

# **PENSIONERS' JOURNAL**

**2022 - 2023**

In Service to Central Govt.  
Pensioners and Civil Society

**AGM Volume 2023**

**Central Government  
Pensioners' Welfare Association, Jammu**

H.O. : Jammu Olympic Building, Parade, Jammu

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**PENSIONERS' JOURNAL**  
2022-23

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**Kuldeep Khoda, IPS (Retd.)**

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## FOUNDER OFFICE BEARERS OF CGPWA



Sh. K.R. Gupta



Late Sh. V.P. Sharma

President - Sh. K.R. Gupta  
Vice President - Sh. M.N. Sehgal  
General Secretary - Sh. V.P. Sharma  
Treasurer - Sh. S.C. Gupta

## FOUNDING MEMBERS

K.R. Gupta | V.P. Sharma | M.N. Sehgal | S.C. Gupta  
H.S. Sharma | B.D. Gupta | V.D. Puri | B.N. Dhail  
H.L. Abrol | R.D. Gandotra | M.M. Nanda | V.N. Sharma

## +85 Years' Veterans Honoured on 40th National Pensioners Day



Seven very senior pensioners who are above 85 years of age, were honoured on 40th National Pensioners' Day (Dec 17, 2022) by the Association. Seen in the pic are G N Naik, N L Bakshi, Hans Raj Magotra (all Ex-IAS), A M Watali (Ex-IPS), B L Gupta (Ex-GSI) & S I H Kazmi (Ex-IFS). K R Gupta (Ex-AIR) could not come due to ill health. His son took the award.



## EDITOR'S DESK

**T**he Central Govt Pensioners' Welfare Association ( CGPWA ), Jammu is delighted to come out with yet another issue of Pensioners' Journal for the year 2022-23. In fact, the issuance of this prestigious Journal has remained one of the hallmark amongst the multifarious annual activities of the Association.

The Journal this year has been refurbished with an overall new get up in its size, shape as also its Contents. This coincides with the take over of CGPWA, Jammu by an entirely new team of Office Bearers spearheaded by Shri Kuldip Khoda, IPS (Retd) as the new President. The switch over itself was a smooth and unanimous affair that took place on March 7, 2022.

There has been a renewed and marked overall spurt in the Activities of the Association which saw a dip during the Covid pandemic times. The erstwhile Weekly Meetings have now been converted into Fortnightly Meetings. Each Meeting is more business like covering all relevant aspects with active support of the Members. The Minutes of the previous Meeting are promptly shared by the Association General Secretary on the Pensioners WhatsApp Group thereby maintaining upto date record.

The Association celebrates many of the important National and International Days like Elders Day, Yoga Day, Constitutional Day, Pensioners' Day, Swatcht Bharat Abhiyan, Independence and Republic Days etc. which Activities are duly reflected in the Journal. On many such occasions, the Association organises lectures on Old Age related health issues by respective specialist doctors for the benefit of Members.

The Management also organises a number of day long Outings every now and then which has proved a great attraction for the Members as these are found educative, informative and above all relaxing. Such Activities too find its coverage in the issue of the Journal.

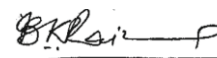
The sustained and concerted efforts of the Association Management succeeded in getting 4.11 kanal land allotted from the State UT Govt for construction of CGHS Wellness Centre Complex. The land is located at Thanger, opposite Chhani Himmat on Jammu Bye Pass Highway. The Association is also striving hard for opening up of second Wellness Centre at Jammu. The CGHS has conceded and the same is likely to be opened soon.

For the convenience and ready reference of the Members, selected and important Office Orders/Circulars/Memoranda etc issued by the Ministry of Health from time to time are incorporated in this volume. An elaborate document ' Handbook on Family Pension' issued by Deptt of Pensions and Pensioners Welfare in January 2020 also finds space in this issue for the benefit of Members. A comprehensive tabulated list with permissible rates of various diseases of CGHS treatment is also incorporated in the Journal which shall be of immense help to Pensioner beneficiaries.

Registration of New Members during the period are duly listed and so are the new Office Bearers besides Obituary references - esteemed Members who left us during the period.

In conclusion, it is with a sense of gratification to observe that the Pensioners' Association at Jammu is striding along a steady and healthy course for the overall benefit of the Civil Society as also of the Pensioners fraternity.

Date: 20-05-2023  
Place: Jammu



**( B K Raina )**  
Editor

## **CGPWA, Jammu- A Momentous Journey of 29 years**

*-K. B. Jandial, IAS ( Retd)*

The Central Govt Pensioners' Welfare Association, Jammu is nearly twenty-nine years old. Starting from a handful of ten retired Central Govt Pensioners assembled in the lawns of the Lakshmi Narayan Temple, Gandhinagar on the last Sunday of July 1994 (31st July), today, it has expanded with 362 members (including about 70 Kashmir members up to 2019). The journey from 'roofless accommodation' of a temple to a small but pucca accommodation in Exhibition Ground is, indeed, momentous.

In the post Supreme Court's historic judgement in the path breaking D.S. Nakara case, the condition and stature of pensioners came into official reckoning and their conditions, both financial as well as health got transformed to a large extent. The entire concept of pension underwent a positive change. The judgment also proved a catalyst for growth of pensioners' associations across the country, including in J&K. With this, sustained efforts came to be made in a structured manner to raise pensioners' issues and grievances for quick redressal.

The Chief Justice of the Supreme Court, late Justice Y V Chandrachud, father of the present CJI, held in Nakara judgment, "pension is a right; not a bounty or gratuitous payment... The payment of pension and the payment of it does not depend upon the discretion of the Government..."

The goals for which pension is paid themselves give a fillip and push to the policy of setting up a welfare state. The preamble to the Constitution envisages the establishment of a socialist republic. The basic framework of socialism is to provide a decent standard of life to the working people and especially provide security from cradle to grave.

This landmark judgment compelled the Govt of India to think of pensioners and finally it included pensioners welfare in the terms of reference made for 5th Pay Commission. The Commission issued a formal notification soliciting views of the pensioners, individually or collectively. On reading this notification in a Jammu's local newspaper, ten central Govt pensioners met in the lawns of a temple in Gandhinagar on July 31, 1994 and decided to form an Association. They elected Shri K R Sharma retired Chief Engineer of Radio Kashmir, Jammu (now AIR) as the first President of the Association with Shri V P Sharma retired Director GSI as its General Secretary. Shri M. N. Sehgal former ADG, GSI was elected as Vice President and Shri S. C. Gupta, retired Senior Accounts Officer, Controller of Defence Accounts as Treasurer.

The Constitution of the Association was drafted by the Vice President and the General Secretary which was adopted in 1994. This Constitution was amended at the 19th General Body Meeting of the Association on 28th April, 2014, making it more broad-based to encompass the requirements of changing time.

The Association was formally registered on July 21, 1995 by the Registrar of



Societies (Director of Industry) under State law- J&K Societies Act of 1998 (1941AD) under its registration number 2349. After the repeal of the State law in the aftermath of the constitutional changes made in Article 370 of the Constitution of India on 5th August, 2019, the Association was registered afresh under the Central Act, Societies Registration Act, 1860 vide Regd No: 218-CSA of 2022 dt 21-10-2022.

The General Secretary late Shri V P Sharma drafted the memorandum for the 5th Pay Commission and after its approval by the members, was sent to the Commission. With this the productive work to seek redressal of concerns of the pensioners began.

Since then, the Association has become an important forum of pensioners' welfare and social activism. The wide range of activities it had undertaken to the benefit of pensioners and local community included free medical camps, health talks by specialists on health concerns of senior citizens, seminars on environment conservation and climate change, promotion of SUJOK therapy in Jammu and opening of J&K first CGHS clinic, honouring leading NGOs and their notable personalities like Gandhi Sewa Sadan Jammu, Vasudeva Kutumbakan, Viklang Chatra Trust, Samaj Kalyan Kendra, SOS Home/ Balgran, Home for the Aged and Infirm, Bharat Scouts and Guides, Akka Almi Khudai Kidmat Association etc.

The Association is highly sensitive to the sufferings of the people within and outside J&K and raised funds for people affected by natural calamities like floods, earthquake and Covid pandemic. So far, donations of Rs. 6.33 lakh by Pensioners have contributed towards the PM Relief Fund and J&K Relief Fund.

The CGPWA was instrumental in establishing CGHS Wellness Centre which is providing health cover to about 3000 pensioners besides 2350 serving employees of the Central Govt organisations with permissible dependents. Not only its

***The Chief Justice of the Supreme Court, late Justice Y V Chandrachud, father of the present CJI, observed as under:-***

- (i) Pension is a right; does not depend upon the discretion of the Government but is governed by the rules and a government servant coming within those rules is entitled to claim pension.***
- (ii) The pension payable to a government employee is earned by rendering long and efficient service and therefore can be said to be a deferred portion of the compensation for service rendered.***
- (iii) Pension also has a broader significance in that it is a social-welfare measure rendering socio-economic justice by providing economic security in old age to those who toiled ceaselessly in the hey-day of their life.***
- (iv) Pension as a retirement benefit is in consonance with and in furtherance of the goals of the Constitution.***

establishment, Govt (Industry Dept) accommodation in Exhibition Ground was also arranged by the Association for it free of cost.

To upgrade CGHS facilities in Jammu, the Association, with great efforts, arranged about five kanal of State land for construction of CGHS own building for WC/Polyclinic on bypass across Channi Himmat opposite Ritz Hotel. Meanwhile, efforts are in progress to persuade CGHS to open the second WC (of Postal Dispensary. Jammu merged with CGHS all over India following Govt decision to merge 19 Postal dispensaries in 12 CGHS cities in 2013) and make it functional.

It has established a Day Care Centre in the Industry Department's accommodation in Exhibition Ground. Regular Monday meetings of the Association used to be held at the Jammu Olympic Association building, Parade but Covid 2019 pandemic disrupted this practice. However, in the mid- 2022, the Association started holding fortnightly meetings at the Day Care Centre, Exhibition Ground, Jammu which continues regularly till date.

The DOPPW had included J&K's CGPWA (Jammu, after Kashmir members parted company & made their own Association in 2020) in Centralised Pension Grievance Redressal and Monitoring System (CPENGRAMS), launched to disseminate information to redress pensioners' grievances. Initially, only 18 Associations were included but now, the number has increased to 44. Through this platform, the CGPWA, Jammu succeeded in resolving about one hundred cases.

To participate in the CPENGRAMS scheme, the DOPPW provided this year, to each registered Association, one time IT hardware grant of Rs. 80,000 besides the routine annual Grant-in-Aid of Rs.75,000/- to defray expenses on certain approved components such as telephone/internet connection, electricity, and stationery.

The CGPWA, Jammu (earlier, J&K) has a rare distinction of being put on the SCOVA (Standing Committee of Voluntary Agencies), apex committee of representatives of 15 recognised Pensioners Associations of the country & of various Ministries and Departments of GoI relating to the central govt pensioners, for three terms. It is a rare distinction for any Association. The membership has two years' tenure. It got representation for the period of 2011-13, 2013-15 & 2021-23. The CGPWA's voice is heard effectively. Moreover, the Hon'ble Union Minister of State for Personnel, Public Grievances and Pension, Dr. Jitendra Singh has been very receptive to the pensioners' grievances, especially of J&K.

Following the democratic principle, it holds elections at the AGM every three years. At the last AGM held on March 7, 2022, a new team, headed by Shri Kuldeep Khoda IPS (Retd) was entrusted with the responsibility of carrying forward the mandate of the Association for the next three years. The earlier management committee, headed by Shri S. S. Wazir IPS (retd) held the baton laudably for 14 long years and expressed the desire to hand over the baton to a new team. Shri Wazir was nominated the Patron of the CGPWA, Jammu.

With the co-operation of the past team, the new management carried forward welfare work with some positive changes in its activities. The meetings take up

agenda points and take decisions and ATR is submitted in the next meeting. Formal brief minutes are made and circulated among members on the official Whatsapp group. This enforced accountability of the Management Committee also helped in creating greater awareness and involvement of the members including those who could not attend the meeting. Another new feature included is outings at prominent/ landmark places periodically. This exercise has been proved to be excellent & thrilling. These excursions have also created awareness about the developed destinations. The places visited include Bajalta, Surinsar, Gharana Wetland and Beating the Retreat at Suchetgarh border.

In these Fortnightly meetings, another new feature added is the brief talk on any of the important Days being observed in the past fortnight.

The management has introduced a new culture of celebrating birthdays of the members born in the month of the meeting. The Secretary notifies the names of the members born in that month in the What's App group and telephones the concerned member and conveys the greetings and best wishes to him/her on behalf of the Association. At the last meeting of the month, a cake-cutting ceremony is held where the 'birthday members' present do the honours of cutting the birthday cake.

Recognising the laudable service of its two Member-Shri K K Sharma & Dr S C Uppal, former senior geologists of GSI whose survey in 1995-97 that led to discovery of Lithium in Reasi belt, the Association honoured them with memento and approached the Department of Mines, GoI to recognise their contributions officially and consider them for some awards.

The CGPWA also mourns the demise of its members and adopts a condolence resolution, a copy of which is sent to the bereaved family. The Association lost six life members since March 2022.

Meanwhile, 14 new members have joined the Association since April 2021. The notable among them are Shri B R Sharma IAS (Retd) former Chief Secretary of J&K & former Secretary to GoI, Shri Ashok Angurana IAS (Retd) former Secretary to GoI, Shri Alok Puri IPS (Retd) former ADG, Shri N S Jamwal former ADG, BSF & Shri Hemant Sharma IAS (Retd) former Divisional Commissioner, Jammu. With this, the Association takes pride in having as life members, four former J&K's Chief Secretaries, one former Union Secretary, one former CVC & DGP, one former DGP, one DG/ Special Secretary DRDO/MoD, three PCCF, three former ADGPs, two former members of J&K PSC and many other high ranking retired officers of IAS, IPS, IFS, GSI, IA&AD, MES etc.

The CGPWA also celebrates some of the national Days including National Pensioners' Day, International Elders' Day, International Yoga Day, Swachta Abhiyan, Constitutional Day, Independence & Republic Day.

It is following a policy of honouring super senior citizens of plus 80 & plus 85. This year, the Association honoured seven of its members who were 85 plus at a special function organised on National Pensioners' Day in 2022.

**-General Secretary, CGPWA, Jammu**

## **CGPWA, Jammu - Activities in 2022-23**

1. **Swachhta Pakhwada Observed:-** The CGPWA) observed Swachhta Pakhwada from 16-31 May. It conducted several activities during this fortnight. On May 31, 2022, an awareness camp was organised at the School for Hearing & Speech Handicapped (Deaf & Dumb) Shahedi Chowk, adopted by the CGPWA Jammu, where students were apprised, in sign language, the significance of cleanliness and the role of every citizen in this Swachh Bharat Mission. The CGPWA also undertook cleanliness work in Green Belt Park of Gandhinagar and Rajinder Park in collaboration with the concerned Morning Walkers' Associations. The Parks were cleaned up by the morning walkers and now wore a much cleaner look.

2. **Eighth International Yoga Day celebrated:-** In the premises of the Day Care Centre, the Association celebrated 8th International Day on June 21, 2022. Two Trainers from Bhartiya Yog Sansthan, Shri Vijay Kumar Phoa & Dr. Vijay Gupta, took a 60-minute Yoga session for the Pensioners. They also explained the significance of Yoga in our life and said that Yoga is rooted in our civilization.

3. **I-Day & R-Day celebrated:-** The CGPWA, Jammu celebrated the 77th Republic Day & 74th Independence Day and with traditional fervor & gaiety. At the Day Care Centre, Exhibition Ground. The National flag was unfurled by the President, CGPWA, Shri Kuldeep Khoda, Patron, Shri S. S. Wazir along with Dr. Ashok Bhan & Sh B R Sharma on both the national occasions. On I-Day, the Tricolor was unfurled amidst heavy downpour. A contingent of JKP gave the salute to the National Flag. The office bearers & EC members and several senior Pensioners had graced the occasions.

On 26th January, the Association felicitated Shri Vijay Kumar Sambyal former Director AIR & music maestro on getting Lifetime Achievement Award announced by the J&K Govt on the eve of Republic Day. Shri Sambyal is also the EC member of CGPWA. Shri Ashok Sharma, Life member of the Association presented two of his poems on R-Day & Basant Panchami.

4. **Sr. Citizen's Day Celebrated:-** The Association celebrated the 32nd National Senior Citizen's Day on August 21, 2022 by organizing an awareness lecture on Osteoarthritis among the elders that causes joint pain and reduces joint mobility.

Dr Sumit Mahajan, MS, DNB, M. Ch, Chief Consultant & Head, Orthopedic & Joint Replacement of Apollo Hospital, Amritsar, delivered the lecture. The former Chief Secretary & Chairman, J&K PSC, B R Sharma presided over the function.

Dr. Sumit Mahajan, in his impressive presentation on osteoporosis and Osteoarthritis, explained the causes of joint pain and its management by the senior citizens. He said that deficiency of vitamins is one of the main causes of not only bone related diseases but even others. He impressed upon them to take care of bone health. He advised to take good exposure to sunlight especially in the morning to get natural Vitamin D.

Sh. B R Sharma lauded the initiative of the CGPWA for organizing such a useful lecture and said that there could not have been a better way to celebrate the Senior

Citizen's Day than to create awareness among elders about the disease which most of them face in advance age.

Earlier, the General Secretary, K B Jandial explained the genesis of the Day and said that the US President Ronald Reagan founded this Day in 1988 to recognise the services of the senior citizens to the society and reserve 21 August in their honour. The Secretary of the CGPWA, B. B. Magotra presented the vote of thanks.

- 5. International Day of the Elders Celebrated:-** The CGPWA in collaboration with the Home for the Aged and Infirm, Ambphalla, Jammu organized on October 1, 2022, a Health Awareness Lecture at jam packed Seminar Hall of IIPA International Day of Older Persons to celebrate the International Day for Older Persons. This year's theme of the Day was "Resilience of Older Persons in a Changing World".

Dr Sushil Sharma, noted cardiologist and Head of Department of Cardiology, Super Specialty Hospital delivered an illuminating lecture on heart diseases among the elders. He said that persons above 65 years are more likely to suffer from cardiovascular disease than the younger population. Aging can cause changes in the heart and blood vessels that may increase a person's risk of developing cardiovascular disease. Physical activity, diet and other lifestyle factors influence the "rate of aging" in the healthy heart and arteries. The aging of other organ systems, including the muscles, kidneys, and lungs, also likely contributes to heart disease. He said that some interventions that we already know slow the rate of aging effects on the heart and arteries include healthy eating, exercise, reducing stress, and quitting smoking Besides managing Blood pressure, Lipids and diabetes.

B R Sharma, who was the Guest of Honour, said that health has always been a concern among elders and the advice given by Dr. Sushil to cut down risk factors for cardiovascular diseases in old age.

Kuldeep Khoda, President of the CGPWA said that the elders must follow medical advice to maintain young hearts in them as age is only a number. Khoda said that his lecture has three components to handle heart problems in elders- awareness, prevention, and intervention, which we need to follow to remain healthy.

Earlier I D Soni, President of Old Age Home, spoke scholarly on old age which he called a Godsent gift and said that life is a light which needs to be spread. Quoting scriptures and narrating historical anecdotes, Soni brought home the fact that age is a state of mind and nobody should take aged one as spent force.

K B Jandial in his welcome address said that the UN General Assembly designated 1st October as the Day for Older Persons in 1991 to draw attention to contributions made by seniors. He said that "Resilience of Older Persons in a Changing world" is the current year's theme. B. B. Magotra, Secretary CGPWA presented the formal Vote of Thanks.

- 6. CGPWA organised a symposium at Balgran:-** A symposium on Swachta Abhiyan at Balgran, Jammu was held on October 20, 2022 in collaboration with the Bal Bharti Public School and School for Hearing Handicapped.

Former Chief Secretary, J&K B R Sharma was the Chief Guest while Kuldeep Khoda,

former Chief Vigilance Commissioner, J&K and the President CGPWA presided over. President of Balgran, Charitable Home for Destitute Children, Er. A K Khajuria and the President of Samaj Kalyan Kendra, (SKK) which runs a school for Deaf & Dumb, K B Jandial who is also the General Secretary of CGPWA, were also present.

Students of both Schools spoke about the significance of cleanliness for which a month-long nationwide campaign has been launched by the Prime Minister Narinder Modi. Three students of School for Hearing Handicapped, Ritesh Singh of 12th class, Garima Misri and Fozia Shamash, both of 11th class expressed their views on Swachata through sign language which was profusely applauded. Teacher Seema Rani translated their sign language into English and Hindi for the audience. Three students of Bal Bharti- Mukesh of 10th class, Priyanka of 9th class and Gun Gun of 7th class also spoke on the subject. They pointed out that first the Father of the Nation, Mahatma Gandhi and now the Prime Minister Modi.

On the occasion, B R Sharma was made the Honorary Life Member of the Samaj Kalyan Kendra for his memorable contributions in improving the infrastructure of the School for Hearing Handicapped as Chief Secretary of J&K.

Khoda and Sharma also presented cash awards to the toppers of the School for Hearing Handicapped in J&K School Board examinations on behalf of the Samaj Kalyan Kendra. General Secretary Balgran V K Raina, conducted the program.

7. **Six Balgran students adopted, Blazers to 103 Divyang of SKK:-** The CGPWA, Jammu motivated the T R Gupta Public Charitable Trust to undertake charitable initiative for the students of Balgran, a home for Destitute children and School for Hearing Handicapped run by Samaj Kaylan Kendra, both institutions have adopted by the CGPWA. Consequently, on 14 December, 2022 the Trust adopted six destitute students of Balgran and distributed School Blazers to 103 deaf & dumb students of School for Hearing Handicapped.

At Balgran, Trustees Dr Ashok Gupta presented a cheque of Rs 72000 to the President of the Balgran Er A K Khajuria & General Secretary V K Raina. This amount is provided for the last quarter of the year. The six children adopted belonged to destitute families of far-flung areas of Doda & Kishtwar districts and have excellent academic records.

The Trust has also distributed School Blazers to 103 Deaf & Dumb students of the School for Hearing Handicapped, at a separate function. Shri T R Gupta was himself present to distribute the Blazers to Divyangs. Other Trustees,

8. **Constitutional Day Celebrated:-** On November 26, 2022, the CGPWA, Jammu observed Constitutional Day. K B Jandial read out the Preamble of the constitution of India. Oath was also administered to the members to always follow the constitutional values and the basic spirit of the Constitution. A cake was also cut to celebrate the historic day. The oldest surviving founder President of the Association, Shri K R Gupta also attended the occasion. Another veteran Shri Naik too graced the occasion.
9. **National Pensioners' Day Celebrated:-** The Association celebrated the 40th

National Pensioners' Day on 17 December, 2022 with great fervour. On the occasion, seven very senior pensioners who are above 85 years of age were honoured by the Association. They included the founder President of the Association K R Gupta of AIR, G N Naik, N L Bakshi & Hans Raj Magotra all of IAS, A M Watali of IPS, B L Gupta of GSI and S I H Kazmi of IFS.

Three former Chief Secretary of J&K, Vijay Bakaya, B R Kundal & B R Sharma and former DGP Dr Ashok Bhan (all Life Members) who were present, felicitated them.

Dr. S K Gupta, noted Neurologist of J&K, spoke at length on the neurological problems being faced in old age and advised them to remain physically fit and socially active besides undertaking mental exercises to ward off the risk of diseases. He referred to three major neurological problems of stroke, dementia and Parkinson and said the main risk factors for these diseases include Hypertension, Diabetes, high cholesterol, smoking and obesity. He advised senior citizens to remain socially, mentally and physically active and undertake regular physical exercises.

Lauding the activities of the CGPWA, Bakaya said that the retired civil servants are the treasure of human resource and their inner potential must be used for the betterment of the society. He said that age is just a number and is in mind and the pensioners should use their creativity.

Kundal complimented the Association for honouring veterans. He was nostalgic of his association with many of the pensioners in the active service and said that it was a pleasant moment to see them in healthy condition and wished them good health in years ahead.

B R Sharma eulogised the initiative of D S Nakara in fighting out the historic case in the Supreme Court in early eighties the fruits of which are being availed as a legal right of pension by millions of the employees.

Dr. Bhan advised the pensioners to remain active and participate in all meetings and activities of the CGPWA, Jammu that would give them opportunity to serve the people and remain physically, socially, and mentally fit.

J K Vaid, former General Secretary of the Association, spoke at length on the significance of the Day and the Supreme Court's judgement in D S Nakara's case delivered on 17th December 1982, and said that Nakara fought for years to give dignity and grace to the pensioners. He also dwelt on the history of the Association and its journey till date and paid compliments to the founding members, most of whom were from the GSI.

K B Jandial who conducted the proceedings, said that the then Chief Justice of the Supreme Court, late Justice Y V Chanrdrachud, father of the present CJI, held that "Pension is neither a bounty, nor a matter of grace depending upon the sweet will of the employer, nor an ex-gratia payment. It is a payment for the past services rendered".

Dr. Sudarshan Kumar, Vice President of the Association presented the vote of thanks and expressed on behalf of the CGPWA, profuse gratitude to the members for making today's function a memorable event.

- 10. Outings:-** The Association also devised a new culture of mixing fortnightly meetings with outings. First such was held at Hunter's Ranch Bajalta, another at Forest Hut, Surinsar & the third at Gharana Wetland. These were liked by the members & shall continue.
- 11. New Year Celebration:-** A New Year get-together was organised at Police Officers' Mess, Gulshan Ground, Gandhinagar Jammu. Fifty members joined in this New Year bash. On the occasion Shri Ashok Angurana IAS (Retd) former Secretary to Govt of India, Shri N S Jamwal former ADG BSF and Shri Surender Kr. Chrungoo former Dy. CI officer, IB joined the Association as Life Members. It was attended by three former CS, S/Shri Vijay Bakaya, B R Kundal & B R Sharma.
- 12. CGPWA members visit Gharana Wetland:-** A group of thirty senior members of the Central Govt Pensioners' Welfare Association, Jammu visited the Gharana Wetland in R S Pura on February, 2023 near Indo-Pak international border, as a part of updating the knowledge of the retired senior civil servants about the Govt's new development initiatives in Jammu. The Group was led by the Patron S. S. Wazir, IPS (Retd) former ADGP.

Apart from the briefing by the Range Officer, Ashish Mahajan, the former Chairman J&K Pollution Control Board and a member of the Association, Dr C M Seth also gave detailed information about these migratory birds & the scientific phenomenon of their flying thousands of miles from areas like Siberia.

The visit was coordinated by SD Swatantra, former Principal Chief Conservator of Forest who as Regional Wildlife Officer had got the Gharana Wetland approved from the State Cabinet in February 1981 & subsequently got it notified from the DC Jammu as protected Gharana Wetland along with two adjoining wetlands of Kakriyan & Sangral in 1982. Another retired Principal Chief Conservator of Forests, P. P. Sharma IFS(Retd) and Additional Principal Chief Conservator of Forests, UC Pachnanda were in the Group.

The Chief Wildlife Warden, Shri Suresh Gupta IFS who hosted the first ever awareness visit of senior retired Central Govt officers is credited with formulation of first ever comprehensive plans of different Wetlands in J&K including the Gharana Wetland and Surinsar & Mansar wetlands and other Wildlife Areas. These plans are of five or ten years to conserve Wildlife areas of J&K UT. In all, plans of 25 Wildlife Areas have been prepared in the last two years.

- 13. CGPWA honours GSI's K.K. Sharma & S C Uppal for exploring Lithium:-** At a simple but impressive ceremony, the CGPWA, Jammu on February 27, 2023 honoured two of its Life Members, Sh. K. K. Sharma & Sh. S.C. Uppal, former Geologist of GSI for their pioneering exploratory survey of area in Reasi -Shri Mata Vaishno Devi Shrine that led to discovery of Lithium ores in abundance in Reasi belt.

The Patron of the CGPWA S.S. Wazir along with two former Chief Secretaries, B R Kundal & B R Sharma and former Secretary to Govt of India, Ashok Angurana presented mementos to K.K. Sharma & S. C. Uppal in recognition of their pioneering exploratory work in the mid-nineties.



Both Sharma & Uppal had surveyed the area as a GSI team for the final report in December 1999. They had conducted geochemical survey of 350 sq. km area for base metal and lithium in Sirban group of rocks in Katra-Muttal-Pres-Salal-Pouni-Chakar and collected 804 samples. Lithium reserve ores found in Reasi are said to be of best quality. The 5.9-million tonnes reserve of Lithium is estimated to be available in this belt. It is claimed that the Lithium reserves at Reasi is 500 parts per million (PPM) against 220 PPM elsewhere.

J. K. Vaid, former Director, GSI said that mineralization is discovered in the Bauxite/Laterite- Clay column of 1-2.5 metres thickness occurring on the surface over the Limestone. Bauxite/ Laterite occurs in isolated patches and 6 to 7 such patches have been identified in about 35 kms strike length from Muthal- Junglegali to the east and Chakkar to the west.

- 14. Visit to Suchetgarh Border:-** The members of the CGPWA, Jammu had a thrilling, exhilarating and memorable outing on 4th March 2023 at Suchetgarh on Indo Pak International border. A group of forty veterans visited Suchetgarh which is now known for its colourful weekend 'Beating the Retreat' which is the revered Flag Lowering Ceremony.

The Suchetgarh Retreat is almost a replica of Attari-Wagah border daily 'Retreat' with the only difference that Pakistani Rangers do not participate in the weekend event (Sat- Sun). Despite their absence, this spectacle of riot of colours with powerful commentary by BSF anchors, SI Uma Saini, Gurpreet Singh & Ashok Sharma, is worth seeing. The actual Retreat is preceded by three-four dances by children at popular Bollywood patriotic songs that created a befitting setting for the powerful drill by contingents of male & female BSF jawans.

It is a patriotic performance just on the border, watched by hundreds of enthusiastic people. The entire one-hour show is beautifully packaged- National Anthem is played, slogans of patriotism and dances are performed on patriotic songs. These powerful patriotic songs and a call by the anchor to 'desh bhakts' ignited the 'patriotic fire' in many spectators who jumped to the ceremony-area, some holding Tricolours which the BSF provided to them. Those who jumped to the 'Retreat Area' for bhangra included SS Wazir, Dr Ashok Bhan, Ashok Angurana, N S Jamwal, P. P. Sharma, K. K. Gupta, Ashok Sharma (DAD), Sunil Sharma & KB Jandial.

The drill for the Retreat was conducted with loud shouts and heavy foot stomping by the select band of the brave hearts. The form of marching with jawans lifting their legs very high, known as "Goose Marching," was extremely impressive and daring revealing their physical strength as well.

While the Attari-Wagah Border Ceremony has been in vogue since 1959, the Suchetgarh Retreat started in 2021 only, thanks to the vision of Shri Narinder Singh Jamwal, the then ADG of BSF. It was he who was instrumental in creating this weekend patriotic event which was formally inaugurated by the J&K's Lt. Governor, Shri Manoj Sinha on 2nd October, 2021.

## *They made us proud in 2023*



**Shri Vijay Kumar Sambyal** : J&K Govt announced the coveted J&K State Lifetime Achievement Award to him on Republic Day '23 for his outstanding contributions as classical music maestro. He superannuated on on31st July, 2016 as Station Director of AIR Jammu (Radio Kashmir, Jammu). An EC member, he is well known among the art lovers in and outside J&K as "Rangeeley Thakur."

**Shri K. K. Sharma & Shri S. C Uppal** : The CGPWA honoured both GSI Geologists on 27th February 2023 for their exploratory survey in 350 km Reasi belt in 1995-97 which now led to discovery of Lithium ores in abundance. The Association has urged the Central Govt to recognise their contribution officially.



**Shri Ashok Kumar Sharma** : He was presented 'Duggar Karamyodha' Award 2023 by the Union Minister of State Social Justice and Empowerment Shri Ramdas Athawale on 25th March, 2023 for his outstanding contribution to literature. The Award was instituted by a local women's club, Mere Pahchan. Belonging to Defence Accounts Deptt he superannuated in April 2016 as Sr. Auditor.

**K. B. Jandial IAS (R)** : He was presented 'PRSI-PRIDE OF JAMMU AWARD' for his outstanding contribution in the field of Public Relations during peak of militancy and in democratic Govts as Director Information. The award was instituted by the Public Relations Society of India which was presented by its National President Dr. Ajit Pathak and former Dy. Chief Minister, Shri Kavinder Gupta on 19th March, 2023. Jandial, a former IAS officer, superannuated as a member of J&K public Service Commission on 16th November, 2016 and currently is General Secretary of CGPWA, Jammu.



**Shri Ashok Angurana IAS (R)** : His second Dogri book KORIAN PHUTTI PEYIAN was released on 10th April, 2023 by a galaxy of celebrated litterateurs- Prof Lalit Magotra, Shri Mohan Singh, Padma Shri awardee, Shri Prakash Premi & Prof. Veena Gupta. It is a collection of his Dogri poems. His first book was MOKLA GASS UNHCHHI DOARI which fatched him the prestigious Shri Ramnath Shastri Award. Shri Angurana rose to the top position of Secretary to Govt of India, Agriculture & Farmers' Welfare and superannuated in April 2016.

## HEALTH SECTION

# Vitamins and their Importance in Health and Disease

*-H.K. Bakhru*

The word 'Vitamine', meaning a vital amine was proposed by a Polish researcher, Dr. Cacimir Funk, in 1911 to designate a new food substance which cured beri-beri. Other terms were proposed as new factors were discovered, but the word vitamin, with the final 'e' dropped, met with popular favour. Vitamins are potent organic compounds which are found in small concentrations in foods. They perform specific and vital functions in the body chemistry. They are like electric sparks which help to run human motors. Except for a few exceptions, they cannot be manufactured or synthesized by the organism and their absence or improper absorption results in specific deficiency disease. It is not possible to sustain life without all the essential vitamins. In their natural state they are found in minute quantities in organic foods. We must obtain them from these foods or in dietary supplements. Vitamins, which are of several kinds, differ from each other in physiological function, in chemical structure and in their distribution in food. They are broadly divided into two categories, namely fat-soluble and water soluble. Vitamins A, D, E and K are all soluble in fat and fat solvents and are therefore, known as fat-soluble. They are not easily lost by ordinary cooking methods and they can be stored in the body to some extent, mostly in the liver. They are measured in international units. Vitamin B Complex and C are water soluble. They are dissolved easily in cooking water. A portion of these vitamins may actually be destroyed by heating. They cannot be stored in the body and hence they have to be taken daily in foods. Any extra quantity taken in any one day is eliminated as waste. Their values are given in milligrams and micrograms, whichever is appropriate.

Vitamins used therapeutically, can be of immense help in fighting disease and speeding recovery. They can be used in two ways, namely, correcting deficiencies and treating disease in place of drugs. Latest researches indicate that many vitamins taken in large doses, far above the actual nutritional needs can have a miraculous healing effect in a wide range of common complaints and illnesses. Vitamin therapy has a distinct advantage over drug therapy. While drugs are always toxic and have many undesirable side effects, vitamins, as a rule are non-toxic and safe.

### **VITAMINA**

Known as anti-opthalmic, vitamin A is essential for and vitality. It builds up resistance to respiratory and other in-fectious and works mainly on the eyes, lungs, stomach and in-testines. It prevents eye diseases and plays a vital role in nourishing the skin and hair. It helps to prevent premature ageing and senility, increases life

expectancy and extends youthfulness. The main sources of this vitamin are fish liver oil, liver, whole milk, curds, pure ghee, butter, cheese, cream and egg yolk, green leafy and certain yellow root vegetables such as spinach, lettuce, turnip, beets, carrot, cabbage and tomato and ripe fruits such as prunes, mangoes, papaya, apricots, peaches, almonds and other dry fruits. A prolonged deficiency of vitamin A may result in inflammation of the eyes, poor vision, frequent colds, night blindness and increased susceptibility to infections, lack of appetite and vigour, defective teeth and gums and skin disorders.

### **B COMPLEX VITAMINS**

There are a large variety of vitamins in the B2 group, the more important being B1 or thiamine, B2 or riboflavin, B3 or niacin or nicotinic acid, B6 or pyridoxine, B9 or folic acid. B12 and B5 or pantothenic acid. B vitamins are synergistic. They are more potent together than when used separately.

#### **THIAMINE**

Known as anti-beriberi, anti-neuritic and anti-ageing vitamin, thiamine plays an important role in the normal functioning of the nervous system, the regulation of carbohydrates and good digestion. It protects heart muscle, stimulates brain action and helps prevent constipation. It has a mild diuretic effect. Valuable sources of this vitamin are wheat germ, yeast, the outer layer of whole grains, cereals, pulses, nuts, peas, legumes, dark green leafy vegetables, milk, egg, banana and apple. The deficiency of thiamine can cause serious impairment of the digestive system and chronic constipation, loss of weight, diabetes, mental depression, nervous exhaustion and weakness of the heart.

