Primaquin must be available in all Hospitals and Health Units in adequate quantities.

2 Monthly report
Monthly report on Malaria should be sent on the prescribed format latest by 15th of subsequent month.

3 Health Education
i) Efforts to create awareness amongst the community and to enlist community involvement in prevention and control of Malaria must be made.

ii) Involve the community as the environmental measures for control of mosquitoes can only be done by the efforts of the community themselves.

4 Mosquito Control
i) To eliminate the transmission of disease, it is essential to reduce the longevity of the vector and to bring down the vector density.

ii) Integrated vector control measures are to be undertaken.

iii) Identify all the breeding sites in the jurisdiction of each Health Inspector.

iv) Decide on a specific vector control activity for a targeted site.

A) Antilarval measures form the backbone of the vector control measures in the urban areas. They consist of:

a) Regular spraying of mosquito larvicidal oil (MLO)/ Fenthion (Baytex)/ Temephos (Abate) in breeding places every week.

b) Use of larvivorous fish is the method of choice where water collections do not have high organic pollution. The fish can be arranged through the Malaria Research Centre and State Malaria Cells.

c) Source (breeding sites) reduction methods:
   i) Periodic emptying of domestic water containers, sealing of water tanks, filling potholes, puddles, burrow pits and canalising drains.
   
   ii) Environmental modification and manipulation by leveling of land or filling large depressions, soakage pits to prevent flow of waste water into the streets and leaking pipes or taps to be repaired.

   iii) Overhead tank should have a tight fitting lid and overflow pipe of tank should have a wire mesh to prevent entry of mosquitoes into the tank.

   iv) Expanded polystyrene (EPS) beads which form a floating layer over the water surface, provide a physical barrier between mosquitoes and water. A single application of 4-5 layers of EPS beads protects habitat from mosquito breeding for 3-4 years. This can be applied in disused well, under ground tanks etc. Closer co-ordination and education of the officers concerned and supervisors of the Engineering Department should be done to achieve results.

B. Anti adult measures: consist of

a) Spraying of fifty houses around the house where an MP positive case has been found with residual insecticides like e.g. DDT, Malathion or Synthetic Pyrethroids.

b) Anti insecticidal space spray can be done on request wherever mosquito density is high with pyrethrum extract or malathion.

c) The choice of insecticide may be made in consultation with the state Malaria Cells based on local vector susceptibility.
d) Habitat Management by Mosquito proofing of houses and personal protection measures.

C. Bio-environmental methods

Insecticides have failed to control the mosquito problem due to various causes, the important ones being resistance of vectors to insecticides, incomplete coverage by insecticide, cost of petroleum products, shortage of supplies, changing behaviour of mosquitoes, environmental pollution, food toxicity and this being a temporary method. Hence the strategy for mosquito control has shifted to the bio-environmental methods which are environmentally safe, simple, cost effective, long lasting, socially acceptable easy to implement, widely applicable, promote rural development, generate employment, enhance health status and inculcate scientific temper. This strategy is being successfully implemented in various projects by Malaria research centre.

953. Tuberculosis Control Programme Highlights

The Tuberculosis control programme aims at early detection of cases and complete treatment. In the current strategy of Directly Observed Therapy (DOT), the emphasis is on (a) the cure of all infectious and seriously ill patients of tuberculosis through administration of supervised short course chemotherapy to achieve a cure rate of at least 85% and (b) augmenting case finding activities to detect at least 70% of estimated cases.

The diagnosis is based primarily on testing 3 samples of sputum for AFB in all clinically suspected cases. This is further supplemented by radiology. Only the standardised treatment regimens must be prescribed. The supply of drugs should be regular and uninterrupted to the most peripheral level in blister packs packed in patient-wise boxes. The treatment should be closely supervised to eliminate default rates completely.

The Governmental efforts are supplemented by Indian Railway Tuberculosis Association (IRTBA) which is affiliated to Tuberculosis Association of India and has branches in each Railway. The guidelines for control of tuberculosis and use of TB seal Funds must be strictly adhered to.

954. Guidelines for Utilisation of T.B. Seal Funds

1. Zonal and Divisional Committees:

Zonal and Divisional Committees for the management of IRTBA activities and funds should be formed under the chairmanship of the CMD and CMS respectively. The Committees should have two members from paramedical who have the aptitude for this work like Matrons, CHIs, etc. The total members of the committee should not exceed 5.

The committees in consultation with the respective CMDs should form a Calendar of anti TB activities. CMDs should develop fool proof methods to monitor the activities. Major achievements may be reported to the Railway Board.

2. Food Supplements for TB patients

a) Undernourished employees and dependants admitted to chest clinics who are not entitled to free diet may be given food supplements in the form of fruit, milk, eggs, etc. restricting supply of proprietary, elemental & complex food supplements to those who can not have normal diet.

b) Patients of tuberculosis on domiciliary treatment from low socio-economic groups who require supplementary nutrition can be given proprietary food supplements including vitamin preparations, only for a reasonable period of time. A record of such patients should be maintained indicating the designation, income, number of family members, dietary supplements given and weekly weight records for the relevant period.

c) Railway employees on leave without pay on account of sickness from tuberculosis, who get only a meager subsistence from Staff Benefit Funds may be given food grains e.g. cereals, pulses etc.
d) No cash assistance should be given from this account.

3. Procurement of Health Education material:
   Materials like posters, slides, videocassettes, exhibits etc., which can not be readily purchased from Railway Revenue, can be procured from the funds of Tuberculosis Association. Procurement of material for Health Education need not be limited to Tuberculosis alone. Infrastructure for health education should be streamlined.

4. Purchase of journals and preparation of audio-visual material:
   Purchase of journals on Tuberculosis and chest diseases can be made from the Tuberculosis Association funds (as per list circulated by Railway board). Slides/Transparencies for presentation of papers in Conference/Seminars can be funded from IRTBA funds. However, such property will belong to the IRTBA.

5. Case Detection Camps:
   Since the success of control of Tuberculosis lies to a great extent in early case detection, it is essential to organise at least one Tuberculosis Detection Camps/door to door survey for each Railway Colony once a year. Such programme should include active surveillance for BCG in all children up to one year.

   Scouts & guides, members of St. John Ambulance Brigades and other volunteers including retired railway employees, school teachers from railway schools, active members of women social services organisations, etc., should be involved and actual expenditure incurred on transport and light refreshment (austerity type) for the volunteers in such field activities may be subsidised from TB funds as a supplement to the railway resources.

6. Each major railway colony should have a “Voluntary Health Worker” who can be a retired railway employee or educated unmarried and unemployed daughter or wife of a railway employee or any other active person who is an effective communicator and is willing to do some social work. He will assist the Chest Clinic in reducing the default rate, screening of contacts, case detection, health education, organisation of multipurpose drives, etc., and in general work for the betterment of the health status of the residents.

   The volunteer should be adequately trained for his/her activities. A nominated Medical Officer should monitor his/her activities and a record of the work done by him/her should be maintained.

   As an incentive, an honorarium based on the quantum of work and the cost index prevailing in the area up to a maximum of Rs.100/- per week for the number of weeks in a month, that the volunteer is actually engaged in rendering the specified services subject to availability of funds in the Tuberculosis Association account will be payable to the Voluntary Health Worker.

7. Honorarium up to Rs.100/- per month can also be paid to carefully selected, competent, specially trained and, certified, group C or D employees for sputum examination at specified centre at a rate of Rs.1/- per slide, where no regular staff is available for the purpose. They should be provided with an initial training of 2 to 4 weeks with a refresher course every six months at the Divisional or Zonal headquarters.

   Secretary IRTBA will prepare a simple, practical yet a thorough curriculum for such training and circulate it to all Chest Clinics/Physicians after due approval from the president, IRTBA.

8. Extra incentive to TB patients or their spouses undergoing sterilisation with up to two children, in the form of NSC of Rs.1000/- should be given. This should be admissible only to those who are registered tuberculosis patients on anti-tuberculosis drugs.

9. A group award of Rs.2000/- to the Best Chest Clinic of the Zone should be given annually. The criteria for selecting the best chest clinic would include:

   a) Default rate (lowest)
   b) Percentage reduction in incidence of TB (compared to the previous year)
   c) Quality of records maintained by the chest clinic.
d) Physical facilities e.g. labs, X-rays (including the serviceability of equipment)
e) No. of Educational drives on Tuberculosis conducted for General Public e.g. films, seminars, exhibitions, etc.
f) No. of Multipurpose case detection drives conducted
g) Percentage of Infants covered for BCG vaccinations.

10. Railway Board will give the following awards from the IRTBA fund at an appropriate function:
   a) Zonal Railway which has sold the maximum number of TB Seals - running shield.
   b) Zonal Railway which has sold the second highest number of TB Seals - running shield.
   c) Individual officer who sold the highest number of TB Seals - Rs. 500 + Trophy.
   d) Highest quantum improvement over the previous year in sterilisation performance Rs.2000/- (The improvement will have to be at least 25% over the previous year for eligibility)

11. Similar awards may be instituted at Zonal levels. However not more than 2% of the funds accrued during the year should be spent on awards. Innovative strategies can be evolved for community participation in TB seal sale and awareness drives e.g. competitions for good and catchy slogans, quiz contests on Tuberculosis and allied health problems, public symposia, etc., for which too, an award can be instituted.

12. Any expenditure not directly or closely related to the control of Tuberculosis must NOT be made from these funds. In particular, engagement of full time or part time receptionist or other hospital worker, engagement of house officer, funding of conferences and symposia not specifically related to the control of Tuberculosis or Ostentatious receptions or entertainment, even if in connection with a programme organised on the subject of TB control, will not be permissible.

13. All accounts of the Railway TB Associations, whether at the Divisional, HQ or Railway Board level must be audited without fail within 4 months of the end of each financial year.

14. Interest accrued from the corpus of the Association and up to 50% of the income from the sale of TB seals of the year should be utilised for the activities, as mentioned in the guidelines; the corpus and the remaining 50% of the income for the year should be kept in suitable deposits. At the beginning of each financial year a budget will be prepared by individual division/Chest Clinics and funds drawn from IRTBA after due approval of the budget by the concerned Zonal/Divisional committee.

15. Smaller divisions having inadequate funds can be given interest free loans from the Zonal funds to begin the Programme.

16. All CMDs must ensure that these guidelines are actually read and understood by all officers concerned and that a copy is actually available at all the units.

(Railway Board’s letter Nos. 96/H/FW/IRTBA/4 dated 11.3.97, 97/H(FW)/IRTBA/2 dated 5.11.97 and 96/H/(FW)/5/4/TB dated 23.12.96, 6.5.97 & 29.5.97)

955. Acquired Immune Deficiency Syndrome (AIDS)

Government of India has constituted the National AIDS Committee in 1986 and launched the National AIDS Control Programme in 1987. In 1992, a comprehensive five-year strategic plan (1992-97) was implemented throughout the country, as a 100% centrally sponsored scheme.

Conforming to the guidelines issued by NACO in early 1996 an AIDS control system has been created on the Indian Railways. The basic programme components are:-

1. Programme Management:
The infrastructure for implementation of the AIDS control programme in the Railway Board level is:
   (i) Health Directorate will issue policy guidelines and directives for effective management and implementation of the AIDS Control Programme.
   (ii) Director/Jt. Director (Industrial Health) will monitor the program implementation and co-ordinate with the various Zones and National AIDS Control Organisation.
(iii) The Chief Medical Director will be the overall in-charge of the Programme in the Zonal railway. The Deputy Chief Medical Director (H&FW) will be the co-ordinating officer who will co-ordinate and liase the campaign at the Headquarter and Divisional levels. He will be responsible for maintaining a central registry in the headquarters office for HIV positive and AIDS cases occurring in the Zone. He will also report and liase with the Director Industrial Health (Railway Board).

(iv) At the Divisional level: The Chest physician of each division or any other senior physician in the absence of a Chest physician would function as the nodal officer.

2. **Formation of Divisional Health Promotion Councils:**

A senior branch officer nominated by the DRM preferably the ADRM would be the Chairman of this Council and the nodal Medical Officer will be the Secretary. The Health Promotion Council shall consist of 5 to 9 members selected from the officers, employees and their families, representatives of labour unions and members of voluntary organisations like Women Social Service Committees, Scouts & Guides and the persons serving in St. John Ambulance Brigade etc. The main task of this Council will be to increase awareness about HIV/AIDS and to disseminate this knowledge amongst the Railway population.

3. **Information, Education and Communication (IEC):** Health education or IEC is the primary tool for preventing HIV/AIDS. The objective of IEC is to create awareness, knowledge and understanding amongst the population about routes of transmission and methods of prevention of HIV infection and AIDS. It is also required to promote desirable practices such as avoiding sex with multiple partners, use of condoms, sterilisation of needles and syringes and voluntary donation of blood.

4. **Training of medical and paramedical workers:** Chief Medical Directors will arrange training for nodal officers for AIDS Control Programme in courses organised by State AIDS Control Cells and NACO. The trained nodal officer will in turn impart training to other Medical Officers and paramedical staff at Zonal/Divisional Railway Hospitals.

5. **HIV Testing Policy:** The most widely used test is the Enzyme Linked Immuno Sorbent Assay (ELISA) which detects the antibodies generated by the body in response to infection by HIV. The facility for testing AIDS by ELISA or by Rapid/Simple test must be provided at all the Divisional Railway Hospitals and Production Unit Hospitals. HIV test should be done on the following cases:

i. All blood donors
ii. All patients presenting with clinical indication suggestive of AIDS
iii. All patients suffering from Tuberculosis
iv. All ante-natal cases
v. All cases suffering from Sexually Transmitted Diseases.

The results of such tests should be treated with due confidentiality, informing only the patient and with his or her consent to the spouse. Positive cases are not to be discharged from the Hospital for reasons of being HIV positive and are not to be isolated from other patients. It is true that all those working at Health Care Units i.e. Doctors, Nurses and Para-medical Staff run a greater risk of getting infection from the patient. They can also transmit the virus to an uninfected person/patient if they themselves are infected with HIV. These risks can be avoided by following ‘Universal Precautions’ to prevent transmission of infection from blood-borne pathogens.

All cases tested positive for HIV should be called for follow up every 3 months. The follow up should include physical assessment including blood counts and other investigations as well as counseling of the patients. HIV/AIDS counseling is an ongoing process involving close interaction between patient and counselor with the aim of preventing transmission of HIV infection and providing psychosocial support to those already infected.

6. **HIV & AIDS Surveillance:** Each division to have a registry for HIV positive cases for onward submission to the nominated Dy. Chief Medical Director for maintaining Central Registry at the Headquarters office. The Zones should inform the HIV/AIDS cases to the Railway Board every month.
7. **Blood Safety Programme:** All Blood Banks should be licensed. Details of licensing are given in chapter XIII. It is mandatory to test every unit of blood for HIV, Hepatitis B, Syphilis and Malaria. HIV testing strategy provides that all samples are to be tested with either ELISA or Rapid/Simple test. It is also important to carry out unlinked anonymous tests with kits which include both HIV I and HIV II and the unit found positive for HIV is discarded by heat treatment followed by incineration. Blood Bank officers and staff should be trained through State AID Cells. All hospitals should have a list of all potential donors amongst the employees and their families with their blood groups and addresses. This should be supported by intensive health education for promotion of voluntary blood donation.

8. **HIV/AIDS and Tuberculosis:** With the high prevalence of tuberculosis in our country and recognising the fact that tuberculosis is an important opportunistic infection in HIV persons and AIDS cases, the strengthening of treatment of tuberculosis and follow up of the cases are two very crucial components of this programme.

   The guidelines for AIDS Control Programme have to be revised and updated from time to time in conforming to the National AIDS Control Policy.

---

**SECTION H**

**Health Education**

956. **I. E.C.**

(1) **Health Education** which is now known as “Information, Education, Communication” (IEC) is the most important tool for the improvement of Community Health. For any Health programme to succeed, the community must accept it as a programme meant for its benefit and they must participate in it. This requires a behavioural change in community as well as in the individual and this behavioural change can only be brought about through IEC. IEC is a process that informs, motivates, and helps people to adopt and maintain healthy practices and lifestyles. It is a pre-planned, concerted endeavour with specific objectives, focused towards specific programme goals in order to reach specific audience, either in individual groups or mass settings, through skilful use of proper methods and media.

IEC requires mass activities, like display of posters, films, mass meetings, exhibition, etc., to increase awareness. It may require group activities, like orientation training, group meetings, experience of satisfied customers during group talks, support and involvement of local leaders, women organisations, teachers etc. Demonstration of benefits and discussion of target group with satisfied adopters facilitates the target group to assess merits and limitations of the programme before adoption. Individual counseling for family members or individuals with the help of modules, kits, flash cards, etc., is required to clear any doubts and personal motivation.

IEC activities should be taken up as a well planned programme by identifying the problems, the target population and the behavioural changes desired. A prior meeting of all Health personnel should be held to decide the plan, the talking points, the messages and a co-ordinated action should then be taken.

(2) **Health Education to trainees in Zonal training centres**

All courses in Zonal training centres/schools should be covered by imparting education on important aspects of health like family welfare, first aid, AIDS, common diseases, etc. Permanent exhibitions on Health Education in Training Schools, Institutes, Railway Schools should be put up.

(Railway (Board’s letter No.94/H(FW)/6/2 dated 4.8.94).

(3) **Field Action groups**

Field Action groups (FAG) are a very potent tool in imparting Health education to the community. FAG consisting of opinion leaders, supervisors, trade union leaders, representatives of women organisations,
able bodied retired Railway employees or their family members, other volunteers interested in social work, etc., should be given training and orientation and provided with adequate education material. Health & FW. staff. should form these FAG in each colony

(4) Health Promotion Councils

These are formed at the divisional level with nodal officer from the medical department along with other branch officers and 5 to 9 members. The members should be carefully selected from amongst the officers, employees and their families, representatives of organised labour, members of voluntary organisations. Only those persons should be selected to the council who are deeply motivated to do selfless social service, who can spent some time from their daily routines, who command rapport in the local society and who can be considered as public opinion makers in their own rights. A senior branch officer nominated by the Divisional Railway Manager will be the Chairman of the Council. He will help in formation of an effective Health Promotion council and facilitate co-ordination amongst the staff of different branches for the effective functioning of the council.

These Health Promotion Councils will help impart Health Education to the railway family.

(Railway Board’s letter No.96/H/5/1 dated 4.6.96)

(5) Health Education to Indoor patients

All indoor patients should be educated about the disease they were suffering from and other related health issues, by the treating doctor before discharge as a part of the Health Education Programme. The discharge slip should invariably have an item on “Health & FW Advice” containing specific guidance on family welfare relevant to the patient and his family.

(Bd.’s No.97/H(FW)/10/3 dated 21.2.97)

(6) Teaching aids and Publicity material

The Divisional Medical Officer in-charge of Health and Family Welfare should ensure that adequate publicity material as well as teaching aids like flip charts, flash cards, slides, slide projector, overhead projector, etc. are available for training of FAG, Health Promotion Councils, etc., and also for educating the community. Adequate posters and other material should also be available at hospitals and Health Units. These can be procured from Ministry of Health & FW, DAVP, CHEB, State Health Directorates, etc. They can also be purchased from several agencies at nominal charges. Printing of such material from Railway Printing Press should be done regularly.
### ANNEXURE I

[See Note (a) below Paragraph 949(3)]

<table>
<thead>
<tr>
<th>FORM AUTHORIZING FOOD HANDLING STAFF AT RAILWAY STATIONS TO PRESENT THEMSELVES FOR MEDICAL EXAMINATION ON FIRST EMPLOYMENT AND RE-EXAMINATION DURING EMPLOYMENT (Counterfoil)</th>
</tr>
</thead>
</table>

| ………………………RAILWAY MEDICAL DEPARTMENT’’ |
| No. …………………… |
| Licensee’s Name …………………………………………… |
| Vendor’s Name …………………………………………… |
| Age ………………… is authorized to present himself for |
| ☐ medical examination on appointment |
| *re-examination |
| Last examined on date* ………………………………… |
| Identification marks ………………………………… |
| Date ……………………………………………………… |
| Signature of Station Master …………………………… |
| Place ……………………………………………………… |

<table>
<thead>
<tr>
<th>FORM AUTHORIZING FOOD HANDLING STAFF AT RAILWAY STATIONS TO PRESENT THEMSELVES FOR MEDICAL EXAMINATION ON FIRST EMPLOYMENT AND RE-EXAMINATION DURING EMPLOYMENT</th>
</tr>
</thead>
</table>

| …………………RAILWAY MEDICAL DEPARTMENT |
| No. …………………… |
| Licensee’s Name …………………………………………… |
| Vendor’s Name …………………………………………… |
| Medical examination on appointment |
| Age ………………… is authorized to present himself for ………………………………… |
| Re examination |
| Last examined on date……………………………… |
| Identification marks ………………………………… |
| Date ……………………………………………………… |
| Signature of Station Master …………………………… |
| Place ……………………………………………………… |

261
ANNEXURE II
[See Note (b) below Paragraph 949 (3)]

FORM OF CERTIFICATE TO BE USED WHEN FOOD HANDLING STAFF AT RAILWAY STATIONS ARE MEDICALLY EXAMINED ON FIRST EMPLOYMENT AND ON RE-EXAMINATION DURING EMPLOYMENT

(Counterfoil)

No…………………

Name………………………………………age………

Employed as (designation)…………………………………

By (name of licensee)………………………………………..

No…………………………………….   On date ………………….

During service

He is free from I Contagious disease

…………… Ii Infectious disease

iii Repulsive deformity.

Suffers from

Fit

Unfit

Date…………………..

Signature Railway doctor/Designation/Place

…..Signature/Thumb impression of employee

FORM OF CERTIFICATE TO BE USED WHEN FOOD HANDLING STAFF AT RAILWAY STATIONS ARE MEDICALLY EXAMINED ON FIRST EMPLOYMENT AND ON RE-EXAMINATION DURING EMPLOYMENT

I do hereby certify that I have examined (name)…………………..

employed as (designation)……………………………………

by (name of licensee)………………………………………..

whose signature/ Thumb impression has been appended below in my presence.

I consider him fit/ Unfit for such employment

Date…………………..

Signature

Place……………………………………

Railway doctor ……………………………

Designation

Signature

…………………..

Thumb impression

Of employee
ANNEXURE III

[See Note (d) below Paragraph 949 (3)]

REGISTER REGARDING MEDICAL EXAMINATION OF FOOD HANDLING STAFF
AT RAILWAY STATIONS (ONE PAGE TO BE ALLOCATED FOR EACH PERSON)

<table>
<thead>
<tr>
<th>Serial No</th>
<th>Licensee’s name</th>
<th>Vendor’s name</th>
<th>Age</th>
<th>Identification marks</th>
<th>Date of first examination</th>
<th>Date of re-examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER X

PREVENTION OF FOOD ADULTERATION

Section A


1001. Enacted by the Parliament in 1954 with the objective of ensuring pure and wholesome food to the consumers and to protect them from fraudulent and deceptive trade practices, the Prevention of Food Adulteration Rules, 1955 as amended from time to time have been laid down under the Prevention of Food Adulteration (PFA) Act, 1954. While water has been excluded from definition of food, mineral water is included, as it is considered a beverage. Any food that does not conform to the minimum standards laid down in the act is said to be adulterated. The Act provides for deterrent punishment of offenders. Although it is a Central Act, its implementation is carried out by the State Governments and local bodies in their respective areas. ‘Purchaser’ and ‘recognised consumer associations’ can also get food samples analysed following the rules contained in the Act. A chain of Food laboratories and four regional appellate Central Food Laboratories (Kolkata, Mysore, Ghaziabad and Pune) whose report is considered to be final have been established.

Section B - Instructions regarding Prevention of Food Adulteration

1002. Prevention of Food Adulteration in Railway premises.-


(2) The Railway catering establishment, run either departmentally or by contractors, as also the vendors, refreshment stalls, etc., on the Railways are under a double system of checking. Under the Prevention of Food Adulteration Act, 1954, and the Prevention of Food Adulteration Rules, 1955, they can be prosecuted for contravention of any of the provisions thereof, and under the quality control rules they are liable for departmental action such as fines, cancellation of the licenses, etc. for any lapse.

1003. Food (Health) Authority

The Chief Medical Directors of the Railways have been designated, under section 2 (vi) of the Act, as the Food (Health) Authorities in respect of the Railway zone under them. They will be in charge of the administration of the Act and the Rules in their respective Railway zones.

(Ministry of Railways' letter No. 76/H/10/7(ii) dated 26th August 1976.)

1004. Local areas

All Railway stations or group of Railway stations (Including any Railway colony, office, yard, goods shed, transshipment shed, workshop and other works owned or maintained by the Railways administrations for the propose of or in connection with the Railways), within the respective jurisdiction of the "Food inspectors" appointed under the act have been declared, under Section 2 (vii) of the Act, as "local areas".

(Ministry of Railways' letter No. 69/H/10/I(i) dated 11th February 1970)

1005. Local (Health) Authorities

Medical Directors/Chief Medical Superintendents/ Medical Superintendents/Sr. Divisional Medical Officers (Health) /Deputy Chief Medical Directors (Health) have been prescribed, under Section 2 (viii) of the Act, as the "local (health) Authorities" in respect of the "Local areas within their respective jurisdiction

(Ministry of Railway letters No. 76/H/10/7(i) dated 26th August 1976, 94/H/10/3/ dated 28.6.95)

1006. Food Inspectors
(1) All Medical Officers and qualified Railway Health Inspectors have been authorized, under section 9 of the Act to exercise the powers of "Food Inspectors" under Section 10 and 11 of the Act in respect of the "Local areas" within their respective jurisdiction.

(2) Each Food Inspector should be supplied with an identity card and a personal seal. The Identity Card should have a photograph of the Food Inspector, and also his jurisdiction indicated thereon. The seal may be of signature type which will be in the custody of the Food Inspector. While sending a sample to the Public Analyst, a specific impression of the seal should be sent to him separately.

