COMPENDIUM

of

Important letters/Advance Correction Slips

for

Amendments to

Indian Railways Medical Manunal, 2000

Issued

During the Year 2011

By:

HEALTH DIRECTORATE
COMPENDIUM

Of

Important letters/Advance Correction Slips

For

Amendments to

Indian Railways Medical Manual, 2000

Issued

During the year 2011

BY

HEALTH DIRECTORATE
GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No:2012/H/23/1 New Delhi, dt. 18-12-2012

The General Managers,
All Indian Railways & Production Units.

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

*****

Please find enclosed herewith copies of all important letters and
Advance Correction Slips issued from 1.1.2011 to 31.12.2011 for
incorporating the amendments made to various paras of the Indian
the Zonal Railways may be got updated accordingly.

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

(Mrs.H.K.Sanhotra)
Deputy Director/Health & Family Welfare
Railway Board. 
Ph:44135
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Sub: Reimbursement of Medical Expenses – Procedure of disposal
Ref: Board’s letter of even number dated 22.06.2010 (S.No.10 Health/2010)

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

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

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

(Copy forwarded to:
1. Chief Medical Directors/All Indian Railways.
2. FAACAO/All Indian Railways.

Copy to F(E) Spl. Branch/Railway Board)
Sub: Quarterly Performance Review.
Ref: This office letters of even number dated 17.3.2010

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

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

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

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

Please acknowledge receipt.

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

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


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

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

a) Coordinate with the State Governments to set up booths at all major stations of States, from where trains originate or terminate;

b) As in the past, allow vaccination teams to immunize children in moving trains;

c) Set up PPI booths in all Railways colonies and to ensure that children of all families of railway men avail themselves of immunization;

d) Allow the State Governments to set up booth at all railway stations for transit passengers having children of below 5 years of age and for immunizing children in the train;

e) Allow the railway stations and railway coaches to be used for display of posters and other IEC materials; and

f) Advise all railway men to motivate their neighbors of availing of immunization.

The detailed guidelines issued vide this office letter of even no. 20.9.2000 and 12.05.2005 are to be followed for implementation of the PPI Programme over Railways during this round also.
Ministry of Health & Family Welfare, Government of India is also advising the States to coordinate with respective Railway authorities in the States/Districts for support.

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

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

Copy to:

2. Chief Medical Directors, All Indian Railways.

3. Chief Medical Superintendents, All Production Units.
Chief Medical Directors,
All Indian Railways.

Sub: Hospital Waste Management.


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

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

The above rules interalia lay down the rules for generation, collection, receipt, treatment, disposal, handling, segregation, packaging, transportation, storage etc. of Bio Medical Waste generated from Hospitals, dispensaries, Pathological Laboratories, Blood Bank etc. The rules also lay down the requirement for maintenance of records for the above activity.
It is pertinent to mention that treatment and disposal procedure/technology of 10 types of Bio Medical Waste viz. 1) Human Anatomical Waste, 2) Animal Waste, 3) Microbiology & Biotechnology Waste, 4) Waste Sharps, 5) Discarded Medicines and Cytotoxic drugs, 6) Solid Waste(Items contaminated with blood, and body fluids including cotton, dressings, soiled plaster casts, lines, beddings, other material contaminated with blood), 7) Solid Waste (wastes generated from disposable items other than the waste sharps such as tubings, catheters, intravenous sets etc.), 8) Liquid Waste, 9) Incineration Ash and 10) Chemical Waste are also laid down in the above referred Rules.

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

Please acknowledge receipt.

(Dr. B.N. Annigeri)
Executive Director /Health (G)
Railway Board
Telefax : 23386882, Phone : 23303717Rly. 43717
Email : edh@rb.railnet.gov.in

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

2) Sr. Prof. (HM), Railway Staff College, Vadodara
GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2010/H-1/36/DC(JCM) New Delhi, dated 01.02.2011

Sub.: Submission of proposals for recognition of hospitals — reg.

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

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

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

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

DA: as above

5 (Five)

( Dr. D.P. Pande )
Executive Director Health (Plg.)
Railway Board
CHECK LIST
(For recognition for the first time)

1. Justification for the proposal mentioning the present status of Railway Hospital i.e. no. of Doctors, staff or men on roll vis. a vis. sanctioned strength, services provided by it, any future plan for expansion, No. of Honorary Consultants/Visiting Specialists (specialty wise) and CMPS and why despite existing facilities referral services are still required.

2. Justification for recognition/extension with technical aspect i.e. number of beds/facilities/specialties/services offered/medical set up etc. at the proposed hospital.

3. Total number of Railway beneficiaries catered by the Railway Hospital.

4. In the Specialties for which Railway hospital do not have facilities, if there are any reputed Government Hospitals rendering services in those specialties.

5. Total number of recognized hospitals in the city/zone with details. If so, how are facilities/parameters mentioned as 2 above are different or better in the present proposal.

6. Basis for selection of proposed hospital – by nomination or Search Committee. Effort should be made to locate at least 3 or more hospitals with similar level of service and negotiate better rates for Railways.

7. No. of CGHS empanelled hospital in the city for general purposes or for Specialty in which referral service is sought.

8. In CGHS covered states/cities, hospitals should be recognized only on CGHS rates or even lower. Names of the hospitals empanelled by CGHS can be obtained from CGHS website. Even in non-CGHS places, all out efforts should be made to recognize hospital on CGHS (city-specific) rates only.

9. Comparative statement of package rates, as well as diagnostic charges of other recognized hospitals in the city and with the CGHS rate of that city or the nearest city in tabulated form.
10. Letter of willingness of the hospital concerned.

11. Three copies of rates list of hospital duly verified by the competent authority.

12. Reasons for recognition of more than one hospital, if that is proposed

13. Concurrence of the Finance along with verbatim comments of FA&CAO

14. Approval of GM.
CHECK LIST
(For extension for extension of recognition for the sixth time)

1. No. of patients referred to in the past three years to the proposed as well as any other hospital (Specialty wise) Private & Government and expenditure billed and reimbursed/paid thereof.

2. Efforts made to explore development of other hospitals which have emerged in the meanwhile, who may offer more competitive rates/services. This exercise needs to be carried out after at least every three years or earlier.

3. As per extant practice a hospital, for the first time, is recognized by Railway Board and thereafter Railways have the power to renew extension for next five years subject to the condition that tariff of the hospital is not raised above 5%. However, as per extant practice, Railway Board have been recognizing hospitals as per CGHS approved rates. Therefore, in actual practice a private hospital might have been recognized at CGHS approved rates at Board's level, but on subsequent extension of recognitions at Railway's level the hospital might raise tariff by less than/upto 5%. It is clarified that once a hospital is recognized on CGHS rates, their rates should not be revised upwards unless CGHS rates are revised further.
भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

स. 2008/एच-1/12/1 (पॉलिसी)

रेलवे मंत्रालय
सभी भारतीय रेलें।

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

संदर्भ: बोर्ड का 16.04.2009 का समसंग्रह पत्र।

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

रेल मंत्रालय ने अब उपर्युक्त प्रावधान को उस्ती निबंधन एवं शतों पर 12.09.2010 से 11.09.2012 तक और दो वर्ष की अवधि के लिए बढ़ाने का विनिर्देश किया है।

बाहराइल, सभी महाप्रबंधकों को भेजे गए बोर्ड (सदन कार्यिक) के 25.10.2002 के समसंग्रह अ.शा. पत्र के अनुसार किसी रेलवे अस्तास्थ/स्वास्थ्य यूनिट में अस्माकलिक/पुर्णकलिक दंत सर्जन तैनात किए जाने और मूलभूत सुविधाएं पुर्जित करने पर यह सुविधा स्थान: ही वापस ले लो गई मानी जाए और तत्पश्चात् ऐसे मामलों में कोई प्रतिपूर्ति अनुमूल्य नहीं होगी।

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

इसे रेल मंत्रालय के विभिन्न निदेशालय को सहमति से जारी किया जा रहा है।

सं. 2008/एच-1/12/1 (पॉलिसी)

नई दिल्ली, दिनांक: 17.03.2011

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

कृपया वित्त आयुक्त/रेलवे
Sub: Extension to the arrangement relating to provision of reimbursement of expenditure incurred on the Dental treatment of Railway beneficiaries.