#### **RIBOFLAVIN**

Vitamin B2 or riboflavin, also known as vitamin G, is essential for growth and general health as also for healthy eyes, skin, nails and hair. It helps eliminate sore mouth, lips and tongue. It also functions with fats and protein other substances to metabolise carbohydrates, fats and protein. The main sources of this vitamin are green leafy vegetables, milk, cheese, wheat germ, egg, almonds, sunflower, seeds, citrus fruits and tomato. Its deficiency can cause a burning sensation in the legs, lips and tongue, oily skin, premature wrinkles on face and arm and eczema.

#### **NIACIN**

Vitamin B3 or niacin or nicotinic acid is essential for proper circulation, healthy functioning of the nervous system and proper protein and carbohydrate metabolism. It is essential for synthesis of sex hormones, cartisone, thyroxin and insulin. It is contained in liver, fish, poultry, peanut, whole wheat, green leafy vegetables, dates, figs, prunes and tomato. A deficiency can lead to skin eruptions, frequent stools, mental depression, insomnia, chronic headaches, digestive disorders and anaemia.

#### **PYRIDOXINE**

Vitamin B6 or pyridoxine is actually a group of substances — Pyridoxine, pyridoxinal and pyridoxamine — that are closely related and function together. It helps

in the absorption of fats and proteins, prevents nervous and skin disorders and protects against degenerative diseases. The main sources of this vitamin are yeast, wheat, bran, wheat germ, pulses, cereals, banana, walnuts, soyabeans, milk, egg, liver, meat and fresh vegetables. Deficiency can lead to dermatitis, conjunctivitis, anaemia, depression, skin disorders, nervousness, insomnia, migraine headaches and heart diseases.

#### **FOLIC ACID**

Vitamin B or folic acid, along with vitamin B12 is necessary for the formation of red blood cells. It is essential for the growth and division of all body cells for healing processes. It aids protein metabolism and helps prevent premature greying. Sources of this vitamin are deep green leafy vegetables such as spinach, lettuce, brewer's yeast, mushrooms, nuts, peanuts and liver. A deficiency can result in certain types of anaemia, serious skin disorders, loss of hair, impaired circulation, fatigue and mental depression.

#### **PANTOTHENIC ACID**

Vitamin B5 or pantothenic acid helps in cell building, maintaining normal growth and development of the central nervous system. It stimulates the adrenal glands and increases the production of cortisone and other adrenal hormones. It is essential for conversion of fat and sugar to energy. It also helps guard against most physical and mental stresses and toxins and increases vitality. The main sources of this vitamin are whole grain bread and cereals, green vegetables, peas, beans, peanuts and egg yolk. It can be synthesised in the body by intestinal bacteria. A deficiency can cause chronic fatigue, hypoglycemia, greying and loss of hair, mental depression, stomach disorders, blood and skin disorders.

#### **Vitamin B12**

Vitamin B12 or cobolamin, commonly known as “red vitamin”, is the only vitamin that contains essential mineral elements. It is essential for proper functioning of the central nervous system, production and regeneration of red blood cells and proper utilisation of fat, carbohydrates and protein for body building. It also improves concentration, memory and balance. Valuable sources of this vitamin are kidney, liver, meat, milk, eggs, bananas and peanuts. Its deficiency can lead to certain types of anaemia, poor appetite and loss of energy and mental disorders.

#### **VITAMIN C**

Vitamin C or ascorbic acid is essential for normal growth and the maintenance of practically all the body tissues, especially those of the joints, bones, teeth and gums. It protects one against infections and acts as a harmless antibiotic. It promotes healing and serves as protection against all forms of stress and harmful effects of toxic chemicals. It helps prevent and cure the common cold. It also helps in decreasing blood cholesterol. This vitamin is found in citrus fruits, berries, green and leafy vegetables, tomatoes, potatoes, sprouted Bengal and green grams. A deficiency can cause scurvy marked by weakness, anaemia, bleeding gums and painful and swollen parts, slow healing of sores and wounds, premature ageing and lowered resistance to all infections.

### **Vitamin D**

Vitamin D is necessary for proper bone and teeth formation, and for the healthy functioning of the thyroid gland. It assists in the assimilation of calcium, phosphorus and other minerals from the digestive tract. This vitamin is found in the rays of the sun, fish, milk, eggs, butter and sprouted seeds. A deficiency can cause gross deformation of bones and severe tooth decay.

### **VITAMIN E**

Vitamin E is essential for normal reproductive functions, fertility, and physical vigour. It prevents unsaturated fatty acids, sex hormones and fat soluble vitamins from being destroyed in the body by oxygen. It dilutes blood vessels and improves circulation. It is essential for the prevention of heart disease, asthma, arthritis and many other conditions. It is available in wheat or cereals germ, whole grain products, green leafy vegetables, milk, eggs, all whole, raw or sprouted seeds and nuts. Its deficiency can lead to sterility in men and repeated abortions in women, degenerative developments in the coronary system, strokes and heart disease.

### **VITAMIN K**

Vitamin K is necessary for the proper clotting of blood, prevention of bleeding and normal liver functions. It aids in reducing excessive menstrual flow. This vitamin is contained in egg yolk, cow's milk, yogurt, alfalfa, green and leafy vegetables, spinach, cauliflower, cabbage and tomato. Its deficiency can lead to insufficient bile salts in the intestines, colitis, lowered vitality and premature ageing.

*(Source : "Nature Cure")*

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## **Keeping brains young at any age**

*-Dr. Tej K. Munshi*

Human life span has increased by nearly a decade in the U.S, in the past 50 years. At the same time, however, dementia cases are forecast to triple worldwide by 2050 ad.

**Fast facts:** Despite composing only 2 to 3 percent of total body's weight, the brain uses about 20-25 per cent of the body's oxygen supply and is the prime generator of the highly reactive O<sub>2</sub> molecules(ATP) to power all the electro-physiological activity of nerve cells. According to National Institute of Health, US, supplements collectively account for 54 percent of all vitamin C intake and 64 percent of vitamin E consumption.

Many foods, especially, fruits and vegetables, contain substances that act as antioxidants, fortifying the brain's own antioxidant defense system. Some of the most notable are selenium, co-enzyme Q, and vitamins C and E. Plants are naturally rich in their powerful antioxidants, called polyphenols. Many antioxidants are substance produced by plants as a protection against environmental assaults – by drought, overexposure to sunlight, by bugs. Health benefits of Mediterranean diet, are mainly

due to the liberal use of olive oil that produce the useful antioxidant compounds, to guard against brain aging and other conditions. Just a cup of morning coffee may help against brain aging. Besides caffeine and polyphenols, and lignans in coffee are known to reduce stress and improve long-term memory. Vitamin C (called ascorbic acid), is a cofactor for a number of useful enzymes. The highest concentration of a scorbate are found in the brain. Clinical studies link Vitamin C deficiency with increases in depression and cognitive impairment.

Vitamin E, a nutrient found in most of the vegetables is considered one of the most important antioxidants in the brain. That seems to make Vitamin E, supplementation a preferred treatment for curbing ageing of brain, thus maintaining its cognitive capacity.

**Consumer Reports of March' 22 reveal:** Almost 34 percent of Americans and 25 percent of Europeans, believe that they have noticed signs of forgetfulness, significant enough to worry them. The numbers of those diagnosed with Alzheimer's disease, which robs sufferers of cognition, are predicted to climbing. And researchers are yet to find a reliable cure. But there is evidence that life style steps may reduce brain disease risks and help us maintain cognitive strength. The Lancet Report suggests, 12 factors within our control – including smoking, poor fitness, and obesity – are responsible for upto 40 percent of dementia cases.

Director Lisa Mosconi, in Alzheimer's prevention at Cornell, NY, found that it's never too late to make key lifestyle changes, and see brain benefits. It is known that hypertension, cholesterol and blood sugar levels, damage the small blood vessels in the brain affecting parts that we need for thinking and memory. Another study found that lower HDL (good) cholesterol and higher triglycerides and hi-blood glucose in young age are associated with dementia and cognitive decline.

**Get Good Sleep:** “When we're asleep, our brain goes into housekeeping mode and clears out toxins that can impair brain health. While sleep needs vary from person to person, about 7 hours a night appears to be the sweet spot for the brain, according to a 2020 study published in 'JAMA Network Open'. Getting a snooze time or a regular day nap of 1-2 hours was associated with better language use and memory in older adults.

**Feeling Anxious:** Both depression and chronic anxiety may make people more vulnerable to dementia, as they age. “If you're depressed or anxious, you're more likely to experience an increase in stress hormone levels, which are very toxic to brain cells,” says Petersen, the renowned expert. Mood issues can reduce our desire to see friends and family, and isolation itself can raise our risk of dementia.

**Hearing Impairment:** A number of studies suggest that hearing issues may affect our brain. A number of studies suggest that age-related hearing loss was linked to an increased risk of cognitive decline.

**Choose Flavonoids:** People who got a little or a daily half-serving of flavonoid – rich foods like apples, berries and pears were 20percent less likely to report thinking declines than those who rarely ate them for they curb inflammation and cell damage and aid artery blood flow.

**Be Careful with Supplements:** Omega-3 fatty acid supplements maybe worthwhile for those with a family history of dementia, says Mosconi. Vitamin B12, Vitamin D and foliate deficiencies have also been linked to cognitive issues.

**Retire a little Later:** When researchers tracked the work histories of 20,469 people, they found that those who retired sooner experienced earlier declines in memory and thinking than those who stayed on the job. Volunteering probably has similar benefits.

**Practice Relaxation:** Mindful activities like meditation may help curb brain issues involving cognitive problems. Meditation reduces stress and inflammation which are both toxic to the brain. One can spare a few minutes a day, breathing in and out slowly and deeply or relax, talk in greenery and sunshine at a nearby park.

**Hang out with Friends:** Socializing looks to have brain-positive effects. People who were more socially active had more healthy brain tissue than those who were less likely to spend time with others, reveals a study published in 2020. The goal has to be warding off loneliness, because it might increase levels of stress hormone cortisol that may have negative impact on brain.

**Get enough physical Activity:** Regular aerobic exercise boosts blood flow to our brain that involves memory and learning. Recent research recommends about 30 minutes of moderate exercise or brisk walk five times a week.

**Give Yoga a try:** Yoga's benefits are two-fold: it's effective for easing stress. With its slow, gentle movements in various poses, it may improve our ability to multitask.

**Damages – reversible and irreversible– caused by Pollution, Smoking and Drinking:** One review found that compared to 'non or never', smokers are 34 percent more likely to develop dementia in later life for every 20 daily cigarettes. Too much alcohol or heavy drinking can kill brain neurons and accelerate memory loss. More than 14 weekly drinks was linked to brain damage and a higher dementia risk. Neuropsychiatry Gary Small, advises no more than 2 drinks a day for men and no more than 1 for women. Recent research by neurologist Joel Salinas, on elderly women exposed to pollution from car emission, had caused the largest amount of brain shrinkage. Earlier research suggests that middle-aged and older people living in London's most polluted section have a greater likelihood of dementia. People who go for regular exercises, have been advised to avoid high traffic areas, limit fire and smoke places use; keep rooms well-ventilated.

**Benefits of Music:** Infact, there has been a good deal of research on the likely brain benefits of playing an instrument, singing, or just listening to music. Music is associated with brain resilience and may improve mental issues and boost cognitive skills.

**(Daily Excelsior, 31-07-2022)**



## Vitamin D: The Frequent Sign That You Need The Sunshine Vitamin

### ■ What is the role of vitamin D?

Vitamin D or the sunshine vitamin is an essential nutrient that helps regulate the amount of calcium and phosphate in the body. It helps in improving bone, teeth and muscle health and also prevents the risk of bone deformities such as rickets in children, and bone pain caused by a condition called osteomalacia in adults, explains the UK National Health Services (NHS).

### ■ The dangers of vitamin D deficiency

Low levels of vitamin D in the body can lead to loss of bone density, which increases your risk of osteoporosis and fractures. Severe deficiency can lead to rickets in kids, which is a condition that affects bone development in children.

Research has also associated vitamin D deficiency with other health conditions including diabetes, high blood pressure, cancer, and auto immune conditions such as multiple sclerosis.

### ■ Note this sign

As per Lloyds Pharmacy, having good vitamin D levels in the body is great for maintaining a healthy immune system. This means that it can aid combat common infections such as flu or the cold.

That said, if you're frequently becoming ill and regularly falling sick,

then it could be a sign that you're not getting enough vitamin D.

### ■ What are the symptoms of vitamin D deficiency?

Apart from falling sick more frequently, some of the most common symptoms of vitamin D deficiency include:

- Fatigue
- Insufficient sleep
- Bone pain or achiness
- Depression or feelings of sadness
- Hair loss
- Muscle weakness
- Loss of appetite

### ■ How to get optimum levels?

According to the NHS, the majority of the population gets enough vitamin D through exposure to sunlight and a healthy, balanced diet. However, during winters i.e. between October to early March people fail to make enough vitamin D from sunlight alone and need to get it from their diet, making them prone to vitamin D deficiency.

That said, some of the healthy food sources of vitamin D include:

- Oily fish – such as salmon, sardines, herring and mackerel
- Red meat
- Liver
- Egg yolks

- Fortified foods – such as some fat spreads and breakfast cereals

■ **Should you take supplements?**

Exposure to sunlight or eating vitamin D-rich foods are not the only ways you can fulfill your daily vitamin requirement.

According to the NHS, "since it's difficult for people to get enough vitamin D from food alone, everyone (including pregnant and breastfeeding women) should consider taking a daily supplement containing 10 micrograms of vitamin D during the autumn and winter."

But one must avoid over-supplementation i.e. taking too many vitamin D supplements over a long period of time. As per the health body, this can cause too much calcium to build up in the body (hyper calcaemia) and can weaken the bones and damage the kidneys and the heart.

■ **What is the daily requirement of vitamin D?**

According to the NHS, children from the age of 1 year and adults including pregnant and breastfeeding women, and people at risk of vitamin D deficiency, need 10 micrograms of vitamin D a day. Babies up to the age of 1 year need 8.5 to 10 micrograms of vitamin D a day, says the health body.

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## **Cancer: Facts and Myths**

*-Dr. Rajeev Gupta*

Cancer is an abnormal growth of a body cell or group of cells. If it is not destroyed or removed, cancer can spread very rapidly, and eventually lead to death. There are billions of cells in the human body. Normally, they grow in a well-regulated pattern. Sometimes normal cells undergo alterations "transforming" them into cancerous.

According to Globocan2020 , around 19.3 million new cases of cancer were diagnosed and upto 10 million deaths happened in 2022 .By 2050, 24 million new cases and more than 16 million deaths per year are estimated.

In India, cancer of oral Cavity and lungs in males, and Cancer cervix and breast in females account for over 50% of all cancer deaths.

**Scenario in J&K**

Jammu and Kashmir has seen a consistent increase in cancer cases with the union territory reporting 51,000 cancer cases in the last four years (2019 to 2022), according to the data of the Government of India.

The Union Health Ministry data reveals that J&K reported an estimated 51,577 cases of cancer, with 12,396 cases being reported in 2019, 12,726 cases in 2020, 13,060 cases in 2021, and 13,395 cases in 2022.

On the occasion of world Cancer Day, I would like to shed some light on cancer and shatter some wrong notions that are prevalent amongst general population, since

early detection is cure and wrong ideas (myths) about cancer can lead to needless anxiety and even hinder good prevention and treatment.

Who is at risk of cancer? Life time risk of cancer refers to the probability that an individual, over the course of a lifetime, will develop cancer or die from it.

In the U.S, 7.7% life time risk of developing lung cancer in men (1 in 13). In India, 1 in 12 men and 1 in 13 women have a life time risk of developing cancer.

#### **What are the common symptoms of cancer?**

As such, symptoms of cancer may mimic common diseases like T.B, Typhoid fever, recurrent mouth ulcers, indigestion, etc. but persistence of symptoms over a prolonged time despite medication, should alarm oneself for further investigations to rule out cancer. World Health Organization(WHO) has issued few warning signals of cancer.

#### **Is cancer a modern disease?**

As long ago as 3000 B.C, evidence of bone cancer cells has been found in the mummies of Egypt. But the incidence of cancer is increasing. Being a life style related disease, use of alcohol, tobacco , preserved and junk food, pollution, etc is amounting to a never seen before escalated incidences of cancers.

#### **Is Cancer contagious?**

Cancer is not contagious (capable of spreading from person to person through contact). However, some cancers are caused by viruses. The Human Papilloma Virus (HPV) is a sexually transmitted disease that increases the risk of developing cervical, anal, and some types of head and neck cancers. Other viruses, such as hepatitis B and hepatitis C, which are transmitted by infected intravenous needles and sexual activity, increase the risk of developing liver cancer.

#### **Is Cancer inherited?**

Although having a family history of cancer increases your risk of developing the disease, it is not a definite prediction of your future health. Only 5% to 10% of cancers are hereditary (passed down by a family member). The majority of cancers are caused by genetic changes that occur throughout a person's lifetime. These changes, or mutations, are caused by factors such as tobacco use, too much ultraviolet (UV) radiation from the sun, and exposure to certain chemicals. In fact, an estimated 4 out of 10 cancers can be prevented by making simple lifestyle changes, such as eating a balanced diet, maintaining a healthy weight, exercising, limiting alcoholic beverages, and avoiding tobacco products. Additionally, doctors may recommend that some people who have inherited a genetic mutation that puts them at high risk for cancer have surgery or take medication, known as prophylactic treatment, to further reduce the chance that cancer will develop.

#### **Can hair dyes and antiperspirants cause cancer?**

There is no conclusive scientific evidence that these items increase the risk of developing cancer. The skin may absorb the aluminum-based compounds that act as

the active ingredient in antiperspirants. These compounds are known to cause hormonal changes, which has led some to believe that antiperspirants could contribute to the development of breast cancer. However, there is no consistent evidence to support this claim.

**Does sugar intake make cancer worse?**

No. Although research has shown that cancer cells consume more sugar (glucose) than normal cells, no studies have shown that eating sugar will make your cancer worse or that, if you stop eating sugar, your cancer will shrink or disappear.

**Do Artificial sweeteners cause cancer?**

No. Researchers have conducted studies on the safety of the artificial sweeteners (sugar substitutes) saccharin; cyclamate; aspartame; acesulfame potassium; sucralose; and neotame and found no evidence that they cause cancer in humans.

**Is Cancer always painful?**

Neither cancer growth nor its treatment with chemotherapy is painful, but once it spread to bones or engulf nerves, it causes intense pain. Up to 95% of cancer pain can be successfully treated with medications and other pain management techniques. However, in order to benefit from these pain-relief strategies, you must share your symptoms with the members of your health care team.

**Is Cancer a death sentence?**

No! Advances in cancer detection and treatment have increased survival rates for most common types of cancer. In fact, more than 60% of people with cancer survive five years or more after their initial diagnosis.

Are some people too old for cancer treatment?

There is no age limit for cancer treatment. People with cancer should receive the treatment that is best suited to their condition, regardless of age. Many older patients respond as well to cancer treatments as younger patients. However, some older adults may have other illnesses that limit the use of specific treatments, so older adults with cancer are encouraged to talk with their doctor about the best approach for managing their disease.

Can Cancer surgery or a tumor biopsy cause cancer to spread in the body? The chance that surgery will cause cancer to spread to other parts of the body is extremely low. Following standard procedures, surgeons use special methods and take many steps to prevent cancer cells from spreading during biopsies or surgery to remove tumors.

**Is Cancer treatment worse than the disease?**

Although cancer treatments such as chemotherapy and radiation therapy are known to cause side effects that can be unpleasant and sometimes serious side effects. Recent advances have resulted in many chemotherapy drugs and radiation treatments that are much better tolerated than in the past. As a result, symptoms like severe nausea and vomiting, hair loss, and tissue damage are much less common these days; however, managing side effects remains an important part of cancer care.

### **Can Cell phones cause cancer?**

No, not according to the best studies completed so far. Cancer is caused by genetic mutations, and cell phones emit a type of low-frequency energy that does not damage genes.

### **Can herbal products cure cancer?**

No. Although some studies suggest that alternative or complementary therapies, including some herbs, may help patients cope with the side effects of cancer treatment, no herbal products have been shown to be effective for treating cancer. In fact, some herbal products may be harmful when taken during chemotherapy or radiation therapy because they may interfere with how these treatments work.

World cancer day on 4th February, is an initiative of the Union for International Cancer Control (UICC), Switzerland and theme for 2023 is "close the care gap" which is about understanding the inequities in cancer care and taking necessary progress to address them.

*(The author is working as Professor, Department of Medical Oncology at State Cancer Institute, Government Medical College, Jammu.)*

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## **Use Heart for Every Heart**

*-Dr. Sushil K. Sharma*

To fight against cardiovascular diseases and to raise awareness about them, we celebrate World Heart Day every year on 29 September. Since a healthy heart is the gateway to a healthy life, it is important to ensure the health of your heart. With the growing number of heart patients worldwide, it has become a cause of concern of late. As per reports, millions of people die of heart diseases every year, which is an alarming scenario. Thus, to create awareness against heart diseases and to prevent heart diseases by giving it a tough fight, the World Heart Day is celebrated on the 29th of September each year. This year, the organizers have captured a beautiful World Heart Day 2022 theme - "Use Heart for Every Heart". World Heart Day is an opportunity for everyone to stop and consider how best to use heart for humanity, for nature, and for you. Beating cardiovascular disease (CVD) is something that matters to every beating heart.

Use Heart means to think differently. To make the right decisions. To act with courage. To help others. To engage with this important cause. The heart is the only organ you can hear and feel. It is the first and last sign of life. It is one of the few things with the potential to unite all of us as people.

For Every Heart involves the use of "FOR" and swings the focus from the actions themselves to the beneficiaries of the actions, allowing for wider application of the campaign while also making it more personal. We want World Heart Day messages to reach as many individuals as possible to help achieve cardiovascular health for every heart.

### **Three Key Pillars**

**Use Heart for Humanity-** Access to treatment and support for CVD varies widely across the world. Over 75% of CVD deaths occur in low-to middle-income countries, but access can be an issue anywhere. By getting involved with global events such as World Heart Day as well as local activities, we are empowered to spread awareness and help make a difference in the lives of all humankind.

**USE Heart for Nature** – Air pollution is responsible for 25% of all CVD deaths, taking the lives of 7 million people every year. Whether they are more immediate actions like walking or cycling instead of travelling by car, or longer-term efforts such as supporting clean air legislation, each of us can contribute to a healthier planet in our own way.

**Use Heart for You** – Psychological stress can double the risk of having a heart attack. Exercise, mediation, and getting enough quality sleep help to lower stress levels. By resisting the harmful coping mechanisms and bad habits induced by stress, we can maximise our individual heart health.

### **About CVD**

Cardiovascular disease (CVD) is the world's number one killer, causing over 18.6 million deaths per year. CVD is a class of diseases that affect the heart or blood vessels. More people die from CVD worldwide than from any other cause: over 18.6 million every year. Of these deaths, 85% are due to coronary heart diseases (e.g. heart attacks) and cerebrovascular diseases (e.g. strokes) and mostly affect low- and middle-income countries.

### **Heart attack warning signs**

Some heart attacks are sudden and intense, where no one doubts what's happening. But most heart attacks start slowly, with mild pain or discomfort. Often people affected aren't sure what's wrong and wait too long before getting help.

- \* Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- \* Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- \* Shortness of breath with or without chest discomfort.
- \* Other signs may include breaking out in a cold sweat, nausea or lightheadedness.

Heart attacks often manifest themselves differently in women than in men. As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.

### **Prevention of CVD –**

According to the World Health Organization, as many as 80% of all heart attacks and strokes are preventable. The majority of deaths due to CVD are precipitated by risk factors such as high blood pressure, high cholesterol, obesity, or diabetes, which can, to a large extent, be prevented or controlled through the consumption of a healthy diet, regular exercise and avoiding tobacco. Keeping an eye on your blood pressure, cholesterol levels and blood sugar levels is also very important.

- A) **Eat a healthy and balanced diet-** Eating a healthy, balanced diet is crucial to maintaining a healthy heart and circulation system. A healthy diet should include a wide variety of unprocessed and fresh foods, including plenty of fruit and vegetables (at least five portions every day), whole grains, nuts and foods low in saturated fats, sugars and salt. Be wary of processed foods, which often contain high levels of salt, and drink lots of water!
- B) **Exercise regularly-It only takes 30 minutes of moderate-** intensity physical activity, five days a week, to improve and maintain your health. Adults (aged 18-65) and seniors (65+) should aim to do at least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of high-intensity physical activity, every week. Children and adolescents should do at least 60 minutes of moderate- to vigorous-intensity physical activity every day. Try to make exercise a regular part of your life: use the stairs instead of the lift, get off the bus a few stops earlier and walk the rest of the way. Being active is also a great way to relieve stress and control your weight, which are both risk factors for cardiovascular disease.
- C) **Maintain a healthy body weight –** Lowering your risk of overweight and obesity normally involves reducing the number of calories consumed from fats and sugars, increasing the portion of daily intake of fruit, vegetables, whole grains and nuts, and exercising regularly. At least 60 minutes of exercise most days a week will help you maintain a healthy body weight.
- D) **Avoid tobacco use-** If you stop smoking, your risk of coronary heart disease will be halved within a year and will return to a normal level over time. Avoid smoke-filled environments: exposure to second-hand smoke significantly increases the risk of heart attack. All forms of tobacco are harmful, and there is no safe level of exposure to tobacco. If you're having trouble quitting tobacco, talk to your doctor about developing a tailored plan to suit your needs.
- E) **Avoid alcohol-**As with tobacco, there is no safe level for drinking alcohol, and the detrimental effects of alcohol far outweigh any potential protective benefits. While drinking less may reduce your risk of CVD, evidence shows that the ideal situation for health is to not drink at all. Even moderate drinkers notice health benefits when they stop drinking alcohol.

F) **Know your numbers-** Knowing your numbers is an important part of keeping your heart healthy. Checking your blood pressure, cholesterol levels and blood sugar levels on a regular basis is important to help determine and control your risk of developing cardiovascular disease.

**Know your blood pressure:** High blood pressure, or hypertension, is one of the biggest causes of heart attack and stroke. It usually has no symptoms, so it's important to get it regularly checked and, if needed, take the necessary measures to lower it, which may include dietary changes, increased physical activity, and medication.

**Know your cholesterol:** High levels of cholesterol in your blood also increase your risk of cardiovascular disease, including heart attacks and strokes. Blood cholesterol can normally be controlled through a healthy diet and, if necessary, by appropriate medications.

**Know your blood sugar:** High blood sugar, or hyperglycemia, is a common problem for people with diabetes. Higher blood sugar levels increase your risk of heart attacks and strokes, so it's important to know your numbers and take any necessary precautions to control your blood sugar.

#### **Take your medication as prescribed**

If you have a higher risk of developing heart disease or stroke, you may need to take medication to reduce your risk. These can include statins to lower blood cholesterol levels, low-dose aspirin to prevent blood clots, insulin for diabetes and tablets to reduce blood pressure. Take the medication that your doctor has prescribed and make sure you stick to your regimen.

While individual choices play a part in these behaviours, Government and policymakers also play an important role in ensuring people have access to the tools they need to live a healthy life, including clean air, affordable healthy food, and well-planned urban spaces that encourage an active lifestyle. Health policies that create environments where healthy choices are not only available, but also affordable, are essential for motivating people adopt and sustain healthier lifestyles.

*(The author is Head Deptt. of Cardiology, GMC Jammu.)*



## Preventing Strokes

- Dr. S.K. Gupta

**W**orld stroke day, that falls on 29th October every year, calls for raising public awareness of stroke signs and symptoms as early as possible, since it is a major cause of death and is leading cause of serious long term disability in the world as well as in INDIA.

Stroke is defined as rapidly developing clinical symptoms and signs of focal disturbance of Cerebral Functions with symptoms lasting more than 24 hours or leading to death with no apparent cause other than that of Vascular Origin.

I would like to share some basic principles of stroke and to educate the masses to take care of their brain attack or stroke.

- \* Stroke is treatable and preventable catastrophe.
- \* It is second leading cause of death after Ischaemic heart disease and major cause of disability in the world as well as in India.
- \* One in six people worldwide will have a stroke in their life time.
- \* Every six second someone dies of stroke.
- \* Every two seconds someone in the world suffers a stroke.
- \* 20 million people experience a stroke each year and 6 million of them do not survive worldwide and five million more are left with chronic disability
- \* Women have higher life time risk of stroke than men (1 in 5 vs 1 in 6) because of longer life expectancy in Women. The female population not only carries a higher burden of stroke during their life span – they also account for majority of stroke deaths. Strokes are common after the age of fifty years.
- \* Stroke can strike suddenly and can be fatal if assistance is not sought immediately.

Considering the seriousness of the disease the World Stroke Organization (WHO) and Indian Stroke Association (ISA) are calling for immediate attention to address the epidemic of stroke. WSO and ISA are advocating for a comprehensive continuum approach from prevention to treatment and towards rehabilitation and long term support of these patients.

### **There are two types of major strokes**

- \* Ischaemic Stroke
- \* Haemorrhagic Stroke

In the first type blood clots blocks the blood to particular area of brain – known as Ischaemic Stroke which contributes to 80%. In the second type there is rupture of blood vessel and blood leaks in to the brain called as Haemorrhagic Stroke which contributes about 20% of all strokes.

**MINOR STROKES:** A minor stroke also called as Transient Ischaemic attack or TIA. The features of minor stroke may be similar to those of major strokes but they are milder and lasts only for a short time usually less than an hour. Often the person recovers without treatment. These “minor strokes” are warning signs so one should not ignore them.

Tests like Doppler, CT Scan, MRI and certain blood tests help to achieve the diagnosis. The most common test is CT Scan which tells us clearly the type of stroke and therefore, helps us about deciding the treatment.

#### **06 Steps to prevent strokes**

- \* Know your personal risk factors – high blood pressure, diabetes and high blood cholesterol.
- \* Be physically active and exercise regularly, walking 30 minutes a day on most of days of the week.
- \* Avoid obesity by keeping to a healthy diet.
- \* Avoid Cigarette Smoking and Stress.
- \* Limit Alcohol Consumption.
- \* Learn to recognize the warning signs of stroke.

#### **STROKE WARNING SIGNS**

- \* Sudden numbness or weakness of face, arm or leg on one side of body.
- \* Sudden confusion or difficulty in speech or understanding language.
- \* Sudden trouble in seeing in one or both eyes or having double vision.
- \* Sudden vertigo.
- \* Sudden trouble in walking and loss of balance.
- \* Sudden severe headache with no cause.
- \* Sudden fainting or unconsciousness.

If one notices of these warning signs, act fast. Stroke is a medical emergency and get to a hospital immediately. Don't lose time.

Even if the symptoms disappear in a few minutes still consult the neurologist immediately, because it may be your last opportunity to prevent a potentially forthcoming major stroke. Since stroke is a medical emergency. every minute counts when someone is having a stroke. The longer the flow is cut off to the brain, the greater the damage, hence immediate treatment can save people's lives and enhance their chances for successful recovery.

Ischaemic strokes, the most common type of strokes can be treated with a drug rt-PA which dissolves blood clots. The time is very important and the window of opportunity to start treating stroke is 4 to 4.5 hours so one has to get into the hospital within shortest time.

Haemorrhagic stroke is usually treated conservatively with decongestive therapy or sometime with decompression.

**The best treatment for stroke is prevention**

**There are several risk factors that increase your chances of having a stroke.**

- \* High Blood Pressure, \* Diabetes, \* Heart Disease, \* High Cholesterol,
- \* Smoking and Obesity

Preventing or keeping them under control will greatly reduce your chances of having a stroke.

Stroke is a leading cause of adult disability worldwide.

Stroke survivors need appropriate long term care and support.

**PHYSICAL AND OCCUPATIONAL THERAPY**

Most persons who survive a stroke have some degree of post-stroke disabilities. They require good exercise and help of physiotherapist and speech therapist. Although rehabilitation does not reverse brain damage, it can substantially improve functions leading to better qualities of life. Persons who have had a stroke are in need of long term follow up for preventive strategies, risk factor control and regular check up for disabilities.

Stroke survivors may also experience following disorders

Pain, Depression, Cognitive Decline, Spasticity, Seizures

These disorders require special attention and treatment

To improve the quality of life and to facilitate rehabilitation, it is essential that they have access to professional help as well as receive sustained emotional support from their families and friends.

It is strongly suggested to recognize the stroke and act fast to prevent disability and loss of life.

Prevention is better than cure, so by taking care of risk factor one can prevent brain attack in their life time. Regular exercise, good food habits, eating plenty of vegetables and fruits, controlling the blood pressure and blood sugar, avoiding excess of alcohol and quit smoking, follow the instructions of Neurologist on blood thinning drugs which are essential to prevent potentially disabling strokes.

*(The author is a Neurologist)*

## **Physiotherapy for Quality Life**

*-Dr. Sonia Gupta*

**P**hysiotherapy or physical therapy is the treatment of disease, injury, deformity or disability to improve the quality of life. Physiotherapy helps through physical rehabilitation, injury prevention, health and fitness.

Now a days this branch of medical science is associated with all the branches whether it is orthopaedics, neurology, pediatrics, gynecology, sports and many more. A surgeon performs surgeries but a physiotherapist helps and rehabilitates the person to the activities of daily living (ADL) and restores the healthy life style. Different branches of physiotherapy include.

- \* Geriatric Physiotherapy, \* Sports Physiotherapy
- \* Orthopaedic Physiotherapy, \* Pediatric Physiotherapy
- \* Physiotherapy works in various Neurological problems like stroke, multiple sclerosis, GBS, Parkinsons Disease.
- \* Neuromusculoskeletal problems like back pain, sports injuries, Fractures, Branchial Plexus injuries, Nerve injuries, Cervical pain, Shoulder pain, Arthritis etc.

### **Cardiovascular problems:**

- \* Chronic heart disease and rehabilitation after a heart attack.

### **Respiratory problems:**

- \* Asthma, chronic obstructive pulmonary disease etc.

### **A Physiotherapist can help you to :**

- \* Breathe easier, \* Better movement, \* Reduce pain
- \* Prevent injury, \* Increase mobility, \* Become stronger and flexible

### **Physiotherapy treatment depends upon various equipments and different therapies:**

- \* Exercise therapy : types of exercise depends upon the problems and conditions of the patient.
- \* Electro therapy- involves many equipments which are used preferably according to the disease or pain of the patient.

So the physiotherapy treatment depends upon the problems and the treatment plan prescribed by the concerned physiotherapist.

### **Common treatment plan includes :**

- \* Joint manipulation to reduce pain and stiffness to increase flexibility.
- \* Soft tissues mobilization to increase mobility.

- \* Muscle re-education to improve control and prevent injury from reoccurring.
- \* Exercises designation to strengthen muscles to improve mobility and muscle power.
- \* Taping and strapping to improve control.
- \* Hydro-therapy to improve joint range and flexibility.

During the Covid-19 pandemic physiotherapy played an important role in maintaining the exercise capacity and thus improving the physical condition of the patient due to prolonged mechanical ventilation and immobilization.

Hospitalized patients even with moderate disease severity may spend weeks in hospital isolation resulting in decrease in their activity levels and so muscle strength and cardio-respiratory capacity may also reduce. Only a physiotherapist can encourage the patient to perform active exercises to maintain muscle strength.

Thus mobilization should be started as soon as possible when patient presents suitable clinical conditions. Mobilization includes neuro-muscular stimulation, therapeutic exercises, strengthening exercises of all the limbs and spine, prone positioning and most importantly chest physiotherapy including breathing exercises, postural drainage, vibration, cupping and spirometry.

Thus this profession helps to maintain health for people of all ages, helping patient to manage pain and prevent disease. A physiotherapist helps to encourage development and facilitate recovery enabling people to remain independent for as long as possible and thus boosting them to stay in work.

*(The author is a physiotherapist)*

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## **Mental Health: Try These Effective Tips If You Often Battle With **Stress****

*-Manya Singh*

Many people frequently endure stress and worry and are stressed on a daily basis. Everyday stresses such as work, family, health, and finances can often lead to higher stress levels. Additionally, a person's susceptibility to stress is influenced by variables like heredity, social support, coping mechanisms, and personality type, thus some people are more susceptible to stress than others.

For the sake of one's general health, chronic stress from daily life should be reduced as much as feasible. This is due to the fact that persistent stress is bad for your health and raises your risk of developing ailments including heart disease, anxiety disorders, and depression. Continue reading as we share with you some effective tips to help you fight stress.

Follow these effective tips to help you deal with stress:

### **1. Get active**

Almost any physical exercise has the ability to reduce stress. Exercise can be an effective stress reliever even if you're not athletic or in good physical form. Exercise can increase your levels of feel-good endorphins and other natural neurotransmitters that improve your mood. Exercise can also help you refocus your attention on how your body is moving, which can lift your spirits and help you forget about the day's irritations. Take into account activities that get you moving, such as walking, running, housecleaning, biking, swimming, weightlifting, or anything else.