(Ministry of Railway letter No. 72/H/2-2/10 dated 22nd November 1972 and Notification No.76/H/10/7 dated 30th April 1977 and Bd.’s letter No.94/H(FW)/8/9 dated 8.5.95

A. Powers of Food Inspectors

1) A food inspector shall have the powers to take samples of any article of food from, any person selling such article, any person who is in the course of transporting, delivering or preparing to deliver such article to a purchaser or consignee or a consignee after delivery of any such article to him and to send the sample for analysis to the public analyst for the local area within which such sample has been taken.

2) Any food Inspector may enter and inspect any place where an article of food is manufactured or stored for sale or stored for the manufacture of any other article of food for sale, or exposed or exhibited for sale or where any adulterant is manufactured or kept and take samples of such article of food or adulterant for analysis.

3) Cost of each sample calculated at the rate at which the article is usually sold to the public shall be paid to the person from whom it is taken.

4) If any article of food appears to be adulterated or misbranded, the food inspector may seize and carry away or keep in the safe custody of the vendor such article after giving receipt on prescribed forms. He will take a sample of such article and submit the same for analysis to a public analyst. If the article seized is of perishable nature and the local (Health) authority is satisfied that the article of food is so deteriorated that it is unfit for human consumption, the said authority may after giving notice in writing to the vendor, gets the same destroyed. The article so seized, unless destroyed, shall be produced before a magistrate within seven days of receipt of report of public analyst.

5) Food Inspector may break open any package in which any article of food may be contained or break open the door of any premises where article of food is kept for sale, if the owner or person in-charge of the packet /premises refuses to open the packet or door and in either case, after recording the reason for doing so.

6) Where the food inspector is of the opinion that any person engaged in selling or manufacturing any article of food is suffering from or is harbouring the germs of any infectious disease, he may examine or get the person examined by the doctor. On confirmation, he may by order in writing direct such person not to take part in food handling work. Action as in paras 1,2,4 and 5 must be done in presence of one or more persons and their signatures taken.

B. Duties of Food Inspectors

It shall be the duty of the food inspector:

(a) To inspect as frequently as may be prescribed by the Food (health) Authority or the local authority all establishments licensed for the manufacture, storage or sale of an article of food within the area assigned to him;

(b) To satisfy himself that the conditions of the licences are being observed;

(c) To procure and send for analysis, if necessary, samples of any articles of food which he has reason to suspect are being manufactured, stocked or sold or exhibited for sale in contravention of the provisions of the Act or rules thereunder;
(d) To investigate any complaint which may be made to him in writing in respect of any contravention of the provision of the Act, or rules framed thereunder;

(e) To maintain a record of all inspections made and action taken by him in the performance of his duties, including the taking of samples and the seizure of stocks, and to submit copies of such record to the health officer or the Food(Health) Authority as directed in this behalf;

(f) To make such enquiries and inspections as may be necessary to detect the manufacture, storage or sale of articles of food in contravention of the Act or rules framed thereunder;

(g) To perform such other duties as may be entrusted to him by the Medical Officer having jurisdiction in the local area concerned or the Food(health) Authority.

C. Procedure to be followed by the Food Inspectors for taking food samples for analysis

1) Give notice in writing then and there of his intention to do so to the person from whom the sample is to be taken and to the person, if any, whose name address and other particulars given by the vendor from whom the article of food was purchased.

2) Samples of food for the purpose of analysis must be taken in clean, dry bottles or jars or in any other suitable container which must be closed sufficiently tight to prevent leakage, evaporation, or in the case of dry substance, entrance of moisture.

3) Divide the sample into three parts and get each part carefully sealed.

4) All bottles, jars or containers must be properly labeled. The label shall bear the code number and serial number of local Health authority, name and designation of Sender, date and place of collection, nature of articles submitted and nature and quality of preservative, if any, added to the sample.

5) The bottle, jar or other container shall then be completely wrapped in fairly strong thick paper. The ends of the paper shall be neatly folded in and affixed by means of gum or other adhesive.

6) A paper slip of the size that goes round completely from the bottom to top of the container, bearing the signature and code and serial number of the Local(Health) Authority, shall be pasted on the wrapper. The signature or the thumb impression of the person from whom the sample has been taken being affixed in such a manner that the paper slip and the wrapper, both carry a part of the signature or thumb impression. If the person from whom the sample has been taken refuses to affix his signature or thumb impression, the signature or thumb impression of the witness shall be taken in the same manner.

7) The paper cover shall be further secured by means of strong twine or thread both above and across the bottle, jar or other container and the twine or thread shall then be fastened on the paper cover by means of sealing wax on which there shall be at least four distinct and clear impressions of the seal of the sender, of which one shall be at the top of the packet, one at the bottom and the other two on the body of the packet. The knots of the twine or thread shall be covered by means of sealing wax bearing the impression of the sender.

8) The containers of the samples shall be despatched in the following manner:
   a) The sealed container of one part of sample for analysis and a memorandum in Form VII (PFA Act) an specimen impressions of the seal used to seal the packet shall be sent in a sealed packet to the public analyst immediately but not later than the succeeding working day by suitable means.
   b) The sealed containers of the remaining two part of the sample and two copies of the memoranda in Form VII (PFA Act) shall be sent in a sealed packet to the Local (Health) Authority immediately but not later than the succeeding working day by suitable means.

9) On receipt of the result of analysis to the effect that the article is adulterated, the local (Health) authority will forward a copy of the report of result of analysis to the person from whom the sample was taken and to the person, if any, whose address and other particulars from where the article was purchased as disclosed by the person from whom the sample was taken, within ten days of receipt of the copy of the report.
10) If the court requisitions a part or parts of sample kept with the LHA he will forward the part/parts of sample to the court within a period of five days from the date of receipt of such requisition.

11) If, after considering a report of public analyst, the food inspector or LHA is of the opinion that the report is erroneous, LHA will forward one part of the sample kept by it to any other public analyst for analysis. If this report also shows that the article is adulterated, action as per Para 9 and 10 above will be taken.

1007. Public Analysts

The Public Analysts of the State and Union Territories will work as Public Analysts of the Railway also for the proposes of analysing the samples sent to them by the Railways within the respective jurisdiction of the State or Union Territories.

(Ministry of Railway letter No. 70/H/10/21 dated 18th September 1972).

1008. Advisory Committee on P.F.A:-

(1) An Advisory Committee on P.F.A. consisting of the Dy.CMD / S.M.O(H) and the Law Officer, may be constituted on each Railway to assist the Chief Medical Director in deciding the action to be taken against the offenders under the P.F.A. Act. The C.M.D. may refer cases to the committee for ascertaining:-

(i) whether the correct procedure was followed within the frame work of the P.F.A. Act and the Rules there under in the matter of collection and submission of food sample to the Public Analyst.

(ii) whether the Public Analyst's report reveals that there is sufficient deviation in the food values of the tested samples from the prescribed values to merit prosecution.

(iii) any other legal problem or aspect of the case.

(2) The members will restrict themselves to advice on procedural, technical and legal aspects of the case. The action to be instituted against the offenders will be decided by the Chief Medical Director personally.

(Ministry of Railway's letter No. 79/H/10/9 dated 18th August 1979).

1009. The procedure in respect of food-stuff in transit in sealed Railway wagons:-

In respect of food-stuff which are in transit in sealed Railway wagons, a Railway officer exercising the powers of a Food Inspector can take the sample from the Railway officer-in-charge of the wagon. The other provisions of the Act and the Rules will, however, have to be complied with, like giving of a notice by the food inspector in writing of his intention to have the sample analysed to the officer-in-charge of the wagon, delivery of one of the parts of the sample to the said officer-in-charge (it is not necessary for the consignor or the consignee to be present), taking of signature of witnesses (preferably independent ones) at the time when such action is taken, etc. After having the sample analysed, legal proceedings, if considered necessary, can be initiated against the consignor.

(Ministry of Railways' letter No. 61/M.&H/10/17 dated 6th May 1961.)

1010. General Instructions

A. Prevention of Food Adulteration Act:

1. In case of food samples found adulterated under PFA, when the offence is minor in nature i.e. the adulteration is not injurious to health, and in cases where the case is not fit for prosecution in court of law due to technical/procedural deficiencies, the Food Authority may take strict departmental action as described under para 1010B(3)a. Whenever prosecution is launched in the court of law, the case should be vigorously pursued to its logical end.

(Board’s letter No.96/H(FW)/8/10 dated 5.9.97)
2. It is essential that the Railways ensure proper and vigorous implementation of the provisions of the Prevention of Food Adulteration Act, 1954, and the Prevention of Food Adulteration Rules, 1955. A minimum number of samples to be sent each month for analysis may be fixed for every division, and the figures so fixed should be adhered to. It would also be desirable to allot each food inspector a certain quota of samples that should necessarily be drawn during a given period. A case, on which departmental action has been initiated, should not normally take more than three months to finalise.

(Ministry of Railways' letters No. 63/H/7/129 dated 18th November 1964, No. 65/H/10/12 dated 27th February 1965 and No. 70/H/10/4 dated 28th March 1970.)

3. To ensure that adequate checks are being made, it is desirable that at least two food samples are collected every month by each Food Inspector under PFA and at least one/two/four samples are collected by each health Inspector under quality control as described later in the chapter.

4. Samples should be obtained from a wide range of food items and beverages with special emphasis on items which appear to be of doubtful quality.

5. Persistence of poor quality of food and beverages in a certain area should reflect poorly on the efficiency of the personnel responsible for that area. It would be incumbent on superior authorities under such circumstances to enquire into the situation and take necessary corrective/ punitive action, unless sufficient evidence is on record to support the contention that all possible measures under the existing rules and regulation had been taken by the concerned personnel. The Food Health Authority, in this case, the Chief Medical Director of the Zone must personally ensure that the line of responsibility and answerability is clearly established in each of the areas in his jurisdiction and at all levels and that no one is spared where dereliction of duty on the part of a given officer or supervisor is obvious. As a corollary to the above, Food Health Authority and Local Health Authority should also take cognisance of excellence in performance in this and suitably reward the concerned personnel wherever justified.

6. The officers/supervisors functioning must ensure that all corrective actions available to them are fully utilised, including destruction of food that is unfit for human consumption, imposing of fines, recommendation of suspension or cancellation of licence under PFA, etc.

B. Quality control

(1) Medical Officers and Health Inspectors must regularly inspect all eating places falling under their jurisdiction.

(Railway Board’s letter no.94/H(FW)/8/9 dated 26.6.96)

(2) Annual medical examination of all Food handlers as described in detail in the relevant chapter must be carried out regularly.

(3) All Health Inspectors must collect samples under ‘quality control’ every month as detailed below and send them to Railway food analytical laboratories of the concerned zones.

<table>
<thead>
<tr>
<th>No. of railway food establishment in the jurisdiction</th>
<th>No. of samples to be collected/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10</td>
<td>1</td>
</tr>
<tr>
<td>10-20</td>
<td>2</td>
</tr>
<tr>
<td>More than 20</td>
<td>4</td>
</tr>
</tbody>
</table>

a) Whenever a sample collected under quality control is found to be adulterated/ sub standard, the Medical Officer in-charge of Health & FW of the division can impose a fine up to Rupees two thousand five hundred. In case of repeated defaulters the Medical Officer in-charge of Health &FW not below the rank of DMO can recommend termination of the contract to the competent authorities of the Commercial Department.

b) Medical Officers will exercise powers of imposing fine concurrently with the commercial officers.

(Board’s letter No.96/H(FW)8/10 dated 5.9.97)
1011. Review of departmental action taken in cases of food adulteration:-

(1) A Review of departmental action taken in cases of food adulteration should be carried out quarterly in each calendar year, and a report sent to the Ministry of Railways in the prescribed proforma as given from time. The report should also indicate the progress achieved during the period in question and assess the general effectiveness of the measures being taken to check adulteration.

(MOR's letters No. 63/H/7/129 dated 14th December 1963, No. 63/H/7/129 dated 18th November 1964, No. 67/H/10/5 dated 24th May 1967, No. 68/H/10/3 dated 24th April 1968, No. 70/H/10/4 dated 28th March 1970, No. 70/H/10/25 dated 18th November 1970 and No. 71/H/10/3 dated 8th July 1971, No. 94/H (FW)/8/2/ dated 30.5.97)

(2) Review of prosecutions launched under the Prevention of Food Adulteration Act, 1954:-

A review of prosecutions launched under the Prevention of Food Adulteration Act, 1954 should be carried out quarterly in each calendar year, and annual report sent to the Ministry of Health in the prescribed proforma as given from to time, endorsing a copy thereof to the Railway Ministry for information. The report should also indicate the progress achieved during the period in question and assess the general effectiveness of the measures being taken to check adulteration.

(MOR's letter No. E58ME5/47/Medical dated 12th December 1958, No. 68/H/10/3 dated 24th April 1968, No. 70/H/10/4 dated 28th March 1970, No. 70/H/10/25 dated 18th November 1970 and No. 71/H/10/3 dated 8th July 1971, No. 94/H(FW)/8/2/ dated 30.5.97)

1012. Licensing of Food establishments

1. Food establishments both departmental and non-departmental, located within the Railway premises are to have a valid licence from the Local Health Authorities under whose jurisdiction the said food establishment is located. The licence is provided on the basis of the application from the proprietor/manager of the establishment along with the proof of remittance of licence fee per year and has to be renewed every year on depositing fees. The licensing fee chargeable will be the same as prescribed for identical units located in the state.

The Food license has to be displayed prominently within the premises. The Commercial Department awards catering/ vending license subject to the condition that the party obtains the Food license from the Medical Department (Railway Board’s letter No.96/TGIII/640/2In dated 15.11.96.

2. Conditions for license

No person can manufacture, sell, stock, distribute or exhibit for sale any article of food, including prepared food or ready to serve food except under a food licence.

One licence is to be issued by the licensing authority for one or more articles of food and also for different establishments or premises in the same local area. Local Health Authority by an order in writing delegate powers to sign licences and such other powers as may be specified in the order to any other person under his/her control.

Before granting a licence the licensing authority shall inspect the premises and satisfy itself that it is free from sanitary defects. The applicant for the licence shall have to make such alterations in the premises as may be required by the licensing authority for grant of licence. The premises of the Licence should be effectively separated to the satisfaction of the licensing authority from any privy, urinal, sludge, drain or place of storage of foul and waste matter.

All vessels used for storage, manufacture etc., of food articles for sale should be as per specifications prescribed in the rules and should have proper covers to avoid contamination.

No licensee shall employ in his work any person who is suffering from infectious, contagious or loathsome disease.

The application for licence must mention the nature of articles of food for sale for which licence is required.
The licensee will display the articles of food for sale on a notice board.

(Railway Bd.'s letter No.96/T/GIII/640/21n dated 15.11.96)

1013. Central Food Inspectorate:-

(1) A Central Food Inspectorate has been set up with jurisdiction throughout the country and with powers to raid any catering establishment including the Railways. The minimum penalty prescribed in cases of proved adulteration is a fine of Rs. 1,000 and six months of imprisonment. There is no option left with the Magistrate to award any lower punishment.

(2) Inspections of the Railway catering establishment should be intensive and departmental catering staff/contractors found responsible for committing irregularities should be severely dealt with.

(3) With a view to ensure that the provisions of the Act have been complied with, the licensing of contractors on the Railways should be made subject to clearance by a Divisional Medical Officer / Assistant Divisional Medical Officer.

(Ministry of Railways' letter No. 72/H/10/6 dated 8th June 1972 and Shri D.B.Vohra, Director, Traffic (Commercial)'s D.O. letter No. 72/H/10/6 dated 16th September 1972.)

1014. Training of Health Inspectors for making them eligible to work as Food Inspectors.-

Qualification: Should be a graduate in science with chemistry as one of the subjects

(1) Health Inspectors, to be eligible to work as Food Inspectors, are required to undergo training of 90 days in food inspection and sampling work in a laboratory under the control of:-

   (i) the Director, Central Food Laboratory, Kolkata, or
   (ii) a public analyst appointed under the Act, or
   (iii) a chemical examiner to the Government, or
   (iv) the head of an institution specially approved for the purpose by the Central or the State Government, or
   (v) a fellow of the Royal Institute of Chemistry of Great Britain (Branch E).

(2) All those Health Inspectors who were working as Food Inspector prior to 31st March 1985 may continue to work as Food Inspectors irrespective of qualifications. They must have had 3 months training in whole or in part in food inspection and sampling work before appointment as Food Inspectors prior to 31.3.85

(Board's letter No.85/H/10/4 dated 22.2.85, Ministry of Railways' letters No. 70/H/10/26 dated 27th September 1971, 31 May 1974 and 11th September 1974).

1015. Orientation training for catering officials.-

Managers/Contractors/Vendors of departmental Catering units and Catering Inspectors should be given orientation training courses for one or two days with the assistance of the Medical/Health department of the Railways. A number of defaults occur due to inadequate appreciation on the part of such workers of the significance of food hygiene. It is therefore important to educate and counsel the vendors and food handlers. (Rly. Bd.'s letter 94/H/(FW)/8/9 dated 30.8.96) The training should bring out the legal implications of food adulteration and the liabilities of the catering officials under the prevention of Food Adulteration Act, as also the moral responsibility of the catering officials towards the consumers and the effect of the consumption of adulterated food on the health of the consumers.

(Ministry of Railway's letter No. 80/M/10/3 dated 8th July 1980).

1016. Whenever a new adulterant is found, the Director General of Health Services, Nirman Bhavan, New Delhi may be informed so that all states could be cautioned for checking such adulteration.

(Ministry of Rly Letter No 84/H/10/8 dt. 28/08/84)
CHAPTER XI
ST. JOHN AMBULANCE

1101. Introduction.- (1) The St. John Ambulance Organisation in India is an autonomous voluntary body formed after the Order of St. John and has close links with the St. John Ambulance Association of U.K. It has two parts-

(A) St. John Ambulance Association, which imparts instructions in first aid, home nursing and allied subjects.

(B) St. John Ambulance Brigade, which provides services of trained personnel in first aid and home nursing.

(2) The Association is the instructional body and the brigade combines the individual efforts of qualified persons for public advantage and, in this capacity, forms a powerful recruiting agency for the work of the Association. The friendliest relations should, therefore, always exist between the two branches of the Ambulance organisation.

1102. Aims and objects of the St. John Ambulance Association:–

The aims and objects of St. John Ambulance Association are –

(i) To impart instructions to persons in rendering first aid in cases of accidents or sudden illness and in the transport of the sick and injured.

(ii) To impart instructions to persons in the elementary principles and practice of nursing and hygiene, especially that of the sick room.

(iii) To help in the provision and distribution of ambulance material and uniforms to the different Divisions and Corps, etc.

(iv) To organise various Divisions and Corps, etc.

1103. Aims and objects of the St. John Ambulance Brigade:–

The aims and objects of the St. John Ambulance Brigade are:-

(i) To afford holders of first aid certificates from the St. John Ambulance Association opportunities of meeting together for ambulance and nursing practice, with the object of combining individual efforts for the public good.

(ii) To render first aid to the sick and injured on public occasions, with the sanction of the Police and other concerned authorities, and to maintain in readiness a body of trained men and women qualified so to act.

(iii) To enroll a body of civilians qualified in first aid and trained in ambulance drill or nursing duties, willing to be placed at the disposal of Defence or other authorities as a supplement to the public medical services in case of necessity either at home or abroad.

(iv) To train personnel in ambulance transport duties.

(v) To develop and promote every means of rendering aid to the sick and injured.
1104. Functioning of the St. John Ambulance Association at various levels.-

(1) It is to be noted that the association is a purely voluntary and philanthropic organisation.

(2) Every Railway should have a Central Executive Committee at the headquarters level consisting of representatives of all the branches with preferably the General Manager/Additional General Manager as the Chairman and the Chief Medical Director as the Honorary Secretary.

(3) Sub-Committees should be formed at all divisional levels with the Divisional Railway Manager as the Chairman and representatives from all the branches at the divisional levels as Members. The Medical Officer in-charge of the Division will be the Honorary Secretary of this sub-Committee.

(4) Meetings of the Central Executive Committee will be held half-yearly, preferably in January and July, to receive and consider the reports from the Sub-Centres and to discuss plans for the ensuing half-year and to consider any measure that may be brought forward for the furtherance of first aid work on the Railways. Other meetings may be called for as and when necessary by the Honorary General Secretary, in consultation with the Chairman

(5) Five Members will form the quorum. The January meeting will approve of the annual report of the Railway Centre for submission to the Headquarters, New Delhi.

(6) The Sub-Committee will meet quarterly, preferably during the 1st week April, July, October January, to take stock of the first aid instructions and ambulance work in the division and arrange for speeding up the work connected therewith. It will also call for periodical reports from the health units and other establishments detailing the number of employees in each department to be trained in first aid and arrange to take suitable measures for conducting first aid, initial and refresher courses. The Sub-Committee will be solely responsible for the proper conduct of the affairs of the Sub-Centre. In addition to quarterly meetings, the Chairman may call for special meetings whenever necessary.

(7) The January meeting will approve of the Sub-Centre’s report for the previous calendar year and arrange for its timely submission to the Railway Center. These reports will be consolidated at the Railway Centre and submitted to the St. John Ambulance Association New Delhi, before 5th January each year.

Note.- In all aspects, the functioning of the Association at various levels are to be governed by central regulations of the St. John Ambulance Association. (India).

1105. Training (First Aid and Home Nursing).

(1) Minimum number of candidates required to commence a class is ten and no class should have strength exceeding thirty.

(2) Initial training consists of eight lectures spread over a period of at least four weeks i.e., there may be only two lectures per week. The lecture should be of two hours’ duration of which the latter half may be devoted for practical training such as bandaging, artificial respiration, etc. To become eligible to sit for the examination, a candidate must attend a minimum of six lectures.

(3) A first aid book and two triangular bandages will be provided on loan to candidates in the first instance free of charge. In the event of failure at the examination, these would be returned in good condition. On qualifying in first aid, the book and bandages become the candidate’s property.

(4) The lecturer should be a registered medical practitioner of modern scientific medicine, or a lay lecturer approved and appointed by the St. John Ambulance Association, New Delhi. Under no circumstances are the lecturers permitted to examine their own trainees.

(5) The validity of the first aid certificate has been fixed to be three years and voucher certificates as five years from the date of issue. Therefore, employees have to attend a refresher course of lectures and should be re-examined before the expiry of three or five years, as the case may be.

1106. Refresher Course.-
(1) A minimum of six candidates is sufficient to commence a class.

(2) The training consists of four lectures and the classes will be conducted on consecutive days or twice a week as convenient.

(3) The minimum number of lectures to be attended by a candidate should be four.

(4) The examinations should be arranged within a fortnight after the completion of the course of lectures, with a written paper, viva voce and practical work.

(5) Candidates may be given choice to answer questions in the regional language.

(6) On successful completion of the refresher course, the Medical Officer in-charge of division will issue a certificate as in Annexure I to this Chapter.

(7) If the candidate has secured sufficient number of marks making him eligible for higher awards like voucher/medallion, the Medical Officer in-charge of division will arrange for the application to be submitted through the Honorary Secretary of the Railway center (CMD) to the Secretary General of the St. John Ambulance Association, New Delhi, for issue of the voucher/medallion (Please see paragraph 1112)

(8) The cost of the voucher/medallion will be met by the Divisional Medical Officer In-charge who will pass the bills received from the St. John Ambulance Association, New Delhi.

(9) The examiner's report for the refresher course need not be submitted to the St. John Ambulance Association, New Delhi. In the case of those to whom higher awards are to be arranged, extracts containing the marks list have to be sent, together with the necessary form duly filled in.

(10) The Medical Officer in-charge of division will arrange to maintain a register showing the details of candidates their designation, station, department, date of re-examination, class of examination certificate numbers, etc.

**1107. General Regulations of the St. John Ambulance Brigade.**

(1) The various Districts of St. John Ambulance Brigade on the Indian Railways, under the overall direction of the respective Chief Medical Directors, are to be governed by the general regulations of the St. John Ambulance Brigade and the Brigade Orders issued form time to time by the Brigade Headquarters. All work connected with the St. John Ambulance Brigade must be carried out in accordance with the regulations and orders.

(2) It is necessary to have sufficient number of copies of the regulations as well as other publications of the Brigade Headquarters, like the Dress Regulations, First Aid Text books, etc.

**1108. Booking of Brigade members for Ambulance/Nursing duties.**

The members of the Ambulance and Nursing Divisions may be booked for duties by the Railway Brigade Headquarters. The officers-in-charge of these Divisions should ensure that the members are in such cases relieved from their official duties and allowed to proceed to the place of their ambulance/nursing duties well in time, and in complete uniforms and outfit. The absence from their places of work for such ambulance/nursing duties is to be considered as duty for all purposes.

**1109. Journeys in connection with the St. John Ambulance Organisation.**

Railway employees, when attending drills or deputed for other duties in connection with the St. John Ambulance Brigade or the St. John Ambulance Association, may draw travelling allowance as on tour.

Note. The members of Nursing Divisions, who are not Railway employees, may be allowed travelling allowance at the rate of Rs. 2 per night.

**1110. Supply of uniforms.**
(1) Uniforms to the members of the Ambulance and Nursing Divisions of the St. John Ambulance Brigade on the Railways should be supplied, free of cost, on the pattern as prescribed in the Dress Regulations (Ambulance) and the Dress Regulations (Nursing) issued by the headquarters of the St. John Ambulance Brigade (India), New Delhi. Terry cotton uniforms may be supplied once in five years to the members of St. John Ambulance Brigade and Nursing Divisions on Railways. The details of items are given in annexure II

(Rly.Bd. letter no. 83/H/11/5 dated 23.4.87)

(2) The cloth for uniforms should be obtained through the stores departments of the respective Railways and got stitched by members themselves to given pattern and individual size to look smart.

(3) The items of the uniform to be supplied free of cost to all members (gazetted and non-gazetted) of Ambulance Brigades and Nursing divisions and the scale and the periodicity of their supply should be as laid down in the dress Regulations (Ambulance/Nursing) referred to in sub-paragraph (1) above. Items of uniform other than those referred to in these Regulations will have to be arranged by the members themselves at their own cost.