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

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

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

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

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

(Shri. B.N. Anigigi)
Executive Director/H(G)
Railway Board

No. 2008/H-1/12/1(Policy)
New Delhi, dated/7.03.2011

General Managers,
All Indian Railways.

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

Sub: Submission of proposals of recognition of hospitals
regarding.

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

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

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

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

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

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

Revised check list is as attached.

Copy to: CMD's - All Indian Railways.

[Signature]
(Dr. D.P. Pande)
Executive Director Health (Plg)
Railway Board.
(For recognition for the first time)

1. Justification for the proposal mentioning the present status of Railway Hospital i.e. no. of Doctors, staff or men on roll vis-a-vis sanctioned strength, services provided by it, any future plan for expansion, No. of Honorary Consultants/Visiting Specialists (specialty wise) and CMPS and why despite existing facilities referral services are still required.

2. Justification for recognition/extension with technical aspect i.e. number of beds/facilities/specialties/services offered/medical set up etc. at the proposed hospital.

3. Total number of Railway beneficiaries catered by the Railway Hospital.

4. In the Specialties for which Railway hospital do not have facilities, if there are any reputed Government Hospitals rendering services in these specialties.

5. Total number of recognized hospitals in the city/zone with details. If so, how are facilities/parameters mentioned as 2 above are different or better in the present proposal.

6. Basis for selection of proposed hospital – by nomination or Search Committee. Effort should be made to locate at least 3 or more hospitals with similar level of service and negotiate better rates for Railways.

7. No. of CGHS empanelled hospital in the city for general purposes or for Specialty in which referral service is sought.

8. In CGHS covered states/cities, hospitals should be recognized only on CGHS rates or even lower. Names of the hospitals empanelled by CGHS can be obtained from CGHS website. Even in non-CGHS places, all out efforts should be made to recognize hospital on CGHS (city-specific) rates only.

9. Comparative statement of package rates as well as diagnostic charges of other recognized hospitals in the city and with the CGHS rate of that city or the nearest city in tabulated form.
10. Letter of willingness of the hospital concerned.

11. Three copies of rates list of hospital duly verified by the competent authority.

12. Reasons for recognition of more than one hospital, if that is proposed.

13. Concurrence of the finance along with verbatim comments of FA&CAO.

14. Approval of GM.
CHECK LIST

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

1. No. of patients referred to in the past three years to the proposed as well as any other hospital (Specialty wise) Private & Government and expenditure billed and reimbursed/paid thereof.

2. Efforts made to explore development of other hospitals which have emerged in the meanwhile, who may offer more competitive rates/services. This exercise needs to be carried out after at least every three years or earlier.

3. As per extant practice a hospital, for the first time, is recognized by Railway Board and thereafter Railways have the power to renew extension for next five years subject to the condition that tariff of the hospital is not raised above 5%. However, as per extant practice, Railway Board have been recognizing hospitals as per CGHS approved rates. Therefore, in actual practice a private hospital might have been recognized at CGHS approved rates at Board’s level, but on subsequent extension of recognition at Railway’s level the hospital might raise tariff by less than/up to 5%. It is clarified that once a hospital is recognized on CGHS rates, their rates should not be revised upwards unless CGHS rates are revised further.
No. 2010/H-1/9/6/Misc

New Delhi, dated 8.4.2011

Chief Medical Directors,
All Indian Railways.

Sub: National Vector Borne Disease Control Programme (NVBDCP)

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


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

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

Please acknowledge receipt.

(सर. राजीव कुमार जैन) (Dr. Rajiv Kumar Jain),
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1. Dr. AC Dhariwal, Director, National Vector Borne Disease Control Programme, Directorate General of Health Services, Ministry of Health & Family Welfare, 22-Sham Nath Marg, Delhi-110054 (Reference to his D.O. Letter No. 5-3/2011(I&E)/MES Main dated 30.3.2010

2. Sr. Professor (HM), Railway Staff College, Vadorara.
Guidelines for Diagnosis and Treatment of Malaria in India

2010

Government of India

National Institute of Malaria Research

National Vector Borne Disease Control Programme
Preface

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

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

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

Director, NIMR

Director, NVBDCP
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2. Clinical features 1
3. Diagnosis 2
4. Treatment of uncomplicated malaria 3
5. Treatment failure/Drug resistance 5
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1. Introduction

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

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

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

2. Clinical features

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

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

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

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

3. Diagnosis

3.1 Microscopy

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

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

3.2 Rapid Diagnostic Test

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

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

<table>
<thead>
<tr>
<th>Early diagnosis and treatment of cases of malaria aims at:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Complete cure</td>
</tr>
<tr>
<td>- Prevention of progression of uncomplicated malaria to severe disease</td>
</tr>
<tr>
<td>- Prevention of deaths</td>
</tr>
<tr>
<td>- Interruption of transmission</td>
</tr>
<tr>
<td>- Minimizing risk of selection and spread of drug resistant parasites.</td>
</tr>
</tbody>
</table>

4. **Treatment of uncomplicated malaria**

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

4.1 **Treatment of *P. vivax* malaria**

Confirmed *P. vivax* cases should be treated with chloroquine in full therapeutic dose of 25 mg/kg divided over three days. In some patients, *P. vivax* may cause relapse (A form of *P. vivax* or *P. ovale* parasites called as hypnozoites remain dormant in the liver cells. These hypnozoites can later cause a relapse). For its prevention, primaquine should be given at a dose of 0.25 mg/kg body weight daily for 14 days under supervision. Primaquine is contraindicated in known G6PD deficient patients, infants and pregnant women.
Caution should be exercised before administering primaquine in areas known to have high prevalence of G6PD deficiency, therefore, it should be tested if facilities are available. Primaquine can lead to hemolysis in G6PD deficiency. Patient should be advised to stop primaquine immediately if he/she develops symptoms like dark coloured urine, yellow conjunctiva, bluish discolouration of lips, abdominal pain, nausea, vomiting etc. and should report to the doctor immediately.

4.2 Treatment of *P. falciparum* malaria

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

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

**Oral artemisinin monotherapy is banned in India**

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

4.3 Treatment of malaria in pregnancy

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

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

4.5 Treatment based on clinical criteria without laboratory confirmation

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

- If RDT for only *P. falciparum* is used, negative cases showing signs and symptoms of malaria without any other obvious cause for fever should be considered as 'clinical malaria' and treated with chloroquine in full therapeutic dose of 25 mg/kg body weight over three days. If a slide result is obtained later, the treatment should be adjusted according to species.

- Suspected malaria cases not confirmed by RDT or microscopy should be treated with chloroquine in full therapeutic dose.

4.6 General recommendations for the management of uncomplicated malaria

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

The algorithm for diagnosis and treatment is as follows:

5. Treatment failure/Drug resistance

After treatment patient is considered cured if he/she does not have fever or parasitaemia till Day 28. Some patients may not respond to treatment which may be due to drug resistance or treatment failure, specially in falciparum malaria. If patient does not re-
Where microscopy result is available within 24 hours

Clinically suspected malaria case

- Take slide for microscopy

- **P. vivax**
  - CQ 3 days + PQ 14 days

- **P. falciparum**
  - ACT 3 days + PQ single dose

- Negative
  - Needs further evaluation*

Where microscopy result is not available within 24 hours

Clinical suspected malaria case

- Perform RDT

  - RDT for Pf, Also prepare blood smear

  - **Pf RDT positive**
    - ACT 3 days + PQ single dose on Day 2

  - **Pf RDT Negative**
    - Send blood slide to laboratory
    - Give CQ for 3 days, and await microscopy result

  - Microscopy result
    - + ve for **Pv** - PQ for 14 days under supervision.
    - + ve for **Pf** - ACT 3 days + PQ single dose on Day 2