### **2. Meditate**

You can silence the constant stream of disorganised ideas that may be stressing you out by focusing your attention during meditation. Both your emotional well-being and your general health can benefit from the sense of calm, peace, and balance that meditation can help you achieve. Whether you're taking a walk, taking the bus to work, or waiting at the doctor's office, you can practice guided meditation, guided imagery, visualisation, and other types of meditation anywhere, at any time. Anywhere is a good place to try deep breathing.

### **3. Follow the right diet**

A healthy diet and stress levels are directly associated. When we're stressed, we frequently neglect to eat correctly and turn to fatty, sugary, and salty snacks as a pick-me-up. Avoid eating sugary snacks and make a strategy. Fruits and vegetables are usually a good idea, and studies have shown that omega-3-rich fish can help to lessen the effects of stress. Really good for the brain is a tuna sandwich.

### **4. Have some tea**

A significant caffeine intake induces a brief increase in blood pressure. Your hypothalamic-pituitary-adrenal axis can also go into overdrive as a result. Try green tea in place of coffee or energy drinks. It includes healthful antioxidants and theanine, an amino acid that calms the nervous system and has less than half the caffeine of coffee. You can also try teas such as chamomile tea, jasmine tea, lavender tea, etc. to feel calm.

### **5. Avoid procrastination**

Your productivity could suffer if you procrastinate, leaving you with little time to make up for the lost time. Stress might result from this, which is bad for your health and sleep quality. Developing the practice of creating a to-do list that is prioritised may be helpful if you frequently procrastinate. Set reasonable deadlines for yourself and proceed through the list. Give yourself undisturbed time to work on the tasks that must be completed today. Multitasking or switching between things can be stressful in and of itself.

### **6. Add yoga to your routine**

Yoga has gained popularity as a form of exercise and stress reduction for people of all ages. Yoga has been shown in numerous studies to aid with stress management and the signs of anxiety and depression. Additionally, it may support psychological health. These advantages appear to be connected to how your neurological system and stress response are affected. Yoga has been shown to increase levels of gamma aminobutyric acid, a neurotransmitter that is low in those who suffer from mood disorders, while decreasing cortisol, blood pressure, and heart rate.

Try following these tips if you have been feeling stressed lately.

# Aging Gracefully - Eight Mantras

## Life begins at 60 NOT Retire but it is Re-tire

■ *Dr. J.S. Bhuvaneshwaran*

Life can begin at 60, it is all in your hands! Many people feel low, owing to different reasons. But, it need not be so, if only we understand the basic principles of life and follow them scrupulously.

Here are some MANTRAS to age gracefully and make life pleasant after retirement.

### MANTRA - 1

#### NEVER SAY I am Old/Aged

There are three ages in every body's Life.  
**Biological** : Calculated based on your date of birth.  
**Chronological** : Determined by health condition. You can take care of your health with good diet, exercise, a cheerful attitude and activity filled vocations.  
**Psychological** : Depends on how old you feel. A positive thinking, active life and optimistic attitude can reverse the psychological age.

### MANTRA - 2

#### Your health is top priority

Taking care of your health should be your priority so that you are not a burden to any one.  
Have an annual health check-up and take the prescribed medicines regularly.  
Do take health insurance coverage.

### MANTRA - 3

#### Vitamin M... Essential

Money is essential for meeting the basic necessities of life, keeping good health and earning family respect and security. Don't spend beyond your means even for your children. You have lived for them all through and it is time you enjoyed a harmonious life with your spouse. If your children are grateful and they take care of you, you are blessed. But, never take it for granted & presume that they are bound.

### MANTRA - 4

#### Detached Attachment

Everybody Loves their children  
Adopt compromise, detachment and try to be friendly with children.  
Never argue with them on any topic-social, political or religious.  
Because you may WIN the argument BUT may loose relationship and Cordiality.  
It is not worth it at this stage!!!  
Remember that at this stage you require them more than they require you EMOTIONALLY if not financially!!  
Thus, Adopt Detached attachment and enjoy the ice years of life.

### MANTRA - 5

#### Time left is precious

It is almost like holding a horses reins. When they are in your hands, you can control them. Imagine that everyday you are born again.  
Live this moment, live it fully, now, in the present.  
Yesterday is history, tomorrow is Mystery and Today is TRUTH what is present is in your hands.  
Don't harp on yesterday achievements nor predict future course.  
The changed circumstances are the real TRUTH, Live with it and channelize your thoughts accordingly.

### MANTRA - 6

#### Accept Change

Change is the only permanent thing. We should accept change. It is inevitable. Because of generation change, things have moved to different level - technologically, in lifestyle and thought process wise.  
The only way to make sense out of change is to accept the change.  
Do some voluntary service and share your experiences for the good of others with no expectations.

### MANTRA - 7

#### Be Enlightened limited Selfish

Don't be bothered too much about others mistakes.  
We are not spiritual enough to show our other cheek when we are slapped in one. But for the sake of our own health and happiness, let us forgive and forget them.  
Property/Money are the outputs to spoil the relationships.  
I Let that be decided by those who are certified after you go.

### MANTRA - 8

#### Overcome the fear of Death

- We think that our spouse and children will be unable to withstand out loss.
- They will be depressed & grieve you for some time but time heals everything and they will go on.
- No body is indispensible in the law of nature. We all know about it but do not want to accept it.

## **CGHS Information You Need**

### **How to register with the CGHS?**

- A. Central Govt Pensioners: - One can get a CGHS card made from the office of Additional Director of the City. Forms can be downloaded from CGHS Website. They are also available in the office of Additional Director of city & local Wellness Centre. Following documents required:
- Application in prescribed format, • Proof of residence.
  - Proof of stay of dependents, • Proof of age of son.
  - Disability certificate, if any in case of sons aged 25 & above, who would otherwise cease to be a beneficiary.
  - Individual passport size photos of eligible family members .
  - Surrender Certificate of CGHS Card while in service ( only in those cases where CGHS Card was issued while in service).
  - Attested copies of PPO & Last Pay Certificate
  - Draft for required amount towards CGHS contribution – in the name of P.A.O., CGHS Delhi in case of Delhi and in the name of “Additional Director, CGHS” of the city. Pensioner beneficiaries can also pay their subscription on-line through the NTRP or [Bharatkosh](#) portal - Office Memorandum regarding payment process through Bharatkosh and city wise details of DDO and PAO

In case PPO is not ready for any reason, there is option to get a provisional card on the basis of Last Pay Certificate. The data uploaded in the data base and a print out is issued on the same day for immediate use. Plastic cards are sent to the Wellness Centres and the beneficiaries collect the cards from there. The plastic card numbers are displayed on the notice board of the Wellness Centre for the information of the beneficiaries. SMS is sent to the mobile number of the beneficiaries reminding them to collect their plastic cards.

### **B. Central Govt Serving employees**

Serving employees submit the forms in prescribed format enclosing photos of eligible family members and submit to the Ministry/ Department/ Office, where he/ she is employed. The application form shall be forwarded by the Ministry/ Office/ Department to the office of Additional Director CGHS of city or preparation of card. The plastic cards are distributed through the Wellness Centres as in case of pensioners. SMS is sent in case of serving employees also.

### **Eligibility Criterion**

"Residence" alone (and not the Headquarters) is the criterion for determining eligibility of a Central Government servant for availing medical facilities under the Central Government Health Scheme. Thus, Central Government employees and their family members etc. residing in any of the notified cities (list given at Serial Number 4 of FAQs) are covered under the Scheme.



**At present, 77 cities have CGHS facilities:**

- Agra, Agartala, Ahmedabad, Aizwal, Ajmer, Aligarh, Prayagraj (Allahabad), Ambala, Amritsar, Baghpat, Bengaluru, Bareilly, Berhampur, Bhopal, Bhubaneshwar, Chanderpur, Chandigarh, Chennai, Chhapra, Cuttack, Darbhanga, Dhanbad, Dehradun, Delhi & NCR: Delhi, Faridabad, Ghaziabad, Greater Noida, Noida, Gurgaon, Indirapuram, Sahibabad, Dibrugarh, Gandhinagar, Gangtok, Gaya, Gorakhpur, Guwahati, Guntur, Gwalior, Hyderabad, Imphal, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jodhpur, Kannur, Kanpur, Kohima, Kolkata, Kochi, Kota, Kozhikode, Lucknow, Meerut, Moradabad, Mumbai, Muzaffarpur, Mysuru, Nagpur, Nashik, Nellore, Panaji, Patna, Puducherry, Pune, Raipur, Ranchi, Rajahmundry, Saharanpur, Shillong, Shimla, Silchar, Siliguri, Sonapat, Srinagar, Thiruvananthapuram, Varanasi (Banaras), Tiruchirapalli (Trichy), Tirunelveli, Vadodara, Vijayawada & Vishakhapatnam.

**How to transfer CGHS card from one Wellness Centre to other in the same city?**

- If there is any change in residential address, I/C CMO may be approached with proof of residence for transferring the data on-line from one Wellness Centre to another in the same city. The I/c CMO of the new Wellness Centre will accept on-line, the data of transferred card.
- In respect of serving employees the request is to be forwarded by his/her office / department.

**What in case the city of habitation does not have CGHS WC?**

- Pensioners are eligible for CGHS facilities and can obtain CGHS card from the nearest CGHS covered city.

**Facilities available under CGHS?**

- OPD Treatment at WCs including issue of medicines.
- Specialist Consultation at Polyclinic/Govt. Hospitals and at CGHS empanelled hospitals after referral by CGHS.
- OPD/ Indoor treatment at Government and empanelled Hospitals.
- Investigations at Government and empanelled Diagnostic centers.
- Cashless facility available for treatment in empanelled hospitals and diagnostic centers for Pensioners and other identified beneficiaries.
- Reimbursement of expenses for treatment availed in Govt. /Private Hospitals under emergency and specific treatment advised by Govt. Specialist or Specialist of Pvt. HCOs duly endorsed by CMO/MO of WCs.
- Reimbursement of expenses incurred for purchase of hearing aids, artificial limbs, appliances etc., after obtaining permission.
- Family Welfare, Maternity and Child Health Services.
- Medical consultation. Dispensing of medicines in Ayurveda ,Homeopathy, Unani and Siddha system of medicines (AYUSH)

### **Timings of Wellness Centres/Polyclinics?**

Wellness Centres are open from 7:30 AM to 2:00 PM on all working days except emergency services wherever applicable. Emergency services are available in following 4 identified WCs in Delhi.

-South Avenue, North Avenue, Zakir Hussain Road, Kingsway Camp

Timings of WCs with emergency services are as follows

- WC timing 7:30AM to 1:30 PM
- Limited Emergency services 1:30PM to 7:30AM

The Wellness Centres remain closed on all Central Govt. holidays. However, in case of three consecutive holidays occurring together, Wellness Centres will not be closed for more than 2 consecutive days.

Registration Timings: The registration is stopped 15 minutes before scheduled closing time of dispensary. However, no serious patient is left unattended from the WC.

There are also nine First Aid Posts (FAP) at following locations in Delhi

- Nirman Bhawan, · Central Secretariat, · Vitthal Bhai Patel House
- Shastri Bhawan, · Narmada House opposite RML Hospital
- Supreme Court, · New Moti Bagh, · PHA- for Hon'ble MPs and Ex. MPs only.
- PH- for Hon'ble MPs and Ex. MPs only.

The timing of these FAPs is from 9:00 AM to 5:00 PM

### **Beneficiary's role in providing data for his card?**

It is the responsibility of the beneficiary to provide information to CGHS authorities regarding any changes required in the beneficiary database especially related to death, marriage, earning status (see dependency criteria) of any card holder in the family. In case any of the beneficiaries (main card holder or dependent) becoming ineligible for availing CGHS facilities, it shall be the responsibility of the main card holder to immediately inform the Additional Director /CMO I/C either through the department (in case of serving beneficiaries) or directly. It is also reiterated that in the event of the main card holder's failure to inform CGHS about change in the eligibility status, then CGHS facility to the beneficiary and his dependents is liable to be withdrawn in addition to any other action as deemed fit by CGHS/ appropriate authority (including disciplinary proceedings against serving beneficiary under CCS (CCA) Rules, 1965).

The Department will be responsible for retaining and getting deleted from Database the CGHS cards of its employees transferred to non CGHS covered areas/organizations or on resignation/retirement.

### **Are the family members of serving card holder not residing with him eligible for CGHS facilities?**

Family members who are wholly dependent upon the Central Government employee are normally expected to reside with the primary card holder. However, during a visit to another CGHS covered city they are eligible for CGHS facilities based on individual Plastic Card issued to the dependent family member.

**Grace period for getting CGHS card for availing facility/ reimbursement by pensioners immediately after retirement?**

Pensioners are permitted a period of three months from the date of superannuation to obtain a CGHS pensioner Card for consideration of reimbursement for the treatment taken during grace period, subject to the condition that Application complete with all documents and requisite CGHS subscription is submitted to the office of Additional Director during the fourth month after retirement for issue of CGHS pensioner card. In case, CGHS pensioner card is not made in the 4th month after retirement, no reimbursement for the expenditure incurred for treatment during the period prior to making CGHS card, including grace period.

**Can the CGHS Card be used for CGHS WC in another city?**

Pensioners shifting from one CGHS covered city to another, will have to apply to the Additional Director of concerned city for transfer of card. The card shall be transferred online and a receipt will be issued to the beneficiary, on the basis of which, Additional Director of new city (say Dehradun) shall receive the data. The same Plastic cards and same Ben ID will be valid in the new city. No contribution is required to be paid in respect of pensioner beneficiaries holding life time cards.

**Options for availing CGHS services by pensioners?**

**i/ Pensioners residing in CGHS covered cities:-**

They can get themselves registered in CGHS dispensary after making requisite contribution and can avail both OPD and IPD facilities. Such Pensioners are not eligible for Fixed Medical Allowance in lieu of CGHS.

**ii/ Pensioners residing in non-CGHS areas:-**

- They can opt for availing Fixed Medical Allowance (FMA) @ Rs. 1000/- per month.
- They can also avail benefits of CGHS (OPD and IPD) by registering themselves in the nearest CGHS city after making the required subscription. In such cases no Fixed Medical Allowance is give
- They also have the option to availing FMA for OPD treatment and CGHS only for IPD treatments after making the required subscriptions as per CGHS guidelines.

**Definition of a 'Person with disability'?**

- A 'Person with disability' is defined in 'The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995' as, a person suffering from not less than forty percent (40%) of any disability (as given below), certified by a medical authority. " Medical authority " means any hospital or institution specified for the purposes of this Act by notification by the appropriate Government. A disability certificate from Medical Board of a Government Hospital is required to be submitted in CGHS with application form to continue availing facilities for disabled dependent and unmarried son beyond 25 years of age.

- Disability means blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation, mental illness. Details may be seen at the following order.

**Can beneficiaries get services in the HCOs without referral?**

The beneficiaries will not get health services in the HCOs without referral (computer generated/manual), except in case of medical emergency or in case of OPD consultations and listed investigations and procedures for beneficiaries aged 75 years and above.

**Can beneficiary consult multiple speciality doctors while in its OPD with referral?**

If a beneficiary on his own, as per his convenience, wishes to consult another specialist, he would be required to get a fresh referral from the CGHS Wellness Centre, as per his ailment. He would not be permitted to use the initial referral. Beneficiaries aged 75 years and above are exempt from this.

**What if HCO is unable to retrieve referral information through TMS?**

In such cases, HCOs can upload a scanned copy of the referral and enter the details manually in the TMS.

**Can beneficiary proceed with the investigations ordered by doctor in the HCO in the same go even though the referral letter allows only consultation service?**

No. However, beneficiaries aged 75 years of age and above are exempted from it.

**Are ambulance charges reimbursable?**

Yes. Ambulance charges are reimbursable within the city, if there is a certificate from treating doctor that conveyance by any other mode would definitely endanger patient's life or would grossly aggravate his/her condition. (OM No. S.4924/2010/CGHS (R&H)/CGHS(P), dated 17th January, 2011.)

**If treatment requires multiple sittings/cycles, does the beneficiary need a separate referral for each cycle/sitting of the same treatment?**

The same referral letter can be utilized if validity period is active.

**Cashless services through NHA's IT platforms under the CGHS?**

All CGHS Card Holders (excluding pensioners of autonomous bodies and their dependents) can avail cashless health services through NHA's IT platforms at CGHS empanelled hospitals and diagnostic centres. Serving beneficiaries of CAPF are also eligible for credit facility through NHA Portal. All other CGHS beneficiaries will continue to avail health services as per the old system.

**Access CGHS card through DigiLocker to avail CGHS facilities?**

Beneficiaries can access their CGHS card through the Digilocker application on their mobile phone or laptop. The downloaded CGHS card shall be equivalent to the original CGHS card as per the provisions of Rule 9A of the Information Technology Rules, 2016, notified on February 8, 2017 via G.S.R. 711 (E) and can be used where Original CGHS Card is required, for all intent and purposes.

Beneficiaries would need to follow these Steps while Registering on the DigiLocker Application and downloading the CGHS Card

- Download DigiLocker Application either from Play store or Apple store.
- Login through Aadhaar or Mobile Number and set 6 digits Security PIN.
- Enter OTP received in your registered mobile number (Mobile number must be linked with Aadhaar Card).
- DigiLocker Home Page will open; search for CGHS at Central Government or Health Section.
- Click on CGHS icon, and then click on Click on ID card icon.
- Enter Beneficiary ID and click on 'Get Document.
- Click on ID card link, CGHS Card will open.

**Any age limit for sons / daughters as dependent in CGHS Card?**

Son is eligible till he starts earning or attains the age of 25 years or gets married whichever is earlier. However, in case the son is suffering from any permanent disability of any kind (physical or mental) he is eligible for CGHS benefits even after 25yrs, provided the disability occurred before the age of 25 years.

A daughter is eligible till she starts earning, or gets married; whichever is earlier (irrespective of age).

**Are step-children allowed CGHS facilities?**

- Yes, if they are dependent on card holder and other conditions being fulfilled as in case of dependent sons and daughters.

**Are dependent in-laws eligible as family members for CGHS facilities?**

- A lady Government servant has the option to include either her parents or parents -in-law for the purpose of availing the benefits under CGHS subject to the condition of dependence and residence, etc., being satisfied.

**If both husband & wife are Central Government employees, can each one of them make brothers / sisters and parents as dependent for CGHS separately?**

- Yes. If both husband and wife are in Central Govt. service, spouse has the choice to make his/ her parents and brothers/sisters as dependents in his/her separate CGHS card.

- However, if wife is in service then she has the choice to make either her parents or her parents - in-law as dependents in her card.

**Can Card holder print his CGHS card?**

Yes, the facility to print your own card is available for CGHS beneficiaries by visiting [CGHS Portal](#). A coloured print out on the card may be taken and laminated for use as a plastic card. The services can also be availed by downloading the index card once confirmation SMS is received from CGHS authorities, after the beneficiary applies for a CGHS card. The beneficiary no longer needs to visit the office of Additional Director CGHS (HQ) in case of Delhi/Additional Director of city to collect the paper index card. Usually, it takes 3 to 4 weeks for the plastic card to be made after which it is delivered to the Wellness Centre, for collection by beneficiaries.

**What in case details on the Card are wrong?**

Bring the anomalies to the notice of AD, CGHS (HQ), in Delhi/AD of concerned CGHS City along with the necessary documents to rectify the error.

**Colour scheme for plastic cards?**

**Colour strips at the top indicating the category:**

- Serving Government employees - Blue
- Pensioners, exMPs, Freedom Fighters, etc. - Green
- Member of Parliament - Red
- Beneficiaries of Autonomous Bodies/Journalists - Yellow

**What in case CGHS Card is misplaced/lost?**

- Application is to be submitted to Additional Director of the city (Additional Director, CGHS Headquarters in case of Delhi) along with two photographs and an IPO for Rs. 50/- for issue of duplicate card. Copy of FIR for the lost cards is also to be submitted with the application.
- Indian Postal Order payable to "P.A.O. CGHS Delhi" if in Delhi or "Additional Director of the CGHS City" in respect of other cities. Option of "Print your own card" is also available on CGHS website.

**Are CGHS facilities free of cost?**

- No, they are not. For serving Central Government employees residing in CGHS covered area, obtaining a CGHS card is compulsory.
- The following deductions from salary of the employees are made by the department, every month, depending upon their pay in the pay matrix of 7th Pay commission (w.e.f 1/1/2017)

<b>Corresponding levels in Pay Matrix</b>	<b>Contribution per month</b>
Level 1-5	Rs. 250
Level 6	Rs. 450
Level 7-11	Rs. 650
Level 12 and above	Rs. 1000

- Pensioners who want to avail CGHS facilities can make contribution either on yearly basis or one time (ten years) contribution for whole life validity.
- Payment can be made by Demand Draft in favour of "P.A.O. CGHS Delhi" if in Delhi or "Additional Director of the CGHS City". Payment can also be made line through Bharatkosh portal
- Contribution to be made by the Pensioners/Family Pensioners would be the amount that they were subscribing at the time of their retirement or at the time of the death of government servant. Contribution amount as applicable on the date of applying for Card is to be paid.
- Information regarding ward entitlement and subscription for 5th, 6th and 7th Central Pay Commission (CPCs)

**Criteria for entitlement of ward endorsed on CGHS Card in CGHS Empanelled Hospital?**

Entitlement of wards in private hospitals empanelled under CGHS is as under :

S.No.	Ward Entitlement	Corresponding Basic Pay drawn by the officer in 7th CPC per month
1.	General Ward	Upto Rs. 36,500/-
2.	Semi Private Ward	Rs. 36,501/- to Rs. 50,500/-
3.	Private Ward	Rs. 50,501/- and above.

**Transfer CGHS card from one Wellness Centre to other in the same city?**

- If there is any change in residential address, CMO I/c may be approached with proof of residence for transferring the data on-line from one Wellness Centre to another in the same city. CMO I/c of the new Wellness Centre will accept on-line, the data of transferred card.
- In respect of serving employees the request is to be forwarded by his/her office / department.

**What in the case of death of the Card holder?**

The ownership of card can be transferred in the name of spouse on submission of required documents. Additional Director of concerned city shall transfer the ownership of Card in the computer database and same CGHS plastic cards with same Beneficiary ID can be used.No extra payment is to be made, in case of life time cards. However in other cases one has to pay total 10 years subscription for life time card. For example, if the spouse had contributed for seven years before he expired, balance payment for the remaining three years is to be paid for a life time card. The applicant has to submit the application in the prescribed format with proof of Family Pension with its break up from the bank having his/her pension account.

**Can a non CGHS beneficiary get First Aid at the Wellness Centre?**

- During working hours First Aid treatment is given to all emergent cases irrespective of the fact that the patient is a CGHS beneficiary or not.

**Rules on domiciliary visit?**

- The Medical Officer will pay domiciliary visit wherever considered necessary owing to the inability of the patient to attend the dispensary. Domiciliary visits except in case of emergency will normally be made before or after the dispensary working hours.

**Special provisions for CGHS beneficiaries of 80 years and above?**

The special provisions under CGHS to the beneficiaries aged 80 years and above are as given under:

- Consultation of Doctor at CGHS Wellness Centre without standing in Queue.
- CGHS Doctors shall enquire by phone, at least once in a month to enquire about their wellbeing / make a home visit if residing within 5 K.M.s of CGHS WC.
- Settlement of medical claims on priority out of turn.

**CGHS EMPANELLED HOSPITALS**

**JAMMU**

1. BEE ENN General Hospital, Talab Tillo Road, Jammu-180002
2. Kamal Nayan Vision Centre, 22 Jain Nagar, Talab Tillo, Jammu Tawi - 180002 JK
3. Shri Mata Vaishno Devi Narayana Superspeciality Hospital, Kakryal, Katra
4. Dr. KD Multispeciality Hospital, Marble Market, Jammu. # 86999 98732

**CHANDIGARH**

1. Ace Heart & Vascular Institute - Shivalik Hospital Premise, Sec-69 Mohali
2. Amar Hospital, Mohali - Sec-70, Mohali
3. A-ONE Creations Pvt. Ltd. Chd (Eye) - Nursing Home  
Site No. 1 Behind Raghunath Mandir, Panchkula
4. Chandigarh Clinical Laboratories  
SCF No. 9 Sec-16-D Chandigarh
5. Chandigarh Diagnostic Laboratories SCF17, Phase-7 Mohali
6. CHD City Hospital - SCO 10-11 Sec-8-C Chandigarh
7. Dhawan Hospital Panchkula, Plot No. 1, Sec-7 Panchkula, Harayana
8. Dr. Ashok Sharma's Cornea Centre, SCO 2463-64 2nd Floor, Sec-22-C Chandigarh
9. Drishti Eye Hospital - SCO No. 36 Sec-11, Panchkula
10. Dr. Kochar's House of Smiles, Chandigarh - 1154, Sec-21 B Chandigarh



**AMRITSAR**

1. Akashdeep Hospital - Majtha Road, Moon Avenue
2. Amandeep Hospital - GT Road, Rani ka Bagh, Model Town, Amritsar
3. Amandeep Medicity - Mall Road Near Novelty Chowk Amritsar
4. Apex Hospital - Batala Road, Paris Town Amritsar
5. Arora Hospital - GT Road Chheharta Amritsar
6. ASG Eye Hospital - MUKUT House Mall Road, Amritsar
7. Care & Cure Medicity Hospital - Batala Road, The Mall Road, Amritsar
8. Dhingra General Hospital - 77-79 Ajit Nagar, Amritsar
9. Dr. Daljit Singh Eye Hospital - 1-Radha Soami Road, The Mall Amritsar

**JALANDHAR**

1. Aggarwal Liver & Gut Super Speciality Hospital  
Aggarwal Liver & Gut Super Speciality Hospital J.P. Nagaro  
Near BSNL Telephone Exchange Jalandhar
2. Akal Eye Hospital Jalandhar - 606 R Mall Road, Model Town, Jalandhar
3. Altis Multispeciality Hospital - 332 A Lajpat Nagar, Jalandhar
4. Apex Hospital & Maternity Home, 520-521 New Jawahar Nagar, Jalandhar
5. Armaan Hospital - 188 Adarsh Nagar Football Chwok Jalandhar
6. Arora Eye Hospital & Retina Centre, Link road 7-A Lajpat Nagar Jalandhar
7. BBC Heart Care Pruthi Hospital, Jalandhar, 301 Lajpat Nagar Jalandhar
8. Capitol Hospital Jalandhar, Jalandhar-Pathankot NH-44 Near Renu Chowk Jalandhar
9. Care Max Superspeciality Hospital  
Guru Nanak Superspeciality Hospital Near Petrol Pump, Jalandhar
10. Duggal Eye Hospital - B-8/286, Kishanpura Chowk, Jalandhar.

**DELHI & NCR**

1. 32 Pearls Multispeciality Dental clinic, G15 Single Story Vijay Nagar, Delhi
2. 32 Smile Stone Dental Clinic, 3 Ring Road, Kilokari New Delhi
3. Aakash Healthcare Super Speciality Hospital, Road No. 201, Sec-03 Dwarka New Delhi
4. Aarogya Hospital - Plot No. NH1 Sec-VI Vaishali Ghaziabad
5. Aarvya Hospital - 530/18 Civil Lines Gurgaon
6. Action Cancer Hospital - A4 Paschim Vihar, New Delhi
7. ADEP Clinical Research & Diagnostics, B1, Ext A39 Mohan  
Cooperative Industrial Estate, Mathura Road, New Delhi
8. Adiva Super Speciality Care - C1/C Green Park Extension New Delhi
9. Advanced Dental & Implant Clinic - Booth No.21, Huda Main Market Sec-17 Faridabad
10. Advanced Dental Care - Shop No. 31 Rati Ram Park  
Naya Bazar Near HDFC Bank Tura mandi New Delhi

## PROCEDURE/INVESTIGATION LIST

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	Non- NABH/Non- NABL Rates	NABH/NABL Rates
1	Consultation OPD	150	150
2	Consultation- for Inpatients	300	300
3	Dressings of wounds	50	58
4	Suturing of wounds with local anesthesia	108	124
5	Aspiration Plural Effusion - Diagnostic	120	138
6	Aspiration Plural Effusion - Therapeutic	193	222
7	Abdominal Aspiration - Diagnostic	345	397
8	Abdominal Aspiration - Therapeutic	460	529
9	Pericardial Aspiration	380	437
10	Joints Aspiration	317	365
11	Biopsy Skin	230	265
12	Removal of Stitches	36	41
13	Venesection	124	143
14	Phimosis Under LA	1311	1508
15	Sternal puncture	173	199
16	Injection for Haemorrhoids	414	476
17	Injection for Varicose Veins	350	403
18	Catheterisation	425	500
19	Dilatation of Urethra	500	575
20	Incision & Drainage	420	483
21	Intercostal Drainage	125	144
22	Peritoneal Dialysis	1466	1686
	<b>TREATMENT PROCEDURE SKIN</b>		
23	Excision of Moles	345	397
24	Excision of Warts	310	357
25	Excision of Molluscum contagiosum	130	150
26	Excision of Veneral Warts	160	184
27	Excision of Corns	140	161
28	I/D Injection Keloid	97	112
29	Chemical Cautery (s)	110	127
	<b>TREATMENT PROCEDURE OPHTHALMOLOGY</b>		
30	Subconjunctival/subtenon's injections in one eyes	69	79
31	Subconjunctival/subtenon's injections in both eyes	138	158
32	Pterygium Surgery	5500	6325
33	Conjunctival Peritomy	58	67
34	Conjunctival wound repair or exploration following blunt trauma	3300	3795
35	Removal of corneal foreign body	115	132
36	Cauterization of ulcer/subconjunctival injection in one eye	69	79
37	Cauterization of ulcer/subconjunctival injection in both eyes	138	159
38	Corneal grafting—Penetrating keratoplasty	5750	6613
39	Corneal grafting—Lamellar keratoplasty	5000	5750
40	Cyanoacrylate /fibrin glue application for corneal perforation	690	794
41	Bandage contact lenses for corneal perforation	460	529

Sr. No.	CGHS TREATMENT	Non- NABH/Non- NABL Rates	NABH/NABL Rates
	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
42	Scleral grafting or conjunctival flap for corneal perforation	2300	2645
43	Keratoconus correction with therapeutic contact lenses	1200	1380
44	UV radiation for cross-linking for keratoconus	1800	2070
45	EDTA for band shaped keratopathy	863	992
46	Arcuate keratotomy for astigmatism	2800	3220
47	Re-suturing (Primary suturing) of corneal wound	1150	1323
48	Penetrating keratoplasty ---- with glaucoma surgery	12144	13966
49	Penetrating keratoplasty --- with vitrectomy	12144	13966
50	Penetrating keratoplasty ---- with IOL implantation	13656	15703
51	DALK- Deep anterior lamellar keratoplasty	17250	19838
52	Keratoprosthesis stage I and II	11500	13225
53	DSAEK- Descemet's stripping automated endothelial keratoplasty	16675	19176
54	ALTK- Automated lamellar therapeutic keratoplasty	16500	18975
55	Probing and Syringing of lacrimal sac- in one eye	69	79
56	Probing and Syringing of lacrimal sac- in both eye	138	159
57	Dacryocystorhinostomy—Plain	2875	3306
58	Dacryocystorhinostomy—Plain with intubation and/or with lacrimal implants	9750	11213
59	Dacryocystorhinostomy—conjunctival with implant	9200	10580
60	Caliculoplasty	2300	2645
61	Dacryocystectomy	1725	1984
62	Punctal plugs for dry eyes	130	150
63	Refraction	40	46
64	Indirect Ophthalmoscopy	67	77
65	Orthoptic check-up- with synoptophore	44	51
66	Lees' charting or Hess' charting	100	115
67	Orthoptic exercises	50	58
68	Pleoptic exercises	50	58
69	Perimetry/field test—Goldman	144	166
70	Perimetry/field test— automated	144	166
71	Fluorescein angiography for fundus or iris	920	1058
72	Ultrasound A- Scan	863	992
73	Ultrasound B- Scan	230	265
74	Fundus Photo Test	200	230
75	Indocyanin green angiography	920	1058
76	Corneal endothelial cell count with specular microscopy	230	265
77	Corneal topography	331	381
78	Corneal pachymetry	230	265
79	Auto-refraction	35	40
80	Macular function tests	44	51
81	Potential acuity metry	100	115
82	Laser interferometry	173	199
83	OCT-Optical coherence tomography	2125	2500
84	HRT- Heidelberg's retinal tomogram	150	173
85	GDX--- Nerve fibre layer analyzer	88	101

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Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
86	UBM- Ultrasound bio microscopy	150	173
87	Non Contact tonometry	50	58
88	IOP measurement with schiotz	30	35
89	IOP measurement with applanation tonometry	50	58
90	Three mirror examination for reti	58	67
91	90 D lens examination	50	58
92	Gonioscopy	58	67
93	Chalazion incision and curettage in one eye	400	460
94	Chalazion incision and curettage in both eyes	431	496
95	Ptosis surgery with fasanella servat procedure	2300	2645
96	Ptosis surgery with LPS resection one lid	5500	6325
97	Ptosis surgery with Sling surgery one lid	6670	7671
98	Ectropion surgery- one lid	1400	1610
99	Ectropion surgery- both lids	2500	2875
100	Epicanthus correction	1550	1783
101	Cantholysis and canthotomy	575	662
102	Entropion surgery- one lid	1380	1587
103	Entropion surgery- both lids	2000	2300
104	Tarsorrhaphy	650	748
105	Suturing of lid lacerations	1150	1323
106	Lid retraction repair	1700	1955
107	Concretions removal	115	132
108	Bucket handle procedure for lid tumors	345	397
109	Cheek rotation flap for lid tumors	6900	7935
110	Orbitotomy	8050	9258
111	Enucleation	3000	3450
112	Enucleation with orbital implants and artificial prosthesis	3000	3450
113	Evisceration	3450	3968
114	Evisceration with orbital implants and artificial prosthesis	5693	6547
115	Telecanthus correction	5175	5951
116	Orbital decompression	5750	6613
117	Exenteration	5750	6613
118	Exenteration with skin grafting	6900	7935
119	Fracture orbital repair	9200	10580
120	Retinal laser procedures	1500	1725
121	Retinal detachment surgery	11500	13225
122	Retinal detachment surgery with scleral buckling	13800	15870
123	Buckle removal	1150	1323
124	Silicone oil removal	2800	3220
125	Anterior retinal cryopexy	1162	1336
126	Squint correction for one eye	5000	5750
127	Squint correction for both eyes	7500	8625
128	Trabeculectomy	6900	7935
129	Trabeculotomy	6900	7935
130	Trabeculectomy with Trabeculotomy	10350	11903
131	Trephition	2300	2645

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
132	Goniotomy	345	397
133	Glaucoma surgery with Glaucoma valves	6900+valve	7935 +valve
134	Cyclocryotherapy	1150	1323
135	YAG laser iridotomy	1500	1725
136	YAG laser capsulotomy	1093	1257
137	ALT-Argon laser trabeculoplasty	1495	1719
138	PDT-Photodynamic therapy	3450	3968
139	TTT- Transpupillary thermal therapy	3000	3450
140	PTK- Phototherapeutic keratectomy	7500	8625
141	Argon/diode laser for retinal detachment	1150	1323
142	Intralase application for keratoconus	5750	6613
143	EOG- electro-oculogram	900	1035
144	ERG- Electro-retinogram	794	913
145	VEP- visually evoked potential	800	920
146	Vitreotomy- pars plana	11500	13225
147	Intravitreal injections- of antibiotics	1150	1323
148	Intravitreal injections- of lucentis excluding cost of drug	3000	3450
149	X- Ray orbit	115	132
150	CT-orbit and brain	1600	1840
151	MRI- Orbit and brain	3450	3968
152	Dacryocystography	340	391
153	Orbital angio-graphical studies	1500	1725
154	ECCE with IOL	3450	3968
155	SICS with IOL	5000	5750
156	Phaco with foldable IOL (silicone and acrylic)/PMMA IOL	10781	12398
157	Pars plana lensectomy with/without IOL	10350	11903
158	Secondary IOL implantation- AC IOL PC IOL or scleral fixated IOL	6900	7935
159	Cataract extraction with IOL with capsular tension rings (Cionni's ring)	13500	15525
160	Optic nerve sheathotomy	7500	8625
161	Iridodialysis repair or papillary reconstruction	5000	5750
162	Iris cyst removal	850	978
163	Lid Abscess incision and Drainage	1700	1955
164	Orbital Abscess incision and Drainage	3000	3450
165	Biopsy	460	529
166	Paracentesis	230	265
167	Scleral graft for scleral melting or perforation	2800	3220
168	Amniotic membrane grafting	1100	1265
169	Cyclodiathermy	2300	2645
170	Intraocular foreign body removal	187	215
171	Electrolysis	230	265
172	Perforating injury repair	4500	5175
173	Botulinum injection for blepharospasm or squint	2500	2875
	TREATMENT PROCEDURE DENTAL PROCEDURES		

