Date: 01/06/2015

National Highways & Infrastructure Development Corporation Limited A Public Sector Undertaking, under the Ministry of Road Transport & Highways, Govt. of India

3rd Floor PTI Building, 4 Parliament Street. New Delhi 110001

F.No.NHIDCL/HQ/BoD-3/2014-15/

Dated: 01 June 2015

OFFICE ORDER

With the approval of the Competent Authority, following Medical Attendance Rules have been adopted for Officers and employees of NHIDCL.

Short title, commencement and application:

- These regulations may be called the National Highways & Infrastructure Development Corporation Limited (Medical Attendance and Treatment) Regulations, 2015.
- They shall come into force from the date of notification with retrospective (ii) effect from the date of joining of the concerned official.
- They shall apply to all officers and employees in whole employment of the (iii) NHIDCL and staff employed directly on long term contract basis.

2. **Definitions:**

In these regulations, unless the context otherwise requires;

- (a) "Approved hospital" means a hospital, dispensary, maternity or child welfare centre or clinic approved by NHIDCL under sub-regulation (3) of regulation 4;
- (b) "Competent Authority" means the Managing Director or any other officer authorised as such by NHIDCL in this behalf;
- (c) "Family" in relation to an officer or employee means the wife or husband, as the case may be, of such officer or employee, and includes his or her -
 - (i)
 - Sons including adopted and step sons below the age of 25 years and (ii) daughters including adopted and step daughters who are minor, unmarried or are widowed;
 - Minor brothers and sisters, if they are fully dependent on the officer or (iii) employee.
- (d) "Officer or employee" means any person who is in whole time employment of NHIDCL or employees who have retired from NHIDCL as regular officer or employee and have rendered not less than three years whole time employment in NHIDCL and a total of twenty years of service in NHIDCL and other Government department/ Public Sector Undertakings/ Autonomous bodies including employment on contract basis.
- (e) "pay" means basic pay, special pay, dearness pay or other emoluments classified as pay drawn by the officer or employee at the time of medical treatment;
- (f) "Medical treatment" means comprehensive medical cover involving outpatient and other specialised treatment in a approved hospital and includes
 - connected pathological, radiological and other methods of diagnosis;
 - treatment at a clinic or consultation room of a registered medical (ii) practitioner;

(iii) treatment provided at the residence of the officer or employee in cases where it is certified by a registered medical practitioner to be in the interest of the health of the patient:

treatment taken as an out-door patient in an approved hospital; (iv)

- (v) Supply of medicines, vaccines, sera or other therapeutic substances, but does not include:
 - (a) Vitamins unless certified as essential by a registered medical practitioner as supplement to the medicines prescribed;

(b) Tonics:

(c) Baby food, milk food, beverages.

- (vi) Ordinary dental treatment but does not include supply of dentures, crown work, bridge work, orthodontic work and other specialised dental work.
- Treatment of eyes and testing of eyesight but does not include supply of (vii) spectacles:

Pre-natal and post-natal treatment; (viii)

(ix)Anti-rabic treatment:

Ordinary nursing and hospital accommodation appropriate to the status of (x)the officer or employee.

3. Reimbursement of medical expenses:

(1) An officer or employee be entitled to reimbursement of expenditure incurred on medical treatment of himself and any member of his family provided by a registered medical practitioner and/or approved hospital subject to a maximum of one month's pay per year.

Provided that the officer or employee gives a self certification to the effect that he had actually incurred the expenditure on medical treatment of himself and / or any

member of his family;

Provided further that the reimbursement may be claimed, where such expenditure has been so incurred quarterly and that the total amount of reimbursement for the whole year does not exceed one month's pay of such officer or employee;

Provided also that where the officer or employee has incurred expenditure on medical treatment in excess of one month's pay such officer or employee shall produce bills and cash memos for the entire amount of reimbursement of the whole year and the Managing Director may in special circumstances of the case relax the provision of reimbursement of one month's pay.

(2) Where the Competent Authority is satisfied that it is necessary to make advance payment to meet the expenses of medical treatment in an approved hospital as an indoor patient of an officer or employee or any member of his family, it may sanction an advance not exceeding fifty per cent of the monthly pay of the officer or employee or the anticipated cost of medical treatment, whichever is less, subject to the production of a certificate from the said hospital as to the total likely expenditure.