Positive: Treat according to species
Negative: Needs further evaluation*

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

---

**Table 1. Chloroquine for P. vivax**

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Number of tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day 1 (10 mg/Kg)</td>
</tr>
<tr>
<td>&lt;1</td>
<td>½</td>
</tr>
<tr>
<td>1 – 4</td>
<td>1</td>
</tr>
<tr>
<td>5 – 8</td>
<td>2</td>
</tr>
<tr>
<td>9 – 14</td>
<td>3</td>
</tr>
<tr>
<td>15 &amp; above</td>
<td>4</td>
</tr>
</tbody>
</table>
### Table 2. Primaquine for *P. vivax* (Daily Dosage for 14 days)

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Daily dosage (in mg base)</th>
<th>No. of tablets (2.5 mg base)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>1 – 4</td>
<td>2.5</td>
<td>1</td>
</tr>
<tr>
<td>5 – 8</td>
<td>5.0</td>
<td>2</td>
</tr>
<tr>
<td>9 – 14</td>
<td>10.0</td>
<td>4</td>
</tr>
<tr>
<td>15 &amp; above</td>
<td>15.0</td>
<td>6</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Number of tablets</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Day</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Day</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>AS</td>
<td>½</td>
<td>½</td>
<td>½</td>
</tr>
<tr>
<td></td>
<td>SP</td>
<td>¼</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>1 – 4</td>
<td>AS</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>SP</td>
<td>1</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>5 – 8</td>
<td>AS</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>SP</td>
<td>1½</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>9 – 14</td>
<td>AS</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>SP</td>
<td>2</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>15 and above</td>
<td>AS</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>SP</td>
<td>3</td>
<td>Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Dosage (in mg base)</th>
<th>No. of tablets (7.5 mg base)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>Nil</td>
<td>0</td>
</tr>
<tr>
<td>1 – 4</td>
<td>7.5</td>
<td>1</td>
</tr>
<tr>
<td>5 – 8</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>9 – 14</td>
<td>30</td>
<td>4</td>
</tr>
<tr>
<td>15 &amp; above</td>
<td>45</td>
<td>6</td>
</tr>
</tbody>
</table>

Note: Do not give Primaquine to pregnant women, infants and G6PD deficiency cases.
spond and presents with following, he/she should be given alternative treatment.

**Early treatment failure (ETF):** Development of danger signs or severe malaria on Day 1, 2 or 3, in the presence of parasitaemia; parasitaemia on Day 2 higher than on Day 0, irrespective of axillary temperature; parasitaemia on Day 3 with axillary temperature ≥37.5°C; and parasitaemia on Day 3 ≥25% of count on Day 0.

**Late clinical failure (LCF):** Development of danger signs or severe malaria in the presence of parasitaemia on any day between Day 4 and Day 28 (Day 42) in patients who did not previously meet any of the criteria of early treatment failure; and presence of parasitaemia on any day between Day 4 and Day 28 (Day 42) with axillary temperature ≥37.5°C in patients who did not previously meet any of the criteria of early treatment failure.

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

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

### 6. Treatment of severe malaria

#### 6.1 Clinical features

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

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

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

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

6.2 Diagnosis of severe malaria cases negative on microscopy

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

6.3 Requirements for management of complications

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

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

If these items are not available, the patient must be referred without delay to a facility, where they are available.
6.4 Specific antimalarial treatment of severe malaria

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

- **Artesunate**: 2.4 mg/kg body weight i.v. or i.m. given on admission (time=0), then at 12 hours and 24 hours, then once a day (Care should be taken to dilute artesunate powder in 5% Sodium bicarbonate provided in the pack).

- **Quinine**: 20 mg quinine salt/kg body weight on admission (i.v. infusion in 5% dextrose/dextrose saline over a period of 4 hours) followed by maintenance dose of 10 mg/kg body weight 8 hourly; infusion rate should not exceed 5 mg/kg body weight per hour. Loading dose of 20 mg/kg body weight should not be given, if the patient has already received quinine. NEVER GIVE BOLUS INJECTION OF QUININE. If parenteral quinine therapy needs to be continued beyond 48 hours, dose should be reduced to 7 mg/kg body weight 8 hourly.

- **Artemether**: 3.2 mg/kg body weight i.m. given on admission then 1.6 mg/kg body weight per day.

- **α-β Arteether**: 150 mg daily i.m. for 3 days in adults only (not recommended for children).

**Note:**

- Once the patient can take oral therapy, further follow-up treatment should be as below:

  - Patients receiving parenteral quinine should be treated with oral quinine 10 mg/kg body weight three times a day to complete a course of 7 days, along with doxycycline 3 mg/kg body weight per day for 7 days. (Doxycycline is contraindicated in pregnant women and children under 8 years of age; instead, clindamycin 10 mg/kg body weight 12 hourly for 7 days should be used).

  - Patients receiving artemisinin derivatives should get full course of oral ACT. However, ACT containing mefloquine should be avoided in cerebral malaria due to
neuropsychiatric complications.

- **Intravenous preparations should be preferred over intramuscular preparations.** Parenteral treatment should be given for minimum of 24 hours once started.

- **In first trimester of pregnancy, parenteral quinine is the drug of choice.** However, if quinine is not available, artemisinin derivatives may be given to save the life of mother. In second and third trimester, parenteral artemisinin derivatives are preferred.

### 6.5 Severe malaria due to *P. vivax*

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

### 7. Chemoprophylaxis

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

#### 7.1 Short-term chemoprophylaxis (less than 6 weeks)

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

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

#### 7.2 Long-term chemoprophylaxis (more than 6 weeks)

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

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

8. **Recommended reading**


3. Rapid diagnostic tests. Website of WHO Regional Office for the Western Pacific. http://www.wpro.who.int/sites/rdt


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<thead>
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<th>Institutional Affiliation</th>
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</tr>
</tbody>
</table>

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Guidelines for diagnosis and treatment of malaria

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### Feedback Form

Guidelines for Diagnosis and Treatment of Malaria in India

1. Are these guidelines useful? : 

2. Are they user friendly? : 

3. Do they give complete information on the subject? : 

4. Do they give the message regarding diagnosis and treatment of malaria clearly? : 

5. Any suggestion to improve the guidelines? : 

Name  
...................................................................................................................

Designation  
...................................................................................................................

Name and Address of Institute  
...................................................................................................................

Telephone No.  
...................................................................................................................

E-mail:  
.......................................................................................................................

--- 25 ---
GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD

New Delhi, dated 4.4.2011

Chief Medical Directors,
All Indian Railways.

Sub: National Vector Borne Disease Control Programme (NVBDCP)

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

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

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

Please acknowledge receipt.

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

E.Mail: dhfw@rb.railnet.gov.in
Phone: Rly: 030-43395, MTNL: 23303395.
Tele Fax: MTNL: 011-23388373,
MTNL: 011-23303985

Copy for information to:

2. Sr. Professor (HM), Railway Staff College, Vadodara.
Preamble

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

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

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

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

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

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

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\(^1\) At present, only Pf RDTs are being supplied under NVBDCP
Treatment of uncomplicated malaria

1. All fever cases suspected to be malaria should be investigated by microscopy or RDT.

2. *P. vivax* cases should be treated with chloroquine for three days and Primaquine for 14 days. Primaquine is used to prevent relapse but is contraindicated in pregnant women, infants and individuals with G6PD deficiency.

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

3. *P. falciparum* cases should be treated with ACT (Artesunate 3 days + Sulphadoxine-Pyrimethamine 1 day). This is to be accompanied by single dose primaquine on day 2.

4. Pregnant women with uncomplicated *P. falciparum* should be treated as follows:
   - 1st Trimester: Quinine
   - 2nd & 3rd Trimester: ACT

   Note: Primaquine is contra indicated in pregnant woman

5. In cases where parasitological diagnosis is not possible due to non-availability of either timely microscopy or RDT, suspected malaria cases will be treated with full course of chloroquine, till the results of microscopy are received. Once the parasitological diagnosis is available, appropriate treatment as per the species, is to be administered.