(4) The disposal of the uniforms and equipment in case of transfer, resignation, discharge from service, retirement or removal from the rolls of the Brigade of the members should be done as indicated below:

(i) When a member is transferred to a station where an Ambulance/Nursing Division of the District exists and he desires to join it, he should be permitted to take his uniforms along with him to the new Division and this fact may be advised to the new Division.

(ii) When a member does not desire to join the Division at his station of transfer, he should be asked to return, within a month, the items of uniform supplied to him. If he does not return the same after the expiry of one month from the date of notice given to him, arrangement should be made to recover the cost of uniform, other than such of the items as arranged by the member himself at his own cost, through the pay sheets of the department to which the employee belongs.

(iii) In cases of transfer to a station where there is no Ambulance/Nursing Division, retirement, discharge from service, resignation from Railway service or Brigade or removal form the Brigade, the members concerned should be advised to return all the items of the uniform, other than such of the items as were arranged by the members themselves at their own cost, within a month from the date of notice. Otherwise, the cost there of should be recovered from their dues as follows:

   (a) Clothing items-- depreciated cost.
   (b) Other items (badges etc.)- Full cost.

   The depreciated cost should be related to the life of an item and the period for which the same has already been used, e.g. half cost should be recovered for an item whose life is 10 years and has been used for 5 years.

(5) Uniforms of the deceased members should be destroyed under advice to the District Officer

(6) All uniforms and equipment issued to the members by the Railway are the property of the Railway administration. Members are responsible for their custody and proper care. Full cost will have to be paid by the members responsible for any loss and damage.

(7) Uniforms returned by the members on their transfer, discharge, retirement or resignations from the rolls of the Brigade are to be reissued after washing and pressing

Note.- For the rules relating to the supply of uniforms to members transferred to the reserve List, and the disposal thereof, see section 17, Regulations 240 to 250 of the General regulations of the St. John Ambulance Brigade.

1111. Parade allowance.

According to the General Regulations, all members of the St. John Ambulance Brigade must be "efficient" in each year. To remain efficient, it is necessary, among other things, to attend at least twelve drills in a year (or practices in the case of Nursing Divisions). The payment of parade allowance to the members of the St. John Ambulance Brigade (including the members of the Nursing Divisions when they attend the practices) will, wherever admissible, be as per the schedule of rates in force. The number of parades for which the allowance is payable is restricted to fifteen in a year. It is to be emphasized that as St. John Ambulance Brigade is a voluntary organisation, the parade allowance is only to subsidise the transport expense etc. and not meant to be a source of profit or compensation of any kind.

(G.R. 142, G.R. 143, G.R. 157 and Ministry of Railways' letters No. 63/H/7/2 dated 7th February and No. 66/H/19/1 dated 25th March 1967.)

The current schedule of rates of Parade allowance are as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Divisional Superintendent/Surgeons</td>
<td>Rs.7.50</td>
</tr>
<tr>
<td>2. Ambulance officers.</td>
<td>Rs.6.50</td>
</tr>
<tr>
<td>3. District Surgeons.</td>
<td>Rs.6.00</td>
</tr>
<tr>
<td>4. Surgeons or Honorary surgeons and Divisional Secretaries.</td>
<td>Rs.6.00</td>
</tr>
<tr>
<td>5. Corporals/Lt. Surgeons</td>
<td>Rs.5.00</td>
</tr>
<tr>
<td>6. Privates or Lt. Corporals</td>
<td>Rs.4.50</td>
</tr>
</tbody>
</table>

(Bd.’s letter No.89/H/11/2 dt. 21-11-1989)

1112. Certificates/Vouchers/Medallions.

(1) Employees required to possess a valid first-aid certificate should attend lectures for obtaining a first-aid "Certificate", which is valid for a period of 3 years. Such employees should undergo re-examination during the period of the validity of this Certificate.

(2) Employees securing 55% marks or more in the re-examination shall become entitled to a "Voucher", which is valid for a period of 5 years. Such employees should undergo re-examination during the period of the validity of this Voucher.

(3) Employees already possessing a valid ‘voucher’ and securing 60% mark or more in the re-examination shall become entitled to a 'Medallion'. No re-examination is necessary for the holders of the medallion.

(4) The concerned departments should keep a register enlisting the names of all employees who are required to possess a valid first-aid certificate for sending them for examination /re-examination in time.

(Ministry of Railways' letter No. 75/H/11/9 dated 27th November 1975.)
ANNEXURE I
[ See Paragraph (1106) ]

.................................RAILWAY

MEDICAL DEPARTMENT

No..............................

This is to certify that Shri*/Kumari*/Shrimati*........................................
who is in possession of first Aid certificate No...........................dated......................, issued
by the St. John Ambulance Association (India), has attended a Refresher Course of Instruction in "First Aid
to the Injured" and has passed the examination held on..........................at..........................,
Qualified for Certificate*/Voucher*/Medallion.*

Date............................

Place............................ Divisional Medical Officer

* Delete whatever is not applicable.
## A. AMBULANCE DIVISION DRESS

<table>
<thead>
<tr>
<th>Category</th>
<th>Item of dress</th>
<th>Standard</th>
<th>Scale</th>
<th>Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working dress</td>
<td>1. Bush shirt Terry cotton (Khaki)</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Trousers (pants) -do-</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Belt of the same material as of the bush shirt.</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Waist belt &amp; pouch.</td>
<td>One</td>
<td>One supply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Shoes</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Socks</td>
<td>Two</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Berry cap/turban Blazer material</td>
<td>One</td>
<td>10 years</td>
<td></td>
</tr>
<tr>
<td>Cadets</td>
<td>1. Shirt Terry cotton (khaki)</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Shorts -do-</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Tie Knitted black and white.</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Head dress Maroon berry cap.</td>
<td>One</td>
<td>10 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Stockings Khaki-woollen/black-cotton</td>
<td>Two</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Belt</td>
<td>One</td>
<td>One supply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Shoes</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
</tbody>
</table>
## B. NURSING DIVISION DRESS

<table>
<thead>
<tr>
<th>Category</th>
<th>Item of dress</th>
<th>Standard</th>
<th>Scale</th>
<th>Life</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Officer</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Sari-Grey</td>
<td>Voile/Terry cotton</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>2. Blouse-white or Grey</td>
<td>Terry cotton</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>3. Shoes in winter/ sandals in summer.</td>
<td></td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>4. Socks – woolen in winter/ cotton in summer.</td>
<td>Woollen in winter/ cotton in summer</td>
<td>Two</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td><strong>Nursing/Ambulance sisters</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Sari</td>
<td>White voile/ terry cotton</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>2. Blouse</td>
<td>Grey/white/terry cotton</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>3. Shoes in winter/ sandals in summer</td>
<td></td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>4. Socks</td>
<td>Woolen in winter/ cotton in summer</td>
<td>Two</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td><strong>Cadets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Sari</td>
<td>White voile/ terry cotton</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>2. Blouse</td>
<td>Terry cotton</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>3. Shoes</td>
<td>Shoes in winter/ sandals in summer</td>
<td>One</td>
<td>5 years</td>
<td></td>
</tr>
<tr>
<td>4. Socks</td>
<td>Woolen in winter/ cotton in summer</td>
<td>Two</td>
<td>3 years</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE**: Punjabi dress will be optional and may be worn by Divisions, which decide to do so, provided all members of the Division wear the same.

**Punjabi dress for Officers/ambulance Sisters cadets**

1. Kameez       White/terry cotton               One  5 years
2. Salwar       .....do.....                        One  5 years
3. Dupatta      White muslin                       One  5 years
4. Shoes        Shoes in winter/ Sandals in summer | One  5 years
5. Socks        Woollen in winter/ cotton in summer | Two  3 years
CHAPTER XII

BUDGETING AND CONTROL OF EXPENDITURE

1201. The Annual Budget:- (1) In any Government it is essential that there should be a proper appreciation of the resources available and the probable expenditure which will have to be incurred during a financial year. A statement of the estimated annual receipts and expenditure, whether on capital account or revenue account of the Central Government is called Budget.

(2) Railway Finance in India remains separated from the General Finance. The Ministry of Railways (Railway Board), presents to the parliament each year its Budget with Demands for Grants under various heads. The "Demands for Grants", when voted and passed by the parliament, become "Grants" available for expenditure within the scope of the Demands, as per details given in the detailed budget proposals that have been made.

(3) On the basis of these grants, the Ministry of Railways issue orders to the Railways known as Budget Orders showing the allotment to each Railway made under each Demand and the General Manager of the Railway takes action on receipt of these orders to distribute the allotments to various heads of Departments and Divisions under his control. In the case of the medical department, the Chief Medical Director in turn distributes it to the Medical Officer in-charge of the Division after keeping a reserve at the head quarters. Allotments in respect of centralised heads are not distributed but are centrally controlled in the headquarters. Each unit is required to exercise control over expenditure during the financial year, in such a manner that its expenditure does not exceed the allotment made to it by the competent authority.

Note: On Railways where budget control is centralised at the headquarters, the existing practice may continue.

(4) The transfer of funds originally assigned for expenditure on a specific object, to supplement the funds sanctioned for another object is called "Re-appropriation" within the amount of a Grant as voted by the parliament. The Ministry of Railways have full powers of transferring the provision from one sub-head to another by a formal order of re-appropriation, but re-appropriation from one grant to another is not permissible. Certain powers of re-appropriation have been delegated to the Railway Administrations. The details of the powers of the Ministry of Railways and the Railway Administrations regarding re-appropriation of funds have been given in Rules 375 to 381 of the Indian Railway Financial Code, Volume I.

1202. The Budget of the Medical Department.-
(1) The medical expenses fall mainly under the following demands:-

<table>
<thead>
<tr>
<th>Demand No.</th>
<th>Authority preparing the Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Revenue (Rly. Board)</td>
<td>1</td>
</tr>
<tr>
<td>2. Miscellaneous expenditure (General.)</td>
<td>2</td>
</tr>
<tr>
<td>4. Miscellaneous working expenses (cost of training staff – Medical, Health &amp; Welfare).</td>
<td>12 (Abstract ‘K’)</td>
</tr>
<tr>
<td>5. Appropriation to Pension Fund</td>
<td>14 (Abstract ‘M’)</td>
</tr>
<tr>
<td>6. Suspense</td>
<td>12 (Abstract ‘N’)</td>
</tr>
</tbody>
</table>
### Budget of the Medical Department.

<table>
<thead>
<tr>
<th>Minor Heads</th>
<th>Sub-Heads</th>
<th>Detailed Heads</th>
</tr>
</thead>
<tbody>
<tr>
<td>J 200 Medical Services</td>
<td>J 210 Control and superintendence at Headquarters and Divisions</td>
<td>J 211 Officers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J 213 Office Establishments .</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J 214 Other Medical and Nursing staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J 215 Contingent expenses</td>
</tr>
<tr>
<td>J220 Hospital &amp; Dispensaries excluding cost of medicines.</td>
<td>J 221 Diet charges</td>
<td>J 222 Cost of artificial limb, appliances, braces, calipers, orthopaedic shoe etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J 223 Accident Relief Medical Equipment</td>
</tr>
<tr>
<td>J 230 Cost of Medicines and surgical instruments.</td>
<td>J 231 Cost of medicines</td>
<td>J 232 Cost of surgical instruments and appliance etc.</td>
</tr>
<tr>
<td>J 240 Reimbursement of medical expenses and miscellaneous.</td>
<td>J 241 Payment to non-Railway institutions for treatment and assistance to other medical institutions.</td>
<td>J 243 Cost of TB treatment in sanatorium.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J 245 Other expenses</td>
</tr>
<tr>
<td>J 250 Public Health</td>
<td>J 251 Staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>J 252 Medicines cost there- of and freight charges.</td>
</tr>
<tr>
<td>J 260 Maintenance of equipment Medical Department</td>
<td>J 261 Repairs and servicing charges for different equipment viz.. x-ray, ECG etc. including sharpening &amp; polishing etc. of surgical instruments</td>
<td></td>
</tr>
</tbody>
</table>
J 263 Hospital Furniture  
J311 Sanitary staff  
J 312 Sanitary stores  
J 313 Contingent expenses  
J 314 Payment of conservancy contractors and municipalities.  
J 315 Maintenance and repairs to Motor trucks (Refuse/Night soil lorries and carts)  
J 316 Lighting (other than electric) in Railway colonies and area.  
J 317 Other expenses  
J350 Other welfare services, Preventive health measures and pest control  
J351 malaria, filaria & pest control staff.  
J353 cost of malaria, Filaria & pest control stores.  
J354 Cost of prophylactic lymph Sera vaccines etc.  
J355 Examination of Food and Water samples in State laboratories.  
J356 Other expenses including expenses on health education activities, organisation of mass health campaign etc.  
12-K-500 Cost of training staff.  
530 Medical, Health & Family Welfare.  
531 Cost of staff training school.  
532 Pay or stipend to non-gazetted staff during training. |

(2) For preparation of the Budget by the Ministry of Railways each Zonal Railway has to submit to the Ministry of Railways its revised estimates for the current year and the budget estimates for the following year.

(3) To enable this being done, the various departments have to advise their requirements in the prescribed form to the General Manager (Budget) through the Financial Adviser and Chief Accounts Officer in the month of November each year.
(4) The Revised and Budget Estimates for the Demands should reach the Ministry of Railways' office by the 1st of December each year in case of revenue grants and 23rd December in case of works grant. The details of these heads are given in the Revised Classification of Accounts of Expenditure and Earnings published by the Accounts Directorate of the Ministry of Railways. The Budget provision required under the works demand No.16 for the ensuing year is required to be included in the works, Machinery and Rolling Stock Programmes.

(5) So far as the revenue expenditure of the medical department is concerned, the Chief Medical Director consolidates the requirements of the entire medical department and submits the Budget to the General Manager (Budget) through the Financial Adviser and Chief Accounts Officer. For this purpose, the Medical Officer In-charge of Divisions have to submit their requirements (non-personnel) for the current year as well as for the ensuing year towards the end of October each year in the prescribed form, duly vetted by the Divisional Accounts officers. However, Medical Officer In-charge of Divisions should advise the requirements of additional staff for new health units, hospitals etc., likely to come up during the year, and ensure that the Personnel Department makes necessary provision in the estimates.

(6) The revised estimates for the current year and the budget estimates for the following year should be fixed after taking into account the expenditure during the first seven months of the year with the corresponding period of the previous year and with reference to the special features of the past three years or the specific needs of the year under reference.

(7) A full explanation of special features and any exceptional and abnormal adjustments (with amounts involved) included in each period of the previous year and current year, as also in the next year, should be given in the explanatory note accompanying the estimates. It should be explained, wherever possible, as to what items, which were not originally included in the budget estimates, have now been provided for in the variations between the figures adopted for the revised estimates of the current year and (i) the actuals of the previous year and (ii) budget allotment of the current year should be furnished. Similar explanation should be given for differences between figures of the budget estimates of the ensuing year and the revised estimates for the current year. Large variations which compensate each other should also be indicated and fully explained.

1203. Review of Expenditure:

(1) August Review - The Medical Officer In-charge of Divisions should review their expenditure towards the end of July to see whether any modifications are necessary in the allotments placed at their disposal. The review in respect to each grant should be submitted to the Chief Medical Director in the prescribed form so as to reach him not later than 5th of August. The Chief Medical Director should review, consolidate and submit it to their respective FA&CAO for inclusion in the Comprehensive August Review Estimate which is to be submitted to the Railway Board by 1st of September every year.

(2) Revised Estimates:- The expenditure is again reviewed in the month of October while arriving at the requirements for the next year as already explained earlier and any revision required in the allotment for the current year is advised.

(3) First Modification Statement:- During the first week of February, the Chief Medical Director should be furnished with statements showing the additional allotments required or surrenders to be made, under each grant separately during the current financial year.

(4) Final Modification Statement:- The Medical Officer In-charge of Divisions should continue to review the budgetary position and any further modification that may be required should be advised to the Chief Medical Director by the 1st week of March and important modifications before the close of the financial year. These statements are again to be forwarded to FA&CAO who will in turn include them in the overall requirements of the Railways to be submitted to Railway Board.

1204. Appropriation Accounts: The Medical Officer In-charge of Divisions should furnish their respective Chief Medical Directors with statements showing explanations for variations between the original grant and the final grant in respect of each grant separately during the 1st week of May. Similarly statements showing explanations for variations between the final grant and actuals as advised by the Accounts Department should also be submitted to the Chief Medical Director as soon as the year's actual become available.
1205. Control over Expenditure:- While it is the duty of the Chief Medical Director as the head of the department and as the controlling authority in respect of the total amount of each Grant allotted to the medical department to watch the progress of expenditure and to keep the expenditure within the amount of the Grant placed at his disposal, it is the responsibility of each Medical Officer In-charge of Divisions to exercise a similar control over the allotments placed at his disposal.

1206. Cash Imprest. (1) An imprest is a standing advance of a fixed sum of money placed at the disposal of an individual to meet petty office expenses and emergencies, which cannot be foreseen. Emergent petty advances may also be made, on the responsibility of the imprest holder, out of the imprest money placed at his disposal.

(2) The imprest is intended for incurring expenditure for the following purposes:-

(i) Emergency local purchase of medicines.
(ii) Funeral advances.
(iii) Petty repairs to sanitary carts, spray pumps, stoves, etc.
(iv) Charges for washing linen, etc.
(v) Local purchase of diet articles.
(vi) Other petty purchases like bulb for torch light etc.,
(vii) Payment of ambulance charges for transporting patients from stations to hospitals and vice versa.
(viii) Local purchase of sanitary articles such as brooms, insecticides, etc., when the supply by the stores department is unduly delayed or the stores department has no stock of these items.
(ix) Payment of compensatory allowance under the Family Welfare Planning Scheme.
(x) Payment of fees for pathological, bacteriological and radiological test. etc. in respect of cases referred to non-railway institutions.
(xi) Payment of professional fees to specialists or consultants called to Railway hospitals for examination and advice regarding treatment of patients.
(xii) Payment of fees to outside members of medical boards called at the Railway's instance
(xiii) Books of petty value such as Workmen's Compensation Act, Factory Act, etc.
(xiv) Payment of bus fare to staff for collecting medicines, licenses, etc., and cartage for medicines, diet articles, etc.
(xv) Purchase of blood and blood products etc.

(3) The Medical Officer for whom imprest has been sanctioned, will hold it independently and will recoup the same as and when necessary through his respective Medical Officer In-charge of Division. The Medical Officer In-charge of Division will, after scrutiny of the vouchers and accounts, forward the same to the Divisional Accounts Officers for arranging recoupment direct to the Medical Officer concerned. The respective Medical Officers should carefully preserve a record of purchases made from time to time for inspections by the Medical Officer In-charge of Division.

(4) It must be noted that the provision of this imprest does not mean that the Medical Officers can deplete their stock and resort to local purchase. The Medical Officers should recoup any item of drugs expended sufficiently in advance through their Medical Officer In-charge of Divisions and local purchase should be made only in exceptional circumstances, e.g.:

(i) When a particular item which is not usually stocked in the dispensary is required urgently and for which no other substitute of equal therapeutic value is available in stock, or
(ii) When stock asked for has not been received and it would not be in the interest of the patient to wait any longer.

Note:- The object of giving this imprest is purely to meet any emergency, and local purchase, being costly, should not be resorted to as a routine.
CHAPTER XIII
GUIDELINES FOR OPENING AND LICENSING OF BLOOD BANK


Blood Bank: - Blood bank means, a centre within an organisation or an institution for collection, grouping, cross-matching, storage, processing and distribution of Whole Human Blood or Human Blood Products from selected human donors.

1302. Licensing policy and legal framework for Blood Banks:-

An adequate legal framework has been provided in Schedule X B of the Drugs and Cosmetics Act/Rules published in The Gazette of India: Extraordinary (Part II-Sec.3 (i) which stipulates mandatory testing of blood for Blood transmissible Diseases, including HIV. The rules provide for adequate testing procedures, quality control, standard qualifications and experience for blood bank personnel, maintenance of complete and accurate records, etc. The Drugs Controller General (India) is the Central Licence Approving Authority whereas the regulatory control remains under the dual authority of the State and the Central Government. The blood banks under the Act require a manufacturing licence.

1303. Application for grant or renewal of licence

Application for grant or renewal of licence for operation of blood bank shall be made to the Licensing Authority in Form 27-C and shall be accompanied by licence fee of Rs. Six hundred (Rs.600/-) and inspection fee of Rs. Two hundred (RS. 200/-) in the case of renewal of licence.

Provided that if the applicant applies for renewal of licence after its expiry but within six months of such expiry, the fee payable for the renewal of the licence shall be Rs.600/- plus an additional fee at the rate of Rs.200 per month or a part thereof in addition to the inspection fee.

A fee of Rs.100/- shall be paid for a duplicate copy of a licence issued, if the original is defaced, damaged or lost.

The forms required to be filled up for application for grant or renewal of licence, original licence, and renewal of licence is given at the end of this chapter.

1304. Pre-requisite for grant of license for Blood Bank(Rule 122G)

(i) The operation of the Blood Bank or processing of whole human blood for components and /or manufacture of blood products shall be carried out under the active direction and personal supervision of competent technical staff consisting of at least one person who is whole time employee, a Medical Officer who is a Graduate in Medicine of a University recognised by the Central Government having experience in Blood Bank for 6 months during regular service. He shall also have adequate knowledge and experience in blood group serology, blood group methodology and medical principles involved in the procurement of blood.

(ii) The applicant shall provide adequate space, plant and equipment for any or all the operations of blood collection or blood processing. The space and equipment required for various operations are given later on in the chapter.

(iii) The applicant shall provide and maintain adequate technical staff.

(iv) The applicant shall provide adequate arrangements for storage of Whole Human Blood, Human Blood components and blood products.
(v) The applicant shall furnish to the licensing authority, if required to do so, data on the stability of Whole Human Blood, its components or blood products which are likely to deteriorate, for fixing the date of expiry which shall be printed on the labels of such products on the basis of the data so furnished.

1305. Inspection:- Before a license in Form 28-C is granted, the licensing authority, as the case may be, shall cause the establishment in which Blood Bank is proposed to be operated to be inspected by one or more inspectors, appointed under the Act and/or along with the expert in the concerned field. The Inspector or Inspectors shall examine all portions of the premises and appliances/equipment and inspect the process of manufacture intended to be employed or being employed along with the means to be employed or being employed for operation of Blood Bank together with their testing facilities and also enquire into the professional qualification of the expert staff and other technical staff to be employed.

If within a period of six months from the rejection of application for a license, the applicant informs the licensing authority that the conditions laid down have been satisfied and deposits an inspection fee of RS 50/-, the licensing authority may, if after causing further inspection to be made, is satisfied that the conditions for the grant of a license have been complied with, shall grant a license in Form 28-C.

Any person who is aggrieved by the order passed by the licensing authority or central license approving authority, as the case may be, may within 30 days from the date of receipt of such order, appeal to the State Govt. or Central Govt., as the case may be, after such enquiry into the matter, as it considers necessary and after giving the said person an opportunity for representing his view in the matter may pass such order in relation thereto as it thinks fit.

1306. Duration of licence: An original licence in Form 28-C or a renewed licence in Form 26-G, unless suspended or cancelled shall be valid up to the 31st December of the year, following the year in which it is granted or renewed.

1307. Cancellation and suspension of licenses – (1) The licensing authority or central license approving authority may for such licenses granted or renewed by him after giving the licensee an opportunity to show-cause why such an order should not be passed by an order in writing stating the reasons thereof, cancel a license issued under this part or suspend it for such period as he thinks fit, either wholly or in respect of some of the substances to which it relates, if in his opinion, the licensee has failed to comply with any of the conditions of the license or with any provision of the Act or Rules thereunder.

(2) A licensee whose license has been suspended or cancelled may, within 3 months of the date of the order under sub-rule (1), prefer an appeal against that order to the State Govt. or Central Govt., which shall decide the same.

1308. Conditions of license – A license in Form 28-C shall be subject to the special conditions set out in Schedule F, Part XII-B and Part XII-C, as the case may be, which relate to the substance in respect of which the license is granted to the following general conditions:

(i) (a) The licensee shall provide and maintain adequate staff, plan and premises for the proper operation of a Blood Bank for processing whole human blood, its components and/or manufacture of blood products.

(b) The licensee shall maintain staff, premises and equipment as specified in Rule 122-G. The licensee shall maintain necessary records and registers as specified in Schedule F, Part XII-B and XII-C.

(c) The licensee shall test in his own laboratory whole human blood, its components and blood products and registers in respect of such tests as specified in Schedule F, Part XII-B and XII-C. The records and registers shall be maintained for a period of five years from the date of manufacture.

(d) The licensee shall maintain/preserve reference sample and supply to the Inspector the reference sample of the whole human blood collected by him in an adequate quantity to conduct all the prescribed tests. The licensee shall supply to the Inspector the reference sample for the purpose of testing.

(ii) The licensee shall allow an Inspector appointed under the act to enter, with or without prior notice, any premises where the activities of the Blood Bank are being carried out, for processing of whole human
blood and/or blood products, to inspect the premises and plant and the process of manufacture and the means employed for standardising and testing the substance.

(iii) The licensee shall allow an Inspector appointed under the Act to inspect all registers and records maintained under these rules and to take samples of the manufactured product and shall supply to Inspector such information as he may required for the purpose of ascertaining whether the provisions of the Act and Rules thereunder have been observed.

(iv) The licensee shall from time to time report to the licensing authority any changes in the expert staff responsible for the operation of a Blood Bank/processing of whole human blood for components and/or manufacture of blood products and any material alterations in the premises or plant used for the purpose which have been made since the date of last inspection made on behalf of the licensing authority before the grant of license.

(v) The licensee shall maintain an Inspection Book in Form 35 to enable an Inspector to record his impression and defects noticed.