4. Hospitalisation:

- (1) An officer or employee or any member of his family may obtain medical treatment as an indoor patient in the All India Institute of Medical Sciences, a Government hospital, a hospital run by any local authority or any other hospital notified by NHIDCL from time to time.
- (2) Reimbursement on account of accommodation charges in the hospitals referred to in sub-regulation (1) shall be limited to the rates specified in the table below:

Category of employees	Govt. Hospital	AIIMS	Approved Hospital
D.	General Ward (incl. Diet)	General Ward (incl. Diet)	General Ward (incl. Diet)
C.	Semi-Private ward	Semi- Private ward	Semi- Private ward
В.	Private Room	Private Room	Private Room
Α.	Private AC Room	Private AC Room	Private AC Room

(3) For the purpose of sub-regulation (1), the NHIDCL may, from time to time, approve any private hospital, dispensary, maternity or child welfare centre or clinic.

5. Treatment for special diseases:

(1) For medical treatment of special diseases relating to heart (open heart surgery, by-pass, etc.) cancer, diseases related to kidney, neuro-surgery, tubercular diseases and such other diseases as may be notified by the NHIDCL from time to time, the officer or employee or any member of his family may take indoor treatment from the hospitals to be notified by NHIDCL from time to time pending such notification, the hospitals empanelled under CGHS would be used as reference.

(2) Where an officer or employee takes medical treatment under sub-regulation (1), full expenses for treatment or pathological tests including medicines relating to

such diseases shall be reimbursed to the officer or employee.

6. Treatment abroad:

(1) An officer or employee, if he or any member of his family is suffering from a disease, the treatment of which is not available in India, may make an application to the NHIDCL to sanction the expenditure involved in such treatment.

(2) After considering the application under sub-regulation (1), if the NHIDCL is satisfied about the genuineness of the facts stated in the application, it may make a reference to the Standing Committee constituted by the Ministry of Health and Family Welfare for the purpose through the Ministry of Surface Transport that the Standing Committee has approved the expenditure and the NHIDCL is authorised to sanction the expenditure involved in treatment abroad, it may sanction the amount to the officer or employee.

7. Reimbursement of medical expenses incurred abroad:

When an officer or employee undertakes tour abroad in connection with the affairs of the NHIDCL and is compelled to take medical treatment as an indoor patient in a hospital, the NHIDCL shall reimburse the entire medical expenditure incurred abroad in such hospital.

8. Power to relax:

(1) Where an officer or employee-

(a) Has been compelled because of emergency to take medical treatment in nursing home or hospital which is not an approved hospital, for himself or any member of his family;

(b) Exceed his entitlement of reimbursement of medical expenses under these regulations, the Managing Director may, after considering the genuineness of

the case, relax any of the provisions of these regulations.

(2) For the purpose of considering the genuineness of a case referred to in subregulation (1), the Managing Director may constitute a Committee of officers consisting of General Manager (Finance)/ DGM (Finance) / Manager (Finance), General Manager (HR)/ DGM (HR)/ Manager (HR), General Manager/ DGM/ Manager of appropriate division and a medical officer of an appropriate rank to be nominated by the Managing Director.

(3) A quarterly report of the cases in which the powers under sub-regulation (1) have been exercised by the Managing Director shall be placed before the NHIDCL for

information.

9. Claim of Medical Reimbursement:

(1) Where both the husband and the wife are in the service of the NHIDCL, either of the spouses may claim the benefits under these regulations for himself and any member of the family.

(2) Where the spouse of the officer or employee is in the service of the Government or a organisation owned or controlled by the Government and such spouse claims the benefits under the corresponding rules applicable to them for himself or any member of his family, the officer or employee shall not claim the benefits under these regulations.

10. Residuary matters:

Matters with respect of which no specific provisions have been made in these regulations, shall be regulated under the provisions of the Central Civil Services (Medical Attendance) Rules, 1954, as amended from time to time, and the instructions issued thereunder by the Central Government.

This issues for the information of all officers and employees of NHIDCL. Forms required for the purpose are annexed to this letter.

> (Sanjay Jaju) Director (A & F)

Copy to:-

(1) Executive Director(P)/Executive Director 1

(2) General Manager(P)/DGM(P)-Branch Offices of NHIDCL

(3) PS to Managing Director

(4) IT cell for uploading on E-access

(5) Guard File.