6. Presumptive treatment with chloroquine is no more recommended.

7. Resistance should be suspected if in spite of full treatment with no history of vomiting, diarrhoea, patient does not respond within 72 hours, clinically and parasitologically. Such cases not responding to ACT, should be treated with oral quinine with Tetracycline / Doxycycline. These instances should be reported to concerned District Malaria /State Malaria Officer/ROHFW for initiation of therapeutic efficacy studies.
DRUG SCHEDULE FOR TREATMENT OF MALARIA UNDER NVBDCP

Treatment of P. vivax cases

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

2. Primaquine: 0.25 mg/kg body weight daily for 14 days.

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

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Tablet Chloroquine (150 mg base)</th>
<th>Tablet Primaquine* (2.5 mg base)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day - 1</td>
<td>Day - 2</td>
</tr>
<tr>
<td>&lt; 1</td>
<td>½</td>
<td>½</td>
</tr>
<tr>
<td>1 - 4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5 - 8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>9 -14</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>15 &amp; above</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

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

Treatment of uncomplicated P. falciparum cases

1. Artemisinin based Combination Therapy (ACT)*

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

   Plus

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

* ACT is not to be given in 1st trimester of pregnancy.
Age-wise dosage schedule for treatment of *P.falciparum* cases

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Day</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Day</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Artesunate (50 mg)</td>
<td>SP* (50 mg)</td>
<td>Artesunate (50 mg)</td>
</tr>
<tr>
<td>&lt;1</td>
<td>½</td>
<td>¼</td>
<td>½</td>
</tr>
<tr>
<td>1 - 4</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5 - 8</td>
<td>2</td>
<td>2</td>
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<td>9 - 14</td>
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</tr>
<tr>
<td>15 &amp; above</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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

**Treatment of uncomplicated *P.falciparum* cases in pregnancy**

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

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

2<sup>nd</sup> and 3<sup>rd</sup> trimester: ACT as per dosage given above.

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

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

**Treatment of severe malaria cases**

Severe malaria is an emergency and treatment should be given as per severity and associated complications which can best be decided by the treating physician. The guidelines for specific antimalarial therapy is as follows:
• **Artesunate:** 2.4 mg/kg body weight IV or IM given on admission (time = 0 h); then at 12 h and 24 h and then once a day.

  (or)

• **Artemether:** 3.2 mg/kg body weight IM given on admission and then 1.6 mg/kg body weight per day.

  (or)

• **Arteether:** 150 mg IM daily for 3 days in adults only (not recommended for children).

  (or)

• **Quinine:** 20 mg/kg* body weight on admission (IV infusion or divided IM injection) followed by maintenance dose of 10 mg/kg body weight 8 hourly. The infusion rate should not exceed 5 mg salt/kg body weight per hour.

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

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

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

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

  (or)

• ACT as described.

**Chemoprophylaxis**

Chemoprophylaxis should be administered only in selective groups in high *P.falciparum* endemic areas. Use of personal protection measures including Insecticide Treated bed Nets (ITN) / Long Lasting Insecticidal Nets (LLIN) should be encouraged for pregnant women and other vulnerable population including travellers for longer stay. However, for longer stay of Military and Para-military forces in high Pf endemic areas, the practice of chemoprophylaxis should be followed wherever appropriate e.g. troops on night patrol duty and decisions of their Medical Administrative Authority should be followed.
**Short term chemoprophylaxis (up to 6 weeks)**

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

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

**Chemoprophylaxis for longer stay (more than 6 weeks)**

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

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

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

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

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

<table>
<thead>
<tr>
<th>KPI</th>
<th>Percentage of candidates of all categories passed on appeal against medical examination amongst the total number of appeals against medical examination preferred by candidates of all categories.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.5</td>
<td>chuckled through space ##############################################################################</td>
</tr>
<tr>
<td></td>
<td>(a) Total number of appeals against medical examination preferred by candidates of all categories.</td>
</tr>
<tr>
<td></td>
<td>(b) Total numbers of candidates of all categories passed on appeal against medical examination.</td>
</tr>
<tr>
<td></td>
<td>(c) Percentage of candidates of all categories passed on appeal against medical examination amongst the total number of appeals against medical examination preferred by candidates of all categories.</td>
</tr>
</tbody>
</table>

Please acknowledge receipt.

(Dr. Rajiv Kumar Jain)
Director (H&FW)(SAG)

E.mail: dhfw@rb.railnet.gov.in
Rly No. 43395, Tele Fax: 011-23388373
Mobile No. 9910487408
No. 2008/H/5/18

New Delhi, dated 26.05.11

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

CORRIGENDUM

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

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

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

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

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

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

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

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

(Dr. D.P. Pande)
Executive Director Health(Plg.)
Railway Board
Telefax 011-23389623
E-mail: cdhp@rb.railnet.gov.in

Encl.: ACS to Annex III (Para 509, 512) - 12.7.2 of IRMM-2000.
Annexure – III (Para 509, 512) – 12.7.2 of IRMM-2000 to be replaced as under—

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

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

(Board’s Authority letter No. 2008/1/5/18 dated 26.05.11)
भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

स. 2008/एच/5/18

महाप्रबंधक,
सभी भारतीय रेल,
(उपयोग इकाइयों सहित)।

शास्त्रीयता

विषयः आवेदित  चिकित्सा जांच - टाइप-II डायबिट्रीज घोषित किए गए लोको पायलटों के लिए छूट - आईआरएमएम-2000 के अनुबंध-III (पैरा 509, 512) - 12.7.2 में संशोधन।

डीजी/जेबीएम मद के रूप में कर्मचारी पद्धति द्वारा की गई मांग के अनुसार में, डायबिट्रीज मेलीटस से पीड़ित लोको पायलटों के चिकित्सा मानकों में छूट देने के मुद्दे पर बोर्ड द्वारा विचार किया गया है और निर्मलिखित निर्णय लिया गया है।

यदि डायबिट्रीज को आहार लेने और/या अन्य अद्वितीय अधिकतम 2 ग्राम की मेटफोरमिन गोली (आयल इडोलीसेमिक दवाई) लेने से निर्यातित किया जाता है तो ए-वन कोटी के कर्मचारी, जो डायबिट्रीज मेलीटस से पीड़ित हैं, संबंधित कोटियों के लिए फिट घोषित किए जा सकते हैं।

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

ए-वन कोटी के सेवारत कर्मचारी जिन्हें बोर्ड के इस प्रति के जारी होने से पहले डायबिट्रीज मेलीटस के कारण अनपिट घोषित कर दिया गया था, पर पुनः चिकित्सा जांच के लिए विचार नहीं किया जाएगा।

इसे बोर्ड कार्यालय के संरक्षा, प्रशिक्षक विविध विषय निर्देशनों के परामर्श से जारी किया जा रहा है।
तदनुसार, आईआरएमएम-2000 के अनुबंध-III (पृष्ठ 509, 512) - 12.7.2 की अग्रिम शुद्धिपत्री संलग्न है।

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

(डॉ. डी.पी. शायद)
कार्यरत कर्मचारी/स्वास्थ्य (योजना)
रेलवे बोर्ड
टेलीफोन 011-23389623
ईमेल: edhp@rb.railnet.gov.in

Encl: ACS to Annex III (Para 509, 512) - 12.7.2 of IRMM-2000.
आईआरएमएम-2000 के अनुबंध-III (पृष्ठ 509, 512)-12.7.2 की अप्रिम शुद्ध पत्रिका

आईआरएमएम-2000 के अनुबंध-III (पृष्ठ 509, 512)-12.7.2 को निम्नानुसार बदला जाएः

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

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

(बोर्ड का दिनांक 20.05.2011 का प्राधिकार पत्र सं. 2008/एच/5/18)
The General Managers,
All Indian Railways and Production Units,
DG/RSC/Vadodra, DG/RDSO, Lucknow,
CAO/Patiala

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


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

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

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

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

(De. D.P. Pande)
Executive Director, Health (Pig.)
Railway Board.
New Delhi, dated 06.06.2011

Copy forwarded to:
1. The FA&CAO, All Indian Railways.
2. The Chief Medical Directors, All Indian Railways.

(Dr. D.P. Pande)
Executive Director, Health (Pig.)
Railway Board.
New Delhi, dated 06.06.2011

Copy forwarded to:
3. The Principal Directors of Audit, All Indian Railways.
   Room No. 224, Rail Bhavan, New Delhi.