1309. **Space, Equipment and Supplies required for a Blood Bank (PART XII-B of schedule F)**

### A. Accommodation for a Blood Bank

Minimum total area shall be 100 square meters having appropriate lighting and ventilation with washable floors and shall consist of following rooms, namely: -

1. Registration and Medical Examination room with adequate furniture and facilities for registration and selection of donors.
2. Blood Collection Room (This shall be air-conditioned).
3. Room for Laboratory for blood group serology. (This shall be air-conditioned).
4. Room for Laboratory for Transmissible diseases like Hepatitis, Syphilis, Malaria, HIV antibodies etc. (This shall be air-conditioned).
5. Sterilisation and washing room.
6. Refreshment room.
7. Store and Records Room.

Note: The Laboratories of the Blood Bank shall be used exclusively for Blood Bank work.

### B. Equipment:

**I.**

For blood collection room, the following would be needed: -

1. Donor beds or tables: It shall be suitably and comfortably cushioned and shall be of appropriate size.
2. Bed side tables.
3. Sphygmomanometer and Stethoscope.
4. Recovery beds for donors.
5. Refrigerators: Maintaining temperature between 4 to 6 degrees C with recording thermometer and alarm device.

**II.**

Haemoglobin determination:

(i) Copper sulphate solution (specific gravity 1.053).
(ii) Sterile lancet.
(iii) Capillary tubing (1.3 to 1.4 x 65 mm or Pasteur pipettes).
(iv) Rubber bulbs for capillary tubing.
(v) Sahli’s haemoglobinometer/calorimetric method.

**III.**

Temperature and pulse determination:

(i) Clinical thermometers.
(ii) Equipment and materials for aseptic cleaning of the thermometer.
(iii) Watch (fitted with a second-hand needle).

IV. Blood containers:

(a) Disposable plastic packs (closed system) as per the specification of USP.
(b) Blood collection bottles: 540 ml. with graduated capacity of up to 500 ml graduation mark provided with two rows in opposite direction indicating intervals of 50 ml from 0 to 500 ml.
(c) Anti-coagulants: Anti-coagulant solution shall be sterile, pyrogen free and of composition that will ensure satisfactory safety and efficacy of the whole human blood and all the separate human blood components.
(i) Citrate phosphate dextrose solution (CPD) or citrate phosphate dextrose adenine-I (CPDA-I) 14 ml. Solution shall be required for 100 ml of blood. In case of double/triple blood collection bags used for blood components preparation, CPDA, blood collection bags may be used.
(ii) Acid Citrate Dextrose Solution (A.C.D. & Formula-A) IP Grade 15 ml. Solution shall be required for 100 ml of blood.

Note: The licensee shall ensure that the anti-coagulant solution bottles/packs conform to the standard laid down in IP/USP. Disposable sterile bleeding sets shall only be used.

V. Disposable sterile bleeding sets shall only be used.

VI. Blood transfusion sets.
Sterile disposable sets with filters and plastic spike shall only be used.

VI. Emergency equipment:
1. Oxygen cylinder (with gauge and pressure regulator).
2. 5 percent glucose or normal saline.
3. Disposable sterile syringes and needles of various sizes.
5. Ampoules of adrenaline, noradrenaline, mephentin, betamethasone or dexamethasone, injection metoclopramide.
6. Aspirin and spirit ammonia aromatic.

VII. Accessories:-

1. Such as: Blankets, emesis basins, haemostats, set clamps, sponge, forceps, mouth gauze, dressing jars, solution jars, waste cans.
2. Medium cotton balls, 1.25 cms adhesive tapes.
3. Denatured spirit, tincture iodine green soap or liquid soap and injection of procaine or xylocaine.
4. Paper napkins or towels.
5. Incinerator
6. Standby generator

C. Refreshment Services:-
Provision for serving refreshments to the donor after phlebotomy shall be made so that he/she may be kept for observation in the Blood Bank for any untoward reactions.

D. Laboratory Equipment: -

(1) Refrigerator maintaining a temperature of 4 to 6 degrees with Recording Thermometer. The refrigerator shall have temperature recording and alarm device.
(2) Compound Microscope-with low and high power objectives.
(3) Centrifuge Table model.
(4) Water Baths-one for 37 degree C and another for 56 degree C.
(5) Rh viewing box in case of slide temperature.
(6) Incubator with thermostatic control.
(7) Mechanical shakers for serological tests for Syphilis.
(8) Hand lens for observing tests conducted in tubes,
(9) Serological graduated pipettes of various sizes.
(10) Pipettes (Pasteur).
(11) Glass slides.
(12) Test tubes of various sizes/microtiter plates (U or V type).
(13) Precipitating tubes 6 mm x 50-mm glass beakers of different sizes.
(14) Test tubes racks of different specifications,
(15) Interval timer electric or spring wound.
(16) Equipment and materials for cleaning glass wares adequately.
(17) Shipping containers.
(18) RPHA/ELISA Test Kits with Reader for Hepatitis.
(19) Wash bottles; filter papers.
(20) Ice box for transport of blood units.
(21) Hot air oven.
(22) Plain and EDT-A Vials.
(23) ELISA-Reader, Washer and micropipettes for HIV-antibodies testing (in case HIV-antibodies Testing is done by ELISA Kits).
(24) Di-electric tube sealer
(25) Chemical balance( wherever necessary)

E. Reagents:-

1. Standard blood grouping sera Anti-A and Ant-B and Anti-AB: All in double quantity and each of different brand or if from the same supplier then each supply should be of different lot numbers.
2. Rh typing sera: All in double quantity and each of different brand or if from the same supplier each supply should be of different lot numbers.
3. Reagents for serological tests for syphilis and positive sera for controls.
4. Anti human globulin serum (Coomb’s serum).
5. Albumin 20 per cent to 30 per cent for tests/enzymes.
6. 0.9 per cent saline.
7. Culture media and tubes.
8. Wax pencils and tables.
9. RPHA/ELISA kits for hepatitis.
10. Detergents and other agents for cleaning laboratory glass wares.
11. Elisa Kits/rapid diagnostic kits in case the licensee opts for HIV antibodies testing.

F. General Supplies: -

Autoclave with temperature and pressure recording device.

G. Personnel: -

Every Blood Bank shall have following categories of full time technical staff and their number shall depend upon the quantum of work,
(1) Doctor- Degree in Medicine of a University recognised by the Central Government having experience in Blood Bank for 6 months during regular services. He shall have adequate knowledge and experience in Blood Group serology. Blood Group Methodology and medical principles involved in procurement of blood.
(2) Registered nurse.
(3) Blood Bank technician with MLT qualification or its equivalent having adequate experience in blood grouping and serology work.
(4) Laboratory Assistant with MLT qualifications or its equivalent.
(5) Laboratory Attendant.

H. Testing of Whole Human Blood:

(1) It shall be the responsibility of the licensee to ensure that the Whole Human Blood supplied conforms to the standards laid down in the current edition of Indian Pharmacopoeia and for all other tests published by the Central Government from time to time.
(2) Every licensee shall get samples of every blood unit tested before use for freedom from HIV-antibodies either from such laboratories specified for the purpose by the Central Government or in his own laboratory. The results of testing shall be recorded on the label of the container also.

**Note:**

1. Blood samples of donors in pilot tube and the blood samples of the recipient shall be preserved for 72 hours after transfusion.
2. The blood intended for transfusion shall not be frozen at any stage.
3. Blood containers shall not come directly in contact with ice at any stage.

**I. Expiry Date:**

1. The date on which the blood is drawn and the date of expiry which shall be as prescribed under Schedule P to the said Rules.

**J. Records & Labels:**

The permanent records, which the licensee is required to maintain, are: -

(i) **Blood Donor Register** – Indicating serial number, date of bleeding, name of donor with particulars, age, weight, haemoglobin, blood pressure, medical examination, signature of Medical Officer bleeding the donor, bottle bag number and patient’s detail for whom donated in case of recipient donation, remarks on donation (voluntary/replacement/professional). Disposal record.

(ii) **Blood Stock Register** – Indicating bottle bag number, date of collection, date of expiry, quantity in ml., ABO/Rh Group, results for testing of HIV antibodies, malaria, VDRL, Hepatitis-B surface antigen, irregular antibodies (if any), name of donor with particulars, utilisation issue number, components prepared or discarded, certified by Medical Officer In-charge).

Note: Similar records shall be made for blood components. Group wise stock register shall be maintained.

(iii) **Issue Register** – Indicating serial number, date and time of issue, bottle number, ABO/Rh group, total quantity in ml., name of the recipient, group of recipient, unit/institution, details of cross-matching report, indication for transfusion. Particulars of product supplied (whole human blood, red cell/platelet concentrates, cryoprecipitates etc), quantity supplied, compatibility report, signature of issuing persons.

(iv) **Register for ACD/CPD/CPD-A** – Bottles/packs giving details of firm, batch number, date of supply and results of testing.

(v) **Register for Diagnostic Reagents used.**

(vi) **Blood Bank must issue the cross matching report of the blood of the patient along with the blood bottle.**

(vii) **Transfusion Adverse Reaction Records.**

(viii) **Records of Purchase, use and stock in hand of disposable needles, syringes, plastic bags, sets shall be maintained.**

**K. Labels:**

The label on the blood container shall contain the following particulars namely:

1. The serial number of the bottle.
2. The date on which the blood is drawn and the date of expiry as prescribed under Schedule P to the said Rules.
3. The ABO groups with the corresponding colour; the following colour scheme for labels shall be used for different groups:

<table>
<thead>
<tr>
<th>Group</th>
<th>Colour of label</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Blue</td>
</tr>
<tr>
<td>A</td>
<td>Yellow</td>
</tr>
<tr>
<td>B</td>
<td>Pink</td>
</tr>
<tr>
<td>AB</td>
<td>White</td>
</tr>
</tbody>
</table>

4. The results of the tests for Hepatitis, Syphilis, freedom from HIV antibodies.
5. The Rh group.
(6) Total volume of fluid, the preparation of blood, nature and percentage of anticoagulant.
(7) Name and address of Blood Bank.
(8) License number.
(9) Instruction to keep continuously at 4-degree to 6 degree C.
    The label should also include the following inscriptions -
(10) Disposable Transfusion sets with filter must be used in administration equipment.
(11) Appropriate compatible cross-matched blood without a typical antibody in recipient should be used.
(12) Caution: The contents should not be used if there is any visible evidence of deterioration like haemolysis, clotting or discoloration.

Note: The above requirements of Blood bank are subject to modifications at the discretion of the Licensing Authority or the Central Licence Approving Authority if he is of the opinion that having regard to the extent of manufacturing operations it is necessary to relax or alter them in the circumstances of a particular case.

Part XII C of schedule F deals with minimum requirements for grant of License to process blood components from whole blood.

(Railway Board’s No.96/H (FW)/10/19 and 97/II/7/1, The Gazette of India: Extraordinary (Part II Sec.3 (1) - Ministry of Health and Family Welfare - Notification)

---

**FORM 27 C**

*(Application for grant or renewal of licence)*

Application for grant or renewal of licence for the Operation of Blood bank processing of Whole Human Blood for components and or manufacture of blood products.

1. I/We _______ of ________ hereby apply for the grant/renewal of licence to operate a Blood Bank, processing of Whole Human Blood for components and/or manufacture of blood products. Names of the Human Blood Components intended to be processed shall be specified.

2. The name, qualification and experience of expert staff: -
   (a) Name(s) of Medical Officer.
   (b) Name(s) of Registered nurse.
   (c) Name(s) of Blood Bank Technician.

3. The premises and plan are ready for inspection/will be ready for inspection on ________.

4. A fee of Rupees _______ and an inspection fee of Rupees _______ have been credited to the Government under the Head of Account ________.

Signature ____________________  
Dated ____________________  
Designation ____________________

---

291
FORM 28-C
(Original Licence)

Licence to operate a Blood Bank, processing Whole Human Blood for components and/or manufacture of Blood Products.

Number of Licence _____ Date of Issue _____

1. _____ is hereby licensed to operate a Blood Bank to process Whole Human Blood for components and/or manufacture of blood products as the premises situated at the ______.

2. Name of the Product(s) ______.

3. Name of approved expert staff ______

   1. _____
   2. _____
   3. _____

4. The licence authorises the distribution and the sale and storage for distribution or for sale by the licensee of Whole Human Blood, Human Blood Components and/or blood product under this Licence subject to the conditions applicable to licence for sale.

5. The licence shall be in force from _____ to ______.

6. The licence shall be subject to the conditions stated below and to such other conditions as may.

   (xi) The licensee shall destroy the stocks of batch unit, which does not comply with Standard tests in such a way that it would not spread any disease/infection by way of proper disinfection method.
FORM 26 G
(Renewal Licence)

Certificate of renewal of licence for the operation of Blood Bank and/or for processing of Whole Human Blood for components and/or Manufacture of Blood Products.

1. Certified that licence N. ________ granted on the _______ for the operation of Blood Bank, Processing of Whole Blood for components and/or manufacture of blood products at the premises situated at _______ has been renewed from ______ to _______. Name of the Product(s) ________.

2. Name of the Technical staff _______
   1. ________
   2. ________
   3. ________

   Signature ________

Date ______
Designation__________

CHAPTER XIV

FAMILY WELFARE PROGRAMME

1401. The family welfare programme on Indian Railways was started in 1965, as a National Programme totally guided and financially assisted by the Ministry of Health for the Welfare of Railway population. From April 1994, Railway is implementing this programme without budgetary support from Ministry of Health & FW.

The components of the programme are:

a) Prevention of unwanted birth and adoption of small family norm by all railway employees.
b) Maternal and Child Health care.
c) Immunisation of eligible children against six preventable diseases i.e. Diphtheria, Tetanus, Whooping cough, Polio, Measles and Tuberculosis under the universal immunisation programme.
d) Immunisation of pregnant women against tetanus.
e) Health Education.
f) Prevention against diseases like Diarrhoea, etc.

Section A

Family Planning

1402. Strategy for Railways:

The objective of the Family Planning component is population stabilisation by bringing down the birth rate. As a prerequisite to proper planning randomised sample surveys to know the birth rates, proportion of eligible couples, contraceptive preferences should be done annually. Based on this data, innovative strategies have to be formulated locally.

Since Railways are not supported by Ministry of Health for staff salaries, the "Family Welfare" staff should be integrated with the "Health" Staff at all levels and they should provide an integrated and comprehensive welfare package including all preventive and promotive health services. Staff involved in family welfare work should be subjected to regular training and orientation.

Health Unit doctors need constant orientation and motivation to focus attention on “positive health” and act as effective team leaders in providing health care.

The salient features of the guidelines on current strategy are as follows:

1) Easy accessibility and availability
   i) Cafeteria approach - The acceptor is given an informed choice of contraceptives.
   ii) All methods should be easily and regularly available with prominent display of notice as to where they are available.
   iii) Walk- in sterilisation counters in each hospital.
   iv) Health counseling clinics on scheduled days.

2) Quality of services
i) The norms laid down for rejection of sterilisation cases and for acceptors of other contraceptives must be strictly followed.

ii) Complication free service

iii) Immediate attention to the acceptor’s medical problems.

iv) Once a year “Health check up camps” for acceptors of family welfare methods.

3) Education

Intensive use of all information-education-communication (IEC) strategies so that the Railway population accepts the small family norm.

4) Community participation

Formation of ‘Field Action Group’ in each Railway colony. The FAG consist of volunteers from the community who will act as an interface between the administration and the community to provide the promotive Health services in the colonies. Opinion leaders, supervisors, trade union leaders, representatives of women's organisations, able bodied retired Railway employees, other volunteers interested in social work, volunteers of St. John Ambulance Brigade, Scouts, etc, should be encouraged to become members of FAG.

The success of FAG would depend on
- Proper selection.
- Training, orientation and motivation of groups.
- Provision of education material.
- Logistic support and professional medical support.
- Proper and close monitoring of their work.

5) Miscellaneous

i) Enlisting support of charismatic specialists for camps;

ii) Strengthening of the administrative machinery;

a) Initiative, guidance and active support from the Medical Officer in-charge of the division.
b) Zonal and Divisional Medical Officers in-charge of Family Welfare and Health must be those with exceptional qualities in interpersonal relationship and communications. They should be self-motivated, innovative and result oriented in approach.

(Railway Board letters No.96/H(FW)/6/1 dated 18.7.96, 23.7.97, 24.1.97 and No.96/DGTN/SERLY dated 15.1.97)

1403. Compensation Money for cases of sterilisation and IUD

a) The Ministry of Health and Family Welfare allocates an amount of Rs.200/- per case of female sterilisation, Rs.180/- per case of male sterilisation and Rs.16/- per case of IUD insertion conducted by the Railway Medical units. The break up of this amount, among the various components is as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>(Amount in Rupees)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate per case</td>
</tr>
<tr>
<td></td>
<td>Male Sterilisation</td>
</tr>
<tr>
<td>Amount to Acceptor</td>
<td>100</td>
</tr>
</tbody>
</table>

295
b) The Railways will bear the total liability, out of the amount of Rs.20/- per case of sterilisation credited to the Railway revenue, in the event of any order by any court awarding compensation for death/ incapacitation/ post operative complication, as well as the liability for any compensation awarded by any court in the event of failure of sterilisation, leading to birth of a child after sterilisation.

c) Further, the Railway will also assure the following liabilities in regard to payments of ex-gratia and/ or compensation.

i) Death Rs.50000/-

ii) Incapacitation Appropriately up to Rs.30000/- depending on the level of incapacitation.

d) The following items will not be eligible for any expenditure from the amount available for miscellaneous purposes:

i) Salaries of Staff

ii) Payment of TA/DA

iii) Construction activity

iv) Purchase of office equipment (including computer hardware/software) and furniture.

v) Purchase of vehicles.

vi) POL and maintenance of vehicles.

vii) Maintenance of buildings.

e) The funds available for organisation of camps and for miscellaneous expenditure will be maintained by the Medical Officer (Health & Family Welfare). It can be utilised for organisation of camps, health education, encouraging community participation and other purposes relating to the implementation of FW Programme (including MCH).

f) As a pre-requisite to payments of any ex-gratia, certification from the Medical Officer In-charge of the Division/Hospital (CMS/MS) is essential. Detailed enquiry by the Divisional Committee and the Zonal Committee for all cases of death subsequent to sterilisation would continue as per the instructions already in existence. Divisional and Zonal committees would also conduct enquiry in all cases in which compensation is claimed in a court.

g) Documentation and record maintenance should be strictly as per prescribed formats. This will facilitate defending the complication cases in the courts. Sterilisation and IUD consent forms should be complete in all respects.

h) All postoperative complications will be treated free of cost in the Railway Hospitals.

i) Payment of compensation money to cases of exceptional sterilisation - Compensation money can be paid for tubectomy operation to a woman whose husband is already sterilised or vice versa

In order to ensure that these transactions are suitably reflected in account and reimbursement from Ministry of Health & Family Welfare are properly watched, the following accounting should be followed:-

Drugs & Dressings*  25  60  16

Misc. Purpose Fund

(a) Ex gratia/Comp*  20  20  -

(b) Org.of F.W. Camps & Misc.expenditure etc.

Total  180  200  16

* (To be deposited in Railway Revenue)
(i) The expenditure on payment to the acceptor at Rs. 100/- per case for male/female sterilisation and on payment of Family Welfare camps, etc. for which Rs. 35/- & Rs. 20/- per case has been earmarked in the reimbursement made by Ministry of Health & Family Welfare, shall be booked under Suspense i.e. Advance (Rev.) Demand No. 12 (Abstract N). This head will be cleared with an amount of Rs. 135/- & 120/- per case for male and female sterilisation respectively from the amount reimbursed by Ministry of Health & Family Welfare. To facilitate identification of these transactions an additional Detailed head N-114 reading on Misc. Adv. (Rev.) Ministry of Health & Family Welfare under the scheme of Family Welfare will be introduced against Minor Head 100 -suspending and sub head- 110- Misc. Advance (Rev) in abstract N(D. No. 12). The remaining amount of reimbursement made by Ministry of Health & Family Welfare i.e. Rs 145/- for male sterilisation, Rs. 80/- for female sterilisation and Rs. 16/- for IUD insertion shall be credited to Miscellaneous earnings Z-650 (Other unclassified sundry earnings).

For the purpose of booking of expenditure on Ex gratia/ Compensation/Other incidental payment arising out of the above activities, the scope of existing Sub Head 320 in abstract K Demand No. 12 will be enlarged and new Detailed Head K -321 will be introduced as under:

K-321 Ex-gratia and/ or compensation etc. arising of Family Welfare activities.

### 1404. Incentive increment

1) The Railway employees who have undergone sterilisation operation after 4.12.79 will be granted special increment in the form of ‘personal pay’ (now called Family Planning Allowance) not to be absorbed in future increase in pay, either in the same post or on promotion to the next higher post. The rate of Family Planning Allowance would be equivalent to the amount of the next increment due at the time of grant of concession and will remain fixed during the entire service. In case of the persons drawing pay at the maximum rate, the Family Planning Allowance would be equivalent to the amount of the increment last drawn. The grant of this allowance will be subject to the following conditions:

   i) The employee must be within the reproductive age group. In the case of a male central government employee, he should not be over 50 years and his wife should be between 20 to 45 years of age. In case of a female government employee, she must not be above 45 years and her husband must not be over 50 years of age.

   ii) The employee should have not more than two living children (not more than three children prior to 21/07/1999).

   iii) The sterilisation operation must be conducted and the sterilisation certificate must be issued by a central government hospital or other hospitals under the auspices of the Central Government Health Scheme. Where this is not possible the sterilisation certificate issued by a state government hospital or an Institute recognised by the central government for the purpose will suffice.

2) The sterilisation operation can be undergone either by the employee or his/her spouse provided the condition at para 1404 (1) (i) to (iii) above are fulfilled.

3) The allowance will be admissible only to the employees who undergo the sterilisation operation on or after 4.12.1979.

(Bd’s No80/H(FW)/7/1 dated 7.2.1980 and PC-V/99/1/7/6/2 dt 21/07/1999).

### 1405. The clarifications on the incentive increment under family welfare programme when eligibility conditions are fulfilled as under:

1. Incentive increment on Deputation

   i) An employee while serving outside the cadre on deputation, foreign service or transfer will also be entitled for special increment to be given in the form of family planning allowance which will be determined in reference to employees parent cadre only or pay in scale of deputation post. No deputation
allowance would be admissible on personal pay. This special increment will be in addition to NBRC benefit.

   ii) Such employees would continue to draw special increment at the same quantum even on his reversion from a deputation post or from a higher official appointment.

2. Incentive increment & fixation of pay/EB

   i) Such special increment granted as personal pay is not to be taken into account for fixation of pay on promotion and should continue to be available to him at the same rate throughout his service career.

   ii) Such family planning allowance, if granted should not be stopped even if the employee is held up in EB stage. Once this benefit of special increment at a particular rate is granted, the employee would continue to get it at the same rate, even if his pay is reduced to a lower stage in his time scale or to a lower service grade or post by way of award of penalty under DAR Rules, 1968.

Where an employee is given promotion as a result of up gradation/ reclassification from retrospective effect, prior to sterilisation, the incentive increment for Family Welfare may be revised from the date of promotion based on the scale for the promotional post.

   (Rly Bd.'s No.84/H(FW)/7/2 Pt. II dated 24.11.89)

3. Incentive increment during Suspension/Leave

   i) If an employee becomes eligible during the period of suspension, the benefit of such increment is not admissible. However if he qualifies for the benefit before he is placed under suspension, the Family planning allowance would be taken into account in computation of subsistence allowance.

   ii) During regular leave, the Government servants will not be given the benefit of special increment during the period. However, if he qualifies for the benefit before proceeding on leave, the special increment would be taken into account on computation of leave salary.

4. Incentive increment during Training

   The benefit of Family planning allowance would be admissible to an employee if he is sent on training in public interest and he gets the pay and allowances of the post from which he is sent for training.

5. Incentive increment to Casual labourers

   Casual labourers are entitled to Family Planning Allowance only if they are entitled to payment of wages in regular time scale at the time of sterilisation operation and not otherwise.

6. General Clarification on Incentive increment

   i) This special allowance as Family planning allowance would be admissible over and above the other cash incentives.

   ii) The benefit of Family Planning Allowance should be allowed from the first day of month following the date of sterilisation.

   iii) Either the husband or the wife can draw the personal pay, the choice is being left to them so that they can choose the higher of the two increments available to them. The incentive allowed to an employee is not transferable from one spouse to another under any circumstances viz., retirement, resignation or death.

   iv) Family Planning Allowance can be granted to an employee when his wife dies due to sterilisation operation for Family Welfare postoperatively, if all other eligibility conditions are met. In cases where the spouse dies after the allowance has been granted, the benefit of allowance is continued even after the death of the spouse. However, on remarriage the Family Planning Allowance is stopped unless the employee or his spouse undergoes sterilisation operation without any further addition to family.

298
iv) The head of the office sanctions the Family Planning Allowance by issue of a suitable office order after satisfying the eligibility of the employee for the same.

(Authority: No.80/H(FW)/7/1 dated 8.10.1980)

7. Incentive increment regarding failure of Sterilisation cases

In case of failure of sterilisation operation after three living children (two living children w.e.f.19/08/1999), Family Planning Allowance granted to the employee under Family Welfare Programme should be withdrawn from the deemed date of subsequent pregnancy. It may, however, be waived of, in case, either of the couple undergoes re-sterilisation.

(Rly Bd.'s letter.No.80/H(FW)/7/1/Pt.III dated 17.6.88)

8. Incentive to employees of canteens

The employees of all the statutory canteens and Delhi based non-statutory canteens treated as railway servants w.e.f. 22.10.90 in terms of letter No. B (W)/76 CNI.6 dated 8.6.81 are entitled to all FW programme benefits provided they fulfil all the other conditions laid down in this regard

(Rly Bd.'s No.85/H(FW)/2/3 dated 12.9.86)

9. Grant of Incentive increment on one child

Central Government employees or their spouse who undergo sterilisation operation on or after 6th December, 1985 after having one surviving child may also be granted Family Planning Allowance, subject to fulfillment of conditions laid down for this purpose.