MEDICAL CARD

Employee ID No. (i) Name (ii) Designation (iii) Date of Birth (iv) Blood Group Telephone (O) (v) (R) (M) (vi) Valid up to Employee Signature

Manager (HR)/ DGM (HR) (Issuing Authority)

Details of the Family Member

Photos of the Family Members	Name	Date of Birth	Relation with the employee
		· ·	
		-	
•			

Health Check-up

Name					
	(Deputation /Regular/Contract)				
Designation					
Date of Joining	:				
Place of Posting	:				
Date of Birth	:				
Age	:				
Date on which earlier Health Check-up availed Hospital:	:				
(i) (ii) (iii) (iv)					
	(Signature of Employee) Date				

Application for reimbursement of medical expenses (Hospitalisation)
(To be filled by the Employee working on regular/deputation/long term contract-two years & above)

1.	Name and Designation of the Employee	:
2.	Date of Joining	:
3.	Name of the patient and relationship with the emp	loyee:
4.	Name of the disease of the patient :	
5.	Name of the approved Hospital	:
6.	Expenditure being claimed	:
	(Documents to be enclosed)	

- (i) I certify that the statement in this application is true to the best of my knowledge and belief and that the persons for whom medical expenses have been incurred are wholly dependent on me.
- (ii) I certify that (i) I am not a CGHS beneficiary, (ii) my husband/wife is not availing CGHS benefit/medical benefit for himself/herself or for any dependent member of the family, (iii) my husband/wife is/is not an employee of the Central Govt./State Govt./Public Sector Undertaking/Autonomous Body/Institution etc., which are wholly /partly owned /controlled/funded by Central/State Governments and is/is not claiming any medical benefits under the relevant rules applicable to them for himself/herself or any dependent member of the family.
- (iii) I Certify that my father/mother is residing & dependent on me and is not availing CGHS benefits/Medical Benefits for himself /herself or for any member of the family. It is also certified that my father/mother is not getting any pension benefits.
- (iv) I also certify that the claim does not include expenditure towards vitamins (unless certified as essential by a registered medical practitioner), tonics, baby food, mild food, beverages, spectacles, dentures, crown work, bridge work, orthodontic work and other special dental work.

(Signature	of	the	Employee)

Date: Place:

APPLICATION FOR REIMBURSEMENT OF ACTUAL MEDICAL EXPENSES

[NHIDCL (Medical Attendance & Treatment) Regulation, 2015]

	1. Name & Designation of the Employee	:
2	2. Present Pay	:
3	8. Name of the Patient and relationship with	the employee:
4	. Period of present claim	: FromTo
5	. Expenditure being claimed	: Rs
6	. Amount reimbursed during the year so f	ar: Rs
7.	I certify that the statements in this applicand belief and that the persons for whom wholly dependent on me.	ation are true to the best of my knowledge medical expenses have been incurred are
8.	I certify that (i) I am not a CGHS benefic CGHS benefit for himself/herself or for any husband /wife is not an employee of the Undertaking/Autonomous Body/Institutiowned/controlled/funded by Central/State medical benefits under the relevant rules and dependent member of the family.	Covernments and are wholly/partly
9.	I also certify that the claim does not include certified as essential by a registered medifood, beverages, spectacles, dentures, crown dental work.	Col proofitions 1 1 0 1
Date:		(Signature of Employee)

Format for claiming re-imbursement of medical expenses

SI. No.	Bill No.		
	Bill NO.	Date	Amount (in Rs.)
*			
			,

Total

(Signature of Employee)

Verified by

DDO/GM(P)/DGM(P)
Branch office -

Name of the Employee

Designation

UNDERTAKING

11115	18	10	certify	tnat	tne	expenditure	for	Ks
(Rupe	ees	***************************************				only) claimed b	y me	for myself/my dependent family
memb	ers to	oward	ls medical	expen	ses ha	s not/will not b	e clair	med by me/my family members
under	any l	Medi-	Claim Pol	licy or t	from a	ny other source.		
							Sig	nature:
								Name:
							Desig	nation:
								Date:

APPLICATION FOR REIMBURSEMENT OF ACTUAL MEDICAL EXPENSES

[NHIDCL (Medical Attendance & Treatment) Regulation, 2015]

1.	Name & Designation of the Employee	\$
2.	Present Pay	1
3.	Name of the Patient and relationship with	the employee:
4.	Period of present claim	: FromTo
5.	Expenditure being claimed	: Rs
6.	Amount reimbursed during the year so	far: Rs
7.	I certify that the statements in this applie and belief and that the persons for whom wholly dependent on me.	cation are true to the best of my knowledg m medical expenses have been incurred ar
8.	husband /wife is not an employee of the Undertaking/Autonomous Body/Institution owned/controlled/funded by Central/Sta	iciary, (ii) my husband /wife is not availing ny dependent member of the family, (iii) my see Central Govt./State Govt. /Public Secto tion etc., which are wholly/partly tee Governments and is not claiming any applicable to them for himself/herself or any
	certified as essential by a registered me	clude expenditure towards vitamins (unless dical practitioner), tonics, baby food, milk yn work, orthodontic work and other special

(Signature of Employee)