For Financial Commissioner, Railways

Copy for information to: EDF(E), DDF(E) 1 & F(E) Spl. (with 5 papers)
General Secretary, AIRF, New Delhi (35 copies)
General Secretary, NFIR, New Delhi (35 copies)
भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

महाप्रबंधक
सभी भारतीय रेलों तथा उन्हद्वारा इकाइयां
महानिदेशक, रेलवे स्टाफ कॉलेज, बड़ाहरा,
महानिदेशक, अ.अ.आ.सं., लखनऊ,
मुख्य प्रशासनिक अधिकारी, पटियाला

विषय : सभी भारतीय रेलों पर सभी रेलवे अस्पतालों में 'ऑनरेटी विजिटिंग स्पेशलिस्ट' योजना की अवधि बढ़ाना।
संदर्भ : रेलवे बोर्ड का निदेश 15.12.2005 का पत्र सं. 2001/एच-1/12/40
tथा 27.06.2006 तथा 29.06.2009 के समसंख्य के पत्र।

'ऑनरेटी विजिटिंग स्पेशलिस्ट' योजना लागू करने के संबंध में उपर लिखित पत्रों के क्रम में सभी
भारतीय रेलों के सभी रेलवे अस्पतालों में इस योजना की अवधि को 01.07.2011 से 30.06.2012 तक बढ़ाने
के संबंध में सूचना रेल मंत्रालय की स्वीकृति प्रदान की जाती है।

इसे 'ऑनरेटी विजिटिंग स्पेशलिस्ट' जिन्हें नियुक्त किया गया है अथवा जिनकी समस्ती वर्ष 30.06.2011
tक बढ़ाने के लिए मंजूरी प्रदान की गई है, के कार्यकाल को पद का आर्थिक समानतन की तारीख से अब एक वर्ष
की अवधि के लिए बढ़ा दिया जाए।

निदेश 15.12.2005 के कार्यालय आदेश सं. 2001/एच-1/12/40 और निदेश 27.6.2006 के
कार्यालय आदेश सं. 2005/एच-1/12/34 में ही गई अन्य सभी निबंधन एवं शते अपरिवर्तित रहेगी।
इसे रेल मंत्रालय के विश्व निदेशालय की सहमति से जारी किया जा रहा है।

(डॉ ही. पी. पाण्डे)
कार्यालय निदेशक, स्वास्थ्य (योजना)
रेलवे बोर्ड

प्रतिलिपि प्रेषित:
1. वित्त समाहारक एवं मुख्य लेखा अधिकारी, सभी भारतीय रेलें
2. मुख्य चिकित्सा निदेशक, सभी भारतीय रेलें

(डॉ ही. पी. पाण्डे)
कार्यालय निदेशक, स्वास्थ्य (योजना)
रेलवे बोर्ड

प्रतिलिपि प्रेषित:
3. प्रशासन निदेशक, लेखा परीक्षा, सभी भारतीय रेलें
4. भारत के उप निम्नाधीन एवं महानिदेशक परीक्षा (रेल)_ कमरा सं. 224, रेल भवन, नई दिल्ली।

प्रतिलिपि प्रेषित:
कार्य, निदेशक, वित्त (स्था.), जन. वित्त (स्था)1 और वित्त (स्था) विभाग (पाँच प्रति)
महासचिव, एआईआरएफ, नई दिल्ली (35 प्रति)
महासचिव, एनएएआईआर, नई दिल्ली (35 प्रति)
Sub: Grant of Medical Facilities to dependent relatives — Raising the income ceiling.

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

2. Accordingly, in exercise of the powers conferred by the proviso to Article 309 of the Constitution, the President is pleased to direct that the proviso below Para 601(6) of the Indian Railway Medical Manual, 2000 may be amended as per 'Advance Correction Slip No. I2— enclosed.

3. Please acknowledge receipt.

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

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

for Financial Commissioner/Railways
Advance Correction Slip No. 12- to the Indian Railway Medical Manual, 2000

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

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

(Authority Railway Board’s letter NO. 2010/H-1/2/21 dated 07.6.2011)
भारत सरकार
रेल गंभीरता (रेलवे बोर्ड)

सं. 2010/चौ-1/2/21

दिनांक: 07.06.2011

महाप्रबंधक,
सभी क्षेत्रीय रेलेवाल/उपराष्ट्रीय प्राधिकरणों

विषय: आशिर्वाद संलग्नियों को चिकित्सा सुविधाएं प्रदान करना - आवेदन सुझाव

न्यूनतम पारिवारिक पेंशन संशोधित करके 3500/- रुपये किए जाने से संबंधित छठे क्यूटीये देना। आयोग की सिफारिशें देने संबंध में सरकार के निर्णय के कार्यान्वयन के परिणामस्वरूप, वह विनियम किया गया है कि भारतीय रेल चिकित्सा नियमावली 2000 के पैरा 601 (6) में व्यापारिकता में रेल कर्मचारी के संबंध में एक आशिर्वाद देने को चिकित्सा सुविधाओं के हकदारी के लिए तभी पात्र माना जाएगा अगर उसकी आवश्यकता, न्यूनतम पेंशन/पारिवारिक पेंशन अर्थात 3500/- रुपये और उस पर नहंगाई राहत से या रेल कर्मचारी के मूल देना के 15% से जो भी अधिक हो, से अधिक न हो।

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

3. कृपया पालन।

(डॉ. गौतम अद्वितेय)
कार्यपालक निदेशक, स्वास्थ्य (सा)
रेलवे बोर्ड

सं. 2010/चौ-1/2/21

दिनांक: 07.06.2011

प्रतिलिपि:

1. लेखापरीक्षा निदेशक, सभी भारतीय रेल।

2. भारत के उप महानिर्माण एवं लेखापरीक्षक (रेलवे), कमरा सं. 222, रेल भवन, नई दिल्ली।

प्रतिलिपि:- उपनिदेशक, वित्त(व्यव) 1 और वित्त (व्यव) विभाग, रेलवे बोर्ड

2010-4-1-2-21
601(6) के नीचे परंपरा को निम्नलिखित दृष्टांक प्रति-स्थापित किया जाए:-

"वशर्ते कि उपयुक्त रेल कर्मचारी पर पूर्णतः आवश्यक हो तथा उनके लायक ठहरे हों। कदम "पूर्णतः आवश्यक "से अधिकार उस व्यक्ति से है जिसकी अपनी निजी आवश्यकता, संरक्षित रेल कर्मचारी की व्यवस्थापित के 15% से या 3500/- रुपये जमा उस पर महंगाई रहती है निकटतम दस वर्षों के आंकड़े तक पूरा किया जो संस्था अधिक हो, से अधिक न हो।"

(प्राधिकार: रेलवे बोर्ड का दिनांक 07.6.2001 का पत्र सं. 2010/एव-1/2011)

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

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

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

This is for information and necessary action please.

(Dr. B.N. Annigeri)
Executive Director /Health (G)
Railway Board
Telefax : 23386882, Phone : 23303717, Rly. 43717
Email : edh@rb.railnet.gov.in

Copy to:
1. Chief Medical Directors, All Indian Railways.
2. Chief Commercial Managers, All Indian Railways.
TO BE PUBLISHED IN THE GAZETTE OF INDIA EXTRAORDINARY
Part II—Sec. 3 (i)
MINISTRY OF HEALTH AND FAMILY WELFARE
(Department Of Health and Family Welfare)
New Delhi, dated 5th May, 2011

Notification

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

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

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

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

Now therefore, in exercise of the power conferred by section 91 of the
said Act, the Central Government hereby makes the following Rules
namely,—
1.1: Title and commencement

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

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

1.2: Definitions

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

1. "Act" means the Food Safety and Standards Act, 2006 (Act 34 of 2006);
2. "Adjudicating Officer" means the Adjudicating Officer appointed under sub-section (1) of section 68 of the Act.
3. "Advocate" means a person who is entitled to practice the profession of law under the Advocates Act, 1961 (25 of 1961)
4. "Appellate Tribunal" means the Food Safety Appellate Tribunal constituted under section 70 of the Act.
5. "Authorised Officer" means an officer authorized by the Food Authority referred in the sub-section (5) of section 47 of the Act.
6. "Inquiry" means the inquiry referred to in section 68.
7. "Licensing Authority" means the Designated Officer appointed under section 36 of the Act for the local area and includes any other officer so appointed for the purpose of granting license by the Commissioner of Food Safety.