(Rly Bd.'s No.85/H (FW)/2/3 dated 30.1.86)

10. Incentive to those operated in non government institutions

Railway employee or spouse who undergoes sterilisation operation in a Private Nursing Home or Private Hospital after 16.12.85 with two or three surviving children, on or after 5.8.86 after having one child, and up to two children on or after 06/07/99 may also be allowed Incentive increment for promoting small family norms, provided, he/she produces a certificate from the private medical practitioner/private hospital/private nursing home duly countersigned by a Civil Surgeon/District Medical Officer/Authorised Medical Officer (Under M.A. rule). Medical Officer of C.G.H.S. / Central Government Hospital, who would, before countersigning the certificate, satisfy himself/herself that the concerned Railway Employee or his/her spouse has actually undergone the sterilisation operation on the date mentioned in the certificate subject to fulfillment of other conditions.

(Rly Bd.'s.No.84/H(FW)/7/2 Pt.I dated 22.9.87)

11. Incentive increment after twins/triplets

If a Railway employee who already has one living child and gets twins or triplets on subsequent delivery and thereafter he/she or his/her spouse undergoes sterilisation operation, he/she may be granted Family Planning Allowance provided all other conditions laid down in this regard are met.

(Rly Bd.'sNo.84/H(FW)/7/2 Pt.I dated 22.9.87)

12. Incentive increment to apprentices

Family Planning Allowance for promoting small family norms is not permissible to a person who has been selected as an apprentice in terms of Apprenticeship Act, 1961. However, if service training as apprentice, is a pre-requisite condition for joining the service in Railways and the employee is appointed on regular basis on completion of apprenticeship without break then the benefit of Family Planning Allowance may be allowed from the date of regular appointment. However, the cases prior to 1.10.1990 will not be re-opened for this purpose.
13. Incentive increment to those sterilised during previous service

In case of a Central Government employee appointed to Railways, the Family Planning Allowance already being drawn, if any, by him/her can be allowed if the past service is counted towards service under Railways. Similarly, the rate of Family Planning Allowance allowed by State Govt. can continue, provided State Govt. service is counted towards Railway Service. Since the service under Public Undertakings etc. is not counted towards service under Central Govt./Railways, no benefit of Family Planning Allowance earned during that service can be allowed.

14. Incentive increment on reemployment after retirement

Re-employment after retirement is a fresh employment. Family Planning Allowance for promoting small family norms available to a person while in active service cannot be allowed to continue on re-employment after retirement.

( Rly Bd.’s. letter No.90/H(FW)/7/9 dated 30.9.92)

1406. 1/2% (0.5%) Rebate in the rate of interest of House Building Advance

Railway employees who themselves or their spouses have undergone sterilisation operation on or after 1.9.79 after fulfilling conditions as have been laid down in Para 1404 (1) & (2) above are entitled to 0.5% rebate in the rate of interest on House Building Advance. The rebate is also admissible to employees fulfilling conditions laid down inPara 1405 sub para 9 and 10 above.

1407. Special Casual leave

(A) Vasectomy

i) Vasectomy of spouse

One-day special casual leave to a women railway employee (on the day when the husband of a women railway employee undergoes Vasectomy) will be given to her to attend to her husband.

ii) Vasectomy of Employee

a) 6 (six) working days special casual leave (if the operation is conducted for first time or second time due to failure of first operation) will be given to the employee. Sundays and closed holidays intervening should be ignored while calculating the period of this casual leave.

b) In self-hospitalisation due to post vasectomy complications, the employee is entitled to special casual leave for the full period of hospitalisation.

c) For out-door treatment for post-vasectomy complications, not more than seven days special casual leave on medical certification can be given.

(B) Tubectomy

i) Tubectomy of Spouse

Railway employee will be granted seven days special casual leave whether the tubectomy is for the first time or for the 2nd time (due to failure of first operation).

ii) Tubectomy of Employee

a) Fourteen days special casual leave in case of her tubectomy, whether for the first time or the second time due to failure of 1st operation.

b) In self-hospitalisation due to post tubectomy complication, the employee is entitled to special casual leave for the full period of hospitalisation.
c) For out-door treatment for self post-tubectomy complications, not more than fourteen days special casual leave on medical certification can be given to the women employee.

d) Women railway employees who undergo Salpingectomy/Tubectomy operation after MTP, will be entitled to six weeks Maternity Leave. However they will not be allowed additional 14 days special casual leave. Seven days special casual leave to her husband will be given.

(C) I.U.D.

Women Railway employee who undergoes IUD insertion or re-insertion is eligible for one day special casual leave on the day of insertion.

(D) Recanalisation

Railway employees going for recanalisation, are entitled to special casual leave up to twenty one days or actual period of hospitalisation whichever is less.

(Rly Bd.’s No.78/H(FW)/9/5 dated 17.1.81 & 11.6.81)

1408. Combination of Special Casual Leave with other kinds of leave

i) Special Casual Leave connected with Sterilisation/Recanalisation under Family Welfare Programme may be suffixed as well as prefixed to regular leave or casual leave but not with both.

ii) The intervening holidays and/or Sundays may be prefixed/suffixed to regular leave, as the case may be.

iii) A spell of special casual leave cannot be availed of between two periods of regular leave.

iv) Special casual leave as mentioned above can be sanctioned by authorities empowered to sanction regular leave to the employees involved.

1409. Charges for diet from sterilisation patients

Charges for diet for sterilisation cases would be as per extant rules applicable to indoor patients.

1410. Charges from outsiders under family welfare programme

h) Non Railway persons undergoing Vasectomy or Tubectomy are exempt from any charges including for consultation, routine investigations, operation, admission, medicines and treatment of postoperative complications.

(Railway Board’s letter No.95/H(FW)/9/13 dated 31.5.96.)

ii) No charges will be recovered for insertion of IUD from Non Railway acceptors.

1411. Constitution and Function of Committees on Complications and Deaths

To ensure quality service in the delivery of Family Welfare Programme to the people it is essential that medical and paramedical staff take utmost care in rendering services. There may be some cases of complication after sterilisation operation/IUD insertion even after taking all possible care. Such cases should be attended to with sympathy and speed. To keep check on carelessness and negligence on the part of any medical or paramedical staff technical committees at the Divisional and Headquarters level should be constituted by the CMD as described below.

1) Divisional Committee dealing with Complication

a) Members

i) Suitable Surgeon of the Division.
ii) Suitable Gynaecologist of the Division.

iii) Medical Officer in-charge of Family welfare & Health.

b) **Functions**

This committee will investigate each case of complication arising out of sterilisation operation, medical termination of pregnancy, and IUD insertion. It will go into the reasons for the complication and fix responsibility, if any, for the same. This committee may also suggest action against officials and measures to prevent such occurrence in future.

2) **Divisional Committee dealing with Death Cases**

a) **Members**

i) Division/Hospital in-charge i.e. MS/CMS.

ii) Suitable surgeon of the Division/Hospital.

iii) Suitable Gynaecologist of the Division Hospital.

iv) Medical Officer in-charge of Family welfare & Health.

v) Senior Anaesthetist of Division.

b) **Function**

This committee will investigate each case of death associated with sterilisation, Medical termination of pregnancy and IUD insertion, in the Division. It shall determine reasons for the death and fix responsibility, if any. The committee may also suggest action against officials, and measures to prevent such mishap in future.

3) **Zonal Committee dealing with complications**

a) **Members**

i) Medical Director of the Zonal Hospital

ii) Dy.Chief Medical Director(FW&H)

iii) Chief/Senior Surgeon of the Zone

iv) Chief/Senior Gynaecologist of the zone

v) Senior Anaesthetist of Zonal Hospital

b) **Function**

As in para 4.b below.

4) **Zonal Committee dealing with death cases**

a) **Members**

i) Chief Medical Director of the Zonal Railways

ii) Medical Director of Zonal Hospital

iii) Chief/Senior most Surgeon of the zone

iv) Chief/Senior most Gynaecologist of the zone
v) Dy. Chief Medical Director (F.W&H)

b) **Function**

The committee will have the primary function of supervising and overseeing functioning of the Divisional Level Committee. If considered necessary, they can investigate any case directly and initiate preventive/corrective action for future. In addition, any other case considered to be examined by the committee may also form its original jurisdiction. All the cases are to be reported to Director/Health & FW, Railway Board, New Delhi along with findings, recommendation and action taken by the zonal level committee.

(No.88/H(FW)/7/19 dated 13.3.89 and 10.5.89, No.90/H(FW)/7/2 dated 28.11.90)

1412. **Report on Death associated with Sterilisation operation**

In case of death during or after sterilisation operation the following reports must be sent.

a) The preliminary report on death after sterilisation operation is to be submitted immediately on the prescribed proforma to Board’s office by the medical In-charge of the Hospital/Division where death occurred, under intimation to the Ministry of Health and Family Welfare directly.

b) Detailed enquiry/ investigation report into the cause of death after sterilisation operation in the prescribed proforma is to be submitted to Board’s Office within one month of the occurrence of the death.

(Board’s letter No.88/H(FW)/7.19 dated 7.11.89)

1413. **Pre and post sterilisation care**

An effective and painstaking preoperative check up of all cases for sterilisation is essential. This is particularly relevant in asymptomatic individuals harbouring clinically silent diseases of Cardio Vascular system, etc. All cases, where any suspicion of under-lying disease is discovered, should be referred to the nearest hospital for complete work up. No such case should ever be operated in a camp situation. After complete clinical and laboratory work-up in a well-equipped hospital, a decision can be taken on whether or not to operate such cases. Where operation is considered undesirable, a conscious decision can be taken in consultation with the patient and his/her spouse about an alternative method of contraception. Whenever a Family Welfare camp is held, all cases must be kept at a single location. For a large camp a ward may be vacated, fumigated and prepared for post operative care of camp patients. One doctor must always be present in the ward till all patients are discharged. The records must be complete in all cases. The operation notes should be detailed and *inter alia* include the time of starting the operation and completing it.

No less important is the need for an extremely efficient postoperative care and observation. The initial few minutes up to about an hour after the operation, when the patient is recovering from effects of sedation/anaesthesia are very crucial. Most accidents are likely to occur during this period. While in the Family Welfare camps, acceptors are mostly discharged the same day, within a few hours of operation there should be no hesitation to make exceptions to this general pattern. In any case, where the patient does not appear or feel completely all right at the time of discharge, the same should be deferred and the period of observation prolonged till the next day or even more, if necessary. All vital signs should be recorded Post operatively every 20 minutes in the ward.

All acceptors of surgical family welfare procedures may invariably be re-examined in follow up, first after one week and then after one month in case of tubectomy and after three months in case of Vasectomy.

The senior officers of the Medical Department who visit/supervise family welfare camps must ensure that adequate arrangements for preoperative check-up, post operative care and the required documentation exist.

(Railway Board’s letter No.96/H(FW)/7/1 dated 8.7.97, and No. 97/H (FW)/3/7 dated 21.9.98)
Standards for male and female sterilisation (1996) have been issued by Ministry of Health & FW as guidelines for pre-operative and post-operative procedures and case selection criteria. They must be strictly adhered to. Guidelines for administration of oral contraceptives and for insertion of intrauterine devices have also been issued by Ministry of Health & FW, and should be referred to by the concerned Medical Officers.

Medical qualification of the doctors performing sterilisation operation is:

Any doctor having a MBBS degree can perform conventional vasectomy/tubectomy operations. For laparoscopic sterilisation the doctor should have post graduate degree in Obs.&Gynae. Or in General Surgery or MBBS with DGO having 3 years experience. Further the doctor should have undergone laparoscopic sterilisation training in one of the recognised centres

(Bd's Letter No. 97/H(FW)/10/3 dt..2.2.98)

All cases of death after sterilisation operations should be subjected to autopsy. Whenever autopsy is refused by patient's family members, the refusal should be taken in writing from the party. Failure to do so should be taken as an attempt to suppress the truth by local team leader.

(Bd's Letter No. 97/H/(FW)/3/7 dated 21.09.1998)

1414. **Ex-gratia Payment in Death due to sterilisation operation**

If any acceptor develops complication within the period of 4 weeks from the date of operation/IUD insertion, which subsequently results in death, he/she should be given an ex-gratia payment of Rs.50,000/- on verification of death due to complications coming to light. The ex-gratia assistance should be paid to the eligible persons as soon as possible without delay on receipt of the information/request for grant. Ex-gratia is also to be paid in case of death attributable to preoperative procedures for sterilisation operation.

(Ministry of Health & FW No.23011/16/95-PLY dated 17.5.95)

1415. **Supply of Maternal Child Health items and conventional contraceptives**

Maternal Child Health Care items including vaccines and Conventional Contraceptive are supplied by Ministry of Health & Family Welfare. However, no person should be deprived of any of these services for want of supply from Ministry of Health, even if they have to be locally purchased.

(No.90/H(FW)/1/1 dated 15.6.90, 96/H(FW)/6/1 dated 18.7.96)

1416. **Service charges for distribution of Condoms**

A service charge of Rs.1/- per 10 condoms is levied w.e.f. 1.4.97. This service charge is to be recovered at the last point in the service provider channel from where actual beneficiary receives the condom. The Depot holder/ Health Workers who distribute the condoms will be allowed to retain the service fee as an incentive for motivating the acceptor.

No receipt is to be issued as the money is not required to be deposited with the Government. However, information on the amount received should be maintained in the distribution register.

Record of stocks, distribution and list of acceptors should be maintained on the prescribed proforma.

1417. **Maternity Leave**

1) A female Railway employee (including an apprentice, temporary employee, casual labor with temporary status, irrespective of their length of service) with less than two surviving children may be granted maternity leave by an authority competent to grant leave for a period of 135 days from the date of its commencement. This leave shall not be debited against leave account.
2) Maternity leave may be combined with leave of any other kind. Any leave (including commuted leave up to 60 days and leave not due) up to a maximum of 1 year, may be granted, if applied for, in continuation of Maternity Leave, without production of a Medical Certificate.

(Railway Board’s letter No.E(P&A)I-96/CPC/LE-9 dated 27.1.89, dt. 25/06/91 & No.E(P&A)I-97/CPC/LE-6 dated 10.11.97)

3) Maternity leave may also be granted in case of miscarriage including abortion and Medical Termination of Pregnancy under the MTP Act 1971, irrespective of the number of surviving children subject to the following conditions:

   i) Leave does not exceed six weeks.

   ii) Application for leave is supported by a medical certificate from the Authorised Medical Officer.

   iii) The total period of maternity leave on account of miscarriage/ abortion/ MTP should be restricted to 45 days in the entire career of a female railway servant. Maternity leave granted and availed prior to 12.9.94 by a female employee should not be taken into account for calculating the 45 days limit.

   iv) In cases requiring longer duration of rest, leave of the kind due and admissible can be availed to cover the period of absence.

   (Railway Board’s letter No.E(P&A)I-94/CPC/LE-6 dated 12.9.94)

1418. Paternity Leave

   A male railway servant (including an apprentice) with less than two surviving children may be granted Paternity Leave for a period of 15 days during the confinement of his wife. During the period of such leave, he shall be paid leave salary equal to the pay drawn immediately before proceeding on leave. Paternity Leave shall not be debited against the leave account and may be combined with any other kind of leave (as in the case of Maternity Leave).

   (Board’s letter No.E(P&A)I-97/CPC/LE-6 dated 10.11.97)

1419 Medical Termination of Pregnancy

   (MTP Act 1971, MTP Rules 1975 and MTP Regulations 1975)

1) When a pregnancy may be terminated (Section 3 of the Act)

   A pregnancy may be terminated by a railway doctor/ railway doctors if he is/ they are of the opinion formed in good faith that:

   i) Continuation of the pregnancy would involve risk to the life of the pregnant woman or grave injury to her physical or mental health; or

   ii) there is substantial risk that if the child were born, it would suffer from such physical or mental abnormality as to be seriously handicapped;

       a) where the length of pregnancy does not exceed 12 weeks, opinion of only one railway doctor is needed;

       b) where the length of pregnancy exceeds 12 weeks, but does not exceed 20 weeks, opinion of not less than two railway doctors is needed.

   Any pregnancy caused by a rape or as a result of failure of family planning device or method used by any married woman or her husband may be presumed to constitute a grave injury to the mental health of the pregnant woman.

   In determining whether the continuation of pregnancy would involve such risk of injury to the health as mentioned above, account may be taken of pregnant woman’s actual or reasonably foreseeable environment.
No pregnancy of a woman who has not attained the age of 18 years or who is a lunatic, shall be terminated except with the consent in writing of her guardian in Form ‘C’. In other cases, no pregnancy shall be terminated except with the consent of the pregnant woman in Form ‘C’. (As per Annexure II)

2) Places where a pregnancy may be terminated (Section 4 of the Act)

Pregnancy may be terminated in railway hospitals where the facilities for termination of pregnancy as required are available and which the Chief Medical Director considers suitable for this purpose.

The pre-conditions relating to the places approved for termination of pregnancy, the length of pregnancy and the opinion of not less than two railway doctors shall not apply in a case where termination of pregnancy is immediately necessary to save the life of the pregnant woman.

Note: In the case of railway hospitals, no separate certification is necessary

3) Experience or training required for termination of pregnancy under the Act

A railway doctor should, in order to be eligible for doing termination of pregnancy under the Act, should have one or more of the following experience or training in gynaecology and obstetrics, namely,

(a) In the case of medical practitioner who was registered in a State Medical Register immediately before the commencement of the Act, experience in the practice of gynaecology and obstetrics for a period of not less than three years.

(b) In the case of a medical practitioner who was registered in a State Medical Register on or after the date of the commencement of the Act -

   i) If he/she has completed six months of house job in gynaecology and obstetrics; or

   ii) where he has not done any such house job, he/she has experience at any hospital for a period of not less than one year in the practice of obstetrics and gynaecology; or

   iii) If he/she has assisted a registered medical practitioner in the performance of at least twenty-five cases of medical termination of pregnancy in a hospital established or maintained, or a training institute approved for this purpose, by the Government.

   (c) In the case of a medical practitioner who has been registered in a State Medical Register and who holds a post-graduate degree or diploma in gynaecology and obstetrics, the experience, or training gained during the course of such degree or diploma.

Note: It is no more necessary for any MTP Board to approve of a doctor for doing the MTP work, such Boards having been dissolved.

4) Form of certifying opinion or opinions (Regulation 3)

(a) Where one railway doctor forms or not less than two railway doctors form an opinion regarding the termination of a pregnancy, he or they shall certify such opinion in Form-I.

(b) Every railway doctor who terminates any pregnancy shall, within three hours from the termination of pregnancy, certify such termination in Form-I. (As per Annexure I)

5) Custody of forms (Regulation 4)

The consent of the pregnant woman or her guardian, as the case may be, together with the certified opinion, should be placed in a sealed envelope, which should be marked ‘Secret’ bearing the serial number assigned to the pregnant woman in the Admission Register, and the name of the railway doctor by whom the pregnancy was terminated and until that envelope is sent to the head of the railway hospital, it shall be kept in the safe custody of the concerned railway doctor. Every envelope shall be sent immediately after the termination of pregnancy to the head of the hospital, who shall arrange to keep the same in safe custody.
The head of the railway hospital shall send to the Chief Medical Director monthly statement of cases where medical termination of pregnancy has been done on the prescribed proforma. The Chief Medical Directors will send monthly returns to the Ministry of Railways.

6) Maintenance of Admission Register (Regulation 5)

Every head of a railway hospital approved for termination of pregnancy shall maintain a register in Form III.(As per Annexure III) recording therein the admission of women for termination of pregnancy.

Entries shall be made serially and fresh serial shall be given at the commencement of each calendar year. The serial number of a particular year shall be distinguished from the serial number of other years by mentioning the year against the serial number. For example, S.No.5 of 1995 and S.No.5 of 1996 shall be mentioned as 5/1995 and 5/1996.

7) Restriction on disclosure of information (Regulation 6)

The Admission Register shall be kept in the safe custody of the head of the railway hospital or by any person authorised by him. Further no such register shall be open for inspection except on authority of-

i) in case of a departmental or other enquiry, General Manager of the Zonal Railway or

ii) in case of an investigation into offence, a Magistrate of the First Class or

iii) in case of a suit or action for damages, the District Judge under whose jurisdiction the hospital is situated.

provided that the railway doctor shall, on the application of an employed woman whose pregnancy has been terminated, grant a certificate for the purpose of enabling her to obtain leave from her employer.

provided further that any such employer shall not disclose information to any other person.

8) Entries in registers maintained in Railway hospital (Regulation 7)

No entry shall be made in any case-sheet, operation theatre register, follow-up card or any other document or register (except the Admission Register) maintained at any railway hospital indicating therein the name of the pregnant woman and reference to the pregnant woman shall be made by the serial number assigned to such woman in the Admission Register.

9) Destruction of the Register (Regulation 8)

In the absence of any order of the Central Government or first-class Magistrate or a District Judge, Admission Register shall be destroyed on expiry of a period of 5 years from the date of last entry in that Register, and other papers on the expiry of a period of 3 years from the date of the termination of the pregnancy concerned.

(Railway Board’s letter No.75/H(FP)/10/1 dated 25.3.76)

1420: Intimation of birth of children by Railway employees to their respective supervisors

Railway authorities come to know of the birth/death only when a Privilege Pass/PTO is required to be issued or a medical card is prepared. For various welfare activities like the Immunisation programme, all births of children of Railway employees should be reported within a month of birth to the respective supervisors besides reporting it to Registrar of Births. The supervisor will pass on this information to the Medical and the Personnel Department quickly. Any delay in reporting may disentitle the staff for medical/Pass benefit for the child when the same is sought later.

(Railway Board’s letter No.E(W)99PS5-2/Misc. dated 13.3.89)

1421 Reports and returns

307
All reports and returns should be submitted timely as per the scheduled target dates on the prescribed format. Care on accuracy of reporting must be taken. All reports must be analysed at all levels before submission to the next higher level. Feedback on the analysis should be sent down the line to the most peripheral level.
**Periodicity of the Family Welfare reports are as follows:**

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of the return</th>
<th>Periodicity</th>
<th>Target date for submission to Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Family Welfare Activities</td>
<td>Monthly</td>
<td>by 15th of the following month</td>
</tr>
<tr>
<td>2.</td>
<td>Exceptional Sterilisation</td>
<td>Monthly</td>
<td>In case of occurrence alongwith monthly return (if any)</td>
</tr>
<tr>
<td>3.</td>
<td>Medical Termination of Pregnancy</td>
<td>Monthly</td>
<td>by 15th of the following month</td>
</tr>
<tr>
<td>4.</td>
<td>National Child Survival and safe Motherhood Programme</td>
<td>Monthly</td>
<td>-do-</td>
</tr>
<tr>
<td>5.</td>
<td>Expenditure return (compensation only)</td>
<td>Monthly</td>
<td>-do-</td>
</tr>
<tr>
<td>6.</td>
<td>Condom distribution</td>
<td>Monthly</td>
<td>-do-</td>
</tr>
<tr>
<td>7.</td>
<td>Oral Pills distribution</td>
<td>Monthly</td>
<td>-do-</td>
</tr>
<tr>
<td>8.</td>
<td>Laparoscopic &amp; other Tubectomy techniques with occurrence of death &amp; conception after sterilisation</td>
<td>Quarterly</td>
<td>by the end of the following month</td>
</tr>
<tr>
<td>9.</td>
<td>Stock &amp; Distribution of Nirodh</td>
<td>Quarterly</td>
<td>-do-</td>
</tr>
<tr>
<td>10.</td>
<td>Detail report of conception after sterilisation</td>
<td>In case of occurrence</td>
<td>to be submitted with quarterly return (S.No.6)</td>
</tr>
<tr>
<td>11.</td>
<td>Community Education Activities</td>
<td>Quarterly</td>
<td>by the end of the following month</td>
</tr>
<tr>
<td>12.</td>
<td>Miscellaneous Purpose Fund</td>
<td>Quarterly</td>
<td>-do-</td>
</tr>
<tr>
<td>13.</td>
<td>Socio-demographic characteristics</td>
<td>Yearly</td>
<td>by the end of May</td>
</tr>
<tr>
<td>14.</td>
<td>Recanalisation statement</td>
<td>Yearly</td>
<td>by the end of May</td>
</tr>
<tr>
<td>15.</td>
<td>Staff position</td>
<td>Yearly</td>
<td>-do-</td>
</tr>
<tr>
<td>16.</td>
<td>Updating of T.C.R. etc.</td>
<td>Yearly</td>
<td>-do-</td>
</tr>
<tr>
<td>17.</td>
<td>Nomination for awards</td>
<td>yearly</td>
<td>-do-</td>
</tr>
<tr>
<td>18.</td>
<td>Requirement of Nirodh, oral pills, IUD, etc.</td>
<td>Yearly</td>
<td>-do-</td>
</tr>
</tbody>
</table>

Performance figures of sterilisation, IUD insertions, Oral pills and condoms acceptors should invariably be advised to Railway Board telephonically by 4th of the following month positively by the Dy.CMD(H&FW)

(Railway Board’s letters No.94/H(FW)/Misc. dated 6.2.95, 96/H(FW)/3/1 dated 2.4.97 and 97/H(FW)/3/1 dated 11.8.97)

**1422: Maintenance of records**

To improve the quality of services and instill a sense of responsibility and accountability, proper record maintenance is essential. Essential records and registers should be maintained on prescribed formats.

(Railway Board’s letter No.97/H(FW)/6/3 dated 14.4.97)
Consent forms for sterilisation and IUD must be filled carefully and no column should be left blank in view of its medico-legal importance.

(Railway Board’s letter No.97/H(FW)/10/7 dated 21.4.97)

**Awards**

To promote the family welfare activities on the Railways, instill a sense of competition and to provide incentives to outstanding workers, several awards have been instituted for family welfare programme. They are:

1) Running Shield and a cash award of Rs.10,000 for best performance in Family Welfare on Zonal Railways.