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Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
174	Flap Operation per quadrant	360	414
175	Gingivectomy per quadrant	234	269
176	Reduction & immobilization of fracture- Maxilla Under LA	900	1035
177	Reduction & immobilization of fracture-Mandible Under LA	3500	4025
178	splints/Cirucum mandibular wiring under LA	510	587
179	splints/Cirucum mandibular wiring under GA	990	1139
180	Internal wire fixation/plate fixation of Maxilla under LA	3000	3450
181	Internal wire fixation/plate fixation of Maxilla under GA	4000	4600
182	Internal wire fixation/plate fixation of Mandible under LA	3500	4025
183	Internal wire fixation/plate fixation of Mandible under GA	4250	4888
184	Extraction per tooth under LA	80	92
185	Complicated Ext. per Tooth under LA	100	115
186	Extraction of impacted tooth under LA	160	184
187	Extraction in mentally retarded/patients with systemic diseases/patient with special needs under short term GA	939	1080
188	Cyst & tumour of Maxilla /mandible by enucleation/ excision/ marsupialisation upto 4 cms under LA	244	281
189	Cyst & tumour of Maxilla/mandible by enucleation/ excision/ marsupialisation size more than 4 cms under LA	406	467
190	Cyst & tumour of Maxilla/mandible by enucleation/excision/marsupialisation size more than 4 cms under GA	1000	1150
191	TM joint ankylosis- under GA	7500	8625
192	Biopsy Intraoral-Soft tissue	374	430
193	Biopsy Intraoral-Bone	374	430
194	Hemi-mandibulectomy with graft	21000	24150
195	Hemi-mandibulectomy without graft	21000	24150
196	Segmental-mandibulectomy with graft	3400	3910
197	Segmental-mandibulectomy without graft	990	1139
198	Maxillectomy- Total with graft	2500	2875
199	Maxillectomy- Total without graft	1950	2243
200	Maxillectomy- partial with graft	3000	3450
201	Maxillectomy- partial without graft	2500	2875
202	Release of fibrous bands & grafting -in (OSMF) treatment under GA	1500	1725
203	Pre-prosthetic surgery- Alveoloplasty	500	575
204	Pre-prosthetic surgery - ridge augmentation	1200	1380
205	Root canal Treatment(RCT) Anterior teeth(per tooth)	500	575
206	Root canal Treatment(RCT) Posterior teeth (per tooth)	700	805
207	Apicoectomy- Single root	500	575
208	Apicoectomy-Multiple roots	650	748
209	Metal Crown-per unit	500	575

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
210	Metal Crown with Acrylic facing per unit	700	805
211	Complete single denture-metal based	1500	1725
212	Complete denture- acrylic based per arch	950	1093
213	Removable partial denture-Metal based-upto 3 teeth	700	805
214	Removable partial denture-Metal based-more than 3 teeth	900	1035
215	Removable partial denture-Acrylic based-upto 3 teeth	500	575
216	Removable partial denture-Acrylic based-more than 3 teeth	264	304
217	Amalgum restoration-per tooth	200	230
218	Composite Restoration-per tooth-anterior tooth	250	288
219	Glas Ionomer-per tooth	200	230
220	Scaling & polishing	300	345
221	Removable Orthodontics appliance- per Arch	700	805
222	Fixed Orthodontics-per Arch	1150	1323
223	Space maintainers-Fixed	500	575
224	Habit breaking appliances-removable	800	920
225	Habit breaking appliances-Fixed	1500	1725
226	Expansion plate	1000	1150
227	Feeding appliance for cleft palate	1500	1725
228	Maxillo-facial prosthesis (sal/auricular/orbital/facial lost part)	3500	4025
229	Functional orthodontic appliances	3000	3450
230	Obturator (Maxillo-facial)	1500	1725
231	Occlusal night guard(splint)	800	920
	TREATMENT PROCEDURE ENT		
232	Pure Tone Audiogram	172	198
233	Impedence with stepedeal reflex	230	265
234	SISI Tone Decay	132	152
235	Multiple hearing assessment test to Adults	115	132
236	Speech Discrimination Score	90	103
237	Speech Assessment	120	138
238	Speech therapy per session of 30-40 minutes	131	151
239	Cold Calorie Test for Vestibular function	172	198
240	Removal of foreign body From Nose	345	397
241	Removal of foreign body From Ear	230	265
242	Syringing (Ear)	166	191
243	Polyp removal under LA	575	661
244	Polyp removal under GA	850	978
245	Peritonsillar abscess Drainage under LA	1449	1666
246	Myringoplasty	6900	7935
247	Stapedectomy	9200	10580
248	Myringotomy with Grommet insertion	4600	5290
249	Tympanotomy	8625	9919
250	Tympanoplasty	13800	15870
251	Mastoidectomy	14950	17193
252	Otoplasty	16100	18515

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Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
253	Labyrinthectomy	13800	15870
254	Skull Base surgery	25000	28750
255	Facial Nerve Decompression	17250	19838
256	Septoplasty	5750	6613
257	Submucous Resection	7314	8411
258	Septo-rhinoplasty	16100	18515
259	Rhinoplasty- Non-cosmetic	11500	13225
260	Fracture Reduction	4250	5000
261	Intra nasal Diathermy	1150	1323
262	Turbinectomy	5750	6613
263	Endoscopic DCR	13000	14950
264	Endoscopic Surgery	13800	15870
265	Septal Perforation Repair	13800	15870
266	Antrum Puncture	950	1093
267	Lateral Rhinotomy	1000	1150
268	Cranio-facial resection	25500	29325
269	Caldwell Luc Surgery	10626	12220
270	Angiofibroma Excision	17000	19550
271	Endoscopic Hypophysectomy	21500	24725
272	Endoscopic Optic Nerve Decompression	32775	37691
273	Decompression of Orbit	25500	29325
274	Punch/Wedge biopsy	674	775
275	Tonsillectomy	5000	5750
276	Uvulo-palatoplasty	15000	17250
277	FESS for antrochoal polyp	5750	6613
278	FESS for ethmoidal polyp	5750	6613
279	Polyp removal ear	748	860
280	Polyp removal Nose(Septal polyp)	748	860
281	Mastoidectomy plus Ossiculoplasty including TORP or PORP	2415	2777
282	Endolymphatic sac decompression	2875	3306
283	Diagnostic endoscopy under GA	2300	2645
284	Yonges operation for Atrophic rhinitis	6900	7935
285	Vidian neurectomy for vasomotor Rhinitis	10350	11903
286	Nasal Packing-anterior	345	397
287	Nasal Packing-posterior	805	926
288	Ranula Excision	6843	7869
289	Tongue Tie excision	1500	1725
290	Sub Mandibular Duct Lithotomy	269	309
291	Adenoidectomy	5640	6486
292	Palatopharyngoplasty	8165	9390
293	Pharyngoplasty	17193	19772
294	Styloidectomy	9200	10580
295	Direct laryngoscopy including Biopsy under GA	5000	5750
296	Oesophagoscopy/foreign body removal from	1800	2070
297	Bronchoscopy with F.B.removal	2438	2804
298	Other Major Surgery	15000	17250



Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
299	Other Minor Surgery	8500	10000
	TREATMENT PROCEDURE FOR HEAD AND NECK		
300	Ear Lobe Repair one side	500	575
301	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	4000	4600
302	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	3800	4370
303	Partial Amputation of Pinna	4500	5175
304	Total Amputation of Pinna	6200	7130
305	Total Amputation & Excision of External Auditory Meatus	1500	1725
306	Excision of Cystic Hygroma	5175	5951
307	Excision of Cystic Hygroma Extensive	7452	8570
308	Excision of Branchial Cyst	10350	11903
309	Excision of Branchial Sinus	10350	11903
310	Excision of Pharyngeal Diverticulum	10580	12167
311	Excision of Carotid Body-Tumours	11615	13357
312	Operation for Cervical Rib	12500	14375
313	Block Dissection of Cervical Lymph Nodes	15000	17250
314	Pharyngectomy & Reconstruction	15000	17250
315	Operation for Carcinoma Lip - Wedge-Excision	8050	9258
316	Operation for Carcinoma Lip - Vermilionectomy	5758	6622
317	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	9292	10686
318	Estlander Operation	7475	8596
319	Abbe Operation	9800	11270
320	Cheek Advancement	9775	11241
321	Excision of the Maxilla	19320	22218
322	Excision of mandible-segmental	15525	17854
323	Mandibulectomy	21000	24150
324	Partial Glossectomy	5520	6348
325	Hemiglossectomy	7000	8050
326	Total Glossectomy	22885	26318
327	Commodo Operation	22000	25300
328	Parotidectomy - Superficial	12075	13886
329	Parotidectomy - Total	15000	17250
330	Parotidectomy - Radical	19550	22483
331	Repair of Parotid Duct	11500	13225
332	Removal of Submandibular Salivary gland	8625	9919
333	Hemithyroidectomy	9500	10925
334	Partial Thyroidectomy (lobectomy)	11500	13225
335	Subtotal Thyroidectomy	13053	15011
336	Total Thyroidectomy	19000	21850
337	Resection Enucleation of thyroid Adenoma	10580	12167
338	Total Thyroidectomy and Block Dissection	26450	30418
339	Excision of Lingual Thyroid	16882	19414

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Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
340	Excision of Thyroglossal Cyst/Fistula	13225	15209
341	Excision of Parathyroid Adenoma/Carcinoma	21275	24466
342	Laryngectomy	17825	20499
343	Laryngo Pharyngectomy	30000	34500
344	Hyoid Suspension	10350	11903
345	Genioplasty	12000	13800
346	Direct Laryngoscopy including biopsy under GA	5175	5951
347	Phonosurgery	13800	15870
348	Fibroptic examination of Larynx under LA	1725	1984
349	Microlaryngeal Surgery	10350	11903
350	Laryngofissure	17250	19838
351	Tracheal Stenosis Excision	19780	22747
	Head and neck cancer		
352	Excisional Biopsies	5750	6613
353	Benign Tumour Excisions	9500	10925
354	Temporal Bone subtotal resection	20700	23805
355	Modified Radical Neck Dissection	25300	29095
356	Carotid Body Excision	26000	29900
357	Total Laryngectomy	39192	45071
358	Flap Reconstructive Surgery	41400	47610
359	Parapharyngeal Tumour Excision	39330	45230
360	Other Major Surgery	21250	25000
361	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE BREAST		
362	Drainage of abscess	6000	6900
363	Excision of lumps	6969	8014
364	Local mastectomy-simple	12650	14548
365	Radical mastectomy-formal or modified.	28750	33063
366	Excision of mammary fistula	15525	17854
367	Segmental resection of breast	16100	18515
368	Other Major Surgery	25000	28750
369	Other Minor Surgery	5000	5750
	TREATMENT PROCEDURE GENERAL SURGERY		
370	Injury Of Superficial Soft Tissues	425	500
371	Suturing of small wounds	269	309
372	Secondary suture of wounds	3400	4000
373	Debridement of wounds	450	518
374	Removal Of Foreign Bodies	300	345
	Biopsies		
375	Excision of Cervical Lymph Node	1725	1984
376	Excision of Axillary Lymph Node	2277	2619
377	Excision of Inguinal Lymph Node	2277	2619
378	Excision Biopsy of Ulcers	1470	1691
379	Excision Biopsy of Superficial Lumps	3220	3703
380	Incision Biopsy of Growths/Ulcers	1470	1691
381	Trucut Needle Biopsy	1550	1783

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
382	Percutaneous Kidney Biopsy	1470	1691
383	Marrow Biopsy (Open)	1060	1219
384	Muscle Biopsy	1470	1691
385	Scalene Node Biopsy	1350	1553
386	Excision of Sebaceous Cysts	1242	1428
387	Excision of Superficial Lipoma	1932	2222
388	Excision of Superficial Neurofibroma	2500	2875
389	Excision of Dermoid Cysts	2277	2619
390	Haemorrhoidectomy	20720	24375
391	Stappler haemorrhoidectomy	38000	43700
392	keloid excision	1150	1323
393	Vericose vein surgery; Tendelenburg operation with suturing or ligation.	10000	11500
	<b>TREATMENT PROCEDURE OESOPHAGUS</b>		
394	Atresia of Oesophagus and Tracheo Oesophageal Fistula	28750	33063
395	Operations for Replacement of Oesophagus by Colon	25000	28750
396	Oesophagectomy for Carcinoma Easophagus	25000	28750
397	Oesophageal Intubation (Mausseau Barbin Tube)	11500	13225
398	Achalasia Cardia Transthoracic	14950	17193
399	Achalasia Cardia Abdominal	12650	14548
400	Oesophago Gastrectomy for mid 1/3 lesion	24495	28169
401	Heller's Operation	19750	22713
402	Colon-Inter position or Replacement of Oesophagus	22540	25921
403	Oesophago Gastrectomy – Lower Corringers procedure	21390	24599
404	Other Major Surgery	27625	32500
405	Other Minor Surgery	5000	5750
	<b>TREATMENT PROCEDURE ABDOMEN / GI SURGERY</b>		
406	Gastroscopy	1725	1984
407	Gastric & Duodenal Biopsy (Endoscopic)	1950	2243
408	Pyloromyotomy	2800	3220
409	Gastrostomy	8625	9919
410	Simple Closure of Perforated peptic Ulcer	9775	11241
411	Vagotomy Pyloroplasty / Gastro Jejunostomy	13800	15870
412	Duodenojejunostomy	18950	21793
413	Partial/Subtotal Gastrectomy for Carcinoma	23000	26450
414	Partial/Subtotal Gastrectomy for Ulcer	22425	25789
415	Operation for Bleeding Peptic Ulcer	20976	24122
416	Operation for Gastrojejunal Ulcer	19780	22747
417	Total Gastrectomy for Cancer	22368	25723
418	Highly Selective Vagotomy	18630	21425
419	Selective Vagotomy & Drainage	18630	21425
420	Congenital Diaphragmatic Hernia	18975	21821
421	Hiatus Hernia Repair- Abdominal	14490	16664
422	Hiatus Hernia Repair- Transthoracic	16100	18515
423	Exploratory Laparotomy	12650	14548

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Sr. No.	CGHS TREATMENT	Non- NABH/Non- NABL Rates	NABH/NABL Rates
	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
424	Epigastric Hernia Repair	11385	13093
425	Umbilical Hernia Repair	11385	13093
426	Ventral /incisional Hernia Repair	10293	11837
427	Inguinal Hernia Herniorraphy	14835	17060
428	Inguinal Hernia - Hernioplasty	16500	18975
429	Femoral Hernia Repair	18285	21028
430	Rare Hernias Repair (Spigalion, Obturator, Lumbar, Sciatic)	18975	21821
431	Splenectomy - For Trauma	18975	21821
432	Splenectomy - For Hypersplenism	14490	16664
433	Splenorenal Anastomosis	23000	26450
434	Portocaval Anastomosis	28750	33063
435	Direct Operation on Oesophagus for Portal Hypertension	22885	26318
436	Mesentericocaval Anastomosis	25450	29268
437	Warren Shunt	28750	33063
438	Pancreato Duodenectomy	21735	24995
439	By Pass Procedure for Inoperable Carcinoma of Pancreas	23000	26450
440	Cystojejunostomy or Cystogastrostomy	14490	16664
441	Cholecystectomy	10292	11836
442	Cholecystectomy & Exploration of CBD	14375	16531
443	Repair of CBD	13600	16000
444	Operation for Hydatid Cyst of Liver	11902	13687
445	Cholecystostomy	10292	11836
446	Hepatic Resections (Lobectomy /Hepatectomy)	14375	16531
447	Operation on Adrenal Glands - Bilateral	26105	30021
448	Operation on Adrenal Glands - Unilateral	13800	15870
449	Appendectomy	8108	9324
450	Appendicular Abscess – Drainage	9775	11241
451	Mesenteric Cyst- Excision	11040	12696
452	Peritonsioscopy/Laparoscopy	4600	5290
453	Jejunostomy	5750	6613
454	Ileostomy	15410	17722
455	Resection & Anastomosis of Small Intestine	20700	23805
456	Duodenal Diverticulum	18400	21160
457	Operation for Intestinal Obstruction	10350	11903
458	Operation for Intestinal perforation	38000	43700
459	Benign Tumours of Small Intestine	19550	22483
460	Excision of Small Intestine Fistula	19550	22483
461	Operations for GI Bleed	16000	18400
462	Operations for Haemorrhage of Small Intestines	19550	22483
463	Operations of the Duplication of the Intestines	17825	20499
464	Operations for Recurrent Intestinal Obstruction (Noble Plication & Other Operations for Adhesions)	23000	26450
465	Ilieosigmoidostomy and related resection	16790	19309
466	Ilieotransverse Colostomy and related resection	16790	19309

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
467	Caecostomy	3903	4488
468	Loop Colostomy Transverse Sigmoid	13110	15077
469	Terminal Colostomy	17250	19838
470	Closure of Colostomy	17480	20102
471	Right Hemi-Colectomy	13800	15870
472	Left Hemi-Colectomy	13800	15870
473	Total Colectomy	17250	19838
474	Operations for Volvulus of Large Bowel	24920	28658
475	Operations for Sigmoid Diverticulitis	18630	21425
476	Fissure in Ano with Internal sphinctrectomy with fissurectomy.	13800	15870
477	Fissure in Ano - Fissurectomy	13800	15870
478	Rectal Polyp-Excision	5658	6507
479	Fistula in Ano - High Fistulectomy	16780	19297
480	Fistula in Ano - Low Fistulectomy	9867	11347
481	Prolapse Rectum - Theirsch Wiring	10350	11903
482	Prolapse Rectum - Rectopexy	5750	6613
483	Prolapse Rectum - Grahams Operation	18400	21160
484	Operations for Hirschsprungs Disease	14260	16399
485	Excision of Pilonidal Sinus (open)	11500	13225
486	Excision of Pilonidal Sinus with closure	11500	13225
487	Abdomino-Perineal Excision of Rectum	18300	21045
488	Anterior Resection of rectum	21850	25128
489	Pull Through Abdominal Resection	17170	19746
490	Retro Peritoneal Tumor Removal	18000	20700
491	Radio ablation of varicose veins	1800	2070
492	Laser ablation of varicose veins	17250	19838
493	Laparoscopic Fundoplication	19300	22195
494	Laparoscopic Splenectomy	25000	28750
495	Laparoscopic Removal of hydatid cyst	18000	20700
496	Laparoscopic treatment of Pseudo Pancreatic cyst	18000	20700
497	Laparoscopic whipples operation	20000	23000
498	Laparoscopic GI bypass operation	22000	25300
499	Laparoscopic Total Colectomy	25000	28750
500	Laparoscopic Hemi Colectomy	23000	26450
501	Laparoscopic Anterior Resection	23000	26450
502	Laparoscopic Cholecystectomy	18975	21821
503	Laparoscopic Appendectomy	18000	20700
504	Laparoscopic Hernia inguinal repair	18000	20700
505	Laparoscopic ventral Hernia Repair	17500	20125
506	Laparoscopic Paraumbilical Hernia Repair	17500	20125
507	Laparoscopic Adrenelectomy	12000	13800
508	Laparoscopic Nephrectomy	22000	25300
509	Other Major Surgery	38000	43700
510	Other Minor Surgery	6000	6900
	TREATMENT PROCEDURE ICU/CCU PROCEDURES (SPECIAL CARE CASES)		

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Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
511	Coronary Care with Cardiac Monitoring (Room Rent extra)	750	863
512	Compressed air / piped oxygen /per hour	50	58
513	Ventilator charges (Per day)	531	611
514	Paediatric care for New born (Per day)	186	214
515	Incubator charges (Per day)	345	397
516	Neonatal ICU charges (Per day)	391	450
517	Resuscitation	184	212
518	Exchange Transfusion	265	305
519	Pneupack ventilator in Nursery (Per day)	575	661
	<b>TREATMENT PROCEDURE CARDIOVASCULAR AND CARDIAC SURGERY &amp; INVESTIGATIONS</b>		
520	ASD Closure	51808	59579
521	VSD with graft	51808	59579
522	TOF/TAPVC/TCPC/REV/RSOV repair	127075	146136
523	B.D.Glenn/Left atrium myxoma	80750	95000
524	Senning/ASO with graft	122188	140516
525	DSO	103615	119157
526	AV Canal repair	161000	185150
527	Fonten	169000	194350
528	Conduit repair	169000	194350
529	CABG	127075	146136
530	CABG + IABP	169000	194350
531	CABG + Valve.	169000	194350
532	CABG without bypass.	140000	161000
533	Ascending aorta replacement	130000	149500
534	DVR	155422	178735
535	MVR/AVR	103615	119157
536	MV repair + AV repair	103615	119157
537	Aorta femoral bypass	52000	59800
538	B.T Shunt/Coaractation	51980	59777
539	P.A.Banding septostomy	51980	59777
540	Pericardectomy	42320	48668
541	CMV/PDA	51980	59777
542	Gunshot injury	51980	59777
543	Heart transplant	276000	317400
544	Balloon coronary angioplasty/PTCA with VCD	80600	92690
545	Balloon coronary angioplasty/PTCA without VCD	80000	92000
546	Rotablation	48875	56206
547	balloon valvotomy/PTMC	10264	11804
548	CATH	10000	11500
549	Arch Replacement	10350	11903
550	Aortic Dissection	12650	14548
551	Thoraco Abdominal Aneurism Repair	15000	17250
552	Embolectomy	21000	24150
553	Vascular Repair	36000	41400

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
554	Bentall Repair with Prosthetic Valve	30000	34500
555	Bentall Repair with Biologic Valve	127500	150000
556	Coarctation dilatation	14500	16675
557	Coarctation dilatation with Stenting	18500	21275
558	TPI Single Chamber	7500	8625
559	TPI Dual Chamber	8160	9600
560	Permanent pacemaker implantation- Single Chamber	13800	15870
561	Permanent pacemaker implantation- Dual Chamber	19320	22218
562	Permanent pacemaker implantation Biventricular	34500	39675
563	AICD implantation Single Chamber	28750	33063
564	AICD implantation Dual Chamber	40000	46000
565	Combo device implantation	40000	46000
566	Diagnostic Electrophysiological studies conventional	4550	5233
567	Ambulatory BP monitoring	587	690
568	External Loop/event recording	2848	3350
569	RF Ablation conventional	35000	40250
570	RF Ablation Atrial Tachycardia/Carto	45000	51750
571	Endomyocardial biopsy	10000	11500
572	IABP	7820	8993
573	Intra vascular coils	46000	52900
574	Septostomy- Balloon	16150	19000
575	Septostomy- Blade	19550	22483
576	AVBD/PVBD	48300	55545
577	Digital subtraction angiography-Peripheral artery	11500	13225
578	Digital subtraction angiography- venogram	11500	13225
579	C.T Guided biopsy	1265	1455
580	Sinogram	863	992
581	Peripheral Angioplasty with VCD	11500	13225
582	Peripheral Angioplasty without VCD	11500	13225
583	Renal Angioplasty	60350	71000
584	IVUS	25000	28750
585	FFR	12750	15000
586	Holter analysis	850	1000
587	Aortic stent grafting for aortic aneurysm	78500	90275
588	IVC Filter implantation	16129	18548
589	ASD/VSD/PDA device closure	36225	41659
590	ECG	50	58
591	HUTT	2200	2530
592	2 D echocardiography	1200	1380
593	3 D echocardiography	1403	1650
594	Fetal Echo	1400	1610
595	2 D TEE	1403	1650
596	3 D TEE(Transoesophageal echo )	1403	1650
597	Stress Echo- exercise	1500	1725
598	Stress Echo- pharmacological	2500	2875
599	Stress MPI- exercise	1955	2300
600	Stress MPI - pharmacological	2500	2875

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
601	Coronary angiography	11500	13225
602	CT coronary angiography	6030	6935
603	Cardiac CT scan	2272	2613
604	Cardiac MRI	2444	2811
605	Stress Cardiac MRI	3000	3450
606	MR angiography.	5635	6480
607	Cardiac PET	1500	1725
608	Pericardiocentesis	3500	4025
609	Other Major Surgery	20000	23000
610	Other Minor Surgery	4250	5000
	<b>TREATMENT PROCEDURE OBSTETRICS AND GYNAECOLOGY</b>		
611	Normal delivery with or without Episiotomy & P. repair	8000	9200
612	vacuum delivery	8625	9919
613	Forceps Delivery	9200	10580
614	Cesarean Section	14050	16158
615	Cesarean Hysterectomy	18975	21821
616	Rupture Uterus closure & repair with Tubal Ligation	17250	19838
617	Perforation of Uterus after D/E Laparotomy & Closure	13800	15870
618	Laparotomy for Ectopic pregnancy	13800	15870
619	Laparotomy-peritonitis Lavage and Drainage	11500	13225
620	Salphingo-Oophorectomy/ Oophorectomy Laproscopic	10000	11500
621	Ovarian Cystectomy-laparoscopic.	10350	11903
622	Ovarian Cystectomy -laparotomy.	13800	15870
623	Salpingo-Oophorectomy-laparotomy	11520	13248
624	Laprosopic Broad Ligament Hematoma Drainage with repair	6900	7935
625	Exploration of perineal Haematoma & Repair	8000	9200
626	Exploration of abdominal Haematoma (after laparotomy + LSCS)	8050	9258
627	Manual Removal of Placenta	3450	3968
628	Examination under anesthesia (EUA)	1000	1150
629	Burst-abdomen Repair	10000	11500
630	Gaping Perineal Wound Secondary Suturing	1656	1904
631	Gaping abdominal wound Secondary Suturing	3450	3968
632	Complete perineal tear-repair	2128	2447
633	Exploration of PPH-tear repair	3500	4025
634	Suction evacuation vesicular mole	5000	5750
635	Suction evacuation Missed abortion/ incomplete abortion	5175	5951
636	Colpotomy	3450	3968
637	Repair of post-coital tear/ perineal injury	3508	4034
638	Excision of urethral caruncle	3450	3968
639	Shirodhkar/ Mc. Donald's stitch	3220	3703
640	Abdominal Hysterectomy with or without salpingo-oophorectomy	17250	19838
641	Vaginal Hysterectomy (NDVH)	17250	19838



Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
642	Vaginal Hysterectomy with repairs (UV Prolapse)	17250	19838
643	Myomectomy -laparotomy	14000	16100
644	Myomectomy -laparoscopic	6325	7274
645	Vaginoplasty	14950	17193
646	Vulvectomy -Simple	9200	10580
647	Vulvectomy-Radical	9200	10580
648	RVF Repair	18975	21821
649	Manchester Operation	15000	17250
650	Shirodkar's sling Operation or other sling operations for prolapse uterus	3450	3968
651	Laparoscopic sling operations for prolapse uterus	28000	32200
652	Diagnostic Curettage	2484	2857
653	Cervical Biopsy	1800	2070
654	Polypectomy	1518	1746
655	Other-Minor Operation Endometrial	2300	2645
656	Excision Vaginal Cyst/Bartholin Cyst	3450	3968
657	Excision Vaginal Septum	4600	5290
658	Laparoscopy -Diagnostic with chromopertubation and or adhesiolysis and drilling	4025	4629
659	Laparoscopy Sterilization	3450	3968
660	LAVH	25243	29029
661	Balloon Temponade for PPH	2800	3220
662	Total laparoscopic hysterectomy	25243	29029
663	Laparoscopic treatment of Ectopic pregnancy- salpingectomy/salpinostomy conservative	9775	11241
664	Conisation of cervix	4025	4629
665	Trachelectomy of cervix for early CA cervix	5500	6325
666	Hysteroscopic cannulation	2875	3306
667	Laparotomy recanalization of Fallopian tubes- (Tubuloplasty)	22425	25789
668	Laparoscopic recanalization of Fallopian tubes- (Tubuloplasty)	19500	22425
669	Colposcopy	958	1102
670	Inversion of Uterus – Vaginal Reposition	2500	2875
671	Inversion of Uterus – Abdominal Reposition	2500	2875
672	Laparoscopic VVF Repair	28000	32200
673	Abdominal VVF Repair	28000	32200
674	Vaginal VVF Repair	28000	32200
675	Interventional Ultrasonography (CVS)	880	1012
676	Amniocentesis	880	1012
677	Karyotyping	800	920
678	Thermal balloon ablation.	11500	13225
679	Ultrasonographic myolysis	10293	11837
680	Vaginal Myomectomy	10000	11500
681	Intra Uterine Insemination	920	1058
682	ICSI	11500	13225
683	Laparotomy abdominal sacro-colpopexy	15000	17250

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
684	Vaginal Colpopexy	22000	25300
685	Laparoscopic abdominal sacro-colpopexy	20000	23000
686	Laparotomy pelvic Lymphadenectomy	1200	1380
687	Laparoscopic pelvic Lymphadenectomy	3500	4025
688	Endometrial aspiration cytology/biopsy	570	656
689	Transvaginal sonography (TVS for Follicular monitoring /aspiration)	460	529
690	laparoscopic treatment for stress incontinence	15000	17250
691	Transvaginal tapes for Stress incontinence	15000	17250
692	trans-obturator tapes for Stress incontinence	12000	13800
693	Interventional radiographic arterial embolization	18000	20700
694	Diagnostic cystoscopy	2875	3306
695	Staging laparotomy surgery for CA Ovary	6325	7274
696	Internal Iliac ligation	3393	3902
697	stepwise devascularisation	9200	10580
698	Assisted breech delivery	10925	12564
699	Intra-uterine fetal blood transfusion	21275	24466
700	Hysteroscopy TCRE	8500	9775
701	Hysteroscopy Removal of IUCD	7500	8625
702	Hysteroscopy Removal of Septum	11000	12650
703	Hysteroscopy Diagnostic	7500	8625
704	Radical Hysterectomy for Cancer cervix with pelvic lymphadenectomy	8500	9775
705	Radical Hysterectomy for Cancer endometrium extending to cervix with pelvic and para aortic lymphadenectomy	8500	9775
706	Sterilization Post partum (minilap)	3750	4313
707	Sterilization interval (minilap)	3750	4313
708	Ultrasonography Level II scan/Anomaly Scan	500	575
709	Fetal nuchal Translucency	300	345
710	Fetal Doppler/Umbilical Doppler/Uterine Vessel Doppler	850	978
711	MTP- 1st Trimester	3000	3450
712	MTP - 2nd Trimester	4370	5026
713	Quadruple test	2000	2300
714	Biophysical score	600	690
715	Other Major Surgery	28000	32200
716	Other Minor Surgery	5000	5750
	<b>TREATMENT PROCEDURE NEPHROLOGY AND UROLOGY</b>		
717	Partial Nephrectomy -open	16215	18647
718	Partial Nephrectomy-laprosopic/endoscopic	14490	16664
719	Nephrolithomy -open	12000	13800
720	Nephrolithomy -laprosopic/endoscopic	14000	16100
721	Pyelolithotomy-open	13000	14950
722	Pyelolithotomy -laprosopic/endoscopic	10580	12167
723	Operations for Hydronephrosis -pyeloplasty open	18400	21160

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	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
724	Operations for Hydronephrosis -pyeloplasty Lap/endoscopic	19000	21850
725	Operations for Hydronephrosis Endopyelotomy antegrade	20000	23000
726	Operations for Hydronephrosis Endopyelotomy retrograde	20000	23000
727	Operations for Hydronephrosis -ureterocalicostomy	18000	20700
728	Operations for Hydronephrosis-Ileal ureter	18000	20700
729	Open Drainage of Perinephric Abscess	8000	9200
730	Percutaneous Drainage of Perinephric Abscess -Ultrasound guided	5750	
731	Cavernostomy	9775	11500
732	Operations for Cyst of the Kidney -open	11960	13754
733	Operations for Cyst of the Kidney -Lap/endoscopic	14030	16135
734	Ureterolithotomy -open	13248	15235
735	Ureterolithotomy-Lap/Endoscopic	10000	11500
736	Nephroureterectomy open	16100	18515
737	Nephroureterectomy -Lap/Endoscopic	16100	18515
738	Operations for Ureter for -Double Ureters	19000	21850
739	Operations for Ureter -for Ectopia of Single Ureter	18000	20700
740	Operations for Vesico- ureteric Reflux -Open	18000	20700
741	Operations for Vesico- ureteric Reflux-Lap/Endoscopic	18000	20700
742	Operations for Vesico- ureteric Reflux/ Urinary incontinence with bulking agents	20700	23805
743	Ureterostomy - Cutaneous	12000	13800
744	Uretero-Colic anastomosis	16000	18400
745	Formation of an Ileal Conduit	17250	19838
746	Ureteric Catheterisation	8278	10950
747	Biopsy of Bladder (Cystoscopic)	2300	2645
748	Cysto-Litholapaxy	10925	12564
749	Operations for Injuries of the Bladder	10000	11500
750	Suprapubic Drainage (Cystostomy/vesicostomy)	6000	6900
751	Simple Cystectomy	17250	19838
752	Diverticulectomy -open	16000	18400
753	Diverticulectomy- Lap/Endoscopic	18400	21160
754	Diverticulectomy -Endoscopic incision of neck	1725	1984
755	Augmentation Cystoplasty	6670	7671
756	Operations for Extrophy of the Bladder- Single stage repair	22300	25645
757	Operations for Extrophy of the Bladder- Multistage repair	20815	23937
758	Operations for Extrophy of the Bladder- simple cystectomy with urinary diversion	22500	25875
759	Repair of Ureterocoel -Open	13800	15870
760	Repair of Ureterocoel -Lap/Endoscopic	14375	16531
761	Repair of Ureterocoel -Endoscopic incision	13000	14950
762	Open Suprapubic Prostatectomy	20700	23805

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	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
763	Open Retropubic Prostatectomy	20125	23144
764	Transurethral Resection of Prostate (TURP)	18630	21425
765	Urethroscopy/ Cystopanendoscopy	4600	5290
766	Internal urethrotomy -optical	5750	6613
767	Internal urethrotomy -Core through urethroplasty	11040	12696
768	Urethral Reconstruction -End to end ansatamosis	3450	3968
769	Urethral Reconstruction - substitution urethroplasty (Transpubic urethroplasty	19550	22483
770	Abdomino Perineal urethroplasty	14000	16100
771	Posterior Urethral Valve fulguration.	11270	12961
772	Operations for Incontinence of Urine - Male -Open	17250	19838
773	Operations for Incontinence of Urine - Male -Sling	18400	21160
774	Operations for Incontinence of Urine - Male-Bulking agent	19435	22350
775	Operations for Incontinence of Urine - Female -Open	17250	19838
776	Operations for Incontinence of Urine - Female-Sling	18400	21160
777	Operations for Incontinence of Urine - Female-Bulking agent	19435	22350
778	Reduction of Paraphimosis	1725	1984
779	Circumcision	3000	3450
780	Meatotomy	2346	2698
781	Meatoplasty	3220	3703
782	Operations for Hypospadias + Chordee Correction	9200	10580
783	Operations for Hypospadias - Second Stage	15000	17250
784	Operations for Hypospadias - One Stage Repair	9200	10580
785	Operations for Crippled Hypospadias	11500	13225
786	Operations for Epispadias _primary repair	12593	14482
787	Operations for Epispadias-crippled epispadias	11385	13093
788	Partial Amputation of the Penis	10764	12379
789	Total amputation of the Penis	12000	13800
790	Orchidectomy-Simple	9775	11241
791	Orchidectomy -Radical	12075	13886
792	Post Radical Orchidectomy retroperitoneal lymph node dissection.	14000	16100
793	Epididymectomy	15938	18750
794	Adrenectomy Unilateral/Bilateral for Tumour/For Carcinoma- Open	25300	29095
795	Adrenectomy Unilateral/Bilateral for Tumour/For Carcinoma -Lap/Endoscopic	14375	16531
796	Operations for Hydrocele - Unilateral	5865	6745
797	Operations for Hydrocele - Bilateral	8556	9839
798	Operation for Torsion of Testis	11500	13225
799	Micro-surgical Vasovasostomy /Vaso epididymal ansatamosis.	11040	12696
800	Operations for Varicocele Unilateral-Microsurgical	7705	8861
801	Operations for Varicocele Palomo's Unilateral - Lap	9200	10580
802	Operations for Varicocele Bilateral --Microsurgical	12650	14548