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

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

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

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

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

Sub: Medical Decategorization of staff – Issuance of proper certificate

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

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

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

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

Hindi version shall follow.

(Dr. D.P. Pande)
Executive Director Health/Plg.
Railway Board
Tele No.011-23389623
The General Managers,
All Indian Railways and
Production Units.

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

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

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


Copy is forwarded for information and necessary action to:
1. The Director of Audit, All Indian Railways.
2. The Dy. Comptroller & Auditor General of India (Railways), Room No.
   222, Rail Bhawan, New Delhi.
Advance Correction Slip to Para 240 (4) and Annexure VIII of Chapter 2 of IRMM 2000

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

List enclosed

(Authority: Board's letter No.:2011/H-1/18/6/ACS dated 2011)
भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं.2011/एच-1/18/6/एसीएस

नई दिल्ली, दिनांक 26.07.2011

महाप्रबंधक,
सभी भारतीय रेल्वे और
उपयोग इकाईयाँ

विषय: राष्ट्रीय/आंतरराष्ट्रीय संस्थानों की सदस्यता और सोयाबन्टी के सदस्यता शुल्क की प्रतिपूर्ति

संदर्भ: भारतीय रेल चिकित्सा नियमावली - 2000

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

भारतीय रेल चिकित्सा नियमावली-2000 के अध्याय 2 के पैर 240 (4) और अनुवंश VIII में
संशोधन के लिए अधिम शुद्ध प्रवी (अम सं. 11, स्वास्थ्य 2011) संलग्न है।

संलग्नक: एक

(डॉ. यी. एन. अष्टाणेरी)
कार्यालय के मंत्री, स्वास्थ्य (सा.)
रेलवे बोर्ड

सं.2011/एच-1/18/6/एसीएस

नई दिल्ली, दिनांक 26.07.2011

प्रिंटिलिप सूची के पृष्ठ पर अभी नहीं लगाया गया है।

1. निदेशक लेखा परिषद, सभी भारतीय रेल्वे
2. भारत के उपनियांत्रक एवं महालेखा परिषद (रेल), कमरा नं. 222, रेल्वे भवन, नई दिल्ली
भारतीय रेल विभिन्न नियमावली-2009 के अध्याय 2 के पैरा 240 (4) और अनुबंध VIII के लिए अधिक दृष्टि पक्ष

अध्याय 2 के पैरा 240 (4) और अनुबंध VIII में निम्नलिखित प्रतिस्पर्धातिष्ठत किया जाए-रूसी संलग्न।

(प्राधिकार: बोर्ड का दिनांकं 6.07.2011 नत. सं. 2011/एच-1/18/6/एससीएस)
<table>
<thead>
<tr>
<th>No.</th>
<th>Professional Institution/Society</th>
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<tbody>
<tr>
<td>1.</td>
<td>All India Dental Association</td>
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<tr>
<td>2.</td>
<td>All India Management Association</td>
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<td>3.</td>
<td>All India Ophthalmological Society</td>
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<td>4.</td>
<td>Association of Microbiologists of India</td>
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<td>5.</td>
<td>Association of Minimal Access Surgeons of India</td>
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<td>6.</td>
<td>Association of Otolaryngologists of India</td>
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<td>7.</td>
<td>Association of Physicians of India</td>
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<td>8.</td>
<td>Association of Plastic Surgeon of India</td>
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<td>9.</td>
<td>Association of Thoracic &amp; Cardiovascular Surgeons of India</td>
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<td>10.</td>
<td>Association of Tuberculosis of India</td>
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<td>11.</td>
<td>Cardiological Society of India</td>
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<td>12.</td>
<td>Centre for Transportation Research &amp; Management</td>
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<td>13.</td>
<td>Chartered Institute of Transport (India)</td>
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<td>14.</td>
<td>Computer Society of India</td>
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<td>15.</td>
<td>Diabetic Association of India</td>
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<td>16.</td>
<td>Dental Council of India</td>
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<td>17.</td>
<td>Geriatric Society of India</td>
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<td>18.</td>
<td>Indian Academy of Paediatrics</td>
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<td>19.</td>
<td>Indian Association of Dermatologists &amp; V.D.</td>
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<td>20.</td>
<td>Indian Association of Gastro-intestinal Endo-Surgeons</td>
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<td>21.</td>
<td>Indian Association of Occupational Health</td>
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<td>22.</td>
<td>Indian Association of Pathologist – Microbiologists</td>
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<td>23.</td>
<td>Indian Building Congress</td>
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<td>24.</td>
<td>Indian Cancer Society (Surgeons)</td>
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<td>25.</td>
<td>Indian Cancer Society &amp; Indian Association of Oncology</td>
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<td>26.</td>
<td>Indian Concrete Institute</td>
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<td>27.</td>
<td>Indian Economic Society</td>
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<td>28.</td>
<td>Indian Geotechnical Society</td>
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<td>29.</td>
<td>Indian Institute of Foundary Men</td>
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<td>30.</td>
<td>Indian Institute of Material Management</td>
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<td>31.</td>
<td>Indian Institute Metals</td>
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<td>32.</td>
<td>Indian Institute of Public Administration</td>
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<td>33.</td>
<td>Indian Institute of Welding</td>
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<td>34.</td>
<td>Indian Institution of Bridge Engineers</td>
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<td>35.</td>
<td>Indian Medical Association</td>
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<td>36.</td>
<td>Indian National Group of the International Association of Bridge</td>
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<td></td>
<td>and Structural Engineers</td>
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<td>37.</td>
<td>Indian Orthopaedics Association</td>
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<tr>
<td>38.</td>
<td>Indian Psychiatric Society</td>
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<td>39.</td>
<td>Indian Public Health Association, Association Prof. of Prev &amp; Social</td>
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<td></td>
<td>Medicine</td>
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<td>40.</td>
<td>Indian Radiological &amp; Imaging Association</td>
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<tr>
<td>41.</td>
<td>Indian Railway Institute of Logistic &amp; Material Management</td>
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<tr>
<td>42.</td>
<td>Indian Roads Congress</td>
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<td>43.</td>
<td>Indian Society of Blood Transfusion &amp; Immunohematology</td>
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<td>44.</td>
<td>Indian Society of Dept. of Anaesthesiology Anaesthetists</td>
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<tr>
<td>45.</td>
<td>Indian Society of Endocrinology</td>
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<td>46.</td>
<td>Indian Society of Gastroenterology</td>
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<tr>
<td>47.</td>
<td>Institute of Chartered Accountants of India</td>
</tr>
</tbody>
</table>