2) Award for outstanding performance in FW for the DRM- Rs.1000/-

3) Best FW centre on Indian Railways (cash award of Rs.6000/-)

4) Second Best FW center on Indian Railways (cash award of Rs.4000/-)

5) Third Best FW center on Indian Railways (cash award of Rs.2000/-)

Best doctors (Motivator and Surgeon), best Extension Educator, Best Field Worker and best senior subordinate are also awarded by each Zonal Railways

(letter No.96/H(FW)/2/1 dated 29.8.96 & 94/H(FW)/2/3 dated 2.12.94)

**Section B**

**1424: Child survival and safe motherhood programme**

The National Health Policy has set the following goals under this programme, to be achieved by 2000 AD.

a) Reduction in Maternal Mortality to below 2 per 1000 live births.

b) Reduction in infant mortality to less than 60 per 1000 live births.

c) Reduction in child (1 to 4 years) mortality to 10 or less per thousand.

d) Reduction in proportion of low birth weight babies (their weight less than 2500 gm) to 10% or less.

To achieve the above, the programme aims at

a) Immunisation of all children and pregnant women against preventable diseases.

b) Prophylaxis against anaemia due to Iron deficiency and blindness due to Vit.A deficiency.

c) Oral rehydration therapy for control of deaths due to diarrhoeal diseases.

d) Intensified programme for control of acute respiratory infections amongst children.

e) Ensure safe deliveries by proper antenatal, natal and post-natal care in all pregnancies.

**1425 Prophylaxis against nutritional anaemia among mothers and children**
One tablet of Iron and Folic acid containing 60mg of elemental iron and 0.5mg folic acid daily for a period of 100 days is given to expectant and nursing mothers and women who have accepted family planning methods to prevent nutritional anaemia.

For children, one tablet containing 20mg of elemental iron and 0.1 mg of folic acid is given daily for prophylactic management of borderline cases of anaemia. All frank cases of anaemia are however required to be given active anti anaemic treatment.

1426  **Prophylaxis against blindness due to Vit.A deficiency**

Five doses of Vit.A are to be given to each child between 9 months to 3 years of age as per the following schedule.

a)  First dose of one lakh units at 9 months along with measles immunisation.

b)  Second dose of 2 lakh units at 16 months along with booster dose of DPT/OPV.

c)  Three more doses of 2 lakh units at 6 monthly intervals.

(Board’s letter No.96/H(FW)/10/3 dated 9.4.96)

1427  **Supply of MCH items**

Iron Folic acid and vitamin A is supplied to Railways from the local district Family Welfare Officer along with the vaccines. The monthly consumption report is to be given to the district authorities on prescribed format. The monthly MCH report to Railway Board will also include these figures. In no case should a child or mother suffer from nutritional deficiency even if it requires purchase of MCH items from Railway revenue when there is difficulty in timely supply of these items by the State Governments.

(Board’s letter No.96/H(FW)/6/1 dated 23.7.97)

1428  **Antenatal Care**

Antenatal Care must be given to all pregnant women. All hospitals and Health Units should nominate at least one day in a week for antenatal check up. A high intensity education campaign for safe motherhood should be followed up by intensive drives in the colonies for identification and referral of all antenatal cases to the hospitals/health units. Whenever specialist care services for high risk cases are not available, it would be important to identify institutions where cases needing specialist care are to be referred, e.g. Divisional/Zonal Hospitals. A special day for care of referred cases should be designated in each of the referral hospitals. On that day, services of specialist doctors should invariably be provided. Adequate publicity about the date for care of referred cases should be made.

All cases of maternal mortality should be investigated for systems correction and prevention of such unfortunate episodes.

(Board’s letter No.97/H(FW)/10/3 dated 28.5.97)

1429  **Universal Immunisation Programme**

The Expanded Programme on Immunisation (EPI) was started in 1978 with the objective of reducing the morbidity and mortality due to Diphtheria, Pertussis, Tetanus, Tuberculosis, Polio and Typhoid by making vaccination services available to all children and pregnant women. In 1985 measles was included. Subsequently Typhoid was eliminated. The programme was taken up as the Universal Immunisation Programme.
# NATIONAL IMMUNISATION SCHEDULE

<table>
<thead>
<tr>
<th>TO WHOM</th>
<th>WHEN</th>
<th>VACCINE</th>
<th>NOs.</th>
<th>ROUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women Infants</td>
<td>Pregnancy #</td>
<td>TT</td>
<td>2*</td>
<td>Intra-muscular</td>
</tr>
<tr>
<td></td>
<td>6 wks-9 months</td>
<td>DPT</td>
<td>3</td>
<td>Intra-muscular</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Polio</td>
<td>3</td>
<td>Oral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BCG</td>
<td>1**</td>
<td>Intra-dermal</td>
</tr>
<tr>
<td></td>
<td>9 to 12 months</td>
<td>Measles</td>
<td>1</td>
<td>Sub-Cutaneous</td>
</tr>
<tr>
<td></td>
<td>16 to 24 months</td>
<td>DPT</td>
<td>1***</td>
<td>Intra-muscular</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td>OPV</td>
<td>1***</td>
<td>Oral</td>
</tr>
<tr>
<td></td>
<td>5 years</td>
<td>DT.</td>
<td>2*</td>
<td>Intra-muscular</td>
</tr>
<tr>
<td></td>
<td>10 years</td>
<td>TT</td>
<td>2*</td>
<td>Intra-muscular</td>
</tr>
<tr>
<td></td>
<td>16 years</td>
<td>TT</td>
<td>2*</td>
<td>Intra-muscular</td>
</tr>
</tbody>
</table>

* give one dose if vaccinated previously.

** if the child is born in the hospital, BCG vaccination may be administered after birth.

*** booster dose.

# As early as possible

NOTE: Check label of the vial before use

DPT and Polio are given simultaneously. BCG can be given with DPT & Polio but on a different injection site from DPT. Measles vaccine is not given before 9 months of age (because of maternal antibodies). Interval between the doses of DPT/Polio should not be less than 4 weeks. If the child is brought late for subsequent dose, there is no need to restart the schedule but continue with the due doses. Older children may be given primary vaccination if not already immunised. In children older than 2 years DT. is given instead of DPT and above 6 years age TT instead of DT.. Malnutrition, low grade fever, mild respiratory diseases, diarrhoea and other minor illness are not a contraindication to vaccination. Do not deny vaccination unless absolutely necessary. OPV given in diarrhoea should not be counted and another dose is given at the first available opportunity.

Vaccines are effective only if a full course of a potent vaccine is given at the right age.

(Min. of H&FW letter No. Z-16025/1/87-EPI Dated 12.11.87)

### 1430 Cold Chain

Cold Chain consists of maintenance of the required temperature for the vaccines from the manufacturer to the mother or child including during transportation and storage at each level. To ensure that the vaccine is potent, cold chain system is essential. Vaccines lose their potency to protect individuals from disease on exposure to heat or sunlight. Potency once lost can not be regained even if the vaccine is returned to the refrigerator or freezer. All vaccines remain good at temperatures +2° to +8° C. For long term storage measles and Polio vaccines are kept in sub zero temperatures. They may be kept in freezer but repeated freezing and thawing should not be done. DPT, DT., TT & BCG should not be frozen. The vials of these vaccines should not be in direct contact of ice or ice packs. If the DPT & TT is frozen, on shaking the vial the solution will not be uniform and small granules or floccules will be seen. Such vials should be discarded. The diluent, syringes and needles should also be cooled before use. The vaccines must always be transported in vaccine
carriers with frozen ice packs or thermocol iceboxes with at least 1/3 volume of ice. The storekeepers should not issue vaccines if proper vaccine carrier is not available with the person deputed to collect the vaccine.

(Min. of H&FW letter No.T22011/2/87-UIP Dated 4.5.87 & 29.10.87 and No.T22020/1/87-UIP Dated 12.11.87)

1431 Cold chain equipment

Refrigerators, ice lined refrigerators, deep freezers, cold boxes, and vaccine carriers are the equipment used for carrying and storing vaccines. These equipment must be properly maintained.

1) To ensure proper storage of vaccines in a refrigerator and maintain its efficacy:

Keep the refrigerator in a cool room away from direct sunlight and at least 10 cms away from the wall.

a) Keep the refrigerator on a horizontal level.
b) Fix the plug permanently to the socket.
c) Use a voltage stabiliser.
d) Keep the vaccines neatly with space between the stacks for circulation of air.
e) Keep the refrigerator locked and open it only when necessary.
f) Keep ice packs in the freezer and water bottles in the shelves not utilised for the storage of vaccines to keep the temperature down for a longer period in case of power failure.
g) Defrost periodically.
h) Check the temperature twice a day and maintain a record, which should be supervised regularly. One dial thermometer should be kept in each fridge for this purpose.
i) Take remedial action if the temperature is not maintained within the prescribed limits.
j) Tape a sheet of paper outside the refrigerator that tells anyone finding the refrigerator not working:
   -Whom to contact
   -Where to check for a blown fuse.
   -Alternate place for vaccine storage.
k) not to open the door unless necessary.
l) not to keep vaccines in the door of the refrigerator. Polio and measles should be on the top shelf and DPT, DT. and BCG on 2nd shelf.
m) Do not keep food or drinking water in the refrigerator.
n) Do not keep more than one month’s requirements in health units and three months requirements at divisional hospital.
o) Do not keep “date expired vaccines.”

2) To maintain the required temperature by vaccine carriers, do not leave vaccine carriers in direct sunlight, use frozen ice packs, check for any cracks and holes, do not leave the lid open and keep the carrier clean and dry when not in use.

1432 Vaccine maintenance

a) Open the vaccine carrier only when necessary and secure lid tightly after use.
b) Wrap BCG ampoules in a foil or dark paper to protect from heat and light.

c) Keep opened vaccine vial in a cup with ice or on ice pack while you immunise.

d) Use reconstituted vials of Measles and BCG within four hours after which they must be discarded.

   (Min. of H&FW letter No.T22011/2/87-UIP Dated 4.5.87 & 29.10.87)

e) First use the vaccines that were taken out for the last immunisation session but were not used. A special box in the refrigerator must be kept marked “returned”. Put a rubber band if the vial was taken out once or two bands if taken out twice. Alternatively a cross on label or dots on vial may be put for identification. Then use the vaccines with nearest expiry date. Then use vaccines which have been in the refrigerator the longest. Expiry date vaccines should not be kept in fridge but discarded as “wasted”.

1433 Quality control of vaccines

   Oral Polio vaccine(OPV) has been taken as an indicator of quality of cold chain as this vaccine is the most heat labile vaccine. Random samples of OPV should therefore be sent periodically to the nearest vaccine testing institute. Vaccines must be picked from all levels and even opened vials can be sent. Ensure maintenance of cold chain during transport even when they are sent for testing of potency.

   (Ministry of Health & FW letter No .T 22017/4/88 UIP dated 28.6.88)

1434 Immunisation Session

a) Separate needle and separate syringe must be used for each injection

   (Ministry of H & FW letter No. T 22020/7/87-UIP dated 29.4.97)

b) Parents should be informed of the expected side effects so that they do not worry.

c) Inform parents of the date of next visit.

d) All vaccines should be available in all Health Units and hospitals so that the beneficiaries do not have to visit different places for different vaccines.

e) The day and time of vaccination session should be fixed and should be prominently displayed and informed to the community.

f) All efforts should be made to hold session regularly as scheduled.

1435 Record keeping

a) Immunisation cards in UNICEF pattern in local language should be issued to all children. The counter foil must be kept in the clinic till the child is completely immunised.

   (Min. of H&FW letter No. M12014/54/88-UIP dated 1.9.88)

b) Immunisation register should be maintained as prescribed. It should be ensured that there are no dropouts from immunisation. High dropout rates are an indication of some problem in the area, which must be corrected immediately.

   (Min. of H&FW letter No. M-12014/2/87-UIP dated 4.5.82)

c) Batch number and expiry dates of vials should be noted in the stock registers.

1436 Surveillance

To evaluate the success of the immunisation programme, surveillance of vaccine preventable diseases must be done. This should be reflected in the monthly returns. All cases of such diseases should be investigated and followed up including detailed history of previous vaccinations.
All reports of untoward reactions/complications due to vaccinations should be immediately investigated to pinpoint the cause of reactions/complications so that specific corrective measures could be taken

(Ministry of Health & FW letter Nio.160 25/14/87 UIP dated 25.1.87)

**1437 Pulse Polio Immunisation Programme**

The Government of India has decided to implement the strategy of National Immunisation days i.e. Pulse Polio Immunisation (PPI) beginning 1995 to achieve Polio Eradication by the year 2000. Extra doses of OPV are administrated simultaneously as a pulse to all children 0-5 years of age on two fixed dates, 6 weeks apart in the whole country.

Railways are to cover all children in Railway premises on these days including difficult to reach remote areas like gang chawls and gang huts. Children on transit in long distance trains are also covered. Detailed planning is to be done well in advance to make this programme a success.

Annexure I

Form-I

315
(See Regulation 3)

(Name and qualifications of the Registered Medical Practitioner)

(In Block letters) ____________________________________________

(Full address of the Registered Medical Practitioner) ____________________________________________

I, ________________________________ (Name and qualifications of the Registered Medical Practitioner in block letters) ____________________________________________ (Full address of the Registered Medical Practitioner) hereby certify that I/We am/are of opinion formed in good faith, that it is necessary to terminate the pregnancy of ________________________________ (full name of pregnant woman in block letters) resident of ________________________________ (full address of woman in block letters) for the reasons given below.**

*I/We hereby give intimation that I*/we terminated the pregnancy of the woman referred to above who bears the serial No. _________ in the Admission Register of the Hospital/approved place.

Signature of Registered Medical Practitioner
Place:
Date:

Signature of Registered Medical Practitioners

*Strike out whichever is not applicable.

**Of the reasons specified (i) to (v) write the one which is appropriate.

i) In order to save the life of the pregnant woman.

ii) In order to prevent grave injury to the physical or mental health of the pregnant woman.

iii) In view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

iv) As the pregnancy is alleged by pregnant woman to have been caused by rape.

v) As the pregnancy has occurred as a result of failure of any contraceptive device or methods used by married woman or her husband for the purpose of limiting the number of children.

Note: Account may be taken of the pregnant woman’s actual or reasonably foreseeable environment in determining whether the continuance of pregnancy would involve a grave injury to her physical or mental health.

Signature of the Registered Medical Practitioner
Place:
Date:

Signature of the Registered Medical Practitioners

Annexure II

Form C

316
I, ____________________, daughter/wife of ____________________ aged about ______ years, of ____________________________

___(here state the permanent address) at present residing at ____________________________

___do hereby give my consent to the termination of my pregnancy, at ____________________________

___(state the name of place where the pregnancy is to be terminated).

Place:

Date:

Signature

(To be filled in by guardian where the woman is a lunatic or minor)

I, ____________________, son/daughter/wife of ____________________ aged about _____

___years, of ____________________________ at present residing at _________________

______________________________ do hereby give my consent to the termination

of the pregnant of my ward ____________________ who is a minor/lunatic, at ________________

______________________________ (place of termination of pregnancy)

Place: ____________________

Signature

Date
Annexure III

FORM III

(See Regulation 5)

ADMISSION REGISTER

(To be destroyed on the expiry of 5 years from the date of last entry in the Register)

The register should have the following columns

1. Date of Admission
2. Name of Patient
3. Wife/daughter of
4. Age
5. Religion
6. Address
7. Duration of pregnancy
8. Reasons on which pregnancy is terminated
9. Date of termination of pregnancy
10. Date of discharge of patient
11. Results or remarks
12. Name of Registered Medical Practitioner(s) by whom the opinion is formed
13. Name of Registered Medical Practitioner by whom pregnancy is terminated.
CHAPTER XV

OCCUPATIONAL HEALTH

Section A

Workmen's Compensation Act and Medical Examination and Certification under the Workmen's Compensation Act

1501. Introduction
(1) The general rules governing payment of compensation to workmen injured in accidents arising out of and in the course of their employment are embodied in the Workmen's Compensation Act, 1923, and the rules framed thereunder, as amended from time to time.

(2) This Section deals with only the duties of Railway doctors regarding examination, certification and assessment of injury and/or loss in earning capacity of the workmen for purposes of payment of compensation under the Workmen's Compensation Act, 1923.

(3) The detailed rules are contained in Section 11 of the Workmen's Compensation Act, 1923 and Rules 13 to 18 of the Workmen's Compensation Rules, 1924, which are to be complied with by the Railway doctors as and when they take up cases of injured workmen for medical examination under the said Act.

1502. Definition and Application
(1) “The Workmen's Compensation Act is an act to provide for the payment by certain classes of employers to their workmen of compensation for injury by accident”

(2) “Work man” means any person (other than a person whose employment is of a casual nature and who is employed otherwise than for the purpose of the employer’s trade or business) who is -

i) a Railway servant as defined in clause 34 of section 2 of the Railways Act, 1989 (24 of 1989) not permanently employed in any administrative, district or sub-divisional office of a Railway and not employed in any such capacity as is specified in Schedule II or

ii) employed in any such capacity as is specified in Schedule II,

whether the contract of the employment was made before or after passing of this Act and whether such contract is expressed or implied, oral or in writing; but does not include any person working in the capacity of the armed forces of the Union; and any reference to a workman who has been injured shall, where the workman is dead, include a reference to his dependants or any of them.

(3) “Wages” includes any privilege or benefit which is capable of being estimated in money, other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a workman towards any pension or provident fund or a sum paid to a workman to cover any special expenses entailed on him by the nature of his employment;

(4) “Partial disablement” means,

where the disablement is of a temporary nature, such disablement as reduces the earning capacity of a workman in any employment in which he was engaged at the time of the accident resulting in the disablement and, where the disablement is of a permanent nature, such disablement as reduces his earning capacity in every employment which he was capable of undertaking at that time; provided that every injury specified in Part II of schedule I shall be deemed to result in permanent partial disablement;

(5) “Total disablement” means

such disablement whether of a temporary or permanent nature, as incapacitates a workman for all work which he was capable of performing at the time of the accident resulting in such disablement; provided that permanent total disablement shall be deemed to result from every injury specified in part I of schedule I or from any combination of injuries specified in Part II thereof where the aggregate percentage of the loss of earning capacity as specified in the said Part II against those injuries amounts to 100% or more;

(6) Compensation:

If personal injury is caused to a workman by accident arising out of and in the course of his employment, his employer shall be liable to pay compensation in accordance with the provision of this act provided that the employer shall not be so liable.
a) in respect of any injury which does not result in total or partial disablement of the workman for a period exceeding three days.

b) in respect of any injury not resulting in death or permanent total disablement caused by an accident which is directly attributable to:

i) The workman having seen at the time there of under the influence of drink or drugs.

ii) The willful disobedience of the workman to an order expressly given or to a rule expressly framed, for the purpose of securing the safety of workman or

iii) The willful removal or disregard by the workman of any safety guard or other device he knew to have been provided for the purpose of securing the safety of workman.

(7) "Dependants" means any of the following relatives of deceased workman, namely;

i) a widow, a minor legitimate or adopted son, and unmarried legitimate or adopted daughter, or a widowed mother and;

ii) if wholly or in part dependent on the earnings of the workman at the time of his death, a son or a daughter who has attained the age of 18 years and who is infirm;

iii) if wholly or in part dependant on the earning of the workman at the time of his death:-

   a) a widower,
   b) a parent other than a widowed mother,
   c) a minor illegitimate son, an unmarried illegitimate daughter, legitimate or illegitimate or adopted if married and a minor or if widowed and a minor.
   d) a minor brother or an unmarried sister or a widowed sister, if a minor.
   e) a widowed daughter in law,
   f) a minor child of a predeceased son,
   g) a minor child of a predeceased daughter where no parent of the child is alive, or
   h) a paternal grand parent if no parent of the workman is alive.

(Extract from the Workmen's Compensation Act 1923 & the Workmen's Compensation Rules 1924 (1997 print)

(8) Unless otherwise specified, the term "Railway Medical Officer" will mean the following :-

(i) Assistant Divisional Medical Officer.
(ii) Divl. Medical Officer.
(iii) Sr.Divl.. Medical Officer

1503. All injury cases to be examined carefully:- (1) It is essential that all Railway doctors should be conversant with the Workmen's Compensation Act as they are likely to be called upon in the discharge of their duties to examine, certify and assess the loss of earning capacity and the consequent compensation to be paid therefor to Railway employees injured on duty and governed by the said Act.

(2) Besides this, a Railway doctor may have to appear before a Commissioner appointed under the Act to give evidence in cases of dispute between the administration and the employee. It is, therefore, necessary that every case of injury coming under the Workmen's Compensation Act should be viewed as a potential case likely to be brought before a Commissioner and every care should be taken to note down all particulars of such cases.

1504. Medical Examination of injured workmen:- If a workman sustains injury while on duty, his immediate superior will either arrange for the injured workman to be examined by the nearest Railway Medical Officer at the site of the accident, or will arrange for the injured workman to proceed, or to be conveyed, to the authorised medical officer with a memo on the prescribed form as given in Annexure I to this Chapter. The Railway medical officer, after examination of the injured workman, will issue, if the workman is not fit to return to work immediately, a sick certificate in the prescribed form (Sick certificate) as given in Annexure XI to chapter V with a rubber stamp bearing the words: "This injury is consistent with the statement that it was caused by accident", as well as a certificate in the prescribed form as given in Annexure II to this Chapter giving particulars of the part of the body injured, the nature of the injury - whether simple or grievous - and the probable period of disablement, and forward the same to the immediate superior of the injured workman.

1505. Injury Report Register:-(1) An entry of all cases of injuries with which a Railway doctor has to deal must be made in an accident register which is to be maintained in every hospital and health unit. This entry is in addition to the entries made in any other register, such as on daily attendance register or on case papers.
(2) The entry in the accident register must be made as soon as possible after the patient is seen for this first time and thus becomes an extremely valuable record of the first clinical examination. Sufficient space should be left below the entry so that additional information obtained later on such as X-ray reports, admission to hospital, or subsequent death of the patient during the period of treatment for the injuries can be entered neatly and without encroachment on the next entry.

(3) Records of injuries to employees "on or off duty", family members of employees and members of the general public must be kept each in a separate section of the register. There should be diagrammatic figures on the reverse of the injury report, on which the details of injuries are to be shown.

(4) The Railway medical Officer at the time of examination will note carefully the list of injuries on the prescription slips which should not be destroyed as they may be required at any future date for assessing the extent of disablement for purposes of payment of compensation claimed by the injured workman. Prescription slips should also be treated as confidential documents.

1506. Disposal of claim for an injury when no sign of injury is found:- If a patient claims that he is injured and clinical examination shows no sign of injury, these facts must be recorded in the accident register, but all such cases are to be referred to the CMS/MS in-charge of the division.

1507. Caution where no sign of injury is seen. – Attending Medical Officer must make a clear distinction between the complaints of the patient and the physical signs of injuries observed. Doubtful cases should be referred to the CMS/MS in-charge of the Division, postponing a diagnosis and issue of certificate until his advice has been received. Pre-existing disease and deformities must be noted.

1508. Case Sheets:- (1) Case sheets should be made out for all cases of injuries and are to be used for making day-to-day notes on the progress of the cases, instructions from the CMS/MS in-charge of the Division, results of X-ray examination, and so on.

(2) These case papers are not to be handed over to a patient to be taken home, where it may be lost, mutilated or soiled, as it is a very valuable record of the case subsequent to the first entry in the accident register. It must be retained as an official record.

(3) CMS/MS s in-charge of the division will make their own local arrangements regarding the safe transmission of these injury case papers from their hospitals to subordinate hospitals and health units. In addition to the records outlined above entries of attendance of the injured person will be made also in the daily attendance register just as for any other patient, and the injury case paper will bear the serial number as recorded in the daily attendance register.

1509. Certification and attendance of injured employees:- (1) All injured employees are to be regarded from the beginning of attendance as persons making a claim or likely to make a claim that the injury was sustained on duty and, therefore, the Railway doctor must not assume that because the accident report in the prescribed form as given in Annexure III has not yet been received, the case is not one coming under the Workmen's Compensation Act, for often the accident report is received by the Railway doctor some time after the accident.

(2) When an employee attends a Railway hospital or health unit for an injury or alleged injury, he will be issued a sick certificate only if he is unable to perform his duties. If the attending Medical Officer is on doubt regarding the employee's fitness for work or whether the physical signs shown are due to an injury, the case shall be referred at once to the CMS/MS in-charge of the Division, certification being postponed until his advice is received.

(3) The CMS/MS s in-charge of the Division can make their own local arrangements regarding cases being sent up to them, but it is considered essential that at least all cases of injuries to the eye or of suspected fractures shall be sent to them for examination at once, if the patient is in a position to be transported safely, along with the injury case paper, otherwise, the CMS/MS in-charge of the Division may be called by the attending Medical Officer to the station where the injured person is lying. In the case of an eye injury, both the eyes must be examined and detailed notes made of their condition, and visual acuity figures recorded.

(4) In all cases of injury to the eye or near about the eye, vision is each eye at the time of admission and at the time of discharge should be recorded.

(5) If an employee is unfit to work and shows definite signs of injury, a sick certificate is to be issued immediately and if a definite diagnosis cannot be made, the best provisional diagnosis under the circumstances can be entered in the certificate.

(6) One of the functions of a Railway doctor is to fit work to man and man to work. To do this, close and repeated observation of the conditions and circumstances of work will need to be combined with constant study of men at work.
(7) The Railway doctor should, therefore, see that the workmen are in a good state of health and there is no
gross defect in their visual acuity or in the body, which is likely to endanger them or their co-workers' safety.

(8) Visual acuity of all employees, met with an accident on duty, should be recorded both on the injury case
sheet and the accident register.

(9) Further, when an employee has suffered from an eye injury, before he is discharged to duty, his visual
acuity should be examined by the CMS/MS in-charge of the Division, and if his vision is below the standard required for
his class of employment then he should be dealt with in accordance with the regulations for the medical examination of
non-gazetted candidates and employees. Of course, the question of compensation would arise if the defect is due to a
permanent injury arising out of and in the course of employment. In cases of injuries other than injury to the eye where
visual acuity is found below the standard of his class of appointment, he should be dealt with under the regulations
referred to.