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	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
803	Operations for Varicocele Bilateral – Lap/ Palomo	14950	17193
804	Block Dissection of ilio-inguinal Nodes - One Side (For Ca-Penis)	6325	7274
805	Block Dissection of ilio-inguinal Nodes - Both Sides (For Ca-Penis)	23000	26450
806	Excision of Filarial Scrotum	11500	13225
807	Kidney Transplantation (related)	200000	230000
808	Kidney Transplantation (Spousal/ unrelated) Including immunosuppressant therapy	300000	345000
809	ABO incompatible Transplantation	490000	563500
810	Swap Transplantation	388000	446200
811	Kidney Transplant Graft Nephrectomy	59500	70000
812	Donor Nephrectomy (open)	28750	33063
813	Donor Nephrectomy (Laposcopic)	46000	52900
814	Cadaver Transplantation	83300	95795
815	Kidney Transplant with Native Kidney Nephrectomy (Related)/ Unilateral	28000	32200
816	Kidney Transplant with Native Kidney Nephrectomy (Related)/ Bilateral	85000	97750
817	Kidney Transplant with Native Kidney Nephrectomy (Spousal/ Unrelated) Unilateral	85000	97750
818	Kidney Transplant with Native Kidney Nephrectomy (Spousal/ Unrelated) Bilateral	85000	97750
819	Post-Transplant Collection drainage for Lymphocele (open)	6800	8000
820	Post-Transplant Collection drainage for Lymphocele (percutaneous)	6800	8000
821	Post-Transplant Collection drainage for Lymphocele (Laposcopic)	7650	9000
822	Arteriovenous Fistula for Haemodialysis	2300	2645
823	Arteriovenous Shunt for Haemodialysis	3500	4025
824	Jugular Catheterization for Haemodialysis	1500	1725
825	Subclavian Catheterization for Haemodialysis	2250	2588
826	One sided (single Lumen) Femoral Catheterization for Haemodialysis	1000	1150
827	Bilateral (single Lumen) Femoral Catheterization for Haemodialysis	1500	1725
828	Double Lumen Femoral Catheterization for Haemodialysis	1850	2128
829	Permcath Insertion	2800	3220
830	Arterio venous Prosthetic Graft	1850	2128
831	Single lumen Jugular Catheterization	1500	1725
832	Single lumen Subclavian Catheterization	1700	2000
833	Plasma Exchange/ Plasma pheresis	1725	1984
834	Open method CAPD catheter insertion	3500	4025
835	Schlendinger method CAPD catheter insertion	3500	4025
836	Sustained low efficiency hemodialysis	1250	1438

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	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
837	Continuous Veno venous/Arteriovenous Hemofiltration	2250	2588
838	Hemodialysis for Sero negative cases	1400	1610
839	Hemodialysis for Sero Positive cases	1650	1898
840	Acute Peritoneal Dialysis	1450	1668
841	Fistulogram for Arteriovenous Fistula	2500	2875
842	Ultrasound guided kidney Biopsy	850	978
843	Fistula stenosis dilation	3000	3450
844	Slow continuous Ultrafiltration	2500	2875
845	PCNL - Unilateral	20000	23000
846	PCNL - Bilateral	25000	28750
847	Endoscopic Bulking agent Inject	4500	5175
848	Testicular Biopsy	1955	2248
849	Radical Nephrectomy -Open	17250	19838
850	Radical Nephrectomy -Lap/Endoscopic	20700	23805
851	Radical Nephrectomy plus IV thrombus	23000	26450
852	Radical Nephrectomy plus IV thrombus plus cardiac bypass.	23000	26450
853	Vesico Vaginal Fistula Repair (Open)	16000	18400
854	Vesico Vaginal Fistula Repair (Laposcopic)	22000	25300
855	Radical Cystectomy -Ileal conduit	17000	20000
856	Radical Cystectomy - continent diversion.	15000	17250
857	Radical Cystectomy – Neo bladder	18500	21275
858	Nephrectomy Simple -Open	10074	11585
859	Nephrectomy Simple-lap/Endoscopic	12593	14482
860	Nephrostomy -Open	10000	11500
861	Nephrostomy -Lap/Endoscopic	10704	12593
862	Ureteric Re- implant for Megaureter/Vesicoureteric reflex/ uterocele (open)	10494	12068
863	Ureteric Re -implant for Megaureter/Vesicoureteric reflex/ uterocele (Laposcopic)	10494	12068
864	Partial Cystectomy	13800	15870
865	TURP & TUR Bladder Tumour	17250	19838
866	TURP with Cystolithotripsy	17000	19550
867	Closure of Urethral Fistula	11000	12650
868	Orchidopexy - Unilateral -Open	9867	11347
869	Orchidopexy - Unilateral- Lap/Endoscopic	12334	14184
870	Orchidopexy - Bilateral -Open	12282	14124
871	Orchidopexy - Bilateral -Lap/Endoscopic	14500	16675
872	Cystolithotomy -Suprapubic	9775	11241
873	Endoscopic Removal of Stone in Bladder	3450	3968
874	Resection Bladder Neck Endoscopic /Bladder neck incision/transurethral incision on prostate	10925	12564
875	Ureteroscopic Surgery	10350	11903
876	Urethroplasty 1st Stage	10925	12564
877	Scrotal Exploration	8556	9839
878	Perineal Urethrostomy	4715	5422
879	Dilatation of Stricture Urethra under G.A.	2000	2300

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	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
880	Dilatation of Stricture Urethra under LA	1725	1984
881	Laprosopic Nephrectomy	33350	38353
882	Laprosopic partial Nephrectomy	10000	11500
883	Laprosopic pyelolithotomy	12650	14548
884	Laprosopic Pyeloplasty	9775	11241
885	Laprosopic surgery for Renal cyst	9775	11241
886	Laprosopic ureterolithotomy	11500	13225
887	Laprosopic Nephro ureterectomy	13225	15209
888	Lithotripsy Extra corporeal shock wave.	19550	22483
889	Uroflow Study (Uroflometry)	450	518
890	Urodynamic Study (Cystometry)	480	552
891	Cystoscopy with Retrograde Catheter -Unilateral /RGP	2803	3223
892	Cystoscopy with Retrograde Catheter - Bilateral /RGP	4675	5500
893	Cystoscopy with Bladder Biopsy (Cold Cup Biopsy)	3381	3888
894	Voiding-cysto-urethrogram and retrograde urethrogram (Nephrostogram)	414	476
895	Radical prostatectomy-Open	17825	20499
896	Radical prostatectomy-Laprosopic	20125	23144
897	Radical prostatectomy- Robotic (Robotic Partial Nephrectomy)	20125	23144
898	Hollmium YAG Prostate Surgery	15000	17250
899	Hollmium YAG OIU	4600	5290
900	Hollmium YAG Core Through	17250	19838
901	Hollmium YAG Stone Lithotripsy	10200	12000
902	Green Light laser for prostate	17250	19838
903	RIRS/ Flexible Ureteroscopy	6800	7820
904	Microscopic VEA/ Vaso-Vasostomy (for Infertility)	13500	15525
905	Cystoscopic Botulinum Toxin Injection ( Over active bladder/ Neurogenic bladder)	6800	7820
906	Peyronie's disease – Plaque excision with grafting	3400	4000
907	High Intensity Focus Ultrasound (HIFU) (Robotic) for Carcinoma prostate and renal cell carcinoma	4600	5290
908	Prosthetic surgery for urinary incontinence	2300	2645
909	TRUS guided prostate biopsy	575	661
910	Ultra sound guided PCN	720	828
911	Other Major Surgery	15000	17250
912	Other Minor Surgery	6800	7820
	<b>TREATMENT PROCEDURE NEURO-SURGERY</b>		
913	Craniotomy and Evacuation of Haematoma -Subdural	50715	58322
914	Craniotomy and Evacuation of Haematoma -Extradural	50000	57500
915	Evacuation /Excision of Brain Abscess by craniotomy	40000	46000
916	Excision of Lobe (Frontal Temporal Cerebellum etc.)	41000	47150
917	Excision of Brain Tumours -Supratentorial	39123	44991
918	Excision of Brain Tumours -Infratentorial	45000	51750
919	Surgery of spinal Cord Tumours	45000	51750
920	Ventriculoatrial /Ventriculoperitoneal Shunt	25000	28750
921	Twist Drill Craniostomy	4250	5000

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	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>		
922	Subdural Tapping	2456	2824
923	Ventricular Tapping	2967	3412
924	Abscess Tapping	2875	3306
925	Placement of ICP Monitor -	2875	3306
926	Skull Traction Application	2300	2645
927	Lumber Pressure Monitoring	4250	5000
928	Vascular Malformations	22000	25300
929	Meningo Encephalocele excision and repair	15000	17250
930	Meningomyelocele Repair	24995	28744
931	C.S.F. Rhinorrhoea Repair	28750	33063
932	Cranioplasty	24150	27773
933	Anterior Cervical Dissectomy	16600	19090
934	Brachial Plexus Exploration and neurotization	15525	17854
935	Median Nerve Decompression	14000	16100
936	Peripheral Nerve Surgery – Major	17250	19838
937	Peripheral Nerve Surgery Minor	8280	9522
938	Ventriculo-Atrial Shunt	11615	13357
939	Nerve Biopsy	6900	7935
940	Brain Biopsy	5808	6679
941	Anterior Cervical Spine Surgery with fusion	32200	37030
942	Anterio Lateral Decompression of spine	28750	33063
943	Brain Mapping	837	963
944	Cervical or Dorsal or Lumbar Laminectomy	23000	26450
945	Combined Trans-oral Surgery & CV Junction Fusion	34500	39675
946	C.V. Junction Fusion procedures	30000	34500
947	Depressed Fracture Elevation	25000	28750
948	Lumbar Dissectomy	27600	31740
949	Endarterectomy (Carotid)	20000	23000
950	R.F. Lesion for Trigeminal Neuralgia	11500	13225
951	Spasticity Surgery -	39675	45626
952	Spinal Fusion Procedure	30000	34500
953	Spinal Intra Medullary Tumours	34500	39675
954	Spinal Bifida Surgery Major	18975	21821
955	Spinal Bifida Surgery Minor	15000	17250
956	Stereotaxic Procedures- biopsy/aspiration of cyst	23000	26450
957	Trans Sphenoidal Surgery	30000	34500
958	Trans Oral Surgery	30000	34500
959	Implantation of DBS -One electrode	34500	39675
960	Implantation of DBS -two electrodes	40250	46288
961	Endoscopic aqueductoplasty	15000	17250
962	Facial nerve reconstruction	30000	34500
963	Carotid stenting	42263	48602
964	Cervical disc arthroplasty	27600	31740
965	Lumbar disc arthroplasty	13800	15870
966	Corpus callostomy for Epilepsy	35000	40250
967	Hemishpherotomy for Epilepsy	32200	37030
968	Endoscopic CSF rhinorrhea repair	30000	34500



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	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
969	Burr hole evacuation of chronic subdural haematoma	24150	27773
970	Epilepsy surgery	36225	41659
971	RF lesion for facet joint pain syndrome	17250	19838
972	Cervical laminoplasty	32000	36800
973	Lateral mass C1-C2 screw fixation	23000	26450
974	Microsurgical decompression for Trigeminal nerve	38000	43700
975	Microsurgical decompression for hemifacial spasm	4646	5343
976	IC EC bypass procedures	32000	36800
977	Image guided craniotomy	28980	33327
978	Baclofen pump implantation	39000	44850
979	Programmable VP shunt	25000	28750
980	Endoscopic sympathectomy	17107	19673
981	Lumber puncture	207	238
982	External ventricular drainage (EVD)	4600	5290
983	Endoscopic 3rd ventriculostomy	40000	46000
984	Endoscopic cranial surgery/Biopsy/aspiration	31536	36266
985	Endoscopic discectomy (Lumbar, Cervical)	35621	40964
986	Aneurysm coiling (Endovascular)	34400	39560
987	Surgery for skull fractures	40000	46000
988	Carpel Tunnel decompression	15000	17250
989	Clipping of intracranial aneurysm	24150	27773
990	Surgery for intracranial Arteriovenous malformations(AVM)	40000	46000
991	Foramen magnum decompression for Chari Malformation	93750	107813
992	Dorsal column stimulation for backache in failed back syndrome	28750	33063
993	Surgery for recurrent disc prolapse/epidural fibrosis	32200	37030
994	Surgery for brain stem tumours	43988	50586
995	Decompressive craniotomy for hemispherical acute subdural haematoma/brain swelling/large infarct	40000	46000
996	Intra-arterial thrombolysis with TPA (for ischemic stroke )	4600	5290
997	Steriotactic aspiration of intracerebral haematoma	32545	37427
998	Endoscopic aspiration of intracerebellar haematoma	40000	46000
999	Steriotactic Radiosurgery for brain pathology(X knife/Gamma ) - ONE session	27560	31694
1000	Steriotactic Radiosurgery for brain pathology(X knife / Gamma knife -Two or more sessions	57500	66125
1001	Chemotherapy wafers for malignant brain tumors	14450	16618
1002	Battery Placement for DBS	22000	25300
1003	Baclofen pump implantation for spasticity	17330	19930
1004	Peripheral Nerve tumor surgery	24000	27600
1005	Surgery Intra Cranial Meningioma	20000	23000
1006	Surgery for Intracranial Schwannoma	35000	40250
1007	Surgery for Gliomas	45000	51750
1008	Surgery for Orbital tumors	40000	46000

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Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1009	Surgery for Cranial (Skull) tumors	38500	44275
1010	Surgery for Scalp AVM's	25000	28750
1011	Kyphoplasty	40000	46000
1012	Balloon Kyphoplasty	40000	46000
1013	Lesioning procedures for Parkinson's disease, Dystonia etc.	35000	40250
1014	Other Major Surgery	42500	50000
1015	Other Minor Surgery	17000	20000
	TREATMENT PROCEDURE PAEDIATRIC SURGERY		
1016	Excision of thyroglossal Duct/Cyst	16000	18400
1017	Diaphragmatic Hernia Repair (Thoracic or Abdominal Approach)	17250	19838
1018	Tracheo Oesophageal Fistula (Correction Surgery)	23000	26450
1019	Colon Replacement of Oesophagus	23000	26450
1020	Omphalo Mesenteric Cyst Excision	17250	19838
1021	Omphalo Mesenteric Duct- Excision	15525	17854
1022	Meckels Diverticulectomy	3347	3849
1023	Omphalocele 1st Stage (Hernia Repair)	15525	17854
1024	Omphalocele 2nd Stge (Hernia Repair)	17250	19838
1025	Gastrochisis Repair	16100	18515
1026	Inguinal Herniotomy	12558	14442
1027	Congenital Hydrocele	12000	13800
1028	Hydrocele of Cord	12000	13800
1029	Torsion Testis Operation	15000	17250
1030	Congenital Pyloric Stenosis- operation	13938	16029
1031	Duodenal- Atresia Operation	14000	16100
1032	Pancreatic Ring Operation	22425	25789
1033	Meconium Ileus Operation	14500	16675
1034	Malrotation of Intestines Operation	13000	14950
1035	Rectal Biopsy (Megacolon)	9736	11196
1036	Colostomy Transverse	15000	17250
1037	Colostomy Left Iliac	15000	17250
1038	Abdominal Perineal Pull Through (Hirschsprugis Disease)	19000	21850
1039	Imperforate Anus Low Anomaly -Cut Back Operation	10235	11770
1040	Imperforate Anus Low Anomaly - Perineal Anoplasty	12000	13800
1041	Imperforate Anus High Anomaly -Sacroabdomino Perineal Pull Through	12500	14375
1042	Imperforate Anus High Anomaly - Closure of Colostomy	8625	9919
1043	Intususception Operation	20700	23805
1044	Choledochoduodenostomy for Atresia of Extra Hepatic Billiary Duct	15000	17250
1045	Operation of Choledochal Cyst	16000	18400
1046	Nephrectomy for -Pyonephrosis	17000	19550
1047	Nephrectomy for - Hydronephrosis	15000	17250

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1048	Nephrectomy for -Wilms Tumour	15000	17250
1049	Paraortic Lymphadenectomy with Nephrectomy for Wilms Tumour	20000	23000
1050	Sacro-Coccygeal Teratoma Excision	14000	16100
1051	Neuroblastoma Debulking	16000	18400
1052	Neuroblastoma Total Excision	20700	23805
1053	Rhabdomyosarcoma wide Excision	15000	17250
1054	Congenital Atresia & Stenosis of Small Intestine	19000	21850
1055	Muconium ileus	16000	18400
1056	Mal-rotation & Volvulus of the Midgut	15000	17250
1057	Excision of Meckle's Deverticulum	12000	13800
1058	Other Major Surgery	27000	31050
1059	Other Minor Surgery	11050	13000
	<b>TREATMENT PROCEDURE BURNS AND PLASTIC SURGERY</b>		
1060	Primary Suturing of Wound	300	345
1061	Injection of Keloids - Ganglion	1099	1264
1062	Injection of Keloids - Haemangioma	1150	1323
1063	Free Grafts - Wolfe Grafts	1725	1984
1064	Free Grafts - Theirech- Small Area 5%	7475	8596
1065	Free Grafts - Large Area 10%	8000	9200
1066	Free Grafts - Very Large Area 20% and above.	10350	11903
1067	Skin Flaps - Rotation Flaps	8970	10316
1068	Skin Flaps - Advancement Flaps	12500	14375
1069	Skin Flaps - Direct- cross Leg Flaps- Cross Arm Flap	12500	14375
1070	Skin Flaps - Cross Finger	12500	14375
1071	Skin Flaps - Abdominal	9350	11000
1072	Skin Flaps - Thoracic	9350	11000
1073	Skin Flaps - Arm Etc.	11000	12650
1074	Subcutaneous Pedicle Flaps Raising	6900	7935
1075	Subcutaneous Pedicle Flaps Delay	5950	7000
1076	Subcutaneous Pedicle Flaps Transfer	5950	7000
1077	Cartilage Grafting	8625	9919
1078	Reduction of Facial Fractures of Nose	1380	1587
1079	Reduction of Facial Fractures of Maxilla	8000	9200
1080	Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	7475	8596
1081	Reduction of Fractures of Mandible & Maxilla - Cast Metal Splints	6900	7935
1082	Reduction of Fractures of Mandible & Maxilla - Gumming Splints	7500	8625
1083	Internal Wire Fixation of Mandible & Maxilla	11500	13225
1084	Cleft Lip - repair.	11500	13225
1085	Cleft Palate Repair	12650	14548
1086	Primary Bone Grafting for alveolar cleft in Cleft Lip	11500	13225
1087	Secondary Surgery for Cleft Lip Deformity	10000	11500
1088	Secondary Surgery for Cleft Palate	12650	14548

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1089	Reconstruction of Eyelid Defects - Minor	6325	7274
1090	Reconstruction of Eyelid Defects - Major	8500	9775
1091	Plastic Surgery of Different Regions of the Ear - Minor	8050	9258
1092	Plastic Surgery of Different Regions of the Ear - Major	10350	11903
1093	Plastic Surgery of the Nose - Minor	8050	9258
1094	Plastic Surgery of the Nose - Major	9500	10925
1095	Plastic Surgery for Facial Paralysis (Support with Reanimation)	16100	18515
1096	Pendulous Breast - Mammoplasty	13000	14950
1097	Underdeveloped Breast Mammoplasty	12000	13800
1098	After Mastectomy (Reconstruction)Mammoplasty	12000	13800
1099	Syndactyly Repair	12750	15000
1100	Dermabrasion Face	13225	15209
1101	upto 30% Burns 1st Dressing	152	175
1102	upto 30% Burns Subsequent Dressing	124	143
1103	30% to 50% Burns 1st Dressing	193	222
1104	30% to 50% Burns Subsequent Dressing	152	175
1105	Extensive Burn -above 50% Frist Dressing	276	317
1106	Extensive Burn -above 50% Subsequent dressing	193	222
	<b>TREATMENT PROCEDURE ORTHOPEDICS</b>		
1107	Plaster Work	255	300
1108	Fingers (post slab)	259	298
1109	Fingers full plaster	259	298
1110	Colles Fracture - Below elbow	978	1125
1111	Colles Fracture - Full plaster	994	1143
1112	Colles fracture Ant. Or post. slab	400	460
1113	Above elbow full plaster	173	199
1114	Above Knee post-slab	575	288
1115	Below Knee full plaster	173	199
1116	Below Knee post-slab	718	826
1117	Tube Plaster (or plaster cylinder)	800	920
1118	Above knee full plaster	1265	1455
1119	Above knee full slab	1158	1332
1120	Minerva Jacket	2415	2777
1121	Plaster Jacket	2185	2513
1122	Shoulder spica	1955	2248
1123	Single Hip spica	2243	2579
1124	Double Hip spica	2760	3174
1125	Strapping of Finger	179	206
1126	Strapping of Toes	180	207
1127	Strapping of Wrist	230	265
1128	Strapping of Elbow	262	301
1129	Strapping of Knee	345	397
1130	Strapping of Ankle	345	397
1131	Strapping of Chest	460	529
1132	Strapping of Shoulder	518	596
1133	Figure of 8 bandage	518	596

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1134	Collar and cuff sling	255	300
1135	Ball bandage	400	460
1136	Application of P.O.P Casts for Upper & Lower Limbs	633	728
1137	Application of Functiol Cast Brace	1350	1553
1138	Application of Skin Traction	690	794
1139	Application of Skeletal Traction	949	1091
1140	Bandage & Strappings for Fractures	552	635
1141	Aspiration & Intra Articular Injections	575	661
1142	Application of P.O.P Spices & Jackets	2473	2844
1143	Close Reduction of Fractures of Limb & P.O.P	2600	2990
1144	Reduction of Compound Fractures	2760	3174
1145	Open Reduction & Internal Fixation of Fingurs & Toes	5175	5951
1146	Open Reduction of fracture of Long Bones of Upper / Lower Limb -iling & Exterl Fixation	8050	9258
1147	Open Reduction of fracture of Long Bones of Upper / Lower Limb -AO Procedures	9660	11109
1148	Tension Band Wirings	5658	6507
1149	Bone Grafting	6601	7591
1150	Excision of Bone Tumours	6900	7935
1151	Excision or other Operations for Scaphoid Fractures	7188	8266
1152	Sequestrectomy & Saucerisation	6900	7935
1153	Sequestrectomy & Saucerizations -Arthrotomy	9971	11467
1154	Multiple Pinning Fracture Neck Femur	11500	13225
1155	Plate Fixations for Fracture Neck Femur	13500	15525
1156	A.O.Compression Procedures for Fracture Neck Femur	16560	19044
1157	Open Reduction of Fracture Neck Femur Muscle Pedicle Graft and Internal Fixations	19500	22425
1158	Close Reduction of Dislocations	3174	3650
1159	Open Reduction of Dislocations	3439	3955
1160	Open Reduction of Fracture Dislocation & Internal Fixation	13500	15525
1161	Neurolysis/Nerve repair	13800	15870
1162	Nerve Repair with Grafting	16675	19176
1163	Tendon with Transplant or Graft	10350	11903
1164	Tendon Lengthening/Tendon repair	8050	9258
1165	Tendon Transfer	3105	3571
1166	Laminectomy Excision Disc and Tumours	4830	5555
1167	Spil Ostectomy and Internal Fixations	24150	27773
1168	Anterolateral decompression for tuberculosis/ Costo-Transversectomy	3450	3968
1169	Antereolateral Decompression and Spil Fusion	19350	22253
1170	Corrective Ostectomy & Internal Fixation - short bones	13800	15870
1171	Corrective Ostectomy & Internal Fixation - long bones	11040	12696
1172	Arthrodesis of - Minor Joints	10350	11903
1173	Arthrodesis of - Major Joints	10000	11500
1174	Soft Tissue Operations for C.T.E.V.	8050	9258
1175	Soft Tissue Operations for Polio	6900	7935

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Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1176	Hemiarthroplasty- Hip	20000	23000
1177	Hemiarthroplasty- Shoulder	20000	23000
1178	Operations for Brachial Plexus & Cervical Rib	24150	27773
1179	Amputations - Below Knee	6900	7935
1180	Amputations - Below Elbow	6843	7869
1181	Amputations - Above Knee	8050	9258
1182	Amputations - Above Elbow	6843	7869
1183	Amputations - Forequarter	13225	15209
1184	Amputations -Hind Quarter and Hemipelvectomy	18400	21160
1185	Disarticulations - Major joint	20700	23805
1186	Disarticulations - Minor joint	12650	14548
1187	Arthrography	9200	10580
1188	Arthroscopy - Diagnostic	8568	9853
1189	Arthroscopy-therapeutic: without implant	10000	11500
1190	Arthroscopy-therapeutic: with implant	17250	19838
1191	Soft Tissue Operation on JOINTS -SMALL	6900	7935
1192	Soft Tissue Operation on JOINTS -LARGE	13500	15525
1193	Myocutaneous and Fasciocutaneous Flap Procedures for Limbs	18630	21425
1194	Removal of Wires & Screw	1760	2024
1195	Removal of Plates	4140	4761
1196	Total Hip Replacement	79000	90850
1197	Total Ankle Joint Replacement	95400	109710
1198	Total Knee Joint Replacement	110000	126500
1199	Total Shoulder Joint Replacement	79000	90850
1200	Total Elbow Joint Replacement	79000	90850
1201	Total Wrist Joint Replacement	100000	115000
1202	Total finger joint replacement	20000	23000
1203	Tubular external fixator	4600	5290
1204	Ilizarov's external fixator	7763	8927
1205	Pelvi-acetebular fracture -Internal fixation	8625	9919
1206	Meniscectomy	12000	13800
1207	Meniscus Repair	10000	11500
1208	ACL Reconstruction	8500	9775
1209	PCL Reconstruction	13500	15525
1210	Knee Collateral Ligament Reconstruction	12500	14375
1211	Bencarf Repair Shoulder	13200	15180
1212	RC Repair	1500	1725
1213	Biceps tenodesis	14000	16100
1214	Distal biceps tendon repair	10380	11937
1215	Arthrolysis of knee	12500	14375
1216	Capsulotomy of Shoulder	15800	18170
1217	Conservative Pop	1200	1380
1218	Application for CTEV per sitting	1200	1380
1219	Total Hip Replacement Revision Stage-I	17000	19550
1220	Total Hip Replacement Revision Stage-II	50000	57500
1221	Total Knee Replacement Revision Stage-I	35000	40250

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
1222	Total Knee Replacement Revision Stage-II	35000	40250
1223	Illizarov/ external fixation for limb lengthening/ deformity correction	12500	14375
1224	Discectomy/ Micro Discectomy	12500	14375
1225	Laminectomy	4646	5343
1226	Spinal Fixation Cervical/dorsolumbar/ lumbosacral	16000	18400
1227	Fusion Surgery Cervical/ Lumbar Spine upto 2 Level	22000	25300
1228	More than 2 Level	12000	13800
1229	Scoliosis Surgery/ Deformity Correction of Spine	25000	28750
1230	Vertebroplasty	12000	13800
1231	Spinal Injections	450	518
1232	DHS for Fracture Neck Femur	15000	17250
1233	Proximal Femoral Nail (PFN for IT Fracture)	14000	16100
1234	Spinal Osteotomy	1434	1649
1235	Illizarov's / External Fixation for Trauma	13000	14950
1236	Soft Tissue Operations for Polio/ Cerebral Palsy	10557	12420
1237	Mini Fixator for Hand/Foot	9000	10350
1238	Other Major Surgery	38250	45000
1239	Other Minor Surgery	11883	13980
	<b>TREATMENT PROCEDURE PHYSIOTHERAPY</b>		
1240	Ultrasonic therapy	78	90
1241	S.W. Diathermy	78	90
1242	Electrical stimulation (therapeutic)	78	90
1243	Muscle testing and diagnostic	71	82
1244	Infra red	78	90
1245	U.V. Therapeutic dose	58	67
1246	Intermittent Lumbar Traction	78	90
1247	Intermittent Cervical traction	75	86
1248	Wax bath	75	86
1249	Hot pack	78	90
1250	Breathing Exercises & Postural Drainage	50	58
1251	Cerebral Palsy – exercise	50	58
1252	Post – polio exercise	50	58
	<b>NUCLEAR MEDICINE / RADIOTHERAPY AND CHEMOTHERAPY</b>		
1253	Cobalt 60 therapy		
1254	Radical therapy	68425	78689
1255	Palliative therapy	24438	28104
1256	Linear accelerator		
1257	Radical therapy	58650	67448
1258	Palliative therapy	34213	39345
1259	3 D Planning	4888	5621
1260	2 D Planning	4888	5621
1261	IMRT(Intensity Modulated radiotherapy)	100878	116010
1262	SRT (Stereotactic radiotherapy)	60996	70145
1263	SRS(Stereotactic radio surgery)	80546	92628
1264	IGRT(Image guided radiotherapy)	147016	169068

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
1265	Respiratory Gating-alongwith Linear accelerator planning	110000	126500
1266	Electron beam with Linear accelerator	67473	79380
1267	Tomotherapy	79400	91310
	<b>NUCLEAR MEDICINE / BRACHYTHERAPY- HIGH DOSE RADIATION</b>		
1268	Intracavitary	11730	13490
1269	Interstitial	58650	67448
1270	Intraluminal	9775	11241
1271	Surface mould	4644	5341
1272	GLIADAL WAFER	93900	107985
	<b>NUCLEAR MEDICINE / CHEMOTHERAPY</b>		
1273	Neoadjuvant	863	992
1274	Adjuvant	863	992
1275	Concurrent-chemoadiation	920	1058
1276	Single drug	552	635
1277	Multiple drugs	897	1032
1278	Targeted therapy	920	1058
1279	Chemoport facility	920	1058
1280	PICC line (peripherally inserted Central canulisation)	920	1058
	<b>LIST OF PROCEDURES/ TESTS IN GASTROENTEROLOGY / ENDOSCOPIC PROCEDURES</b>		
1281	Upper G.I. Endoscopy + Lower G.I. Endoscopy	1725	1984
1282	Diagnostic endoscopy	250	288
1283	Endoscopic biopsy	345	397
1284	Endoscopic mucosal resection	1543	1815
1285	Oesophageal stricture dilatation	1725	1984
1286	Balloon dilatation of achalasia cardia	2875	3306
1287	Foreign body removal	1725	1984
1288	Oesophageal stenting	3000	3450
1289	Band ligation of oesophageal varices	2500	2875
1290	Sclerotherapy of oesophageal varices	2500	2875
1291	Glue injection of varices	2500	2875
1292	Argon plasma coagulation	4025	4629
1293	Pyloric balloon dilatation	2415	2777
1294	Enteranal stenting	3680	4232
1295	Duodenal stricture dilation	990	1139
1296	Single balloon enteroscopy	4000	4600
1297	Double balloon enteroscopy	3500	4025
1298	Capsule endoscopy	4950	5693
1299	Piles banding	1099	1264
1300	Colonic stricture dilatation	2737	3148
1301	Hot biopsy forceps procedures	3000	3450
1302	Colonic stenting	2737	3148
1303	Junction biopsy	2000	2300
1304	Conjugal microscopy	4000	4600



Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1305	Endoscopic sphincterotomy	2415	2777
1306	CBD stone extraction	2415	2777
1307	CBD stricture dilatation	6500	7475
1308	Biliary stenting (plastic and metallic)	4830	5555
1309	Mechanical lithotripsy of CBD stones	8000	9200
1310	Pancreatic sphincterotomy	6375	7500
1311	Pancreatic stricture dilatation	5750	6613
1312	Pancreatic stone extraction	10098	11613
1313	Mechanical lithotripsy of pancreatic stones	11385	13093
1314	Endoscopic cysto gastrostomy	8050	9258
1315	Balloon dilatation of papilla	6900	7935
1316	Ultrasound guided FNAC	575	661
1317	Ultrasound guided abscess Drainage	720	828
1318	PTBD	1150	1323
1319	Diagnostic angiography	2000	2300
1320	Vascular embolization	15100	17365
1321	TIPS	5400	6210
1322	IVC graphy + hepatic veinography	34212	39344
1323	Muscular stenting	97750	112413
1324	BRTO	57500	66125
1325	Portal haemodynamic studies	1913	2250
1326	Manometry and PH metry	1612	1897
1327	Oesophageal PH metry	5000	5750
1328	Oesophageal manometry	5000	5750
1329	Small bowel manometry	6800	8000
1330	Anorectal manometry	6800	8000
1331	Colonic manometry	7650	9000
1332	Biliary manometry	7650	9000
1333	Sengstaken blackenese tube tempode	2875	3306
1334	Lintas machles tube tempode	2875	3306
1335	Fecal fat test/ fecal chymotrypsin/ fecal elastase	350	403
1336	Breath tests	300	345
1337	Extra corporeal shortwave lithotripsy	41400	47610
1338	Liver biopsy	1380	1587
	NAME OF INVESTIGATION / DENTAL		
1339	Dental IOPA X-ray	50	58
1340	Occlusal X-ray	78	90
1341	OPG X-ray	196	225
	NAME OF INVESTIGATION / PULMONARY		
1342	Lung Ventilation & Perfusion Scan (V/Q Scan)	3600	4140
1343	Lung Perfusion Scan	2000	2300
	NAME OF INVESTIGATION / OSTEOLOGY		
1344	Whole Body Bone Scan with SPECT.	3421	3934
1345	Three phase whole body Bone Scan	3421	3934
	NAME OF INVESTIGATION / NEUROSCIENCES		
1346	Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.	9775	11241

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1347	Radionuclide Cisternography for CSF leak	3740	4400
	NAME OF INVESTIGATION / GASTRO AND HEPATOBILIARY		
1348	Gastro esophageal Reflux Study (G.E.R. Study)	1955	2248
1349	Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs.	3421	3934
1350	Hepatobiliary Scintigraphy.	2444	2811
1351	Meckel's Scan	1955	2248
1352	Hepatosplenic scintigraphy with Technetium-99m radiopharmaceuticals	1870	2200
1353	Gastric emptying	1275	1466
	NAME OF INVESTIGATION / GENITOURINARY		
1354	Renal Cortical Scintigraphy with Technetium 99m D.M.S.A.	3421	3934
1355	Dynamic Renography.	3421	3934
1356	Dynamic Renography with Diuretic.	3421	3934
1357	Dynamic Renography with Captopril	1960	2254
1358	Testicular Scan	1466	1686
	NAME OF INVESTIGATION / ENDOCRINOLOGY		
1359	Thyroid Uptake measurements with 131-Iodine.	1564	1799
1360	Thyroid Scan with Technetium 99m Perchnetate.	1466	1686
1361	Lodine-131 Whole Body Scan.	2933	3373
1362	Whole Body Scan with M.I.B.G.	17595	20234
1363	Parathyroid Scan	4888	5621
	NAME OF INVESTIGATION / RADIO-ISOTOPE THERAPY		
1364	131-Iodine Therapy	1530	1800
1365	131-Iodine Therapy <15mCi	3854	4432
1366	131-Iodine Therapy 15-50mCi	4956	5699
1367	131-Iodine Therapy 51-100mCi	12000	13800
1368	131-Iodine Therapy >100mCi	15000	17250
1369	Phosphorus-32 therapy for metastatic bone pain palliation	5000	5750
1370	Samarium-153 therapy for metastatic bone pain palliation	10450	12018
1371	Radiosynovectomy with Yttrium	21250	25000
	NAME OF INVESTIGATION / CARDIOLOGY		
1372	Stress thallium / Myocardial Perfusion Scintigraphy	9450	10868
1373	Rest thallium / Myocardial Perfusion Scintigraphy	8000	9200
1374	Venography	3300	3795
1375	TMT	489	562
1376	TEE	489	562
1377	Lymph angiography	1613	1855
	NAME OF INVESTIGATION / TUMOUR IMAGING		
1378	Scintimammography.	4800	5520
1379	Indium labeled octerotide Scan.	73313	84310

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
	NAME OF INVESTIGATION / PET SCAN		
1380	FDG Whole body PET / CT Scan	20528	23607
1381	Brain I Heart FDG PET / CTScan,	14663	16862
1382	Gallium-68 Peptide PET / CT imaging for Neuroendocrine Tumor	15000	17250
	LABORATORY MEDICINE / CLINICAL PATHOLOGY		
1383	Urine routine- pH, Specific gravity, sugar, protein and microscopy	35	40
1384	Urine-Microalbumin	70	81
1385	Stool routine	35	40
1386	Stool occult blood	24	28
1387	Post coital smear examination	30	35
1388	Semen analysis	35	40
	LABORATORY MEDICINE / HAEMATOLOGY		
1389	Haemoglobin (Hb)	18	21
1390	Total Leucocytic Count (TLC)	31	36
1391	Differential Leucocytic Count (DLC)	31	36
1392	E.S.R.	25	29
1393	Total Red Cell count with MCV,MCH,MCHC,DRW	32	37
1394	Complete Haemogram/CBC, Hb,RBC count and indices, TLC, DLC, Platelet, ESR, Peripheral smear examination	135	155
1395	Platelet count	48	55
1396	Reticulocyte count	48	55
1397	Absolute Eosinophil count	48	55
1398	Packed Cell Volume (PCV)	13	15
1399	Peripheral Smear Examination	43	49
1400	Smear for Malaria parasite	41	47
1401	Bleeding Time	35	40
1402	Osmotic fragility Test	50	58
1403	Bone Marrow Smear Examination	70	81
1404	Bone Marrow Smear Examination with iron stain	250	288
1405	Bone Marrow Smear Examination and cytochemistry	440	506
1406	Activated partial ThromboplastinTime (APTT)	102	117
1407	Rapid test for malaria(card test)	44	51
1408	WBC cytochemistry for leukemia -Complete panel	110	127
1409	Bleeding Disorder panel- PT, APTT, Thrombin Time Fibrinogen, D-Dimer/ FDP	400	460
1410	Factor Assays-Factor VIII	720	828
1411	Factor Assays-Factor IX	680	782
1412	Platelet Function test	50	58
1413	Tests for hypercoagulable states- Protein C, Protein S, Antithrombin	400	460
1414	Tests for lupus anticoagulant	150	173
1415	Tests for Antiphospholipid antibody IgG, IgM ( for cardiolipin and B2 Glycoprotein 1)	500	575