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

1. American Academy of Paediatrics
3. American Association of Immunologists
4. American College of Cardiology
5. American Railway Engineering Association
6. American Society of Civil Engineers
7. American Society of Heating, Refrigeration and Air-conditioning Engineers, Inc. 17 91, Tullic Circle, NE, Atlanta, GA 30329, Tel (404)636-8400 (USA).
8. American Society of Mechanical Engineers
9. American Society of Non-destructive Testing, INC. (ASNT), Corporate Processing Deptt. 0901, Columbus, OHIO - 43271 - 0901, Tel. 800/222-2768, 614/274-6003, FAX No. 614/274-6899
10. Association of American Medical Colleges
11. Association of American Rail Road, (Signal Section), 30 Vesey Street, New York, N.Y.
12. Association of Locomotive Maintenance Officers, USA
14. British Orthopaedic Association and the Royal Association for Disability and Rehabilitation
15. Chartered Institute of Management Accountants (UK) London
16. Chartered Institute of Transport (London)
17. Council for Postgraduate Medical Education in England and Wales
18. European Renal Association – European Dialysis and Transplant Association, P.O. Box-23, c/o P.T.Bastia, 1-35030 Bastia di Revolon (PD), Italy
20. Institute of Chartered Accountants of England & Wales
21. Institute of Civil Engineers (U.K.).
22. Institution of Engineering & Technology, Savoy Place, London, WC 2R OLB, Tele/ No. (01) 240 1871. Electrical Engineers (London)
24. Institute of Industrial Managers
25. Institute of Management Services, 1, Cecil Court, London Road, Engfield Middx, EN2 6DD. Tel (01)363-7452.
27. Institute of Purchase and Supply, U.K
29. Institute of Refrigeration, Kelvin House, 76 Mill Lane, Carshalton, Tel (01)647-7033
30. Institution of Electrical Engineers, Savoy Place, London, WC 2R OLB, Tel (01)240-1871
31. Institution of Lighting Engineers, Lennox House, 9, Lawford Road, Rugby, Warwicks-CV21 2 DZ, Tel. (0788)76492
32. Institution of Mech. Engineers (London) U.K.
33. Institution of Mechanical Engineers, 1, Birdcage Walk, London. Tel. (01)222-7899
34. Institution of Production Engineers, U.K.
35. Institution of Structural Engineers (UK).
37. International Federation of Gynae & Obs. and Family Health
38. International Society of Nephrology, Avenue de Tervueren, 300, B-1150 Brussels, Belgium, Tel. +3227431546
39. International Union against Tuberculosis and Chest Disease, Paris
40. International Epidemiological Association, 38, Ismailiah Street, Apt 201, Mostafa Kamel, Alexandria, Egypt Tel/Fax + 203 546 75 76
41. Journal of American Medical Association
42. Medical Foundation, Sydney. (Only for Perambur Superspecialists).
43. Medical Research Council, London.
44. Medical Research Council of Canada.
45. Medical Society of Clinical Pathologists.
46. Medical Society of the State of New York.
47. Royal College of Surgeons of England
49. Royal Institute of Public Health
50. Scottish Council for Postgraduate Medical Education
51. Society of Orthopaedic Medicine
53. The Institute of Management Services, (TIMS) Westminster St. Providence, RIO2903 (USA).
54. The Society of Manufacturing Engineering, USA.

- 68 -
GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No.2010/H-1/11/36/DC(JCM)
New Delhi, dated 8.11

The General Managers,
All Indian Railways.

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

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

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

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

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

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

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

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

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

Copy to : Chief Medical Directors/All Indian Railways.
The General Manager (Medical)
All Indian Railways.

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


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

1. The funds provided by the Ministry of Health & Family Welfare are for the payment of compensation for loss of wages to acceptors of Sterilization (Tubectomy/vasectomy) operation and IUD Insertion.

2. Budget provision for meeting expenditure on expenditure on ‘Compensation’ will be available on the basis of actual performance and, if necessary, additional funds will be made available to the Railways. The outlays agreed for compensation are not, however, divertible to other purposes.

3. The expenditure incurred on Family Welfare Programme on the Indian Railways should be debited to the following Budget head:

<table>
<thead>
<tr>
<th>Demand No.</th>
<th>46</th>
<th>For the year 2011-12 Department of Health &amp; Family Welfare (Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Head</td>
<td>2211</td>
<td>Other Services and Supplies</td>
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<td>00200</td>
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</tr>
<tr>
<td>02</td>
<td></td>
<td>Family Welfare Programme in Other Ministries.</td>
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<td>0202</td>
<td></td>
<td>Sterilization and IUD Insertion</td>
</tr>
<tr>
<td>020250</td>
<td></td>
<td>Other charges</td>
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</table>

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<th>DESCRIPTION</th>
<th>SER CODE</th>
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<th>AMOUNT (In Rupees Plan)</th>
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<td>52,00,000 (Fifty two Lakhs)</td>
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<tr>
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<td>SCCD</td>
<td>AMOUNT (In Rupees Plan)</td>
</tr>
<tr>
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<td>----------</td>
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<tr>
<td>221100200020250</td>
<td>Other Charges</td>
<td>22110587</td>
<td>194</td>
<td>52,00,000 (Fifty two Lakhs)</td>
</tr>
</tbody>
</table>

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

(德拉. rajiv Kumar Jain),

E.Mail: dhfw@rb.railnet.gov.in
Phone: Rly: 030-43395, MTNL23303395.
Tele Fax: MTNL: 011-23383873,
MTNL: 011-23303985.
Rly Fax: 030-43985

New Delhi, dated .08.2011

Copy with copy of the Statement forwarded to:
1. Director/Finance – CCA, Railway Board.
2. Dy. Chief Medical Director (Health & Family Welfare), All Indian Railways.
3. The FA&CAOs All Indian Railways.

DA/One

No. 2011/H-1/1/1/1

New Delhi, dated .08.2011

for Financial Commissioner/Railways

New Delhi, dated .08.2011

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

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

Copy to F (E) Sp & Account II Branch, Railway Board.

<table>
<thead>
<tr>
<th>Zonal Railways</th>
<th>Total Allocation (figures in Thousand of rupees)</th>
</tr>
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<tr>
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<tr>
<td><strong>Total</strong></td>
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</table>
भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)

सं. 2011/एच-1/1/1

प्रमाणित (चिकित्सा),
सभी भारतीय रेलें।

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

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

भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने अपने बजट अनुमान 2011-2012 में भारतीय रेलों पर परिवार कल्याण कार्यक्रम के अतिरिक्त मुआवजे का भुगतान करने के लिए ₹ 52.00 लाख (मानक बाल का लाख से) की व्यवस्था की है। वर्ष 2011-2012 के लिए इस निधि का रेलवेबेड आवंटन संशोधन विचारण में दिया गया है।

1. स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा पुरोहित कराई गई यह निधि स्टरलाइजेशन (ट्यूबकटार्टी/च्यूबकटार्टी) ऑपरेशन तथा आईईडी इन्सर्प्शन कराने वालों की मजूरी की हानि के मुआवजे का भुगतान करने के लिए है।

2. "मुआवजे" के खर्च को पूरा करने के लिए बजट प्रावधान वास्तविक कार्य निष्पादन के आधार पर उपलब्ध होगा तथा यदि आवश्यक हो तो रेलों को अतिरिक्त निधि उपलब्ध कराई जा सकेगी। वहाँ, मुआवजे के लिए स्वीकृत परिवार जो किसी अन्य प्रयोजनों के लिए इसीमाल नहीं किया जाना होता है।

3. भारतीय रेलों पर परिवार कल्याण कार्यक्रम के संबंध में किए जाने वाले व्यय को निर्धारित बजट शीर्ष में डेबिट किया जाएँ:

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<td>अन्य मंत्रालयों में परिवार कल्याण कार्यक्रम</td>
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<td>0202</td>
<td>स्टरलाइजेशन एवं आईईडी इन्सर्प्शन</td>
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<td>020250</td>
<td>अन्य प्रभाव</td>
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</tbody>
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नई विलीन, दिनांक: 11.08.2011
4. 2011-2012 के दौरान परिवार कल्याण कार्यक्रम के संबंध में व्यय की सूचना बोर्ड के दिनांक 20.10.94 के पत्र सं. 92-ए.सी.II/2/2/पार्ट के अनुसार दी जाए।

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

6. कृपया इस पत्र की पामलती दें।

(डॉ. राजीव कुमार जैन)
निदेशक (स्वास्थ्य एवं परिवार कल्याण)(एसएसी),
रेलवे बोर्ड
नई दिल्ली, दिनांक: //.08.2011

सं. 2011/एच-1/1/1

विवरण की प्रतिलिपि सहित प्रतिलिपिप्राप्तिः
1. निदेशक वित्त (सीसीआई), रेलवे बोर्ड।
2. उप मुख्य चिकित्सा निदेशक (स्वास्थ्य एवं परिवार कल्याण), सभी भारतीय रेल।
3. वित्त सलाहकार एवं मुख्य लेखा अधिकारी, सभी भारतीय रेल।