1510. Medical obstruction certificate:- If the injured workman fails to carry out instructions regarding
treatment, etc. as given by the Railway medical officer or absents himself while under treatment against the advice of
the Railway Medical Officer, or refuses to submit himself for subsequent examination, or in any way obstructs the same,
the Railway Medical Officer will issue a medical obstruction certificate in the pro forma as given in Annexure IV and
send the same to the department superior of the injured workman.

1511. Medical review certificate:- If the injured workman, in whose favour a medical obstructions certificate
has been issued, subsequently satisfies the Railway medical officer that there was no willful disregard of the instructions
issued, that failure to attend the Railway dispensary was due to reasons beyond his control, and that he was under the
treatment of a registered qualified medical practitioners, for which due intimation was given and necessary certificates
produced, the Railway medical officer will issue a medical review certificate in the prescribed form as given in
Annexure V and send the same to the department superior concerned.

1512. Injury resulting in immediate death:- In case of immediate death of a workman resulting from injuries
arising out of an accident within the meaning of the Act, the departmental superior will arrange for the immediate
attendance of the nearest Railway medical officer. The Railway medical officer, after examination, will issue a
certificate in the prescribed form as given in Annexure VI and send the same immediately to the departmental superior
concerned.

1513. Injury resulting in subsequent death:- In the first instance, the procedure laid down for an injured
workman should be followed. On subsequent death of the workman, the Railway medical officer will issue a certificate
in the prescribed form as given in Annexure VII and submit the same to the departmental superior concerned.

1514. Resumption of duty by injured workman:- (1) When an injured workman is fit to resume duty in his
original post, the Railway medical officer will issue a fit certificate in the prescribed form (Sick & Fit Certificate)as
given in Annexure XI to Chapter V.

(2) In the event of the injured workman not being fit to resume duty in his original post but fit for other posts,
the Railway medical officer will submit a recommendation for alternative employment and follow the procedure laid
down for such recommendation.

1515. Issue of fresh certificate when the injury of the injured employee have healed but he acquires any
other illness:- If is fairly common for an injured employee to acquire another illness during the treatment for the injury
and in such cases when the treatment for the injury is finished and the patient would be fit for duty, but because of the
additional illness, he cannot be discharged to duty, then the procedure should be that, with the approval of the CMS/MS
in-charge of the division, the patient should be issued a fit certificate with regard to the injury and re-admitted to the
sick-list by the issue of another sick certificate on the same date in respect of the additional illness.

1516. Assessment of loss of earning capacity and issue of certificate:- (1) Before the injured workman is
issued a fit certificate for his original post or in an alternative employment, the attending Medical Officer will refer the
case to the CMS/MS in-charge of the Division concerned with the full history of the case and recommendation for
change of employment, if any, for assessing the loss of earning capacity for permanent, partial or total disablement which
may have resulted from the injury. The CMS/MS in-charge of the Division will, after personal examination of the case,
advise the Medical Officer concerned to issue the necessary fit certificate if the employee is considered by him fit to
resume duty in his original post. When it is considered that the employee is not fit to resume duty of his original post and
is to be recommended alternative employment, the CMS/MSs in-charge of the division will follow the procedure laid
down for the offer of alternative employment.

(2) The CMS/MS in-charge of the division/hospital after personal examination of the case referred by the
attending Medical Officer, will assess and certify the loss of earning capacity according to Schedule I of the Workmen's
Compensation Act, reproduced in Annexure VIII to this Chapter. Such a certificate should be issued in the prescribed
form as given in Annexure X in triplicate. Two copies should be sent to the department superior concerned.
(3) If D.M.O is in independent charge of a hospital or division the certificate issued assessing the loss of earning capacity according to Schedule I to workman’s compensation Act should be submitted to C.M.D for counter signature. Where CMS/MS is in-charge of the Division/hospital it will suffice if the certificate is counter signed by the CMS/MS in-charge of the division/hospital.

(Bd.’s No 82/H/5/4 dt. 06/07/82)

1517. **Non-Schedule injuries:**

(1) In case of injuries not included in Schedule I as reproduced in Annexure VIII, the CMS/MS in-charge of the division will refer the case to the Medical Board for assessment of loss of earning capacity, with full history of the case, giving particulars of the resulting disablement of the workman at that time. The Medical Board after assessment of the Loss of Earning capacity will send their recommendation to the C.M.D for acceptance.

(2) The Chief Medical Director will, either on the report of the Medical Board, or after personal examination of the injured workman, advise the CMS/MS in-charge of the Division, as early as possible, the loss of earning capacity assessed. The CMS/MS in-charge of the Division will then issue necessary certificate in the prescribed form as given in Annexure X. In all such cases, the decision of the Chief Medical Director will be final.

Note: A broad guideline for assessing non-scheduled injuries is given in Annexure IX to this chapter

(3) The C.M.S./M.S in charge of the division will send in duplicate the certificate assessing the loss of earning capacity to the departmental superior concerned for necessary action.

1518. **Contractor’s workmen:**

(1) Divisional Officers should advise the CMS/MS in-charge of the Division, of cases of workmen who sustain personal injury by accident arising out of and in the course of employment, whilst engaged by contractors for the purpose of carrying out trade or business of the Railway administration, to enable the latter to take necessary action to examine the workman. In cases where the workman engaged by a contractor is treated in a non-railway hospital/dispensary arrangements should be made to have the workman examined before they are discharged from the hospital.

(2) In the case of grievous hurt to a workman, engaged by a contractor, steps should be taken to record the evidence of the other workmen working on the spot as to how the accident occurred, to enable the administration to decide its liability under the Act.

1519. **Occupational diseases:**

(1) Occupational diseases, a list of which has been given in Schedule III of the Workmen’s Compensation Act, also come within the purview of the Act for which compensation is to be paid to the workman as a result of any disability arising from such diseases.

(2) Drillers’ Phthisis and Anthracosis are well known diseases. Saw mill workers of the workshops are exposed to dusty occupation for several hours in a day and are likely to suffer from chronic lung troubles. Liability to Plumibism in the manufacture of white lead, production of epitheliomatous-ulceration and cancer of the skin in those handling pitch, tar and oil, are all typical occupational diseases.

(3) The danger in inhaling irritating fumes and gases by plumbers and sewage workers, the risk of infection from Anthrax among persons handling horse-wound hair, hides and skin, liability to eye injuries from brilliant light and metal fume fever are also all typical occupational diseases. Besides the above diseases, poor ventilation, lack of cleanliness, overcrowding and faulty lighting arrangements tend to lower the general health of the employees. Industrial fatigue is mostly due to air stagnation and polluted atmosphere.

(4) In every workshop, there should be four persons out of every fifty workers trained in first aid.

1520. **Periodical medical examinations in respect of important occupational diseases:** Persons engaged in occupations involving the use of substances as shown in first column, should be examined at intervals as shown in the second column, while the type of examination to be carried out has been indicated in the third and the last column of the following table:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Intervals</th>
<th>Type of examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzene and its homologues</td>
<td>...</td>
<td>Monthly</td>
</tr>
<tr>
<td>Bichromate chrome</td>
<td>...</td>
<td>Fingers and nasal septum for ulcers and perforations</td>
</tr>
<tr>
<td>Coal, coal dust, pitch and tar</td>
<td>...</td>
<td>Half-yearly</td>
</tr>
<tr>
<td>Lead burning and smelting and</td>
<td>...</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

Blood picture.

Blood picture and for palsy of the extensor muscles.
manufacture of electric of the wrists (wrist drop) and examination of gums.
accumulator (battery workers).
Radio-active substances ... Monthly ... Finger tips and nails. Blood picture (Quarterly).
Silica ... Yearly ... X-ray examination of the lungs to watch the fibrotic changes.

Section B - Medical Examinations and Certification under the Factories Act & Occupational Safety

1521. Medical examination and certification under the Factories Act - (1) The provisions of the Factories Act, 1948, (and the rules framed thereunder by the individual State Governments in respect of factories under their jurisdiction) are applicable to all Central Government factories employing ten or more workers where a manufacturing process is carried on with the aid of power, or twenty or more workers where a manufacturing process is carried on without the aid of power, but excludes, from its purview a Railway running shed.

(2) These provisions relate to many facets of factory working including health examination of persons engaged in dangerous occupations, supervision of a factory engaged in a manufacturing process which may be injurious to the health of workers employed therein, reporting of notifiable diseases, certification of fitness, provision of first aid appliances, etc. or to act as certifying surgeons when appointed by the State Government under Section 10 of the Factories Act.

1522. Occupational Safety:- Indian Railways employ the largest work force of industrial workers. It is essential to look after their health, safety and well being at their work place in order to ensure an increased production output. Occupational health is the prevention of disease and maintenance of the highest degree of physical, mental and social well being of workers in all occupations for health promotion, specific protection, early diagnosis and treatment. Occupational health aims at providing a comprehensive approach to deal with the relationship between work and the total health of man-starting right from the time of employment and extend throughout an employee’s working life.

The milieu or " occupational environment" of the railway employees is influenced by external conditions which prevail at the place of work and which have a bearing on their health. The employee is placed in a highly complicated environment and a number of factors like physical agents, unguarded machine parts, psychosocial factors affect him at his workplace. The railway doctors and primarily the doctors working in workshops are responsible for their health and prevention of occupational disabilities.

The various measures to be undertaken for the prevention of occupational diseases are:

1) Pre-placement examination:
A very stringent and detailed medical examination should be done which includes a carefully detailed medical history, past disease conditions, present complaints, family history, personal habits including smoking, alcohol consumption and a thorough physical examination and investigations for example chest x-ray, Electrocardiogram, vision testing, urine and blood examination, etc. The purpose of pre-placement examination is to place the right man in the right job so that the worker can perform his duties efficiently without detriment to his health. A base line record of physical condition is thus established for future examination and epidemiology.

2) Periodic health examination:
This should be so designed to ensure surveillance over certain classes of employees who are exposed to specific risks and cumulative effects of specific occupations. The frequency and content of periodic medical examination will depend upon the type and nature of occupational exposure. If potentially vulnerable people can be identified at an early stage and/or before the onset of symptoms and persuaded to seek medical advice; treatment may hold out chances of control or cure. This examination affords an excellent opportunity to counsel the employees regarding correction of medical conditions that can later on lead to disability.

Particular care should be taken when the employees return after sickness, give medical certificates for leave etc., to assess the nature and degree of any disability and to assess suitability or otherwise of returning to the same job.

3) Medical and health care:
All workers are to be given optimum health facility. In the workshop, first aid services should be made available. First aid kits should be given in each shop and the supervisor or a motivated worker to be trained in first aid.

4) Supervision of working environment:
Periodic inspection of working environment to assess the accident potential of each area in a given workshop should be thoroughly studied by the doctors. The physician should pay frequent visits to the shop in order
to acquaint himself with the various aspects of the working environment such as temperature, lighting, ventilation, humidity, dust, fumes, gases, noise, vibration, air pollution and sanitation which have an important bearing on the worker’s health. He should be acquainted with the raw materials, processes and products manufactured. He should also study the various aspects of occupational physiology such as occurrence of fatigue, shift work, weight carried by the workers, etc. Recommendations to prevent accidents and diseases likely to result from the physical and chemical hazards of the work environment should be made to the Works Manager from time to time. Such recommendations should be periodically revised and updated with the latest developments in the field.

5) Periodical inspection:  
Periodical inspections of the workshop by the Medical Officers should be carried out to ensure that the recommended safety measures are actually being implemented.

6) Maintenance and analysis of records:  
Proper records are essential for future planning, development and efficient operation of occupational health services. The worker’s health record and occupational disability record must be maintained.

7) Health Education:  
Health education is needed to bring about a positive change in the behaviour of employees in achieving optimum health. All the risks involved in the occupation in which he is employed and the measures to be taken for personal protection should be explained to him. The correct use of protective devices like masks, gloves, barrier creams, eye-protection devices should be explained to him. Simple rules of hygiene like hand washing, wearing clean clothes should also be impressed upon him. Health education material such as charts, posters should be displayed and handbills circulated from time to time, constantly reminding the worker of the potential health hazards and their prevention. Occupation and health are closely inter-related. The treating physician should blend clinical concepts and epidemiological approaches with prudence in examining the cause of disease associated with work place environment.
ANNEXURE-I

MEDICAL DEPARTMENT
WORKMEN’S COMPENSATION ACT

FORM OF MEDICAL MEMO FOR EMPLOYEES ALLEGED TO BE INJURED IN
ACCIDENTS COVERED BY THE ACT.

Memo No. ....................

The ADMO/DMO/Sr DMO ..............station

PERSONS INJURED WHILE ON DUTY

The bearer…………………………………..is reported to have been injured in an accident arising out of and in the course of his
employment at /in the ………………………...on ………………………...and is sent for medical examination and
treatment.

2. Cause of injury ………………………………

3. Please issue the necessary certificate giving the nature and extent of the injury and the probable period of disablement.

   { Signature.................

      Employer  { Designation............

                    { ...........................

      Date....................

      Place....................

                      ……….RAILWAY

ANNEXURE II

____________RAILWAY

WORKMEN’S COMPENSATION ACT

INJURY AND DISABLEMENT CERTIFICATE

Book No. ……………………………. Medical Certificate Page No. …………………

I have examined ……………………………………………………………………………………………………….

Ticket      No. …………………. who met with an accident on …………… 19………Part of body injured
Gang

……………………………………………………………………………………………………………………..

Nature of injury ………………………………………………………………………………………………..

His disablement is likely to continue for * more/less than ……………………………… days.

Date ……………………..        Signature  …………………..

Railway doctor        Place ……………………..        Designation …………………..

326
ANNEXURE III

……….RAILWAY

MEDICAL DEPARTMENT

WORKMEN’S COMPENSATION ACT

ACCIDENT REPORT

<table>
<thead>
<tr>
<th>Reference No.</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Station</td>
</tr>
<tr>
<td></td>
<td>Dated</td>
</tr>
</tbody>
</table>

1. Date of accident
2. Time of day at which accident occurred
3. Place at which accident occurred (if not a Railway’s premises it must be so stated),
5. Nature of injury sustained, whether slight or serious
6. Name in full
7. Ticket or Gang No.
8. Designation
9. Department
10. Age
11. Date of appointment
12. Address
13. In case of death, name and address of nearest relative or dependent
14. Time and date of accident reported by employee
15. To whom reported
16. Method of report
17. If not reported by employee, how and when did Railway become aware of this accident?
18. Did accident arise out of and in the course of his employment?
19. If injured person has been disabled, state when first absent through accident.
20. Was first aid rendered? If so, by whom?
21. Was doctor called in at the time of accident?

22. If so, name of the doctor

23. Was injured man sent to doctor?

24. If so, name of the doctor

25. After investigation have you any suspicion -
   (a) as to the genuineness of the accident?
   (b) that it did not occur on duty as described?
   (c) that the workman at the time was under influence of drink or drug?
   (d) that there was willful removal or disobedience of the workman to an order expressly given or to a rule expressly framed for the purpose of securing safety of workman?
   (e) that there was willful removal or disregard by the workman of any safety guard or other device which he knew to have been provided to secure the safety of workman?

26. Names and designations of persons who can give corroborative Information (each must be interrogated before this question is answered).

   Eye witnesses

   Others

   Station Master                        Signature
   Inspector                            Office-in-charge
   Foreman                             Designation

328
ANNEXURE IV
MEDICAL DEPARTMENT
WORKMEN'S COMPENSATION ACT
MEDICAL OBSTRUCTION CERTIFICATE

Book No. ..........................

With reference to Medical certificate No. .........................., dated. ......................... Name .......................... ............

Ticket/gang No. .......................... has refused to be attended by me/has deliberately disregarded my instructions.

His claim for compensation should be withheld from. ......................... 19....F.N. */A.N.*

| Signature................ |
| designation............. |
| .......................... |

Date..........................
Place..........................
..........................Railway

ANNEXURE V

MEDICAL DEPARTMENT
WORKMEN COMPENSATION ACT

MEDICAL REVIEW CERTIFICATE

....................................(Name ) Ticket /gang no. ...........................................Disqualified for payment vide medical refusal or obstruction certificate no. ..........................date....................

(1) has now complied with instruction
(2) died on ............................19....

*His claim for compensation should be reviewed for the full period from ............................19.......

* His claim for compensation should be withheld from ............................19....

| Signature................ |
| designation............. |
| .......................... |

Date..........................
Place..........................

- delete whichever is inapplicable
ANNEXURE VI

__________ RAILWAY

MEDICAL DEPARTMENT

WORKMEN’S COMPENSATION ACT

IMMEDIATE DEATH CERTIFICATE

Name……………………………………….

Date of death………………………………

Cause of death………………………………………………

Death * was/ * was not the result of injury received on…………………………19

Signature

Railway Doctor

Date

Designation

Place

• Delete whichever is inapplicable.

ANNEXURE VII

__________ RAILWAY

MEDICAL DEPARTMENT

WORKMEN’S COMPENSATION ACT

SUBSEQUENT DEATH CERTIFICATE

Book No.                  Page No.

I certify that……………………………………………………………( Name ) Ticket/Gang No. referred to in
Medical Certificate No………………..of ………………..19. died on    19

I * consider/* do not consider his death was the result of the accident.

Signature

Railway doctor

Date

Designation

Place

• Delete whichever is inapplicable.
### List of injuries deemed to result in permanent total disablement

<table>
<thead>
<tr>
<th>Sl.</th>
<th>Description of injury</th>
<th>Percentage of loss of earnings</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Loss of both hands or amputation at higher sites</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Loss of one hand and one foot</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Double amputation through leg or thigh, or amputation through leg or thigh on one side and loss of other foot.</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Loss of sight to such an extent as to render the claimant unable to perform any work for which eye sight is essential</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Very severe facial disfigurement</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Absolute deafness</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

### List of injuries deemed to result in permanent partial disablement

#### Amputation cases, upper limbs (either arm)

<table>
<thead>
<tr>
<th>Sl.</th>
<th>Description of injury</th>
<th>Percentage of loss of earnings</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Amputation through shoulder joint</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Amputation below shoulder with stump less than 20.32 cms from tip of acromion</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Amputation from 20.32 cms from tip of acromion to less than 11.43 cms below tip of olecranon</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Loss of a hand or of the thumb and four fingers of one hand or amputation from 11.43 cms below tip of olecranon</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Loss of thumb</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Loss of thumb and its metacarpal bone</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Loss of four fingers of one hand</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Loss of three fingers of one hand</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Loss of two fingers of one hand</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Loss of terminal phalanx of thumb</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>10A.</td>
<td>Guillotine amputation of tip of thumb without loss of bone.</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

#### Amputation cases, lower limbs

<table>
<thead>
<tr>
<th>Sl.</th>
<th>Description of injury</th>
<th>Percentage of loss of earnings</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>Amputation of both feet resulting in end bearing stumps</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Amputation through both feet proximal to the metatarso-phalangeal joint</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Loss of all toes of both feet through the metatarso phalangeal joint</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Loss of all toes of both feet proximal to the proximal inter-phalangeal joint</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Loss of all toes of both feet distal to proximal inter-phalangeal joint</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Amputation at hip</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Amputation below hip with stump not exceeding 12.70 cms length measured form tip of great trochanter</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>
18. Amputation below hip with stump exceeding 12.70 cms in length measured from tip of great trochanter but not beyond middle thigh 70

19. Amputation below middle thigh to 8.89 cm below knee 60

20. Amputation below knee with stump exceeding 8.89 cms but not exceeding 12.70 cm 50

21. Amputation below knee with stump exceeding 12.70 cm 50

22. Amputation of one foot resulting in end bearing 50

23. Amputation through one foot proximal to the metatarso phalangeal joint 50

24. Loss of all toes of one foot through the metatarso phalangeal joint 20

Other injuries

25. Loss of one eye, without complications the other being normal 40

26. Loss of vision of one eye without complications or disfigurement of eye-ball, the other being normal 30

26A Loss of Partial vision of one eye 10

Loss of

A- Fingers of right or left hand--

Index finger

27. Whole 14

28. Two phalanges 11

29. One phalanx 9

30. Guillotine amputation of tip without loss of bone 5

Middle finger

31. Whole 12

32. Two phalanges 9

33. One phalanx 7

34. Guillotine amputation of tip without loss of bone 4

Ring or little finger

35. Whole 7

36. Two phalanges 6

37. One phalanx 5

38. Guillotine amputation of tip without loss of bone 2

B- Toes of right or left foot
<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Toe</td>
<td></td>
</tr>
<tr>
<td>39. Through metatarso-phalangeal joint</td>
<td>14</td>
</tr>
<tr>
<td>40. Part, with some loss of bone</td>
<td>3</td>
</tr>
<tr>
<td>Any other toe</td>
<td></td>
</tr>
<tr>
<td>41. Through metatarso-phalangeal joint</td>
<td>3</td>
</tr>
<tr>
<td>42. Part, with some loss of bone</td>
<td>1</td>
</tr>
<tr>
<td>Two toes of one foot, excluding great toe</td>
<td></td>
</tr>
<tr>
<td>43. Through metatarso -phalangeal joint</td>
<td>5</td>
</tr>
<tr>
<td>44. Part, with some loss of bone</td>
<td>1</td>
</tr>
<tr>
<td>Three toes of one foot, excluding great toe</td>
<td></td>
</tr>
<tr>
<td>45. Through metatarso-phalangeal joint</td>
<td>6</td>
</tr>
<tr>
<td>46. Part, with some loss of bone</td>
<td>3</td>
</tr>
<tr>
<td>Four toes of one foot, excluding great toe</td>
<td></td>
</tr>
<tr>
<td>47. Through metatarso-phalangeal joint</td>
<td>9</td>
</tr>
<tr>
<td>48. Part with some loss of bone</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: complete and permanent loss of the use of any limb or member referred to in this schedule shall be deemed to be the equivalent of the loss of the limb or member.

Ref No. Bd. No.E(LL)96 AT/WC/1-2 dt28-01-97
**Annexure IX**

(Manual for Orthopedic surgeon in evaluating permanent physical impairment: Courtesy American Academy of Orthopedic Surgeons. Published by ALIMCO, Kanpur)

**APPROXIMATE RATINGS OF PERMANENT PHYSICAL IMPAIRMENTS AND THEIR PHYSICAL LOSS OF FUNCTION.**

The following specific permanent physical impairments and their percentage ratings are to be used only as guiding examples of about what the rating should be in a corresponding individual case. These ratings are adjusted to approximate relatives values of other parts of the body. They encompass pain, weakness, neuro-muscular and other reactions naturally expected to exist.

Per cent Permanent Physical Impairment and Loss of Physical Function of Lower Extremity.

**LOWER EXTREMITIES**

1. **Shortening**
   - ½ inch: 5
   - 1 inch: 10
   - 1 ½ inches: 15
   - 2 inches: 20

2. **Hip (Rating value to whole body 50%)**
   - A. Non union without reconstruction: 75
   - B. Arthroplasty, use of prosthesis able to walk and stand at work, motion free to 25% to 50% of normal: 40
   - C. Osteotomy reconstruction, moderate motion, 1 inch shortening, no contrature: 35
   - D. Ankylosis and limited motion
     - (a) Total ankylosis, optimum position 15° flexion: 50
     - (b) Limitation of motion
       - (1) Mild. A.P. motion from 0° to 120° flexion, rotation and lateral motion, abduction, adduction free to 50% of normal: 15
       - (2) Moderate. A.P. motion from 15° flexion deformity to 110° further flexion, rotation, lateral motion, abduction, and adduction free to 25% normal: 30
       - (3) Severe. A.P. motion from 30° flexion deformity to 90° further flexion: 50

3. **Knee**
   - A. Surgical removal internal or external Semilunar cartilage, no complications: 5
   - B. Surgical removal both cartilages, cruciate Intact: 20
   - C. Ruptured cruciate ligament, repaired, moderate laxity: 20
   - Not repaired, marked laxity: 30
   - D. Excision of patella: 20
   - E. Plateau fracture, depressed bone elevated, Semilunar excised: 20
   - F. Ankylosis and limited motion, total Ankylosis optimum position, 15° flexion: 50
**G. Limitation of motion**

(a) Mild. 0° to 110° flexion  
(b) Moderate 0° to 80° flexion  
(c) Severe 0° to 60° flexion  
(d) Severe. Limited from 15° flexion deformity with further flexion to 90°

Percent Permanent Physical Impairment and Loss of Physical function to Foot(80% of leg)

5. **Ankle and Foot**

A. Eversion deformity 25° as in fracture lower end of fibula with avulsion medial ligaments, 20° eversion

B. Inversion deformity 20°

C. Total Ankylosis ankle and foot (plantar arthrodesis)
   (a) 10° plantar flexion  
   (b) Mal- position 30° plantar flexion

D. Ankylosis of foot, subtalar or triple Arthrodesis tarsal bones, ankle, free Motion

E. Ankylosis of tibia and talus, subtalar Joints free, optimum position 15° plantar Flexion

F. Limitation of motion in the ankle
   (a) Mild. Motion limited from position of 90° right angle to 20° plantar flexion  
   (b) Moderate. Motion limited from Position of 10° plantar flexion to 20° plantar flexion  
   (c) Severe. Motion limited from position of 20° plantar flexion to 30° plantar flexion.