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Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1416	Thalassemia studies (Red Cell indices and Hb HPLC)	560	644
1417	Tests for Sickling / Hb HPLC)	77	89
	LABORATORY MEDICINE / BLOOD BANK		
1418	Blood Group & RH Type	30	35
1419	Cross match	50	58
1420	Coomb's Test Direct	90	104
1421	Coomb's Test Indirect	100	115
1422	3 cell panel- antibody screening for pregnant female	170	200
1423	11 cells panel for antibody identification	170	200
1424	HBs Ag	102	120
1425	HCV	128	150
1426	HIV I and II	150	173
1427	VDRL	43	50
1428	RH Antibody titer	80	92
1429	Platelet Concentrate	56	64
1430	Random Donor Platelet(RDP)	128	150
1431	Single Donor Platelet (SDP- Apheresis)	150	173
	LABORATORY MEDICINE / HISTOPATHOLOGY		
1432	Routine-H & E	90	104
1433	special stain	65	75
1434	Immunohistochemistry(IHC)	750	863
1435	Frozen section	780	897
1436	Paraffin section	343	394
	LABORATORY MEDICINE / CYTOLOGY		
1437	Pap Smear	150	173
1438	Body fluid for Malignant cells	150	173
1439	FNAC	200	230
	NAME OF INVESTIGATION / FLOW CYTOMETRY		
1440	Leukemia panel /Lymphoma panel	1536	1766
1441	PNH Panel-CD55,CD59	1000	1150
	LABORATORY MEDICINE / CYTOGENETIC STUDIES		
1442	Karyotyping	1539	1770
1443	FISH	500	575
	LABORATORY MEDICINE / BIO-CHEMISTRY		
1444	Blood Glucose Random	24	28
1445	24 hrs urine for Proteins,Sodium, creatinine	50	58
1446	Blood Urea Nitrogen	54	62
1447	Serum Creatinine	55	63
1448	Urine Bile Pigment and Salt	25	29
1449	Urine Urobilinogen	20	23
1450	Urine Ketones	30	35
1451	Urine Occult Blood	35	40
1452	Urine total proteins	18	21
1453	Rheumatoid Factor test	100	115
1454	Bence Jones protein	47	54

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1455	Serum Uric Acid	55	63
1456	Serum Bilirubin total & direct	80	92
1457	Serum Iron	90	104
1458	C.R.P.	100	115
1459	C.R.P Quantitative	160	184
1460	Body fluid (CSF/Ascitic Fluid etc.)Sugar, Protein etc.	90	104
1461	Albumin.	18	21
1462	Creatinine clearance.	80	92
1463	Serum Cholesterol	62	71
1464	Total Iron Binding Capacity	80	92
1465	Glucose (Fasting & PP)	47	54
1466	Serum Calcium –Total	60	69
1467	Serum Calcium –Ionic	44	51
1468	Serum Phosphorus	60	69
1469	Total Protein Alb/Glo Ratio	50	58
1470	IgG.	250	288
1471	IgM.	250	288
1472	IgA.	250	288
1473	ANA.	200	230
1474	Ds DNA.	350	403
1475	S.G.P.T.	55	63
1476	S.G.O.T.	55	63
1477	Serum amylase	117	135
1478	Serum Lipase	130	150
1479	Serum Lactate	72	83
1480	Serum Magnesium	100	115
1481	Serum Sodium	50	58
1482	Serum Potassium	50	58
1483	Serum Ammonia	100	115
1484	Anemia Profile	204	240
1485	Serum Testosterone	150	173
1486	Imprint Smear From Endoscopy	240	276
1487	Triglyceride	75	86
1488	Glucose Tolerance Test (GTT)	90	104
1489	Triple Marker.	800	920
1490	C.P.K.	100	115
1491	Foetal Haemoglobin (HbF)	85	100
1492	Prothrombin Time (P.T.)	110	127
1493	L.D.H.	100	115
1494	Alkaline Phosphatase	60	69
1495	Acid Phosphatase	78	90
1496	CK MB	190	219
1497	CK MB Mass	140	161
1498	Troponin I	100	115
1499	Troponin T	600	690
1500	Glucose Phosphate Dehydrogenase (G, 6PD)	100	115
1501	Lithium.	130	150

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1502	Dilantin (phenytoin).	400	460
1503	Carbamazepine.	400	460
1504	Valproic acid.	300	345
1505	Feritin.	250	288
1506	Blood gas analysis	120	138
1507	Blood gas analysis with electrolytes	460	529
1508	Urine pregnancy test	65	75
1509	Tests for Antiphospholipid antibodies syndrome.	280	322
1510	Hb A1 C	130	150
1511	Hb Electrophoresis/ Hb HPLC	100	115
1512	Kidney Function Test.	225	259
1513	Liver Function Test.	225	259
1514	Lipid Profile.( Total cholesterol,LDL,HDL,treiglycerides)	200	230
	Nutritional Markers		
1515	Serum Iron	90	104
1516	Total Iron Binding Capacity	90	104
1517	Serum Ferritin	100	115
1518	Vitamin B12 assay.	250	288
1519	Folic Acid assay.	300	345
1520	Extended Lipid Profile.( Total cholesterol,LDL,HDL,treiglycerides,Apo A1,Apo B,Lp(a) )	595	684
1521	Apo A1.	200	230
1522	Apo B.	199	229
1523	Lp (a).	445	512
1524	CD 3,4 and 8 counts	170	200
1525	CD 3,4 and 8 percentage	170	200
1526	LDL.	62	71
1527	Homocysteine.	400	460
1528	HB Electrophoresis.	440	506
1529	Serum Electrophoresis.	220	253
1530	Fibrinogen.	165	190
1531	Chloride.	60	69
1532	Magnesium.	150	173
1533	GGTP.	90	104
1534	Lipase.	239	275
1535	Fructosamine.	200	230
1536	β2 microglobulin	90	104
1537	Catecholamines.	1050	1208
1538	Creatinine clearance.	120	138
	NAME OF INVESTIGATION / TUMOUR MARKERS		
1539	PSA- Total.	312	359
1540	PSA- Free.	375	431
1541	AFP.	300	345
1542	HCG.	289	332

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1543	CA. 125.	391	450
1544	CA 19,9.	616	708
1545	CA 15.3.	560	644
1546	Vinyl Mandelic Acid	350	403
1547	Calcitonin	500	575
1548	Carcioembryonic antigen(CEA)	340	391
	<b>OTHERS</b>		
1549	Immunofluorescence	150	173
1550	Direct(Skin and kidney Disease)	425	500
1551	Indirect (antids DNA Anti Smith ANCA)	425	500
1552	VitD3 assay	550	633
1553	Serum Protein electrophoresis with immunofixationelectrophoresis (IFE)	300	345
1554	BETA-2 Microglobulin assay	100	115
1555	Anti cycliocitrullinated peptide (Anti CCP)	450	518
1556	Anti tissuetransglutaminase antibody	425	500
1557	Serum Erythropoetin	425	500
1558	ACTH	500	575
	<b>HARMONES</b>		
1559	T3, T4, TSH	200	230
1560	T3	64	75
1561	T4	64	75
1562	TSH	90	104
1563	LH	150	173
1564	FSH	150	173
1565	Prolactin	150	173
1566	Cortisol	250	288
1567	PTH(Paratharmone)	500	575
1568	C-Peptide.	330	380
1569	Insulin.	150	173
1570	Progesterone.	225	259
1571	17-DH Progesterone.	440	506
1572	DHEAS.	440	506
1573	Androstendione.	600	690
1574	Growth Hormone.	340	391
1575	TPO.	300	345
1576	Throglobulin.	300	345
1577	Hydatic Serology.	318	374
1578	Anti Sperm Antibodies.	380	437
1579	HBV DNA Qualitative	2000	2300
1580	HBV DNA Quantitative.	1500	1725
1581	HCV RNA Qualitative.	1691	1945
1582	HPV serology	218	251
1583	Rota Virus serology	130	150
1584	PCR for TB	900	1035
1585	PCR for HIV	600	690
1586	Chlamydae antigen	850	978

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	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
1587	chlamydae antibody	238	280
1588	Brucella serology	230	265
1589	Influenza A serology	943	1084
	<b>USG, X-RAY , CT, MRI, BONE DENSITOMETRY</b>		
1590	USG for Obstetrics - Anomalies scan	770	886
1591	Abdomen USG	323	380
1592	Pelvic USG ( prostate, gynae, infertility etc)	255	300
1593	Small parts USG ( scrotum, thyroid , parathyroid etc)	349	410
1594	Neonatal head (Tranfontanellar)	425	489
1595	Neonatal spine	500	575
1596	Contrast enhanced USG	900	1035
1597	USG Breast	349	410
1598	USG Hystero-Salpaingography (HSG)	255	300
1599	Carotid Doppler	850	1000
1600	Arterial Colour Doppler	706	830
1601	Venous Colour Doppler	706	830
1602	Colour Doppler, renal arteries/any other organ	800	920
1603	USG guided intervention- FNAC	490	564
1604	USG guided intervention - biopsy	720	828
1605	USG guided intervention - nephrostomy	800	920
	<b>X-Ray</b>		
1606	Abdomen AP Supine or Erect (One film)	128	150
1607	Abdomen Lateral view (one film)	128	150
1608	Chest PA view (one film)	60	70
1609	Chest Lateral (one film)	60	70
1610	Mastoids: Towne view, oblique views (3 films)	250	288
1611	Extremities, bones & Joints AP & Lateral views (Two films)	255	300
1612	Pelvis A.P (one film)	110	127
1613	T. M. Joints (one film)	110	127
1614	Abdomen & Pelvis for K. U. B.	128	150
1615	Skull A. P. & Lateral (2 films)	255	300
1616	Spine A. P. & Lateral (2 films)	250	288
1617	PNS view (1 film)	110	127
	<b>X RAY CONTRAST STUDIES</b>		
1618	Barium Swallow	510	600
1619	Barium Upper GI study	800	920
1620	Barium Upper GI study (Double contrast)	935	1100
1621	Barium Meal follow through	935	1100
1622	Barium Enema (Single contrast/double contrast)	850	1000
1623	Small bowel enteroclysis	1020	1200
1624	ERCP (Endoscopic Retrograde Cholangio – Pancreatography)	2500	2875
1625	General :Fistulography /Sinography/Sialography/Dacrocystography/ T-Tube cholangiogram/Nephrostogram	638	750
1626	Percutaneous transhepatic cholangiography (PTC)	1440	1656



Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1627	Intravenous Pyelography (IVP)	1190	1400
1628	Micturating Cystourethrography (MCU)	680	800
1629	Retrograde Urethrography (RGU)	680	800
1630	Contrast Hystero-Salpingography (HSG)	1020	1200
1631	X ray - Arthrography	700	805
1632	Cephalography	150	173
1633	Myelography	2750	3163
1634	Diagnostic Digital Subtraction Angiography (DSA)	1749	2011
	<b>MAMMOGRAPHY</b>		
1635	X-ray Mammography	315	370
1636	MRI Mammography	2550	3000
	<b>CT</b>		
1637	CT Head-Without Contrast	900	1035
1638	CT Head- with Contrast (+/- CT angiography)	1350	1553
1639	C. T. Chest - without contrast (for lungs)	1700	2000
1640	C. T. Scan Lower Abdomen(incl. Pelvis) With Contrast	1700	1955
1641	C. T. Scan Lower Abdomen( Incl. Pelvis) Without Contrast	1500	1725
1642	C. T. Scan Whole Abdomen Without Contrast	3000	3450
1643	C. T. Scan Whole Abdomen With Contrast	4500	5175
1644	Triple Phase CT abdomen	4500	5175
1645	CT angiography abdomen/ Chest	4500	5175
1646	CT Enteroclysis	6000	6900
1647	C. T. Scan Neck – Without Contrast	1500	1725
1648	C. T. Scan Neck – With Contrast	1870	2200
1649	C. T. Scan Orbits - Without Contrast	1190	1400
1650	C. T. Scan Orbits - With Contrast	1615	1900
1651	C. T. Scan of Para Nasal Sinuses- Without Contrast	900	1035
1652	C. T. Scan of Para Nasal Sinuses - With Contrast	1600	1840
1653	C. T. Spine (Cervical, Dorsal, Lumbar, Sacral)–without contrast	1500	1725
1654	CT Temporal bone – without contrast	893	1050
1655	CT - Dental	1275	1500
1656	C. T. Scan Limbs -Without Contrast	1700	2000
1657	C. T. Scan Limbs -With Contrast including CT angiography	2253	2650
1658	C.T. Guided intervention –FNAC	1200	1380
1659	C.T. Guided Trucut Biopsy	1200	1380
1660	C. T. Guided intervention -percutaneous catheter drainage / tube placement	1305	1535
	<b>MRI</b>		
1661	MRI Head – Without Contrast	1998	2350
1662	MRI Head – With Contrast	2848	3350
1663	MRI Orbits – Without Contrast	1445	1700
1664	MRI Orbits – With Contrast	2000	2300
1665	MRI Nasopharynx and PNS – Without Contrast	2450	2818
1666	MRI Nasopharynx and PNS – With Contrast	3500	4025

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	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1667	MR for Salivary Glands with Sialography	3000	3450
1668	MRI Neck - Without Contrast	3000	3450
1669	MRI Neck- with contrast	5000	5750
1670	MRI Shoulder – Without contrast	2000	2300
1671	MRI Shoulder – With contrast	2600	3000
1672	MRI shoulder both Joints - Without contrast	3000	3450
1673	MRI Shoulder both joints – With contrast	4000	4600
1674	MRI Wrist Single joint - Without contrast	2125	2500
1675	MRI Wrist Single joint - With contrast	4000	4600
1676	MRI Wrist both joints - Without contrast	2125	2500
1677	MRI Wrist Both joints - With contrast	5000	5750
1678	MRI knee Single joint - Without contrast	2125	2500
1679	MRI knee Single joint - With contrast	5000	5750
1680	MRI knee both joints - Without contrast	2125	2500
1681	MRI knee both joints - With contrast	5000	5750
1682	MRI Ankle Single joint - Without contrast	2125	2500
1683	MRI Ankle single joint - With contrast	5000	5750
1684	MRI Ankle both joints - With contrast	5000	5750
1685	MRI Ankle both joints - Without contrast	2500	2875
1686	MRI Hip - With contrast	2500	2875
1687	MRI Hip – without contrast	2125	2500
1688	MRI Pelvis – Without Contrast	2125	2500
1689	MRI Pelvis – with contrast	5000	5750
1690	MRI Extremities - With contrast	5000	5750
1691	MRI Extremities - Without contrast	2125	2500
1692	MRI Temporomandibular – B/L - With contrast	4000	4600
1693	MRI Temporomandibular – B/L - Without contrast	2125	2500
1694	MR Temporal Bone/ Inner ear with contrast	4000	4600
1695	MR Temporal Bone/ Inner ear without contrast	2500	2875
1696	MRI Abdomen – Without Contrast	2125	2500
1697	MRI Abdomen – With Contrast	5000	5750
1698	MRI Breast - With Contrast	4250	5000
1699	MRI Breast - Without Contrast	2125	2500
1700	MRI Spine Screening - Without Contrast	1000	1150
1701	MRI Chest – Without Contrast	2125	2500
1702	MRI Chest – With Contrast	4000	4600
1703	MRI Cervical/Cervico Dorsal Spine – Without Contrast	2125	2500
1704	MRI Cervical/ Cervico Dorsal Spine – With Contrast	4000	4600
1705	MRI Dorsal/ Dorso Lumbar Spine - Without Contrast	2125	2500
1706	MRI Dorsal/ Dorso Lumbar Spine – With Contrast	4000	4600
1707	MRI Lumbar/ Lumbo-Sacral Spine – Without Contrast	2125	2500
1708	MRI Lumbar/ Lumbo-Sacral Spine – With Contrast	5000	5750
1709	Whole body MRI (For oncological workup)	5100	6000
1710	MR cholecysto-pancreatography.	5500	6325
1711	MRI Angiography - with contrast	5000	5750
1712	MR Enteroclysis	2125	2500
	BONE DENSITOMETRY (DEXA SCAN)		

Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	<b>PROCEDURE/INVESTIGATION LIST (DELHI/NCR)</b>	<b>NABL Rates</b>	<b>Rates</b>
1713	Dexa Scan Bone Densitometry - Two sites	1500	1725
1714	Dexa Scan Bone Densitometry - Three sites (Spine, Hip & extremity)	2000	2300
1715	Dexa Scan Bone Densitometry Whole body	2450	2818
	<b>NEUROLOGICAL INVESTIGATIONS AND PROCEDURES</b>		
1716	EEG/Video EEG	298	350
1717	EMG (Electro myography)	638	750
1718	Nerve conduction velocity (at least 2 limbs)	638	750
1719	Decremental response (before and after neo stigmine)	595	700
1720	Incremental response	595	700
1721	SSEP (Somato sensory evoked potentials)	638	750
1722	Poly somnography	638	750
1723	Brachial plexus study	638	750
1724	Muscle biopsy	383	450
1725	ACHR anti body titre	1848	2125
1726	Anti MUSK body titre	2340	2691
1727	Serum COPPER	500	575
1728	Serum ceruloplasmin	450	518
1729	Urinary copper	500	575
1730	Serum homocystine	450	518
1731	Serum valproate level	315	362
1732	Serum phenol barbitone level	350	403
1733	Coagulation profile	553	636
1734	Protein C, S anti thrombine – III	2400	2760
1735	Serum lactate level	450	518
	<b>CSF</b>		
1736	Basic studies including cell count, protein, sugar, gram stain, India Ink preparation and smear for AFP	240	276
1737	Special studies	1000	1150
1738	PCR for tuberculosis/ Herpes simplex	1200	1380
1739	Bacterial culture and sensitivity	200	230
1740	Mycobacterial culture and sensitivity	200	230
1741	Fungal culture	128	150
1742	Malignant cells	64	75
1743	Anti measles antibody titre (with serum antibody titre)	890	1024
1744	Viral culture	255	300
1745	Antibody titre (Herpes simplex, cytomegalo virus, flavivirus, zoster varicella virus)	760	874
1746	Oligoclonal band	1200	1380
1747	Myelin Basic protein	1871	2152
1748	Lactate	298	350
1749	Crypto coccal antigen	1138	1309
	<b>TESTS IN GASTRO-ENTEROLOGY</b>		
1750	D-xylase test	850	1000
1751	Fecal fat test/ fecal chymotrypsin/ fecal elastase	850	1000
1752	Breath tests	1300	1495

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Sr. No.	CGHS TREATMENT	Non- NABH/Non-	NABH/NABL
	PROCEDURE/INVESTIGATION LIST (DELHI/NCR)	NABL Rates	Rates
1753	H pylori serology for celiac disease	500	725
1754	HBV genotyping	2500	2875
1755	HCV genotyping	4875	5606
	TESTS IN ENDOCRINOLOGY ( IN ADDITION TO THOSE INCLUDED UNDER HARMONES)		
1756	Urinary VMA	1500	1725
1757	Urinary metanephrine/Normetanephrine	1138	1309
1758	Urinary free catecholamine	1690	1944
1759	Serum catecholamine	3400	3910
1760	Serum aldosterone	1125	1294
1761	24 Hr urinary aldosterone	920	1058
1762	Plasma renin activity	1000	1150
1763	Serum aldosterone/renin ratio	1200	1380
1764	Osmolality urine	128	150
1765	Osmolality serum	128	150
1766	Urinary sodium	80	94
1767	Urinary Chloride	43	50
1768	Urinary potassium	80	94
1769	Urinary calcium	80	94
1770	Thyroid binding globulin	510	600
1771	24 hr. urinary free cotisole	200	230
1772	Islet cell antebody	750	863
1773	GAD antibody	1330	1530
1774	Insulin associated antibody	449	516
1775	IGF-1	1500	1725
1776	IGF-BP3	1650	1898
1777	Sex hormone binding globulin	1333	1533
1778	USG guided FNAC thyroid gland	387	455
1779	E2	208	245
1780	Thyro globulin antibody	587	675

**CENTRAL GOVERNMENT HEALTH SCHEME**  
**MEDICAL REIMBURSEMENT CLAIM FORM**

(To be filled up by the Principal Card holder in **BLOCK LETTERS**)

1. (a) Name of the Principal CGHS Card Holder :  
(b) CGHS Ben ID No. :  
(c) Employee Code No. :  
(d) Ward Entitlement – Pvt./Semi-Pvt./General :  
(e) Full Address :  
  
(f) Mobile telephone No. and e-mail address, if any :
2. (a) Patient's Name :  
(b) Patient's CGHS Ben ID No. :  
(c) Relationship with the Principal CGHS card holder :
3. Name & address of the hospital / diagnostic center /  
imaging center where treatment is taken or tests done:
4. Whether the hospital/diagnostic/imaging center is  
empanelled under CGHS : Yes/No
5. Treatment for which reimbursement claimed  
(a) OPD Treatment /Test & investigations :  
(b) Indoor Treatment :
6. Whether treatment was taken in emergency : Yes/No
7. Whether prior permission was taken for the treatment : Yes/No
8. Whether subscribing to any health/medical insurance : Yes/No  
scheme, If yes, amount claimed/received
9. Details of Medical Advance taken, if any :
10. **Total amount claimed**  
(a) OPD Treatment :  
(b) Indoor Treatment :  
(c) Tests/Investigation :
11. Name of the Bank : ..... SB A/c No.: .....  
Branch MICR Code: ..... IFSC Code.....

**DECLARATION**

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date : .....

Place: .....

Signature of the Principal CGHS card holder

**Documents to be attached**

1. Photo copy of the CGHS card of the employee along with the patient's CGHS Card.
2. Copy of permission letter, if any.
3. Emergency certificate (original), in case of emergency.
4. Copy of the discharge summary.
5. Ambulance Certificate (original), if any.
6. Original bills /cash memo / vouchers etc. for the reimbursement amount claimed.

**IMPORTANT**

Kindly ensure to provide the following information / documents, wherever applicable:

- a) Obtain Break up of Investigations from the hospital/diagnostic center/imaging center (details and rates of individual tests and the exact number of tests, X-ray films, etc.) as the reimbursable amount is calculated as per approved CGHS rates per test.
- b) In case of loss of original papers, Affidavits as per Annexure I to be submitted. All photocopies of the bills to be attested by the treating doctor/specialist.
- c) In case of death of the card holder, Affidavit as per Annexure II to be filled and attached to claim reimbursement,
- c) In case of implants, Invoice No. along with sticker with serial number of the implant to be attached.
- d) In case of Coronary Stents, outer pouch of stents is to be enclosed.
- e) In case of replacement of pacemaker / ICD etc., copy of the warranty certificate of earlier pacemaker/ICD may be enclosed.

**Note:** Misuse of CGHS facilities is a criminal offence. Penal action including cancellation of CGHS card may be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

**Annexure –I**

**Draft for Affidavit for Duplicate Claim Papers/bills on stamp Paper**

I, ..... son / wife / daughter of.....and resident of .....have lost / misplaced the original paper or the same are not traceable. I hereby give an undertaking that I have not received any payment against the original bills/claim papers from any source and that if the original papers are traced, I shall not stake claim against original bills in future and that in the event, I receive any cheque against the original bills in future, I shall return the same to competent authority.

**Deponent**

**Verified by Notary Public**

## GOVT. ORDERS/CIRCULARS/MEMORANDA

PLISSM  
RM  
W  
27/7/09



F.No. 39-3/2003-04/CGHS/MSD/RS  
Government of India  
Ministry of Health & Family Welfare

\*\*\*\*

Nirman Bhavan, New Delhi  
Dated 23<sup>rd</sup> July 2009

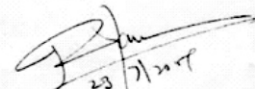
### OFFICE MEMORANDUM

**Subject:** Non-admissibility of preparation such as primarily food, tonics cosmetics and vaccines.

The undersigned is directed to say that the question of admissibility or otherwise to beneficiaries under CGHS/CS(MA) Rules 1944 of preparations which are primarily food, vitamins, Haematinic minerals, anti-oxidants, cosmetics and vaccines, has been under consideration for some time. On the recommendations of an Expert Committee and Drug Controller General of India, it has been decided that:

- (i) Product manufactured/marked as food supplement, cosmetics and ayurvedic preparation prescribed by allopathic doctors will be inadmissible.
- (ii) Supply of vitamins, minerals and anti-oxidants will be restricted to prevalent CGHS formulary only.
- (iii) Vaccines, in general, will be admissible, except Hepatitis B, Influenza and Leprovac Vaccines for high risk individual, is recommended by specialist with justification and countersigned by HOD of concerned speciality of Government Hospital.

These instructions take effect from the date of issue of the Office Memorandum.

  
23/7/09  
(R.Ravi)

Deputy Secretary to the Government of India

To

1. All Ministries/Departments of Government of India.
2. Editor, Swamy Publishers (P) Ltd, P.B.No. - 2468,  
R.A. Puram, Chennai - 600028
3. Shri Umraomal Purohit, Secretary, Staff Code,  
National Council (JCM), 13-C, Ferozeshah Road,  
New Delhi - 110001.



Government of India  
Ministry of Health and Family Welfare  
Department of Health & Family Welfare  
Nirman Bhawan, Maulana Azad Road  
New Delhi 110 108

No: 39-3/2003-04/CGHS/MSD/RS

Date: August 3, 2009

C O R R I G E N D U M

**Subject:** Non-admissibility of preparations such as primary food, tonics, cosmetics and vaccines.


The undersigned is directed to invite reference to the Office Memorandum, of even number dated the 23<sup>rd</sup> July, 2009, on the above subject, and to refer to para (iii), in which a typographical error has crept in. The para (iii), as it appeared in the Office Memorandum is reproduced below:

"(iii) vaccines, in general, will be **admissible**, except Hepatitis B, influenza and Leprovac vaccines for high risk individual, is recommended by specialist with justification and countersigned by HOD of concerned speciality of Government Hospital.":

**The paragraph (iii) may be amended to read as follows:**

"(iii) vaccines, in general, will be **inadmissible**, except Hepatitis B, influenza and Leprovac vaccines for high risk individual, is recommended by specialist with justification and countersigned by HOD of concerned speciality of Government Hospital.":

There is no change in other paragraphs in the Office Memorandum of 23<sup>rd</sup> July, 2009, referred to above.

  
(R Ravi)  
Deputy Secretary to the Government of India  
[Telefax: 2306 3483]

To

1. All Ministries / Departments of Government of India
2. All Additional Directors in CGHS, Delhi
3. All Additional Directors / Joint Directors, CGHS outside Delhi
4. Editor, Swamy Publications (P) Ltd., P. B. No: 2468, R. A. Puram, Chennai 600 028
5. Shri Umraomal Purohit, Secretary, Staff Side (JCM), 13 C, Feroz Shah Road, New Delhi
6. All Staff Side members of JCM





**Government of India**  
**Ministry of Health and Family Welfare**  
**Department of Health & Family Welfare**  
**Directorate General of CGHS**  
**Office of the Director, CGHS**

545-A Nirman Bhawan, New Delhi  
Dated the 16 February, 2016.

**CIRCULAR**

**Subject :- Reiteration of guidelines regarding issue of medicines and permission letters-  
regarding**

\*\*\*\*

Attention of the Chief Medical Officers and other Medical Officers of all CGHS Wellness Centres is inter alia drawn to Office Memoranda No. Misc.6024/2007/CGHS (HQ)/CGHS (P) dated 16.03.2011, No. S. 11011/2/2014-CGHS (P) dated 28.03.2014, No. S. 110011/23/2009-CGHS D-II/ Hospital Cell (Part IX) dated 20.12.2011 and No. S-11045/40/2012/CGHS/HEC/CGHS(P) dated 01.10.2012 issued from time to time regarding validity of CGHS Card , issue of medicines, issue of permission letter , etc. It is once again reiterated that:

- i) CGHS card is valid in any Wellness Centre in India and no additional documents / attachment is mandatory. In case medical officers intend to verify the history of issued medicines of such beneficiaries, they can look for history of all Wellness Centres in the database.
- ii) Medicines should be issued upto '3' months in case of beneficiaries undergoing treatment for chronic illnesses.
- iii) There is a provision for issue of permission letter for Haemodialysis for upto six months at a time.
- iv) For bedridden or seriously ill CGHS beneficiaries medicines may be issued to a representative with an Identity card / authorization letter.
- v) In case a medicine with a different brand name/ generic medicine (than the brand advised) has been issued, medical officers shall explain/ educate the same to the CGHS beneficiary to avoid any confusion about the consumption of medicines.
- vi) Permission letters may be issued on the same day in case the requests are received before 11 A.M. In any case, permission letters for treatment in an empanelled hospital may be issued on priority in case of seriously ill patients.



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**Government of India**  
**Ministry of Health & Family Welfare**  
**Department of Health & Family Welfare Directorate General of CGHS**  
**Nirman Bhawan, Maulana Azad Road New Delhi 110 011**

\*\*\*\*\*

**No.C14012/02/2018/CGHS-III/DIR**

**Dated: the 6<sup>th</sup> April, 2018**

**OFFICE MEMORANDUM**

**Subject:** Clarification regarding demarcation of CGHS covered are as under CGHS Wellness Centre

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With reference to the above subject the undersigned is directed to state that in some of the CGHS Cities the areas covered under CGHS were not specified resulting in inconvenience to the beneficiaries. The matter has been reviewed and it is now decided that herein after the coverage of CGHS shall be limited to the areas within 5km (approx.) radius of the CGHS Wellness Centres, in all CGHS covered Cities, where such demarcations were not specified. The Additional Director, CGHS concerned City shall notify such areas covered under CGHS Wellness Centres.

The serving Central government employees residing outside the CGHS covered areas shall be covered under CS(MA) Rules. However, in all CGHS covered cities the serving Central government employees residing within the Municipal limits of the city, shall be given a onetime choice to opt for CGHS (instead of CS (MA) Rules) from the nearest CGHS Wellness Centre.

**Dr. D.C. Joshi**  
Director, CGHS

**Facilities available under CGHS?**

- OPD Treatment at WCs including issue of medicines.
- Specialist Consultation at Polyclinic/Govt. Hospitals and at CGHS empanelled hospitals after referral by CGHS.
- OPD/ Indoor treatment at Government and empanelled Hospitals.
- Investigations at Government and empanelled Diagnostic centers.
- Cashless facility available for treatment in empanelled hospitals and diagnostic centers for Pensioners and other identified beneficiaries.
- Reimbursement of expenses for treatment availed in Govt. /Private Hospitals under emergency and specific treatment advised by Govt. Specialist or Specialist of Pvt. HCOs duly endorsed by CMO/MO of WCs.
- Reimbursement of expenses incurred for purchase of hearing aids, artificial limbs, appliances etc., after obtaining permission.

- Family Welfare, Maternity and Child Health Services.
- Medical consultation. Dispensing of medicines in Ayurveda, Homeopathy, Unani and Siddha system of medicines (AYUSH)

**Procedure for getting life saving drugs?**

- **Delhi/NCR**

The CMO I/c of WC shall submit the indent online based on a valid prescription of Govt. /Empaneled Hospital Specialist for life saving and other restricted drugs. These are to be collected on next working day from MSD Gole Market Delhi and are made available at Satellite Centre in NCR i.e. Ghaziabad, NOIDA, Gurugram and Faridabad.

- **Outside Delhi**

Based on a valid prescription of Govt. / Empaneled Hospital Specialist for life saving and other restricted drugs, these are procured by the Additional Director of city.

Issuance of Restricted Medicines Restricted medicines include chemotherapy medicines for cancer and other medicines as enumerated in the “restricted drugs” list of CGHS. This list is available in under „circulars”. When restricted medicines like those for cancer and other such conditions are prescribed the following procedure is to be followed:

1. An authority slip for MSD/ AD of the city will be issued from the wellness center for the restricted drugs on the specialist prescription.
2. This authority slip along with following documents (all duly verified by CMO I/C) are to be submitted at MSD/AD’s office.
3. Application to AD forwarded by CMO I/C ☐ Copy of specialist prescription/discharge summary (Emergency cases) indicating restricted drugs
4. Copies of investigation reports
5. Permission letter for treatment in CGHS recognized hospital
6. Photocopy of CGHS card
7. Utilization certificate (This is required when the same medicines have been issued earlier also. The certificate in case of orally administered medicines can be given by the beneficiary himself and for those administered parentally certificate from CMO I/C or treating specialist is required.)
8. Person (If not beneficiary himself) who is to collect these medicines must carry authorization letter, the original CGHS card and his photo I/D.

**Requirements for “Life Saving drugs” now called “Restricted Medicines” charged by the HCO?**

The Restricted Medicines are usually supplied to the beneficiary by CGHS. In those cases where CGHS has not supplied the said medicines, and the medicines have been provided by the hospital, the documents submitted by hospital for claiming

these medicines, should contain "Undertaking form" certifying that the patient has NOT procured the drug from CGHS.

**Provision for issue of medicines by empanelled hospital at the time of discharge?**

The private CGHS empanelled hospitals are required to provide medicines for a period of upto (cost not exceeding Rs 2000/-) at the time of discharge from the hospital.

- Only essential medicines in generic name shall be provided.
- No non-drug items shall be provided
- No nutritional supplements, tonics, cough syrups, Vitamins, Injections shall be supplied.
- The hospital shall raise the bill separately for the medicines and submit bills to CGHS in case of pensioner CGHS beneficiaries.

**Is the prescription of specialists of empanelled hospitals valid in WC?**

Yes, all beneficiaries can seek OPD consultation from Specialists in any of the CGHS empanelled hospital after being referred by the Wellness Centre.

**Maximum period for which medicines can be given in one go?**

For treatment of Chronic illnesses medicines upto '3' months are issued in one go against a valid prescription. In case of a beneficiary visiting a foreign country, medicines up to '6' months are issued in respect of chronic illnesses, based on valid prescription and documentary support of visit to a foreign country.

**Is it mandatory for Diagnostic Labs to stamp the date and the number of tests?**

Yes.

**Is treatment taken in an emergency at non empanelled private hospital reimbursable?**

CGHS considers for reimbursement at CGHS rates in case the treatment taken in an emergency from private non empanelled hospitals. The reimbursement shall be restricted to CGHS package rate or actual expenditure whichever is less.

**Overcharging by the empanelled private. HCO?**

If the empanelled Pvt. HCO has charged more than the CGHS approved/package rates, the beneficiary can complain to the concerned Additional. Director, CGHS along with all relevant documents for grievance redressal.

**Collection of medicines from the WC?**

The CGHS beneficiaries can authorize his representative to collect medicines from CGHS WC on the basis of valid prescription.

**Guidelines for settlement of MRC?**

Normally, the medical reimbursement claim is to be submitted within three months of discharge from Hospital/availing treatment. Relevant OM is linked below -



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No.4-24/96-C&P/CGHS(P)/EHS  
Government of India Ministry of Health & Family Welfare  
Department of Health & Family Welfare EHS Section

**Nirman Bhawan, New Delhi**  
**Dated: the 7th May, 2018**

### **OFFICE MEMORANDUM**

**Subject:** Eligibility of Permanently Disabled Unmarried Son of a CGHS Beneficiary to avail CGHS facility - Reg.

The undersigned is directed to refer to this Ministry's Office Memoranda of even number dated 31.05.2007, 29.08.2007 and 02.08.2010 vide which the entitlement of the son of a CGHS beneficiary beyond the age of 25 years was conveyed. As per the two Office Memoranda under reference, it was indicated that an unmarried son of a CGHS beneficiary suffering from any permanent disability of any kind (physical or mental) will be entitled to CGHS facility even after attaining the age of 25 years.

2. Since then this Ministry is in receipt of several representations for inclusion of more conditions in view of modification to the PwD Act, 1995 by "**The Rights of Persons with Disabilities Act, 2016 (Act No. 49 of 2016)**" as notified by *Mio* Law and Justice, Govt. of India on 27.12.2016. The matter has been reviewed by the Ministry and it is now decided that for the purpose of extending the CGHS benefits to dependent unmarried son of CGHS beneficiary beyond 25 years of age, the definition of 'Permanent Disability' shall include the following conditions:

**I. Physical disability:**

**A. Loco motor disability including**

- a) **Leprosy cured person**-suffering from loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity or suffering from manifest deformity and paresis or having extreme physical deformity as well as advanced age which prevents him/her from gainful occupation
- b) **Cerebral palsy**- caused by damage to one or more specific areas of the brain usually occurring before, during or immediately after birth.
- c) **Dwarfism**- a medical genetic condition resulting in an adult height of 147 cms or less;
- d) **Muscular dystrophy**- a group of hereditary genetic muscular disease characterized by progressive skeletal muscle weakness

e) **Acid attack victims**-disfigure, l due to violent assaults by throwing acid or similar corrosive substance

**B. Visual impairment:**

a) **Blindness**-where a person has any of the following conditions after best correction:

(I) Total absence of sight oi"

(ii) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction

(iii) Limitation of field of vision subtend in ganangle of less than 10 degree

b) **"Lowvision"** means any of the following conditions:

(I) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 upto 10/200 (Snellen) in the better eye with best possible corrections; or

(ii) limitation of the field of vision subtend in ganangle of less than 40 degree up to 10 degree

**C. Hearing Impairment**

(a) "deaf" means persons having 70 db hearing loss in speech frequencies in both ears;

(b) "hard of hearing" means persons having 60db to 70db hearing loss in speech frequencies in both ears;

**D. "Speech and Language disability"**- permanent disability arising out of conditions such as Laryngectomy or aphasia affecting one or more components of speech and language due to organic or neuronal causes.

**II. Intellectual disability**- characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which cover a range of every day, social and practical skills, including, social and practical skills, including-

**(a) "Specific language disabilities"**-a heterogeneous group of conditions where in there is deficit in processing language, spoken or written, that may manifest it self as a difficulty to comprehend, speak, read, write, spell, or to do them at hematical calculations and includes conditions such as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia

**(b) "Autism spectrum disorder"**-- a neuro-developmental disorder typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and frequently associated with unusual or stereotypical rituals or behaviour.

**III. Mentalbehaviour**

"Mentalillness"- a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgement, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation.

**IV. Mental Retardation**

**V. Disability caused due to**

**(a) Chronic neurological conditions** such as

- (I) Multiple Sclerosis
- (ii) Parkinson's disease

**(b) Blood disorder**

- (I) Haemophila**
- (ii) Thalassemia**
- (iii) Sickle Cell Disease**

**VI. Multiple Disabilities (more than one of the above disabilities)-including deaf blindness**

3. Bench Mark Disability- unmarried permanently disabled and financially dependent sons of CGHS beneficiaries suffering 40% or more of one or more disabilities as certified by a Medical Board shall be eligible to avail CGHS facilities even after attaining the age of 25 years.

4. This OM will be effective from the date of its issue.'

**(Rajeev Attri),**  
**Under Secretary to the Govt. of India**  
**Tel: 011-23061883**

.....  
**Guidelines on issue of medicines from CGHS?**

**Guidelines regarding issue of medicines vide OM, dated 16.02.2016 is linked below :**

**GUIDELINES TO PROCESS THE REQUESTS FOR  
SETTLEMENT OF THE MEDICAL CLAIMS**

**1. New Timelines for settlement of the Medical Claims**

The new timelines prescribed for settlement of normal medical claims are 30 days from the date of submission to the payment by Pay & Accounts Office. Every effort must be made to avoid delay at any stage. Proper calculation sheet must be prepared in the file, so that the same could be shared with the beneficiaries, if there are requests for reasons for the deductions.

**2. Full reimbursement case /Cases for relaxation of Rules**

As per the new guidelines they fall into two categories

- (a) Full reimbursement – Non-HPC (Non- High Power Committee) cases
- (b) Full reimbursement – HPC (High Power Committee) cases

**a) Full reimbursement - Non-HPC cases**

The following cases fall under this category;

- i) Treatment was obtained in a private unrecognized hospital under emergency and the patient was admitted by others when the beneficiary was unconscious or severely

incapacitated and was hospitalized for a prolonged period.

- ii) Treatment was obtained in a private unrecognized hospital under emergency and was admitted for prolonged period for treatment of Head Injury, Coma, Septicemia, Multi-organ failure, etc.
- iii) Treatment was obtained in a private unrecognized hospital under emergency for treatment of advanced malignancy
- iv) Treatment was taken under emergency in higher type of accommodation as rooms as per his/her entitlement are not available during that period.
- v) Treatment was taken in higher type of accommodation under specific conditions for isolation of patients to avoid contacting infections
- vi) Treatment was obtained in a private unrecognized hospital under emergency when there is a strike in Govt. hospitals.
- vii) Treatment was obtained in a private unrecognized hospital under emergency while on official tour to non-CGHS covered area.

Although the new OM has not mentioned about STC recommendation, it is advisable to have expert Committee meetings under the Chairperson of Addl. DGHS (as in the case of earlier STC meetings) in respect of item Nos. i), ii), iii) and v) before arriving at a decision.

The conditions mentioned at Nos. iv),vi) and vii) are administrative in nature and do not require meetings of expert committees and may be recommended by Addl. Director, if conditions are satisfied.

In Delhi the expert committee meetings shall be organized by respective CMO (R&H) and by AD(R&H) in case of claims of serving employees of Delhi. Such meetings in respect of other cities shall be organized by Sr. CMO in the office of Addl. DDG (HQ).

The requests for full reimbursement as examined by Additional Director (HQ)/ Addl. DDG (HQ), in consultation with expert committee meetings, wherever deemed necessary and recommended for full reimbursement shall be submitted to Director, CGHS and concurrence of IFD may be obtained after approval of AS & DG, CGHS before the seeking the approval of Secretary for reimbursement in excess of CGHS rates.

If the above criteria are not satisfied (including the regrets by expert committees) the requests may be regretted by Addl. Director of concerned City, with a covering letter explaining the reasons and referring to the concerned OM.

In case there is a representation to consider as a special case then only it may be placed before the High Power Committee.

Addl. Directors shall prepare a self-contained note giving details of case and submit the files with relevant documents to Director, CGHS through AD(HQ)/Addl. DDG (HQ)

If the proposal is approved by AS & DG, CGHS, concurrence of IFD and approval of Secretary, Health & Family Welfare are solicited for reimbursement in excess of approved rates.

**b) Full reimbursement - HPC cases**

The Composition of High Power Committee, shall be as under:

1. *Special Director General .... Chairperson*
2. *Directorate General, CGHS or his Nominee... ..... Member*
3. *Additional Director, CGHS (HQ) / Addl. DDG (HQ), CGHS ...Member*



4. *Addl. Director, CGHS (R&H) ...Member Secretary*
5. *One Government Specialist (of concerned Speciality) ..... Member*

The High Powered Committee shall consider the representations of only those CGHS beneficiaries having a valid CGHS Card.

The High Powered Committee shall consider representations received from CGHS beneficiaries holding valid CGHS cards only at the time treatment, in respect of the following conditions:

1. Approval for air-fare with or without attendant on the advice of treating doctor for treatment in another city even though he is not eligible for air travel / treatment facilities are available in city of residence
2. Representations from CGHS beneficiaries seeking full reimbursements under special Circumstances.
3. Relaxation of Rules

High Powered Committee shall meet once in a month and action on the decisions taken shall be completed within seven days of meeting, with the concurrence of the IFD, wherever, it is deemed necessary.

4. Addl Directors shall submit the files with relevant documents to the AD(HQ) / Addl. DDG (HQ) for placing the representations before High Power Committee.

AD (R&H) shall be Member Secretary, who shall with the help of Sr. CMO of the Office of Adl.DDG(HQ) shall issue meeting notices including notices to concerned Govt.

Specialists and organize meeting for the Meetings of High Power Committee.

The requests received upto the 15th of the month shall be placed before the Committee.

If the High Power Committee does not recommend the regret letters shall be issued explaining the reasons.

If the High Power Committee recommends full reimbursement / relaxation of rules, Concurrence of IFD and approval of Secretary (H&FW) shall be obtained within 7 days.

**3. In addition there are expert committees to consider several cases**

Expert Committee meetings for other purposes shall continue to be held as in the past in the following cases:

Expert Committee meetings for Consideration of Liver Transplant cases, Bariatric Surgery, Bone-marrow / Stem Cell Transplant, Justification of treatment / Implants in selected cases shall continue as before.

Standing Committee meetings for Cochlear Implant shall continue as before.

Expert Committee meetings for approval of Drugs, etc., shall continue.

**What in case original papers-bills, receipts of hospital treatment are lost?**

Submit an affidavit on non-judicial stamp paper. Details of the draft may be seen in the instructions sheet appended to MRC Form.

**If expenditure spent on emergency treatment form a non-empanelled hospital during visit to other city?**

Reimbursement for treatment taken in a non-empanelled private hospital under medical emergency shall be considered as per CGHS rates.

### **Where to complain medical negligence at empanelled HCO?**

The beneficiary can approach State Medical Council/Medical Council of India with all proof of medical negligence against empanelled HCOs.

### **Any Mechanism for grievance redressal in CGHS?**

The complaints/ grievances can be sent either via CGHS's online grievance redressal system or through the offline applications. Grievances may also be lodged via "Public Grievance Redress And Monitoring System (CPGRAMS)" portal.

The Online representations may be sent, through the 'Online Grievance Redressal System' available at [cghs.nic.in](http://cghs.nic.in) website. Following steps needs to be followed to lodge a complaint through the system.

- Visit the website; CGHS Website Click on the option 'Lodge Grievance' available in the Beneficiary Login.
- After clicking on 'Lodge Grievance' link, the page would be shown where beneficiary has to enter the Beneficiary id and click on "Generate OTP" button. OTP shall be sent on registered mobile number and then
- After clicking on the "Proceed" button a page shall open, showing the beneficiary's personal details. The beneficiary would click on "Proceed" button.
- Beneficiary would be required to select the Type and Subtype of the query. The beneficiary would also be able to select the Zone/City through the drop down menu.
- When beneficiary clicks on "Submit" button after filling up all the details, the grievance ID would be generated and SMS/email would be sent to the beneficiary and to the concerned official as per selections made by the beneficiary.

The other options are through E-mails, Letters, Suggestion Boxes and CP-GRAMS Portal which may be addressed to the following;

- At Wellness Centre level – to the CMO I/C.
- At city/zone level – to the Additional Director of the city/zone.
- Higher administrative level – For Delhi- Addl. Director (HQ).

Beneficiaries are advised to approach the authorities normally in the order they are mentioned above, personally, or through phone calls, letters or emails at the contact details on the CGHS website or available on the below mentioned links.

<b>Delhi/NCR</b>	<b>Outside Delhi</b>
CGHS HQ Delhi (AD (HQ) & Zonal ADs)	Contact details of ADs
Contact Details of WCs of Delhi/NCR	Contact details of WCs outside Delhi
List of Empanelled Pvt. HCOs	List of Empanelled Pvt. HCOs-City-wise List available at <a href="http://www.cghs.gov.in">www.cghs.gov.in</a>

- Written Complains/ suggestions may also be dropped in the complaint / suggestion box displayed in the Wellness centres.

- The grievances at Wellness Centre level can be sorted out in the "Advisory Committee" meetings held normally on every 2nd Saturday of the month.
- On all Wednesdays, from 11.00AM to 1.00PM complainants can meet the Additional Directors for grievance redressal.
- Beneficiaries may also lodge their complaints/grievances in the "Public Grievance Redressal and Monitoring System (CPGRAMS)" in the PG Portal or through email.

**Procedure for reimbursement of MRCs in CGHS?**

Apply within 90 days of discharge / completion of treatment procedure, to CMO I/c of the Wellness Centre, where your CGHS card is registered, along with the following documents:

- Medical Reimbursement Claim (MRC) forms duly filled in Check list.
- Copy of Discharge summary.
- Original Hospital bills with break-up.
- Receipts in original.
- Copy of the valid CGHS Card.
- Copy of cancelled cheque showing bank details for ECS payment or mandate form if name of beneficiary is not printed on cheque.
- Copies of other documents issued by hospital.
- Serving employee in similar cases shall submit the medical claim to his department.

**Office Memorandum**

**Any special provision for Consultation at private empanelled hospitals in respect of elderly CGHS beneficiaries aged 75 yrs & above?**

CGHS beneficiaries aged 75 years and above shall be permitted to seek direct OPD Consultation from Specialists of private hospitals empanelled under CGHS without referral from CGHS Wellness Centre.

- If any investigations / procedures are advised and are required in emergency, no other authorization is required and the same may be undertaken. However, in non-emergency conditions approval of competent authority is required if any non-listed investigations / procedures are advised. Medicines prescribed are to be procured from CGHS Wellness Centre.
- Private hospitals empanelled under CGHS shall provide such facilities on cashless basis at CGHS rates to pensioners, ex-MPs, Members of Parliament and such other Categories of CGHS beneficiaries, who are eligible for treatment / investigations on credit basis.
- 75-year-old and above dependents of serving CGHS beneficiaries, who are otherwise not eligible for Cashless treatment shall claim the reimbursement from concerned Ministry / Department. Beneficiaries of Autonomous Bodies / Statutory Bodies covered under CGHS shall claim reimbursement from the respective organization.

If a Specialist advises a listed treatment procedure / investigation, no permission is

required and treatment may be taken. If a Specialist advises unlisted treatment procedure / investigation and treatment is taken as a medical emergency, no permission is required and treatment may be taken. If a Specialist advises unlisted treatment procedure / investigation and there is no medical emergency- permission from competent authority is required.

**Revised Guidelines for Post-operative follow-up treatment at empanelled Private Hospitals for critically ill CGHS beneficiaries?**

In view of the difficulties being faced by critically ill CGHS beneficiaries in getting post-operative follow-up treatment at CGHS empanelled hospitals, the matter was reviewed and it has now been decided that critically ill CGHS beneficiaries shall be permitted for follow up treatment in CGHS empanelled hospitals as per the details given under:

- Permission for post-operative follow-up treatment in respect of the following post-operative conditions requiring frequent Consultations from Specialists at private hospitals empanelled under CGHS, need not be re-validated from time to time and follow-up treatment may be under taken at CGHS rates without time limit.
- The consultation /investigations are permitted under these follow-up cases. The conditions covered are:
  - Post Cardiac Surgery Cases including Coronary Angioplasty
  - Post Organ Transplant Cases (Liver, Kidney, Heart, etc.,)
  - Post Neuro Surgery Cases/Post Brain Stroke cases requiring regular follow-up treatment
  - End Stage Renal Disease/follow up cases of Liver Failure
  - Cancer treatment
  - Auto-immune disorders like Rheumatoid Arthritis requiring regular follow-up
  - Neurological disorders like Dementia, Alzheim's disease, Parkinsonism , etc.,

Medicines prescribed are to be procured from CGHS Wellness Centre.

The beneficiaries shall have to submit a self-attested photo copy of the permission letter to the hospital to enable the hospitals to provide credit facility in respect of pensioners and other categories of CGHS beneficiaries entitled for credit facility. Serving employees (and their dependents) who may not be entitled for cashless facilities shall enclose a self-attested photo copy of permission letter to claim reimbursement from the concerned Ministry /Department.

Permission in respect of Pensioner CGHS beneficiaries, Ex-MPs (and other categories of CGHS beneficiaries, whose medical expenditure is borne by CGHS) etc., shall be granted by CGHS. Permission in respect of Hon'ble Members of Parliament shall be granted by Rajya Sabha Secretariat/Lok Sabha Secretariat as the case may and by concerned Ministry /Department in respect of serving beneficiaries and by concerned Autonomous Body / Statutory Body in respect of serving / pensioner beneficiaries. However, if any non-listed investigations / procedures are advised permission from competent Authority shall be required, except in emergency. Relevant OM of May 29, 2019 given below:-



**Government of India**  
**Ministry of Health and Family Welfare**  
**Department of Health & Family Welfare**  
**EHS Section**

**No: Z.15025/51/2018 /DIR/CGHS/EHS**

**Nirman Bhawan, New Delhi**  
**Dated the 6<sup>th</sup> June, 2018**

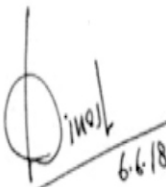
**OFFICE MEMORANDUM**

**Subject :- Guidelines for settlement of Medical claims of pensioners and others-**

\*\*\*\*

With reference to the above subject the undersigned is to draw attention to the revised timelines and constitution of High Powered Committee in compliance of the directions of Hon'ble Supreme Court of India in their Judgement in the WP(Civil) No 694 of 2015 between Shiva Kant Jha Vs UOI delivered on 13<sup>th</sup> April 2018 and to state that it has been decided to issue guidelines to the Additional Directors of CGHS for implementing these decisions. The new guidelines are enclosed for perusal and compliance.

Encl as above.

  
(Dr.D.C.Joshi)  
Director,CGHS



Z 15025/35/2019/DIR/CGHS/ CGHS(P)  
Government of India  
Ministry of Health & Family Welfare  
Department of Health & Family Welfare

Nirman Bhawan, New Delhi  
Dated the 29<sup>th</sup> May , 2019.

**OFFICE MEMORANDUM**

**Sub: Post-operative Follow-up treatment from Hospitals empanelled under CGHS in respect of critically ill CGHS beneficiaries-regarding**

\*\*\*

With reference to the above mentioned subject the undersigned is directed to state that in view of the difficulties being faced by critically ill CGHS beneficiaries in getting post-operative follow-up treatment at CGHS empanelled hospitals, the matter was reviewed and it has now been decided that critically ill CGHS beneficiaries shall be permitted for follow up treatment in CGHS empanelled hospitals as per the details given under:

- i. Permission for post-operative follow-up treatment in respect of the following post – operative conditions requiring frequent Consultations from Specialists at private hospitals empanelled under CGHS, need not be re validated from time to time and follow-up treatment may be under taken at CGHS rates without time limit.
- ii. The consultation /investigations are permitted under these follow-up cases. The conditions covered are:
  - a. Post Cardiac Surgery Cases including Coronary Angioplasty
  - b. Post Organ Transplant Cases (Liver, Kidney, Heart, etc.,)
  - c. Post Neuro Surgery Cases/Post Brain Stroke cases requiring regular follow-up treatment
  - d. End Stage Renal Disease/follow up cases of Liver Failure
  - e. Cancer treatment
  - f. Auto-immune disorders like Rheumatoid Arthritis requiring regular follow-up
  - g. Neurological disorders like Dementia, Alzheimer's disease, Parkinsonism , etc.,

Medicines prescribed are to be procured from CGHS Wellness Centre.

- iii. The beneficiaries shall have to submit a self-attested photo copy of the permission letter to the hospital to enable the hospitals to provide credit facility in respect of pensioners and other categories of CGHS beneficiaries entitled for credit facility. Serving employees (and their dependents) who may not be entitled for cashless facilities shall enclose a self-attested photo copy of permission letter to claim reimbursement from the concerned Ministry /Department.
- iv. Permission in respect of Pensioner CGHS beneficiaries, Ex-MPs (and other categories of CGHS beneficiaries, whose medical expenditure is borne by CGHS) etc., shall be granted by CGHS. Permission in respect of Hon'ble Members of Parliament shall be

Misc. 01/2023 / DIR/CGHS/  
Govt. of India  
Min. of Health & Family Welfare  
Department of Health  
Directorate of CGHS

dated the 31st March 2023.

OFFICE ORDER

Subject: Referral to empanelled hospitals for consultation/endorsement – regarding

\*\*\*

With reference to the above-mentioned subject the undersigned is directed to state that this Ministry is in receipt of representations regarding difficulties being faced by CGHS beneficiaries in obtaining referral to empanelled hospitals by CGHS, when they are not in a position to visit CGHS Wellness Centers physically. In view of the representations, as referred to, this matter has been reviewed by this Ministry and it is now decided to issue the following guidelines in this regard:

i) Whenever there is a request for a referral for consultations/endorsement submitted through a representative by a CGHS beneficiary, where the beneficiary is not in a position to attend CGHS Wellness Centre physically, CGHS Medical officer, based on the documents submitted, considers that the request is justified, may issue referral to CGHS empanelled hospital for consultation/endorsement, as the case may be, without insisting on the physical presence of the concerned CGHS beneficiary.

ii) If CGHS Medical Officer is not satisfied with the papers submitted through the representative, he/she may avail the option of contacting the CGHS beneficiary by video call or making a domiciliary visit to satisfy the requirement of referral/endorsement and shall not insist on the physical presence of such CGHS beneficiary.

2. Addl. Directors, CGHS of Cities/Zones shall circulate a copy of this Office Order to CMOs In Charge and other CGHS Staff to take necessary action and to monitor the implementation of the guidelines.

  
(Dr. Manoj Jam)  
Director, CGHS

To

AD(HQ)/ Addl.DDG(HQ), CGHS /All Additional Directors, CGHS  
Cities/Zones / MSD/ Nodal Officer, CGHS(MCTC)  
All CMOs i/c of CGHS Wellness Centres through the concerned Addl.  
Director.

Copy for information to

PPS to SS& DG, CGHS, MoHFW  
PPS to JS (CGHS), MoHFW

**GUIDELINES TO PROCESS THE REQUESTS FOR SETTLEMENT OF THE MEDICAL CLAIMS**

**1. New Timelines for settlement of the Medical Claims**

The new timelines prescribed for settlement of normal medical claims are 30 days from the date of submission to the payment by Pay & Accounts Office. Every effort must be made to avoid delay at any stage. Proper calculation sheet must be prepared in the file, so that the same could be shared with the beneficiaries, if there are requests for reasons for the deductions.

**2. Full reimbursement case /Cases for relaxation of Rules**

As per the new guidelines they fall into two categories

- (a) Full reimbursement – Non-HPC (Non- High Power Committee) cases
- (b) Full reimbursement – HPC (High Power Committee) cases

**a) Full reimbursement - Non-HPC cases**

The following cases fall under this category;

- i) Treatment was obtained in a private unrecognized hospital under emergency and the patient was admitted by others when the beneficiary was unconscious or severely incapacitated and was hospitalized for a prolonged period.
- ii) Treatment was obtained in a private unrecognized hospital under emergency and was admitted for prolonged period for treatment of Head Injury, Coma , Septicemia, Multi-organ failure , etc.
- iii) Treatment was obtained in a private unrecognized hospital under emergency for treatment of advanced malignancy
- iv) Treatment was taken under emergency in higher type of accommodation as rooms as per his/her entitlement are not available during that period.
- v) Treatment was taken in higher type of accommodation under specific conditions for isolation of patients to avoid contacting infections
- vi) Treatment was obtained in a private unrecognized hospital under emergency when there is a strike in Govt. hospitals.
- vii) Treatment was obtained in a private unrecognized hospital under emergency while on official tour to non-CGHS covered area.

Although the new OM has not mentioned about STC recommendation, it is advisable to have expert Committee meetings under the Chairperson of Addl. DGHS (as in the case of earlier STC meetings) in respect of item Nos. i), ii),iii) and v) before arriving at a decision. The conditions mentioned at Nos. iv),vi) and vii) are administrative in nature and do not require meetings of expert committees and may be recommended by Addl. Director, if conditions are satisfied.

In Delhi the expert committee meetings shall be organized by respective CMO(R&H) and by AD(R&H) in case of claims of serving employees of Delhi. Such meetings in respect of other cities shall be organized by Sr. CMO in the office of Addl.DDG(HQ).

The requests for full reimbursement as examined by Additional Director (HQ)/ Addl. DDG(HQ), in consultation with expert committee meetings, wherever deemed necessary



and recommended for full reimbursement shall be submitted to Director, CGHS and concurrence of IFD may be obtained after approval of AS&DG, CGHS before the seeking the approval of Secretary for reimbursement in excess of CGHS rates.

If the above criteria are not satisfied (including the regrets by expert committees) the requests may be regretted by Addl. Director of concerned City, with a covering letter explaining the reasons and referring to the concerned OM.

In case there is a representation to consider as a special case then only it may be placed before the High Power Committee.

Addl. Directors shall prepare a self-contained note giving details of case and submit the files with relevant documents to Director, CGHS through AD(HQ)/Addl. DDG(HQ)

If the proposal is approved by AS&DG,CGHS , concurrence of IFD and approval of Secretary , Health & Family Welfare are solicited for reimbursement in excess of approved rates.

**b) Full reimbursement - HPC cases**

The Composition of High Power Committee, shall be as under:

1. *Special Director General* .....Chairperson
2. *Directorate General, CGHS or his Nominee...* ..... Member
3. *Additional Director , CGHS(HQ) / Addl. DDG(HQ),CGHS* ...Member
4. *Addl. Director, CGHS(R&H)* .....Member Secretary
5. *One Government Specialist*

( of concerned Speciality) ..... Member

The High Powered Committee shall consider the representations of only those CGHS beneficiaries having a valid CGHS Card.

The High Powered Committee shall consider representations received from CGHS beneficiaries holding valid CGHS cards only at the time treatment, in respect of the following conditions:

1. Approval for air-fare with or without attendant on the advice of treating doctor for treatment in another city even though he is not eligible for air travel / treatment facilities are available in city of residence
2. Representations from CGHS beneficiaries seeking full reimbursements under special Circumstances.
3. Relaxation of Rules

High Powered Committee shall meet once in a month and action on the decisions taken shall be completed within seven days of meeting, with the concurrence of the IFD , wherever , it is deemed necessary.

Addl Directors shall submit the files with relevant documents to the AD(HQ) / Addl. DDG(HQ) for placing the representations before High Power Committee.

AD(R&H) shall be Member Secretary, who shall with the help of Sr. CMO of the Office of Adl.DDG(HQ) shall issue meeting notices including notices to concerned Govt. Specialists and organize meeting for the Meetings of High Power Committee.

The requests received upto the 15<sup>th</sup> of the month shall be placed before the Committee. If the High Power Committee does not recommend the regret letters shall be issued explaining the reasons.

If the High Power Committee recommends full reimbursement / relaxation of rules, Concurrence of IFD and approval of Secretary (H&FW) shall be obtained within 7 days.

**3. In addition there are expert committees to consider several cases**

Expert Committee meetings for other purposes shall continue to be held as in the past in the following cases:

Expert Committee meetings for Consideration of Liver Transplant cases, Bariatric Surgery,

Bone-marrow / Stem Cell Transplant, Justification of treatment / Implants in selected cases shall continue as before.

Standing Committee meetings for Cochlear Implant shall continue as before.

Expert Committee meetings for approval of Drugs, etc., shall continue

**F No Z 15025/1/2023/DIR/CGHS**  
**Govt. of India**  
**Min. of Health & Family Welfare**  
**Department of Health & Family Welfare**  
**Directorate General of CGHS**

RK Puram Sector-13, New Delhi.  
Dated the 1<sup>st</sup> May, 2023

**OFFICE MEMORANDUM**

**Subject: Validity of CGHS Card in all CGHS Centres**

\*\*\*

The undersigned is directed to draw attention to the Order No Misc 6024/2007/CGHS(HQ)/CGHS(P) dated the 17<sup>th</sup> December 2012 and to reiterate that CGHS Card is valid at any CGHS Wellness Centre in the Country for availing CGHS benefits as per the details given under:

- i) CGHS Card is valid in any Wellness Centre in India and no additional document / attachment is required.
- ii) Medicines shall be issued for upto to '3' months, in case of beneficiaries undergoing treatment for chronic illnesses.
- iii) Referral / endorsement for treatment from private HCOs empanelled under CGHS shall be issued from any CGHS Wellness centre.

Additional Directors, CGHS are advised to ensure that these guidelines are complied with by CMOs in Charge and other staff of CGHS Wellness Centres.

The contents of this order are to be brought to the notice of Members of the Local Advisory Committees/Zonal Advisory Committee.

  
(Dr. Manoj Jain)  
Director, CGHS

**F No Z 15025/2/2023/DIR/CGHS  
Govt. of India  
Min. of Health & Family Welfare  
Department of Health & Family Welfare  
Directorate General of CGHS**

**RK Puram - Sector-13 New Delhi  
Dated the 8<sup>th</sup> May, 2023**

**OFFICE MEMORANDUM**

**Subject: Submission of Medical Reimbursement Claims (MRCs) by CGHS Pensioner beneficiaries in the city, wherein the treatment was taken -regarding**

\*\*\*

The undersigned is directed to convey the approval of Competent Authority to state that CGHS pensioner beneficiaries(principal card holders) are now permitted to submit Medical Reimbursement Claims (MRCs) to CGHS of city , where the treatment was taken.

The MRCs may be submitted to CGHS Wellness Centre / Additional Director, CGHS of city / Additional Director of concerned Zone in Delhi, as the case may be.

2. However, the option to submit the MRC at the CGHS Wellness Centre , where the card is registered shall remain unchanged.
3. The concerned Additional Director shall generate MRC ID number , process MRCs as per CGHS rates and guidelines to make reimbursement from the CGHS city , where the MRCs have been submitted, within specified 30 days, when no special approvals are involved.

Additional Directors, CGHS shall bring the contents of this order to the notice of the CMOs in charge in the meetings and ensure strict compliance with the instructions.

4. The Additional Directors shall also bring the contents of the order to the notice of Members of Local Advisory Committees and Zonal Advisory Committees.

  
(Dr. Manoj Jain)  
Director, CGHS

**FAMILY PENSION**  
**Under CCS (Pension) Rules, 1972 "January 2020"**  
**INDEX**

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## **INTRODUCTION**

The family pension under Rule 54 of the CCS (Pension) Rules is in the nature of a welfare scheme framed to provide relief to the widowed spouse & children of a deceased employee or pensioner.

The employee has no control over the family pension as he is not required to make any contribution to it. It is not a property of the deceased employee/pensioner, therefore the entitlement for family pension cannot be decided by succession certificate.

The rules do not provide for any nomination, instead it designates the persons who are entitled to receive family pension. Thus, no other person except those designated under the rules is entitled to receive family pension.

### **1. FAMILY**

(i) As soon as a person enters in Government service, he/she is required to furnish details of his /her family in Form 3 to the Head of Office.

***(sub Rule (12)(a) of Rule 54)***

(ii) If the Government servant has no family, he shall furnish the details in Form 3 as soon as he acquires a family.

***(sub Rule (12)(a) of Rule 54)***

(iii) No Government servant having a spouse living, shall enter into, or contract, a marriage with any person, Provided that the Central Government may permit a Government servant to enter into, or contract, any such marriage.

***(CCS conduct Rules 21)***

(iv) For the purpose of grant of family pension, the family shall be categorized as below -:

- > Spouse
- > Children
- > Parents
- > Disabled Sibling

However their eligibility to receive family pension will be governed by orders issued from time to time.

***(sub Rule 6 of Rule 54)***

## **2. ELIGIBILITY OF SPOUSE**

- (i) Family Pension is payable to widow or widower up to the date of death or re-marriage, whichever is earlier.

***(sub Rule 6 of Rule 54)***

- (ii) Family pension will continue to be payable to a childless widow on re-marriage, if her income from all other sources is less than the amount of minimum family pension and the dearness relief admissible.

***(sub Rule 6 of Rule 54)***

## **3. ELIGIBILITY OF CHILDREN**

- (i) Family pension to the children shall be payable in the order of their birth and the younger of them will not be eligible for family pension unless the elder next above him/her has become ineligible for the grant of family pension.

***(sub rule 8(iii) of Rule 54)***

- (ii) Where the family pension is payable to twins, it shall be paid to such children in equal share.

***(sub rule 7(d) of Rule 54 )***

- (iii) In the case of an unmarried son family pension will be payable until he attains the age of twenty-five years or until he gets married or until he starts earning his livelihood, whichever is the earliest.

***(sub rule 6(ii) of Rule 54 )***

- (iv) In case both wife and husband are governed by the provisions of family pension 1964, the surviving child or children shall be granted the two family pensions in respect of the deceased parents.

***(sub Rule 11 of Rule 54)***

- (v) Family pension admissible to a beneficiary in respect of one deceased employee or pensioner is not to be counted as income for the purpose of determination of eligibility for another family pension which is admissible in connection with another deceased employee or pension.

***(DoP&PW O.M. No 1/11/2011-P&PW 30th November 2011)***

- (vi) A child adopted by the spouse of the pensioner shall not be treated as a member of the family of the deceased pensioner.

***(DoP&PW O.M. No 1/27/2011-P&PW dated 1st July 2013)***

#### **4. ELIGIBILITY OF DISABLED CHILD**

- (i) If the son or daughter of a Government servant is suffering from any disorder or disability of mind (including mentally retarded) or is physically crippled or disabled so as to render him or her unable to earn a living even after attaining the age of twenty five years, the family pension shall be payable to such son or daughter for life.

***(sub-rule 6 of Rule 54)***

- (ii) The family pension is payable to the disabled children for life after the youngest child attains the 25 years of age years. Thereafter family pension shall be resumed in favour of the child suffering from disability.

***(sub rule 6 of Rule 54)***

- (iii) The name of disabled child /permanently disabled, sibling will be added to the PPO issued to the retiring Government servant if there is no other eligible prior claimant for family pension.

***(OM 1/27/2011-P&PW dated 1st July 2013)***

- (iv) Non-intimation of physical/mental handicap does not make a child ineligible for family pension. A disability certificate issued after the death of the employee /pensioner or his/her spouse for a disability which existed before their death may be accepted by the Appointing Authority.

***(DoP&PW OM 1/18/2001-P& PW dated 25th/26th January 2016)***

- (v) The family pension shall be paid to such son or daughter through the Guardian if he or she is a minor.

***(DoP&PW OM 1/47/87-P& PW date 30th March 1989)***

- (vi) The Government has decided to allow continuance of family pension to mentally/physically disabled children even after their marriage.

***(DOP&PW's O.M No.1/33/2012-P&PW(E) dated 16/01/2013)***



- (vii) Guardianship Certificate issued by the Local Level Committee constituted under the provisions of the National Trust Act, 1999, for the purpose of grant of family pension in respect of child suffering from the disabilities of mind (including mentally retarded), will be accepted.

***(DoP&PW OM 1/4/06-P& PW date 31st July 2006)***

- (viii) It shall be the duty of the Guardian or son or daughter to furnish a certificate to the Treasury / Bank, as the case may be, every year to the effect that (1) he / she has not started earning, his / her livelihood; and (2) not yet married. However in case of disability, child or the guardian is required to produce the certificate in every five years to the effect that he/she continues to suffer from the disability or disorder of mind or continues to be physically crippled or disabled.

***(Sub rule 6 of Rule 54 of the CCS (Pension) Rules, 1972)***

## **5. ELIGIBILITY OF DIVORCED / WIDOWED / UNMARRIED DAUGHTER**

- (i) The family pension is payable to the unmarried / widowed / divorced daughters until she gets married or remarried or until she starts earning her livelihood, whichever is earlier.

***(sub rule 6(iii) of Rule 54)***

- (ii) The family pension is payable to the unmarried / widowed / divorced daughters above the age of 25, after all unmarried children have attained the 25 years of age or started earning their livelihood whichever is earlier. If the deceased government servant/pensioner has survived by any disabled child, the widowed/divorced/unmarried daughter will be eligible to receive family pension only after the turn of disabled child.

***(DoP&PW OM 1/13/09-P& PW date 11th September 2013)***

- (iii) Divorced daughter is eligible for family pension where the divorce proceedings had been filed in a competent Court during the lifetime of the employee / pensioner or his/her spouse but divorce took place after their death, provided the claimant fulfils all other conditions for grant of family pension under Rule 54 of the CCS (Pension) Rules, 1972. In such cases, the family pension will commence from the date of divorce.

## **6. ADMISSIBILITY OF FAMILY PENSION CLAIM IF GOVERNMENT SERVANT HAS SURVIVED BY WIDOWS AND CHILDREN FROM BOTH WEDLOCKS**

- (i) As per CCS conduct Rules 21 no Government servant having a spouse living, shall enter into, or contract, a marriage with any person, Provided that the Central Government may permit a Government servant to enter into, or contract, any such marriage.
- (ii) As per section 11 of Hindu Marriage Act any marriage shall be null and void if the party has a spouse living at the time of the marriage.
- (iii) The divorce proceeding as per custom of the community or before the Panchayat is not valid. The divorce decree is acceptable only if it is ordered by competent court.

***(Section 19 of the Hindu Marriage Act & The Family Courts Act, 1984)***

- (iv) However by virtue of Section 16 of the Hindu Marriage Act notwithstanding that marriage is null and void, any child of such marriage shall be legitimate.
- (v) If deceased employee is survived one widow and children from first wife, however second marriage was solemnized after first wife was not alive, Family pension will be shared equally by widow being legally wedded wife along with child from first wedlock i.e. 50% each.
- (sub rule 7(c) of Rule 54)***
- (vi) If deceased employee is survived by one widow and children from first wife, however second marriage was solemnized after getting divorce decree from first wife, Family pension will be shared equally by Second widow being legally wedded wife along with child from first wife i.e. 50% each.
- (sub rule 7(c) of Rule 54)***

- (vii) If deceased employee is survived by more than one widow and children from both wedlock, family pension will be shared equally by first wife being legally wedded wife along with child from second wedlock i.e. 50% each. However second widow will not have any claim for family pension as second marriage is null and void and she is not holding the status of legally wedded wife.