6. **Foot**

A. Ankylosis of tarsal metatarsal or mid tarsal joints
   Mild  
   Severe

B. Limited Motion in the Foot
   (a) Mild. Limited Motion with mild pain
   (b) Moderate. Limitation of motion with pain
   (c) Severe. Limitation of motion with pain

7. **Toes**

A. Complete ankylosis of metatarsophalangeal Joint, any toe

B. Complete ankylosis any toe, interphalangeal
Joint, favourable position semi-flexion.

Per cent Permanent Physical Impairment and Loss of Physical Function to Whole Arm

UPPER EXTREMITIES

8. Shoulder

A. Total ankylosis in optimum position abduction 60° flexion 10° rotation neutral position 50
B. Total ankylosis in mal-position Grade upward
C. Limitation of motion
   (a) Mild. No abduction beyond 90° rotation only 40° with full flexion and extension 5
   (b) Moderate. No abduction beyond 60° Rotation only 20°, with flexion and extension limited to 30° 20
   (c) Severe. No abduction beyond 25° Rotation only 10° flexion and Extension limited to 20° 50
D. Recurrent dislocation as frequently as Every 4 to 6 months 35
E. Resection distal end of clavicle ( rate motion independently) 5

9. Elbow

Flexion and extension of forearm considered As 85% of arm, rotation of forearm considered As 15% of arm

A. Total ankylosis in optimum position Approximating mid-way between 90° Flexion and 180° extension(45° angle) 50
B. Total ankylosis in mal-position Grade upward
C. Limitation of motion -
   (a) Mild. Motion limited from 10° Flexion to 100° further flexion 10
   (b) Moderate. Motion limited from 30° Flexion to 75° further flexion 20
   (c) Severe. Motion limited from 45° Flexion to 90° further flexion 35
D. Flail elbow, pseudarthrosis above joint Line, wide motion but very unstable 65
E. Resection head of radius 15

10. Wrist

Percent permanent physical impairment and loss of physical function to hand

Excision distal end of ulna, flexion and Extension credited with 75% of hand, and Rotation 25% of hand 10

A. Total ankylosis in optimum position 35
B. Total ankylosis in mal-position of
Extreme flexion or extension

C. Limitation of motion

(a) Mild. Rotation normal 15° palmar
Flexion to 20° dorsi-flexion

(b) Moderate. Rotation limited to 30°
In semi-pronation, palmar flexion
10° dorsi-flexion 10°

(c) Severe. Rotation limited to 10° in
Position of full pronation, palmar
Flexion 5°, dorsi-flexion 5°

Percent Permanent Physical Impairment and
Loss of Physical Function to Individual finger

See Fig.1 (Relative value of digits
To whole hand).

Note: Compare injured digit to uninjured digits.

11. Fingers - Ankylosis of joints
   (see Fig. 1 and 2)

   A. Any digit (excluding the thumb)
      (a) Total ankylosis of distal joint

      1. Optimum position
         25

      2. Mal-position (flexed 35° or more)
         35

      (b) Total ankylosis of proximal interphalangeal joint

      1. Optimum position (flexed 35°)
         50

      2. Mal-position (approximately full
         Extension or full flexion)
         75

      © Total ankylosis of both distal and
      Proximal interphalangeal joints

      1. Optimum position
         75

      2. Mal-position
         100

   (d) Total ankylosis metacarpophalangeal joint

      1. Optimum position (45° flexion)
         45

      2. Mal-position (approximately full
         Extension or full flexion)
         75

   (e) Total ankylosis both interphalangeal
      Joints and metacarpophalangeal joint

      1. Optimum position
         75

      2. Mal-position
         85

B. Thumb (See Fig. 3)

   (a) Total ankylosis interphalangeal joint

      1. Optimum position (0° to 15°)
         40

      2. Mal-position (flexion greater than 15°)
         65

   (b) Total ankylosis metacarpophalangeal joint

      1. Optimum position (up to 25° flexion)
         50

      2. Mal-position (flexion greater than 25°)
         65

   (c) Total ankylosis both interphalangeal and
      Metacarpophalangeal joints

      1. Optimum position
         75

      2. Mal-position
         85
(d) total ankylosis interphalangeal, metacarpophalangeal, and carpometacarpophalangeal joints

1. Optimum position 90
2. Mal-position 95

(e) Total ankylosis carpometacarpal joint alone

1. Optimum position 10% hand
2. Mal-position 20% hand

C. Limitation of motion (fingers and thumb)

1. Mild. Total closing motion tip of digit, can flex to touch palm and thumb, and extend to 15 degree flexion grip fair 15
2. Moderate. Total closing motion tip of digit, lacks, 1/2 inch of touching palm and can extend to 30 degree flexion 20
3. Severe. Total closing motion tip of digit lacks 1" of touching palm and can extend to 45 degree flexion 75

D. Amputations of fingers (exclusive of thumb)

(a) Up to 1/2 of distal phalanx 25% digit
(b) From 1/2 to all of distal phalanx 50% digit
(c) any of finger proximal to distal interphalangeal joint 100% digit
(d) If any of metacarpal is included in the amputation, the impairment is rated to the amputation, the impairment is rated to the hand, and an additional 10% is added to digit value

(e) If two or more digits are amputated the impairments is rated as the hand, and includes the additional 10% of the hand given for each metacarpal loss

(E) Thumb Amputation

(a) 1/2 of distal phalanx 25% digit
(b) At interphalangeal joint 50% digit
(c) Proximal to interphalangeal joint 100% digit
(d) If any part of metacarpal is included the impairment is related to the hand and an additional 10% of the hand is added to the value of the thumb (50% of hand)

F. Soft tissue loss

Isolated soft tissue loss of the end of the digit should have a value up to 25% of digit

G. Sensory loss

(a) Complete loss of sensation (exclusive of tendon-damage) any digit or thumb

1. 1/2 of distal phalanx 25% digit
2. 1/2 of digit 50% digit
3. Whole digit 100% digit

(b) Partial loss of sensation

1. Digits (exclusive of thumb)
a. Radial half of digit 60% of values in G. (a) 1, 2, or 3
b. Ulnar half of digit 40% of values in G. (a) 1, 2, or 3
2. Thumb
   a. Ulnar half of digit
      60% of values in G (a) 1,2, or 3
   b. Radial half of digit
      40% of values in G. (a) 1,2, or 3

**DISABILITIES OF THE BACK**

The following ratings for permanent impairment to the body in back injuries are suggested as reasonable and representative orthopaedic evaluations readily reconciled to the average specific award ratings specified by compensation statutes of various localities.

The permanent physical impairment can not be evaluated solely on limited motion. It must be judged on ability to carry out such functions as lifting, stooping, reaching, twisting and jumping. Pain is a major factor to its reality and its likelihood of permanency.

<table>
<thead>
<tr>
<th>CERVICAL SPINE</th>
<th>Per cent whole body permanent Physical Impairment and Loss of Physical function</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healed sprain, contusion</td>
<td></td>
</tr>
<tr>
<td>A. No involuntary muscle spasm, subjective symptoms of pain not substantiated by demonstrable structural pathology</td>
<td>0</td>
</tr>
<tr>
<td>B. Persistent muscle spasm, rigidity and pain substantiated by loss of anterior curve revealed by x-ray, although no demonstrable structural pathology, moderate referred shoulder-arm pain</td>
<td>10</td>
</tr>
<tr>
<td>C. Same as (B) with gross degenerative change consisting of narrowing of intervertebral spaces and osteoarthritic lipping of vertebral margins</td>
<td>20</td>
</tr>
</tbody>
</table>

2. Fracture
   A. Vertebral compression 25% one or two vertebral adjacent bodies, no fragmentation no involvement, moderate neck rigidity and persistent soreness | 20 |
   B. Posterior elements with x-ray evidence of moderate partial dislocation
      (a) No nerve root involvement, healed | 15 |
      (b) With persistent pain, with mild motor and sensory manifestations | 25 |
      (c) with fusion, healed, no permanent motor or sensory changes | 20 |
   C. Severe dislocation, fair to good reduction with surgical fusion
      (a) No residual motor or sensory changes | 25 |
      (b) Poor reduction with fusion, persistent radicular pain, motor involvement, only slight weakness and numbness | 35 |
      (c) Same as (b) with partial paralysis, determine additional rating for loss of use of extremities and sphincters | |

342
CERVICAL INTERVERTEBRAL DISC

1. Operative, successful removal of Disc, with relief of acute pain, no fusion, no neurologic residual 10
2. Same as (i) with neurological manifestations, persistent pain, numbness, weakness in fingers 20

THORACIC AND DORSOLUMBAR SPINE

1. Severe costo-vertebral construction or strain casually related to trauma with persistent pain moderate degenerative changes with osteoarthritic lipping, no x-ray evidence of structural trauma 10

2. Fracture

A. Compression 25%, involving one or two vertebral bodies, mild, no fragmentation, healed, no neurological manifestations 10
B. Compressions 50%, with involvement posterior elements, healed, no neurologic manifestations, persistent pain, fusion indicated 20
C. Same as (B) with fusion, pain only on heavy use of back 20
D. Total paraplegia 100
E. Posterior elements, partial paralysis with or without fusion, should be tested for loss of use of extremities and sphincters

LOW LUMBAR

1. Healed sprain, contusion
A. No involuntary muscle spasm, subjective symptoms of pain not substantiated by demonstrable structural pathology 0
B. Persistent muscle spasm, rigidity and pain substantiated by demonstrable degenerative changes, moderate osteoarthritic lipping revealed by x-ray, combined trauma and per-existing factors 10
C. Same as (B) with more extensive osteoarthritic lipping 15
D. Same as (B) with spondylolysis or spondylolisthesis Grade I or II, demonstrable by x-ray, without surgery, combined trauma and per-existing anomaly 20
E. Same as (D) with Grade III or IV spondylolisthesis persistent pain, without fusion, aggravated by trauma 35
F. Same as (B) or (C) with fusion laminectomy pain moderated 25

2. Fracture

A. Vertebral compression 25% one or two
adjacent vertebral bodies, little or no fragmentation, no definite pattern or neurologic changes

B. Compression with fragmentation posterior elements, persistent pain, weakness and stiffness, healed, no fusion, no lifting over 25 pounds

C. Same as (B), healed with fusion, mild pain

D. Same as (C), nerve root involvement to lower extremities, determine additional rating for loss of industrial function to extremities

E. Same as (C) with fragmentation of posterior Elements, with persistent pain after fusion no neurologic findings

F. Same as (C), with nerve root involvement to lower extremities, rate with functional loss to extremities

G. Total paraplegia

H. Posterior elements, partial paralysis with or without fusion, should be tested for loss of use of extremities and sphincters

3. Neurogenic Low Back Pain - Disk Injury

A. Periodic acute episodes with acute pain and persistent body list, tests for sciatic pain positive, temporary recovery 5 to 8 weeks

B. Surgical excision of disc, no fusion, good results, no persistent sciatic pain

C. Surgical excision of disc, no fusion moderate persistent pain and stiffness aggravated by heavy lifting with necessary modification of activities

D. Surgical excision of disc with fusion activities of lifting moderately modified

E. Surgical excision of disc with fusion, persistent pain and stiffness aggravated by heavy lifting, necessitating modification of all activities requiring heavy lifting
ANNEXURE X
SOUTH EASTERN RAILWAY
MEDICAL DEPARTMENT
WORKMEN’S COMPENSATION ACT
MEDICAL CERTIFICATE OF ASSESSMENT OF PERCENTAGE OF LOSS OF EARNING CAPACITY.

This is to certify that Shri ___________________ Designation ___________________
Staff No. _______ Department _______ Sustained injury in an accident covered
by the Workmen’s Compensation Act on __________ (date) as a result of which he has
* lost ____________________________
* lost the use of ____________________________

The loss of earning capacity in this case is assessed at ____________________________
percent of earning capacity for this permanent * total ______ disablement.
* partial

Date: _______________ Railway doctor | Signature : ___________________
Place: _______________ Designation: ___________________

* Delete whichever is inapplicable.
A

advance deposit
- to recognised hospitals ........................................... 174
- and blood safety programme .................................... 262
AIDS ........................................................................ 261
- HIV testing Policy .................................................. 262
Air conditioning
- of hospitals ............................................................... 43
allotment of a Railway bungalow
- on medical grounds .................................................... 93
Ambulance
- earmarking alternate vehicle for ................................ 211
- life time .................................................................... 55
- maintenance ................................................................ 56
anaesthetist from outside
- engagement and fees for ............................................ 35
appeal
- and medical board .................................................... 92
- candidate for gaz. service ......................................... 67
- non gaz employees ...................................................... 79
- non gaz. candidates and employees .......................... 78
- treatment of the period ............................................. 80
ARME
- inspection reports period to be retained .................... 47
- Inspection schedule .................................................. 201, 202
- replishment of items .................................................. 201
assault cases ................................................................ 96
Attendance at conference ............................................... 33

B

Binocular Vision
- and relaxation for B Category .................................... 79
- and squint .................................................................. 66
- for ex-service men ..................................................... 83
- for promotion to gaz.services ..................................... 82
- non-gaz candidates and employees ........................... 73
Blood
- donation by employees ............................................. 169
Blood Bank
- equipment for ............................................................ 291
- licensing policy ........................................................... 289
Blood donation
- and HIV .................................................................... 263
Budget
- appropriation ............................................................... 287
- August review ............................................................. 286
- control over expenditure ............................................. 287
- Heads and subheads .................................................... 284
- Modifications ................................................................ 286
- re-appropriation .......................................................... 283
- revised estimates .......................................................... 286

C

Cash Imprest
- for petty expenses ..................................................... 287
CAT Scan ..................................................................... 176
Cataract ...................................................................... 74
certificate of drunkenness ............................................ 95
Child survival and safe motherhood programme .. 313
Chlorination ................................................................ 247
Classification of Injuries
- in assault cases ............................................................ 97
- in train accidents .......................................................... 204
Cold Chain ................................................................ 315
color vision
- for appointment to gaz.cadre .................................... 66
- for ex-service men ...................................................... 83
- non gaz. candidates and employees .......................... 73
- promotion to gaz.cadre .............................................. 82
Condoms
- service charges .......................................................... 308
Consumable Stores Register ........................................ 53
Contact lenses ................................................................ 75
continuation sick certificate ........................................... 87
- for gaz.employee ....................................................... 90
Conveyance Charges
- for hony.consultants ............................................... 31
- not reimbursible for patients .................................... 153
Court .......................................................................... 20, 21
Criteria
- for increase of bed strength ....................................... 42
- for opening of new H.U ............................................. 42

D
date of expiry
- items with ................................................................. 56
Death Certificate
- in medicolegal cases .................................................. 98
Decategorisation
- certificate of ............................................................. 93
- procedure of ............................................................. 94
- relaxation of standards on ......................................... 79
Declaration
- after leave on medical grounds upto 3 days .................. 87
- by foot-plate staff ....................................................... 78
- by gaz.candidate at appointment ................................ 66
- by R.P.F for reporting sick ......................................... 85
Definition of "drunk"
- .......................................................... 94
Dentists
- .......................................................... 32
different types of certificates
- for different periods ................................................. See
duty certificate ............................................................ 84, 87, 88
Dying declaration .......................................................... 97

E

Electronic larynx ............................................................ 177
Expendable Tools and Plant Register ........................ See

F

Family Planning Allowance ........................................ 301
Field Action groups
- and health education ................................................. 263
field of vision
- for appointment to gaz.cadre .................................... 66
- non gaz. candidates and employees .......................... 73
- of visually handicapped ............................................ 70
Fire Orders & Fire drills ............................................... 46
First aid boxes .............................................................. 199
First Aid Boxes
- contents for gangamen .............................................. 224
- maintenance of keys ................................................ 200
- replishment of contents ............................................ 201
- special for rajdhani, shatabdi ................................. 198
first-aid classes
- honorarium .............................................................. 33
<table>
<thead>
<tr>
<th>Subject</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infective conditions</td>
<td>268</td>
</tr>
<tr>
<td>Head injuries</td>
<td>63, 69, 71</td>
</tr>
<tr>
<td>Hospital diet articles</td>
<td>270</td>
</tr>
<tr>
<td>Foot-plate staff</td>
<td>77</td>
</tr>
<tr>
<td>Four dot test</td>
<td>111</td>
</tr>
<tr>
<td>Fundus</td>
<td>74</td>
</tr>
<tr>
<td>Giving evidence</td>
<td>21</td>
</tr>
<tr>
<td>Hearing</td>
<td>78</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>79</td>
</tr>
<tr>
<td>Hernia</td>
<td>177</td>
</tr>
<tr>
<td>Honorary consultants</td>
<td>30</td>
</tr>
<tr>
<td>and conveyance charges</td>
<td>31</td>
</tr>
<tr>
<td>and refresher courses</td>
<td>22</td>
</tr>
<tr>
<td>for sub-divisional &amp; work shop hospitals</td>
<td>39</td>
</tr>
<tr>
<td>payment of fee from imprest</td>
<td>287</td>
</tr>
<tr>
<td>terms &amp; conditions</td>
<td>31</td>
</tr>
<tr>
<td>Hospital diet articles</td>
<td>52</td>
</tr>
<tr>
<td>Hospital Waste</td>
<td>246</td>
</tr>
<tr>
<td>House Surgeons</td>
<td>34</td>
</tr>
<tr>
<td>I.O.L</td>
<td>75</td>
</tr>
<tr>
<td>and A-3 and below</td>
<td>75</td>
</tr>
<tr>
<td>and reimbursement</td>
<td>177</td>
</tr>
<tr>
<td>ex-service men</td>
<td>83</td>
</tr>
<tr>
<td>prior to promotion to gaz. cadres</td>
<td>82</td>
</tr>
<tr>
<td>I.U.D</td>
<td>305</td>
</tr>
<tr>
<td>Immunisation</td>
<td>167</td>
</tr>
<tr>
<td>U.I.P</td>
<td>314</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>255</td>
</tr>
<tr>
<td>and food handling staff</td>
<td>254</td>
</tr>
<tr>
<td>and quarantine</td>
<td>253</td>
</tr>
<tr>
<td>disposal in melas</td>
<td>252</td>
</tr>
<tr>
<td>Infective conditions</td>
<td>70</td>
</tr>
<tr>
<td>and medical examination</td>
<td>311</td>
</tr>
<tr>
<td>Intimation of birth</td>
<td>88, 90, 91, 99</td>
</tr>
<tr>
<td>Issue of passes</td>
<td>100</td>
</tr>
<tr>
<td>for P.M.Es</td>
<td>177</td>
</tr>
<tr>
<td>for treatment</td>
<td>98</td>
</tr>
<tr>
<td>Licensed porters</td>
<td>161</td>
</tr>
<tr>
<td>Licensed Shoe shine Boys</td>
<td>161</td>
</tr>
<tr>
<td>Life time</td>
<td>55</td>
</tr>
<tr>
<td>of medical equipment</td>
<td>93</td>
</tr>
<tr>
<td>light duty</td>
<td>325</td>
</tr>
<tr>
<td>Loss of earning capacity</td>
<td>assessment of</td>
</tr>
<tr>
<td>M.R.I</td>
<td>176</td>
</tr>
<tr>
<td>Machinery and plants programme</td>
<td>51</td>
</tr>
<tr>
<td>Magistrate</td>
<td>98</td>
</tr>
<tr>
<td>and dying declaration</td>
<td>257</td>
</tr>
<tr>
<td>Malaria Control</td>
<td>73</td>
</tr>
<tr>
<td>Malingering</td>
<td>marks of identification</td>
</tr>
<tr>
<td>and medical examination</td>
<td>76</td>
</tr>
<tr>
<td>Married daughters of employees</td>
<td>163</td>
</tr>
<tr>
<td>first two confinements</td>
<td>308</td>
</tr>
<tr>
<td>Maternity Leave</td>
<td>161</td>
</tr>
<tr>
<td>for licensed shoeshine boys</td>
<td>161</td>
</tr>
<tr>
<td>Medical attendance &amp; treatment</td>
<td>161</td>
</tr>
<tr>
<td>for contractors labour</td>
<td>161</td>
</tr>
<tr>
<td>medical board</td>
<td>91, 92</td>
</tr>
<tr>
<td>and invalidation of non gaz. employee</td>
<td>88</td>
</tr>
<tr>
<td>and mental cases</td>
<td>95</td>
</tr>
<tr>
<td>co-opting a lady doctor</td>
<td>91</td>
</tr>
<tr>
<td>fee-commutation &amp; gaz. appointment</td>
<td>19</td>
</tr>
<tr>
<td>for appointment to gaz. service</td>
<td>66</td>
</tr>
<tr>
<td>Medical Board</td>
<td>101</td>
</tr>
<tr>
<td>for P.P.D in non scheduled injury</td>
<td>326</td>
</tr>
<tr>
<td>Medical books and journals</td>
<td>33</td>
</tr>
<tr>
<td>medical examination</td>
<td>101</td>
</tr>
<tr>
<td>fee for candidates and vendors</td>
<td>83</td>
</tr>
<tr>
<td>of ex-servicemen</td>
<td>255</td>
</tr>
<tr>
<td>of food handling staff</td>
<td>84</td>
</tr>
<tr>
<td>of members-Railway Claims Tribunal</td>
<td>66</td>
</tr>
<tr>
<td>of one eyed person</td>
<td>255</td>
</tr>
<tr>
<td>of schol children</td>
<td>101</td>
</tr>
<tr>
<td>of staff of private sidings</td>
<td>81</td>
</tr>
<tr>
<td>on promotion to gaz. from non gaz service</td>
<td>101</td>
</tr>
<tr>
<td>prior to re-employment after retirement</td>
<td>176</td>
</tr>
<tr>
<td>medical expense incurred abroad</td>
<td>51</td>
</tr>
<tr>
<td>Medical Identity Card</td>
<td>52</td>
</tr>
<tr>
<td>for licensed shoe shine boy</td>
<td>325</td>
</tr>
<tr>
<td>for licensed porters</td>
<td>325</td>
</tr>
<tr>
<td>for Railway employees</td>
<td>166</td>
</tr>
<tr>
<td>Medical obstruction certificate</td>
<td>88, 90, 91, 99</td>
</tr>
<tr>
<td>Medical review certificate</td>
<td>311</td>
</tr>
<tr>
<td>Medical stores</td>
<td>311</td>
</tr>
<tr>
<td>checking of</td>
<td>311</td>
</tr>
<tr>
<td>stamping of</td>
<td>311</td>
</tr>
<tr>
<td>Medical Terminations of Pregnancy</td>
<td>309</td>
</tr>
</tbody>
</table>
mental diseases
fitness after recovery .............................96
Mesopic vision ........................................73
N
National Health Programmes ........................257
Night vision .......................................................66, 73, 82
method of testing ...........................................109
Non technical services
gazetted .........................................................65
O
Occupational diseases .....................................326
Occupational Safety .......................................327
Outsiders
charges for indoor treatment ..........................162
O.P.D consultation .............................................162
Passenger Amenity Committee members ...........163
Railway Claims Tribunal Officials ....................164
P
P.M.E
periodicity of .....................................................75
passenger
and contagious disease ..................................254
consultation fee from .........................................18
falling ill .............................................18, 166, 167
first aid boxes for ..............................................197
indigent .........................................................18, 166
Paternity Leave .................................................309
Periodical health check
of all railway beneficiaries ..............................101
Physically handicapped
for the purpose of appointment .......................70
POMKA .........................................................197, 198
and ARME II .....................................................220
contents of ......................................................218
distribution .....................................................198, 219
keys of ...........................................................200
Portable Medical Kit for Accident ..........................See POMKA
pregnancy
and candidate for gaz service ............................67
and candidate in non gaz services ......................81
Preservation of records .......................................47
Prevention of Food Adulteration Act .................271
prosecution under .............................................273
Private medical certificate
gaz employee ...................................................85
Private Medical Certificate
gaz employee ...................................................89
private/non-recognised hospitals .....................173
probationary .....................................................29
Q
Quality control measures
under PFA ........................................................272
Quarantine
on medical grounds ..........................................253
R
Radial Keratotomy
non gaz, candidates and employees ....................74
radiation hazards ..............................................44
Railway Protection Force
sickness of ..................................................305
and special leave .............................................305
re-engagement of retired staff .........................35
reimbursement
claims within six months ..............................174
for artificial limbs etc .................................169
for in vitro fertilization ..................................176
for OPD treatment ........................................175
in emergency ................................................173
medical expenses abroad ................................176
of medicines ...............................................175
of investigations .............................................151
of special nursing ...........................................172
recognised hospitals ......................................172
to RELHS beneficiaries ..................................158
Relaxation of standards
at reexamination ..........................................79
of hearing ....................................................69
on decategorisation ......................................79
Residual chlorine ..............................................247
Residual vision ...............................................74
Road map
display in hospitals .........................................204
S
SAFE WATER SUPPLY .....................................246
second medical board
on appeal by gaz. candidate ..........................67
sharing of fees ................................................9
sick certificate ...........................................84, 85, 323, 324
Sick certificate
gaz. employee .............................................89
Special Casual leave
tubectomy ......................................................304
vasectomy ......................................................304
special medical examination
when to be sent .............................................76
Spectacles
at the time of appointment & P.M.E ..................75
Speech
non gaz. candidates and employees ..................69
sponsorship certificate
for P.G courses .............................................25
Station Sanitation ............................................245
study allowance ............................................25
Study leave ..................................................24, 25, 26
surplus articles ..............................................55
T
Technical services
gazetted .......................................................65
Temporary unfitness
gaz. candidates .............................................67
The Cover Test
for binocular vision .......................................110
Tools and Plant Register .....................................53
train passing duties
and diabetes mellitus ....................................114
and heart disease .......................................113
and hypertension .......................................113
and P.M.E ..................................................76
and psychosis ..........................................114
transfer on medical grounds .........................94
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>travelling allowance to non-Railway members</td>
<td>93</td>
</tr>
<tr>
<td>for medical board</td>
<td></td>
</tr>
<tr>
<td>Treatment of the period</td>
<td>80</td>
</tr>
<tr>
<td>of P.M.E</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>231</td>
</tr>
<tr>
<td>guineacuity</td>
<td></td>
</tr>
<tr>
<td>at P.M.E</td>
<td>72</td>
</tr>
<tr>
<td>unserviceable articles</td>
<td>55</td>
</tr>
<tr>
<td>Urine examination</td>
<td>70</td>
</tr>
<tr>
<td>Utilisation of T.B. Seal Funds</td>
<td>259</td>
</tr>
<tr>
<td>visual acuity</td>
<td></td>
</tr>
<tr>
<td>on appointment to non gaz. services</td>
<td>71</td>
</tr>
</tbody>
</table>