***(DoP&PW O.M 1/16/1996-P& PW dated 27th November 2012)***

- (viii) The eligibility of each child sharing pension along with legally wedded wife will be considered as per Rule 54(8) (iii) .Their claim will be considered in the order of their birth ,and the younger of them will not be eligible for family pension unless the elder next above him become ineligible for the grant of family pension.

- (ix) On the death of a legally wedded wife who is not survived by any eligible child, share of the family pension would not lapse but would be payable to children from second wedlock in full i.e. 100%.

***(sub rule 7(b) &7(c) of Rule 54)***

- (x) If children from second wedlock become ineligible to receive pension, such share of the family pension would not get lapsed but would be payable to legally wedded wife or her children as the case may be in full i.e. 100%.

***(sub rule 7(b) & 7(c) of Rule 54)***

## **7. ELIGIBILITY OF JUDICIALLY SEPARATED SPOUSE**

After the child or children cease to be eligible for family pension under this rule, such family pension shall become payable to the surviving judicially separated spouse of the deceased Government servant till his or her death or remarriage, whichever is earlier.

***(sub rule 11 of rule 54)***

## **8. ELIGIBILITY OF PARENTS**

- (i) Family pension to the parents shall be payable if the parents were wholly dependent on the Government servant and the deceased Government servant is not survived by a widow or an eligible child.

***(sub rule 10-A (a) of Rule 54)***

- (ii) The family pension, wherever admissible to parents, will be payable to the mother of the deceased Government servant failing which to the father of the deceased Government servant.

***(sub rule 10-A (a) of Rule 54)***

- (iii) The family pension to the parents will be payable for life.

***(sub Rule 6 of 54)***

- (iv) The names of dependent parents may be added to the PPO issued to the retiring Government servant if there is no other eligible prior claimant for family pension other than the spouse.

***(sub rule 10-A (a) of Rule 54)***

## **9. ELIGIBILITY OF DISABLED SIBLING**

Disabled siblings may be eligible for family pension if they are wholly dependent upon the government servant immediately before his/her death and deceased government servant is not survived by widow or eligible children or parents.

***(sub Rule 10 B of 54)***

## **10. RATE OF FAMILY PENSION**

- (i) The amount of family pension shall be fixed at monthly rates and be expressed in whole rupees. Where the family pension contains a fraction of rupees, it shall be rounded off to next higher rupees.

***(sub rule 2 A of Rule 54)***

- (ii) In case government employee died while in service, family pension will be paid at enhanced rates i.e. 50% of pay last drawn for a period of 10 years. Thereafter family pension will be paid at the rate of 30% of the last pay.

***(sub rule 3( i) of Rule 54)***

- (iii) If family pension is authorised to parents, it will be paid at the rate of 30% of the last pay.

***(DoP&PW45/51/97-P&PW dated 19th April 2002)***

- (iv) If an employee died in harness, his family shall be paid family pension at enhanced rate of 50% of last pay, for first 10 years. There shall be no requirement of minimum service, as the requirement of seven years service has been dispensed with. This amended Rule has been effective from 1st October, 2019. Families of employees who died before completing service of 7 years within 10 years before 1st October, 2019 will also be eligible for family pension at enhanced rate.

***(DoP&PW O.M dated 19th September, 2019)***

- (v) On death of pensioner/ family pensioner enhanced rate of family pension i.e. 50% will be paid for a period of 7 years from the day following the date of death or up to the date on which pensioner would have attained the age of 67 years, whichever is earlier. After that family pension will be paid at the rate of 30% of the last pay.

***(sub rule 3( ii) of Rule 54)***

## **11. NON ADMISSIBILITY OF FAMILY PENSION**

If a person is convicted for the murder or abetting in the murder of the Government servant, such a person shall be debarred from receiving the family pension. The family pension shall be payable to next eligible member of the family, from the date of death of the Government servants.

***(sub rule 11( c) of Rule 54)***

## **12. FAMILY PENSION IN CASE OF MISSING EMPLOYEE / PENSIONER /FAMILY PENSIONER**

- (i) In the case of a missing employee / pensioner / family pensioner, the family can apply for the grant of family pension & gratuity to the Head of Office of the organization where the employee / pensioner had last served, six months after lodging of Police report.

***(DoP&PW O.M. No 1/17/2011-P&PW dared 24/25 June 2013)***

- (ii) Section 154 (1) of the Criminal Procedure Code mandates filing of an FIR by the Police authorities on a report received of the commission of a cognizable offence. A missing person per se does not point to commission of a cognizable offence, therefore filing of FIR should not be insisted upon.

- (iii) Cognizance of a person's disappearance can be taken by the Head of Office on the basis of an authenticated Daily Diary (DD) / General Diary Entry (GDE), filed by the Police authorities concerned, as per the practice prevalent in that State / UT.

***(DoP&PW O.M. No 1/17/2011-P&PW dared 24/25 June 2013)***

- (iv) Section 108 of the Indian Evidence Act provides that when the question will arise whether a man is alive or dead and if it is proved that he has not been heard for 7 years by those who would naturally have heard of him if he had been alive, the burden of proving that he is alive is shifted to the person who affirms it.

## **13. SANCTION OF FAMILY PENSION IN RESPECT OF DECEASED PENSIONER**

- (i) If spouse name is indicated in the PPO, pension disbursing authority will start the family pension after receiving death information of pensioner in writing.

***(sub rule 81(2) of Rule 54)***

- (ii) Family pension become payable to widow/widower from the day following the date of death of pensioner.

***(sub rule 81(2) of Rule 54)***

## 14. LANDMARK JUDGEMENTS ON FAMILY PENSION

- (i) The very denial of right to family pension in fact amounting to a violation of the guarantee assured to the appellant under Article 21 of the Constitution. It is an obligation of the authority to compute the family pension and offer the same to the widow of its employee as soon as it became due to her, which is the date of the death of her husband not from the date application.

***(Supreme Court of India S.K.Mastan Bee Vs. The General Manager on 4 December,2002)***

- (ii) The employee has no control over the family pension as he is not required to make any contribution to it. The family pension Scheme is in the nature of welfare scheme framed to provide relief to the widow and minor children of the deceased employee.

***(Supreme Court of India Violet Issac & Ors Vs. Union Of India, 8 February, 1991)***

- (iii) On the death of the only earning member, the widow or the minor children were not only rendered orphans but faced more often destitution and starvation. The widow was hardly in a position to obtain gainful employment. Therefore as a measure of socio economic justice, Family Pension came to be conceptualised in the year 1950.

It was liberalised from time to time. The liberalisation was however subject to the condition that the Government Servant had in his life time agreed that he shall make a contribution of an amount equal to two months' emoluments or Rs. 5,000 whichever is less out of the death-cum-retirement gratuity. Those Government servants who did not accept this condition were denied the benefit of family pension scheme.

Focussing on the liberalisation that was introduced in 1964, it transpires that the widow and the minor children of those

Government servants who died prior to 1964 were not eligible for the benefit of liberalised scheme. The other class which was left out of the liberalisation scheme was those Government servants who specifically opted out of the family pension scheme, 1964. The resultant situation was that since January 1, 1964 there were in force two parallel schemes in operation namely a) a pre-liberalisation scheme which continued to be in force those who retired prior to 1.1.1964 or those who did not contribute out of the death-cum-retirement gratuity, roughly styled as non-contributory scheme. The other was the contributory scheme. Both these schemes are incorporated in Rule 54 and 55 respectively of the Civil Services Pension Rules 1972.

The Union of India in its onward march for ushering in socio economic justice further took a step on September 22, 1977 by which the pre-condition of two months' emolument out of death-cum-retirement gratuity was done away with. The memorandum introducing the 1977 liberalisation recorded the decision of the Union of India as under:

"The staff side has suggested in the National Council that this family pension is a social security measure and the employee should not be called upon to contribute towards the scheme. The matter has been examined in the light of the recommendations of the National Council and the President is pleased to decide that no deduction should be made from the death- cum-retirement gratuity as a contribution towards the family pension."

Accordingly since September 22, 1977 the contributory scheme ceased to exist.

***(Supreme Court of India Smt. Poonamal Vs.  
Union of India & Ors., 1985)***

- (iv) The payment of pension does not depend upon the discretion of the Government but is governed by the relevant Rules and anyone



entitled to the pension under the Rules can claim it as a matter of right."

***(In Deoki Nandan Prasad Vs. State of Bihar & Ors., 1971 Suppl. SCR 634)***

- (v) Where a certain benefit is admissible on account of status and a status that is acquired on the happening of certain event, namely, on becoming a widow on the death of the husband, such pension by no stretch of imagination could ever form part of the estate of the deceased. If it did not form part of the estate of the deceased it could never be the subject matter of testamentary disposition.

***(In Jodh Singh Vs. Union of India & Anr Supreme Court of India)***

- (vi) There cannot be any doubt that Government cannot amend or substitute statutory rules by administrative instructions, but if the rules are silent on any particular point, the Government can fill up the gaps and supplement the rules by issuing instructions not inconsistent with the rules.

***(Supreme Court of India: Union of India & Ors Vs. Rakesh Kumar on 30 March, 2001)***

## **15. PROCEDURE AND TIMEFRAME FOR SETTLEMENT OF FAMILY PENSION**

- (i) The Head of Office shall address the eligible member of the family or the guardian, as the case may be, in Form 13 for making claim in Form 14.

***(sub rule 77(3) of CCS Pension Rules)***

- (ii) Head of Office has to ensure that action to obtain the claim or claims from the beneficiaries, completion of Form 18 and assessment of Government dues is initiated simultaneously. Special efforts have to be made to get the claims forms from the family of the deceased Government servant as early as possible.

- (iii) Where the family is residing in the place of duty of Head of Office, the Forms and documents which are required to be completed by the family may, if possible, be obtained personally and for this purpose the services of the Welfare Officer could be utilized.
- (iv) The process of determination of qualifying service and qualifying emoluments shall be completed within one month of the receipt of intimation regarding the date of death of the Government servant .If there are any periods of unverified service, the Head of Office shall accept the unverified portion of service as verified on the basis of the available entries in the Service Book.

***(sub rule 78 of CCS Pension Rules)***

- (v) The determination of the amount of family pension shall be done within one month of the receipt of intimation of the date of death of the Government servant.

***(sub rule 78 of CCS Pension Rules)***

- (vi) To avoid delay in payment of family pension, Head of office should initiate action on intimation of death of government servant, without waiting for production of formal death certificate.

***(DoP&PW O.M. No 38/116/93-P&PW dared 2nd May 1994)***

- (vii) The Head of Office shall complete Form 18 and send the said Form in original to the Accounts Officer with a covering letter in Form 19 along with the Government servant's Service Book duly completed up-to-date and any other documents relied upon for the verification of the service claimed. This shall be done not later than one month of the receipt of claim by the Head of Office.

***(sub rule 80 of CCS Pension Rules)***

- (viii) After the documents referred to in Rule 80 have been sent to the Accounts Officer concerned, the Head of Office shall draw provisional family pension not exceeding the maximum family pension and hundred per cent of the gratuity as determined in accordance with the provisions.

***(sub rule 80A of CCS Pension Rules)***

- (ix) HOO shall issue a sanction letter in favour of claimant or claimants endorsing a copy thereof to the Accounts Officer concerned indicating the amount of provisional family pension and hundred per cent of the gratuity as determined.

***(sub rule 80A of CCS Pension Rules)***

- (x) On receipt of the documents referred to in sub-rule (1) of Rule 80, the Accounts Officer shall, within a period of three months from the date of receipt of the documents, apply the requisite checks and complete Section I & II of Form 18 and assess the amount of family pension and gratuity.

***(sub rule 80B of CCS Pension Rules)***

- (xi) If on the date of death, the Government servant was allottee of Government accommodation, the Head of Office on receipt of intimation regarding the death of the Government servant shall within seven days of the receipt of such intimation, write to the Directorate of Estates for the issue of 'No demand certificate' so that authorization of family Pension and Death Gratuity are not delayed.

***(sub rule 80B of CCS Pension Rules)***

**List of Department of Pension & Pensioners' Welfare issued  
OM/Orders and Circulars from 01.01.2022 to 28.02.2023**

<b>S. No.</b>	<b>O.M. No.</b>	<b>O.M./ Notification Date</b>	<b>Subject</b>
1.	G.S.R. 63(E) notification dated 30/01/2023	30th January 2023	Review and Rationalization of the Central Civil Services (Extraordinary Pension) Rules, 1939
2.	F.No.4(4)/2021- P&PW(H)	16th December 2022	Registration of Pensioners Associations under the Pensioners Portal Scheme-Extension in date for submission of application.
3.	13023/01/2019- Admn-II/Desk-H- 5713	21st November 2022	Monthly Summary to the Cabinet for the month of October, 2022
4.	1/2/2022(JCM)- P&PW(E)	18th November 2022	Holding of Pension Adalat
5.	3/13/2022- P&PW(F)	2nd November 2022	Ceiling of Rs.5 Lakh on subscription to General Provident Fund (Central Services) in a financial year- instructions regarding.
6.	1(3)/2022- P&PW(H)-8371	2nd November 2022	Nation-wide Campaign for submission of Digital Life Certificate.
7.	42/15/2022- P&PW(D)/6	31st October, 2022	Commutation of pension on more than one occasion- Clarification regarding
8.	42/15/2022- P&PW(D)/7	31st October, 2022	Interest on delayed payment of commuted value of pension-Clarification regarding
9.	42/15/2022- P&PW(D)/8	31st October, 2022	Admissibility of Dearness Relief on additional pension / additional compassionate allowance and additional family pension - Clarification regarding
10.	55/4/2014- P&PW(C)- Part1/E-4217	31st October, 2022	Mandatory use of BHAVISHYA PORTAL for Processing of Pension Cases w.e.f 01.01.2017 - reg.
11.	55/14/2014- P&PW(C)- Part1/E-4217	31st October, 2022	Procedure to Update the Pension Payment Order (PPONo) in the Bhavishya System-regd.
12.	42/07/2022- P&PW(D)	31st October, 2022	Grant of Dearness Relief in the 5th CPC series effective from 01.07.2022 to CPF beneficiaries in receipt of basic ex-gratia payment - reg
13.	11(15)/2022- P&PW(H)-8363(1)	28th October, 2022	Time lines for completion of various activities in the process of authorisation of pension and gratuity on retirement on superannuation of a Government servant.
14.	11(15)/2022- P&PW(H)-8363(2)	28th October, 2022	Processing of cases for authorisation of pension/family pension in respect of (i) a Government servant who is not in a position to

S. No.	O.M. No.	O.M./ Notification Date	Subject
15.	57/03/2022- P&PW(B)/8361	28th October, 2022	submit the pension forms on account of any bodily or mental infirmity, and (ii) a Government servant who dies after Retirement without having Submitted the pension forms.  Entitlement on discharge from service on account of invalidation or disablement to a Central Government servant covered under National Pension System - reg.
16.	57/03/2022- P&PW(B)/8361(1)	28th October, 2022	Entitlement for family on death of a Central Government servant covered under National Pension System - reg.
17.	57/03/2022- P&PW(B)	27thOctober,2022	Provisions relating to effect of disciplinary proceedings on the benefits from accumulated pension corpus under National Pension System and gratuity in respect to Central Government employees covered under NPS
18.	38/01(05)/2022- P&PW(A)	26thOctober,2022	Power to with hold or withdraw pension/ gratuity in cases of grave misconductor negligence during the period of service under the Central Civil Services (Pension) Rules, 2021.
19.	38/01(05)/2022- P&PW(A)	26thOctober,2022	Amount and conditions for grant of pension under Central Civil Services (Pension) Rules, 2021
20.	38/01(05)/2022- P&PW(A)	26thOctober,2022	Amount and conditions for grant of additional pension and additional family pension under Central Civil Services (Pension) Rules, 2021
21.	57/03/2022- P&PW(B)/8361	26thOctober,2022	Options under Central Civil Services (Implementation of National Pension System) Rules, 2021 to avail benefits under old pension scheme on death of Government servant covered under National Pension System during service or his discharge from service on account of invalidation or disablement-reg.
22.	1/1(1)/2022- P&PW(E)	26thOctober,2022	Grant of family pension to a member of the family, whose name is not included in Form 4 or office records
23.	1/1(1)/2022- P&PW(E)	26thOctober,2022	Grant of family pension to other eligible member of the family where first eligible member is charged with offence of murdering the Government servant or for a betting in Commission of such an offence.
24.	1/1(1)/2022- P&PW(E)	26thOctober,2022	Grant of family pension under Central Civil Services (Pension) Rules, 2021 to parents of a deceased Government servant / pensioner.

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S. No.	O.M. No.	O.M./ Notification Date	Subject
25.	1/1(1)/2022-P&PW(E)	26thOctober,2022	Documents regarding income required to be submitted for deciding eligibility for grant of family pension under Central Civil Services (Pension) Rules, 2021.
26.	1/1(1)/2022-P&PW(E)	26thOctober,2022	Grant of family pension under Central Civil Services (Pension) Rules, 2021 to an unmarried or widowed or divorced daughter of a deceased Government servant / pensioner.
27.	1/1(1)/2022-P&PW(E)	26thOctober,2022	Grant of family pension under Central Civil Services (Pension) Rules, 2021 to a child or sibling of a deceased Government servant / pensioner suffering from a mental or physical disability.
28.	1/1(1)/2022-P&PW(E)	26thOctober,2022	Sharing of family pension under Central Civil Services (Pension) Rules, 2021
29.	1/1(1)/2022-P&PW(E)	26thOctober,2022	Grant of family pension under Central Civil Services (Pension) Rules, 2021 on remarriage of a childless widow.
30.	1/1(1)/2022-P&PW(E)	26thOctober,2022	Amount of family pension and circumstances in which it is paid under the Central Civil Services (Pension) Rules, 2021.
31.	1/1(1)/2022-P&PW(E)	26thOctober,2022	Provisions regarding grant of family pension, gratuity, etc. to family of a missing Government servant or pensioner or family pensioner under the Central Civil Services (Pension) Rules, 2021.
32.	42/15/2022-P&PW(D)/1	25thOctober,2022	Clarification regarding Dearness Relief payable on Original Basic Pension -reg.
33.	42/15/2022-P&PW(D)/2	25thOctober,2022	Clarification regarding commutation value for Government servant whose date of birth is the first of a month and who retires on the afternoon of the last day of the preceding month-reg.
34.	42/15/2022-P&PW(D)/3	25thOctober,2022	Clarification regarding pension to be taken for commutation after retirement-reg.
35.	42/15/2022-P&PW(D)/4	25thOctober,2022	Deduction of commuted pension from the pension revised in implementation of recommendations of Pay Commission etc.
36.	42/15/2022-P&PW(D)/5	25thOctober,2022	Clarification regarding whether deductions towards commutation are required to be made from family pension for the remaining period in cases where the pensioner dies before the restoration of commuted pension-reg.

S. No.	O.M. No.	O.M./ Notification Date	Subject
37.	57/03/2022-P&PW(B)/8361	25th October, 2022	Emoluments for determining mandatory contributions under National Pension System in respect to Central Government employees covered under NPS.
38.	28/91/2022-P&PW(B)/8331	11th October, 2022	Grant of retirement gratuity and death gratuity under CCS (Pension) Rules, 2021-reg.
39.	28/91/2022-P&PW(B)/8331	11th October, 2022	Nominations for payment of gratuity under CCS (Pension) Rules, 2021-reg.
40.	28/91/2022-P&PW(B)/8331	11th October, 2022	Payment of gratuity on death of a government servant under CCS (Pension) Rules, 2021-reg.
41.	28/91/2022-P&PW(B)/8331	11th October, 2022	Payment of gratuity on death of a government servant under CCS (Pension) Rules, 2021-reg.
42.	3/6/2021-P&PW(F)	11thOctober,2022	Ceiling of Rs 5 Lakh on subscription to General Provident Fund (GPF) in a financial year-regarding.
43.	38/01(05)/2022-P&PW(A)	10thOctober,2022	Provisions regarding applicability of CCS (Pension) Rules, 2021-reg.
44.	38/01(05)/2022-P&PW(A)	10thOctober,2022	Provisions regarding treatment of the day of retirement / resignation / death under CCS (Pension) Rules, 2021-reg.
45.	38/01(05)/2022-P&PW(A)	10thOctober,2022	Provisions regarding limitations on number of pensions and gratuities admissible to a government servant under CCS (Pension) Rules, 2021-reg.
46.	38/01(05)/2022-P&PW(A)	10thOctober,2022	Provision regarding with holding or withdrawal of pension / family pension on being convicted of a serious or on being found guilty of grave misconduct, under CCS (Pension) Rules, 2021-reg.
47.	38/01(05)/2022-P&PW(A)	10thOctober,2022	Provision regarding sanction of provisional pension and with holding of gratuity during pendency of department / judicial proceedings under CCS (Pension) Rules, 2021-reg.
48.	38/01(05)/2022-P&PW(A)	10thOctober,2022	Grant of invalid pension under CCS (Pension) Rules, 2021 on retirement from government service on account of any bodily or mental infirmity
49.	38/01(05)/2022-P&PW(A)	10thOctober,2022	Grant of compulsory retirement pension under CCS (Pension) Rules, 2021 to a government servant who is compulsorily retired from service as a penalty.
50.	38/01(05)/2022-P&PW(A)	10thOctober,2022	Grant of compassionate allowance under the CCS (Pension) Rules, 2021 to a government servant who is dismissed or removed from service.

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S. No.	O.M. No.	O.M./ Notification Date	Subject
51.	42/07/2022-P&PW(D)	8th October, 2022	Grant of dearness relief to Central Government pensioners/family pensioners&revised rate effective from 01-07-2022.
52.	3/2/2017-P&PW(F)	8thOctober,2022	Amendment in GPF Rule
53.	3(2)/2022-P&PW(H)/7942	7thOctober,2022	Deletion of daughters name from the PPO of Shri Anil Kumar Sood, AM-II (VRS) IMD & regarding
54.	38/41/2019-P&PW(A)	7thOctober,2022	Amendment of Rule 8 of CCS (Pension) Rules, 2021 & delegation of Powers of President to with hold pension and gratuity to Secretary and C &AG
55.	3(2)/2022-P&PW(H)/7942	6thOctober,2022	Change of name of spouse Smt- Simro Devi in PPO of late Shri Man Mohan Chander, ex-Assistant & seeking advice of DoP & PW & regarding
56.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Counting of service rendered in State Governments as qualifying service for pension and gratuity under the Central Civil Services (Pension) Rules, 2021-
57.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Counting of service rendered in an autonomous body under the Central Government or a State Government as qualifying service For pension and gratuity under the Central Civil Services (Pension) Rules, 2021-
58.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Counting of service on contract as qualifying service for pension And gratuity under the Central Civil Services (Pension) Rules, 2021-
59.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Counting of pre-retirement civil service in the case of re- Employed Government servants under the Central Civil Services (Pension) Rules, 2021-
60.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Counting of military service rendered before civil employment under the Central Civil Services (Pension) Rules, 2021
61.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Counting of periods spent on leave as qualifying service for pension and gratuity under the Central Civil Services (Pension) Rules, 2021-
62.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Counting of periods spent on training as qualifying service for Pension and gratuity under the Central Civil Services (Pension) Rules, 2021
63.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Treatment of time passed by a Government servant under Suspension as qualifying service or other wise for pension and gratuity under the Central Civil Services (Pension) Rules, 2021-



S. No.	O.M. No.	O.M./ Notification Date	Subject
64.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Provisions relating to effect of interruption in service and condonation of interruption in service under the Central Civil Services (Pension) Rules] 2021-
65.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Counting of period of deputation to the United Nations* Secretariat or other United Nations* Bodies or the International Monetary Fund or the International Bank of Reconstruction and Development or the Asian Development Bank or the Common wealth Secretariat or any other International 6 organization as qualifying service under the Central Civil Services (Pension) Rules] 2021-
66.	28/90/2022-P&PW(B)/8297	2ndOctober,2022	Periodic verification of qualifying service under the Central Civil Services (Pension) Rules, 2021 and monitoring at the level of Secretary of the Administrative Ministry/Department-
67.	1(8)/2021-P&PW(H)-7468	30th September2022	Submission of Annual Life Certificate
68.	3/7/2020-P&PW(F)/6728	18thAugust2022	Missing entries in GPF accumulation of subscriber regarding
69.	G.S.R.96	15thJune2022	Ceiling of 5 Lakh of GPF subscription
70.	38/46/2017-P&PW(A)(4879)	14thJune2022	Revision of Pension/family pension in respect of the pensioners drawing compulsory retirement pensionor compassionate allowance after compulsorily retirement / dismissal / removal from service-reg
71.	11(45)2022-P&PW(E)	23rdMay2022	Eligibility for two family pensions & clarification regarding
72.	42/07/2022-P&PW(D)	11thMay2022	Grant of Dearness Relief in the 5th CPC series effective from 01-01-2022 to CPF beneficiaries in receipt of basic ex-gratia payment - reg
73.	57/03/2020-P&PW(B)	28thApril2022	Provision for extending benefits under CCS (Pension) Rules or CCS (EOP) Rules to family of missing Central Government employees Covered under National Pension System (NPS) & reg-
74.	1/2(40)/2022-P&PW(E)	06thApril2022	Nomination by pensioners under the Payment of Arrears of Pension (Nomination) Rules, 1983 for payment of life-time arrears-
75.	42/07/2022-P&PW(D)	05thApril2022	Grant of Dearness Relief to Central Government pensioners / family pensioners – Revised rate effective from 01-01-2022

S. No.	O.M. No.	O.M./ Notification Date	Subject
76.	17/4/2021-P&PW(Coord)-E.7648	04thApril2022	110th & 113th Report of DRPSC Recommendations : Compliance regarding
77.	1/2(40)/2022-P&PW(E)	31stMarch2022	Nomination by pensioners under the Payment of Arrears of Pension (Nomination) Rules, 1983 for payment of life-time arrears
78.	2021-22/6476/2/2	25thMarch2022	Authorization of Kota Mahindra Bank for disbursement of Pensions-
79.	No.4/05/2019-P&PW(D)	23rdMarch2022	Procedure for implementation of change of option by a Pensioner / Family Pensioner from FMA to CGHS (OPD) facility and vice-versa-reg
80.	12(9)/2020-P&PW(C)-6450	23rdFebruary2022	Payment of Provisional Pension and gratuity under Rule 62 of the Central Civil Services (Pension) Rules, 2021 in case of delay in Issue of PPO authorizing regular pension
81.	1/4/2021 P&PW(E)Part I	19thJanuary2022	Payment of family pension in respect of a child suffering from a Disorder or disability of mind through the person nominated by the Government servant / pensioner / family pensioner
82.	57/04/2019-P&PW(B)	04thJanuary2022	Coverage under Central Civil Services (Pension) Rules, 1972 in place of National Pension System of those Central Government employees whose selection for appointment were finalized before 01-01-2004 but joined Government service on or after 01-01-2004-

<https://pensionersportal.gov.in/CircularReportForPensionForm1.aspx>

## Brief on CCS (EOP Rules), 2023

Department of Pension & Pensioners' Welfare has notified revised Central Civil Services (Extraordinary Pension) Rules, 2023 after reviewing and rationalizing the pre-independence era Central Civil Services (Extraordinary Pension) Rules, 1939. While the revised EOP Rules do not envisage any change in the condition so feligibility or entitlements of disability pension or family pension, the following new provisions have been included in the Rules to make them elaborate and to bring about more clarity-

- A specific provision has been included in the Rules that NPS employees will also be covered by these Rules if Option to this effect is given under CCS (Implementation of NPS) Rules, 2021

- No application will be required from employee/family for sanction of disability pension/family pension. HOO will initiate the process on his own.
- Secretary of the administrative Ministry/Department would be competent to grant disability pension/family pension and he could further delegate this power to a Joint Secretary level office in the Department or the organization concerned.
- The authority will become competent to sanctioned disability pension or family pension even in a case not strictly covered by the guide lines but is otherwise considered attributable to Government service.
- Disability pension or family pension shall be sanctioned even in cases not strictly covered by the guidelines but is otherwise considered attributable to Government service, competent authority will sanction.
- The competent authority will award a family pension even in cases where a medical report could not be secured on death of an employee, if the said authority is otherwise satisfied about causal connection between death and Government service.
- Provision regarding admissibility of additional pension for old pensioners has been incorporated in the revised rules.
- Schedule-I relating to the list of diseases has been updated by including certain additional diseases which can be contracted in the performance of duty, including pandemics like COVID-19.
- A new Schedule (i.e. Schedule-III) has been included in the rules listing out the circumstances in which death or disability of a Government servant is to be reckoned as attributable to Government service under Category B, Category C and Category D
- Death and disability occurring while on duty in the specified high altitude, inaccessible border posts, etc on account of natural disaster, extreme weather conditions, has been included in Category C and death or disability arising in an operation to evacuate Indian nationals from a war-torn foreign country has been included in Category D
- Specific provision has been made in the revised rules for processing of cases of disability pension and extraordinary family pension through Bhavishya.
- Detailed procedure has been laid down for processing of disability pension and family pension under EOP Rules.
- Pending decision on / payment of disability pension under EOP Rules, provisional pension under CCS (Pension) Rules shall be granted.
- HOO shall ensure that all cases for grant of disability pension and family pension are processed as per timelines and provisional pension or provisional family pension, as the case may be, is sanctioned/ paid pending authorization of final pension / family pension.
- In case of delay, interest shall be paid on arrears of pension or family pension or gratuity and responsibility shall be fixed for the delay.

## MISCELLANEOUS

### List of New Members 2022-23

Sl.No.	Name	Retd. As/From	Tel./Cell No
349	J.S. Salathia (Joined on 23.6.2021)	Sr. Field Officer Cabinet Secretariat, GOI	95553 43554
350	Kamal Dev Singh (Joined on 23.7.2021)	Sr. H.F., NHPC	94197 81341
351	Dr. Rakesh Khajuria (Joined on 5.9.2021)	Brigadier, IA	97174 59955
352	Vijay Kumar Sudan (Joined on 20.9.2021)	Dy. Central Intell. Officer (DCIO), IB	95964 19789
353	V.K. Ojha (Joined on 29.11.2021)	Asstt. Commissioner Income Tax Deptt.	94191 22618
354	Hemant Kr. Sharma (Joined on 07.02.2022)	Commr. Secretary IAS	94191 91733
355	Deepak Kr. Slathia (Joined on 21.02.2022)	DIG Police IPS	94191 80761
356	Alok Puri IPS (Joined on 16.5.2022)	Addl. DGP, IPS	94191 80872
357	B.R. Sharma, IAS (Joined on 01.08.2022)	Chairman, SSC (Service Selection Commission)	94191 80655
358	Dilip Kr. Pandita (Joined on 08.08.2022)	CISF	77808 69886
359	Y.K. Kanotra (Joined on 26.09.2022)	Dy. Superintendent Archl. Chemist, ASI	95963 69558
360	Ashok Kr. Angurana (Joined on 09.01.2023)	IAS, Secretary to GOI	99105 17971
361	Narinder Singh Jamwal (Joined on 09.01.2023)	BSF, Addl. DG	94197 95253
362	Surender Kr. Chrungoo (Joined on 09.01.2023)	Dy. CI Officer, IB	70514 07004

**Total Number of Members on 31.03.2021**      **362 (Including 98 Members Now Join Kashmir Association)**

**GSI - 31      IPS - 55      IAS - 39**

**IFS - 28      IA&AD - 20      MES - 26**

**199**

**Others**

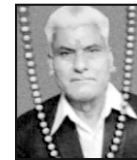
**163**

**{ AIS J&K Cadre : IAS + IPS + IFS = 122 }**

## Members who left us for their heavenly abode during 2022- 2023



Dr. K. K. Sharma, 80, passed away on May 3, 2022 at Dehradun. He belonged to Atomic Energy Org / Wadia Institute of Himalayan Geology.



Shri Jawaharlal Koul, 81, passed away on August 3, 2022. He belonged to the Indian Railway Personnel Service.



Shri Mahesh Chander Gupta, 71. passed away on July 20, 2022. He belonged to Doordarshan



Shri Sudershan Chander Gupta, 87, passed away on September 10, 2022. He belonged to the Defence Accounts Department. He was one of the 12 founding members of CGPWA & the first Treasurer of the Association.



Surinder Mahajan IAS (Retd), 78, passed away on February 13, 2023. He had served the Planning & Development Dept.




Dr. Madan Lal Sharma, 80, passed away on February 27, 2023. He was a Geologist and belonged to ONGC.

***The Association adopts a Condolence Resolution on the demise of each of the deceased members, conveying heartfelt condolences to the bereaved family. A copy of the Resolution is sent to the wife or other senior member of the deceased member.***

## Balance Sheet

**Central Govt. Pensioner's Welfare Association J&K, Jammu,  
Olympic Association Building, Parade, Jammu  
Receipts & Payment Accounts for 2022- 23 ( 01.04.2022 to 31.3.2023)**

RECEIPTS			EXPENDITURE		
S.No.	Particular	Amt.	S.No.	Particular	Amt.
1.	Opening Balance		1.	Maintenance of Day Care Centre including Emoluments to Care Taker, Mali & Safai wala	Rs.1,10,161.00
	(a) Cash in hand	Rs. 14,422.00			
	(b) In Bank	Rs.7 , 09,838.48			
	Total	Rs. 7,24,260.48			
2.	Annual Subscription from Members	Rs. 5500.00	2.	Spent as cost of computer Accessories	Rs. 80,050.00
3.	Life Membership fee	Rs 70,000.00	3.	Payment for BSNL website and Internet	Rs. 12687.33
4.	Grant-in-aid from DOPPW Govt of India	Rs .75,000.00	4.	Stationery & Battery replacement	Rs. 20341.00
5.	Donations	NIL	5.	Remuneration to Data Processor	Rs. 15000.00
6.	Unspent balance from a get-together function	Rs. 3500.00	6.	Rent ,Water & electricity charges /AMC of Computer	Rs. 30238.80
7.	Interest from Bank on Saving Account	Rs. 16191.00	7.	Spent on refreshment during meeting including celebration on Independence day & Republic day	Rs. 23590.00
	<b>Grand Total</b>	<b>Rs. 894,451.48</b>	8.	Misc Expenditure	Rs 49137.85
				Closing Balance cash	Rs 7635.00
				In Bank	Rs. 5,45,610.50
				<b>Grand Total</b>	<b>Rs. 8,94,451.48</b>

  
O.P.SHARMA  
TREASURER

**Central Govt. Pensioners  
Welfare Association (Regd.)  
Jammu Olympic Assn. Building  
Parade, JAMMU**


K.B.JANDIAL  
GENERAL SECRETARY

**CENTRAL GOVT. PENSIONERS WELFARE ASSOCIATION**  
**STATEMENT OF AFFAIRS AS ON 31.03.2022**

<u>LIABILITIES</u>	<u>AMOUNT</u>	<u>TOTAL ASSETS</u>	<u>AMOUNT</u>	<u>TOTAL</u>
<b>CAPITAL FUND</b>		<b>FIXED ASSETS</b>		
OPENING BALANCE	570882.00	(AS PER SCHEDULE ANNEXED)		85496.45
DONATION FOR CORPUS FUND	223169.00			
ADD SURPLUS	219784.93	1013835.93		
		<b>CURRENT ASSETS, LOANS AND ADVANCES</b>		
		CASH IN HAND		14422.00
		PUNJAB NATIONAL BANK		709838.48
		FDR WITH PNB WITH ACCRUED INTEREST		224079.00
		1013835.93		1013835.93

PLACE : JAMMU  
DATED : 09.07.2022

SIGNED IN TERMS OF OUR REPORT OF EVEN DATE  
FOR DEEPAK BEHGAL & CO.  
CHARTERED ACCOUNTANTS



K.B. JANDIAL

GEN SECRETARY

O.P. SHARMA

Treasurer

Central Govt. Pensioners  
Welfare Association (Regd.)  
Jammu Olympic Assn. Building  
Parade, JAMMU



Meeting with the visiting Addl Director, CGHS, Chandigarh Dr. Ashwani Kumar on August 25, 2022 to discuss CGHS issues



Site for CGHS Complex opposite Channi Himmat colony Jammu. 4.11 kanal State allotted for the purpose.



Shri Vijay Kumar Sambyal being felicitated by the Patron Shri S S Wazir & Former CS Shri B R Sharma on getting Lifetime Achievement Award.



First Outing-cum-Meeting at Hunter's Ranch, Bajalta on May 2, 2022



Felicitating Dr Shashikant Goswami of SAI on July 11, 2022 on selection for Lifetime Achievement Award for his outstanding contributions in Sports Nutrition at International level by Vansh Sabre Sports Foundation, J&K



Honouring Yoga trainers Sh Vijay Gupta & Sh Vijay Phoa who took yoga session of members on International Yoga Day



Meeting & outing at Gharana Wetland



Leading Neurologist, Dr. S K Gupta delivering Health Talk on Neurological issues among elders on Dec.17,2022



Outing-cum-meeting at Surinsar on October 14, 2022