संलग्नः एक

सं. 2011/एच-1/1/1

विवरण की प्रतिलिपि सहित प्रतिलिपिप्राप्तिः
1. स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निम्नांगण भवन, नई दिल्ली- 110 011 को उम्मक 16 जून, 2011 के पत्र सं. एनजी-20011/2/2011-एफडब्लूसीए (पीएलवाई) के संदर्भ में। (ध्यानार्थः- कृपया सुझानी सुझाता, निदेशक, स्वास्थ्य एवं परिवार कल्याण मंत्रालय (परिवार कल्याण नीति अनुसार बनना))
2. स्वास्थ्य एवं परिवार कल्याण मंत्रालय (परिवार कल्याण बिभाग), निम्नांगण भवन, नई दिल्ली को सुझाव।
3. वेतन एवं लेखा कार्यालय (सचिवालय), स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निम्नांगण भवन, नई दिल्ली-110 011।

(डॉ. राजीव कुमार जैन)
निदेशक/स्वास्थ्य एवं परिवार कल्याण
रेलवे बोर्ड
लाल वर्ष 2011-12 के दौरान परिवार कल्याण कार्यक्रम में स्टरलाइजेशन करवाने वालों के लिए मुआवजे का भुगतान करने के संबंध में निधि का आबंटन दर्शाने वाला निर्देशन

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<td>योग</td>
<td>5200</td>
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</tbody>
</table>
No.2011/H/6-4/Policy-1

The General Managers,
All Indian Railways (Including PUs)

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

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

*****

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

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

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

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

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

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

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

DA:- ACS to Para 648(3) of IRMM, 2000 is enclosed
This also disposes of C.Rly letter No.623/MD/Reimb/Misc dated 08.08.11

(Dr. B. N. Annigeri)

Executive Director, Health (G)

Railway Board

No.2011/H/6-4/Policy-1
Copy forwarded to:-
1. FA&CAOs/All Indian Railways including PUs
2. The Chief Medical Directors, All Indian Railways

(Đr. B. N. Annigeri)

Executive Director, Health (G)

Railway Board

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

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

For Financial Commissioner/ Railways.

Amendment to Para 648 (3) of IRMM, 2000

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

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

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

(Authority:- Board’s letter No.2011/H/6-4/Policy I dated 09.09.11)
भारत सरकार
रेल मंत्रलय
(रेलवे बोर्ड)

सं. 2007/एच/6-4/पॉलिसी-1

नई दिल्ली, दि. ३७. ०९.२०११

महाप्रबंधक,
सभी भारतीय रेल्वे (उपाध्यायों सहित)

विषय: मेडिकल खचों की प्रतिपूर्ति- मंडल रेल प्रबंधकों को शक्तियाँ का प्रत्यापोजन

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

निजी मान्यता प्राप्त/गैर-मान्यता प्राप्त अस्पतालों और औषधालयों में आपातकाल में रेल कर्मचारियों के स्वास्थ्य के और आश्रय के उपचार पर खर्च किए गए उनके मेडिकल खचों की प्रतिपूर्ति हेतु मंडल रेल प्रबंधक (मंगेर) की शक्तियों को बढ़ाने के संबंध में विभिन्न क्षेत्रीय रेलवे द्वारा मांग उठाई गई है। रेलवे बोर्ड के वित्त निदेशालय के परामर्श से इस मामले की चिंता से जाँच की गई है।

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

3. रेल मंत्रा लय ने अपने दिनांक 07.8.2008 के उपर्युक्त आदेशों में आशिक आशोधन करते हुए अब निम्नानुसार यह विनिमय किया है कि:-

"निजी मान्यता प्राप्त/गैर-मान्यता प्राप्त अस्पतालों में प्राधिकृत चिकित्सा अधिकारी से रेफरल के बिना भी आपातकाल में लिए जाने वाले उपचार के लिए मात्र पांच लाख रुपये वार्षिक की उच्चतम सीमा के साथ 25,000/-रू. प्रति मामला तक मेडिकल खचों की प्रतिपूर्ति के लिए उनके सह वित्त की सहमति से सभी प्रतिपूर्ति दायें के मंजूरी हेतु मंडल रेल प्रबंधकों को शक्तियां प्रत्यापोजित की गई हैं।"
4. मंडल रेल प्रबंधकों को उपयुक्त प्रत्यायोजन बोर्ड के 31.01.2007 तथा 22.6.10 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में निर्धारित किए गए अनुसार मानदंडों के अनुपालन किए जाने के अध्यौपात होगा. यह शक्तियां क्षेत्रीय रेलीं के केवल मंडल रेल प्रबंधकों को प्रत्यायोजित की गई है और इन शक्तियों को आगे पुनः प्रत्यायोजित न किया जाए.

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

6. इसे रेल मंगाल के वित्त निवेशित की सहमति से जरी किया जा रहा है.

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

संलग्नक: भारतें सिपिनि, 2000 के पैगे 648 (3) की महिम शुद्धि पत्री.

नई दिल्ली, वि. 30.09.2011

प्रतिलिपि:-
1. विस्मृति, सभी भारतीय रेलीं, उत्पादन इकाइयों सहित
2. मुख्य चिकित्सा निदेशक, सभी भारतीय रेलीं

(डा.बी.एन. अर्जुण गोरी) चिकित्सा निदेशक, स्वास्थ्य (सामान्य) रेलवे बोर्ड

नई दिल्ली, वि. 30.09.2011

1. प्रमुख लेखा निदेशक, सभी भारतीय रेलीं
2. भारत के ऊपर नियंत्रक एवं महा लेखा परीक्षक (रेलीं), कमरा सं. 224, रेल भवन, नई दिल्ली.

प्रतिलिपि :- एफ (ई) स्पे.शाखा

कुठे विष्ट आयुक्त /रेलीं
भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 के लिए अधिम शुभद्र पर्ची

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

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

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

मंडल रेल प्रबंधकों को उपरुपक्त प्रत्यायोजन बोर्ड के 31.01.2007 एवं 22.06.10 के पत्र सं. 2005/एच/6-4/पॉलिसी-II में निर्धारित किए गए अनुसार मानदंडों के अनुपालन किए जाने के अध्यादेश है।। शक्तियां को श्रेणी रेलीं के केन्द्र मंडल रेल प्रबंधकों को ही प्रत्यायोजित किया गया है और इन शक्तियों को आगे पुनः प्रत्यायोजित न किया जाए।

(प्राधिकार: बोर्ड का दिनांक 30.05.11 का पत्र सं. 2011/एच/6-4/पॉलिसी -I)
ADDENDUM

Sub: - Modification of Para 648 of IRMM, 2000

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

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

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

Please acknowledge receipts.

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

DA: One ACS of Para 648 of IRMM 2000

Copy forwarded to:-
1. FA&CAO/ All Indian Railways including PUUs
2. The Chief Medical Directors, All Indian Railways

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

No.2007/H/6-4/Policy-1
New Delhi, dated 30.09.2011

Copy to :- I.F(E) Spl Branch.
ADDENDUM TO PARA 648 IRMM, 2000

Add Para 648 (5) of IRMM, 2000

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

(Authority:- Board’s letter No.2007/H/6-4/Policy dated 3.09.11)
भारत सरकार
रेल मंत्रालय
(रेलवे बोर्ड)

सं. 2007/एच/6-4/पालिसी-1

महाराज्यवाह, सभी भारतीय रेल, उपयोग इकाइयां, और महानियत, अभावास, लक्षण.

अनुश्रुष

विषय : भारतीय रेल विकिल्सा नियमालाली, 2000 के खान 648 में आधार.

भारतीय रेल विकिल्सा नियमालाली, 2000 के खान 648 में आधार आधारण करते हुए भारतीय रेल विकिल्सा नियमालाली के खान 648 के नीचे यदि सं.(5) के रूप में निर्देशित की गई जाने का विस्तार किया गया है।

"महाराज्यवाह/सहायक महाराज्यवाहकों की विशेष श्रेणियां, खान 648 (3) II में निर्दिष्ट उपक्रमों के अनुसार दायियों को अधिकृत तथा प्रत्युपस्ंचयन के योग्य पाई गई साक्षात्कार जितने जोधपुर रेलवे के सह विभि को सहायता प्राप्त है, के सभी संबंध में निर्दिष्ट है तथा यह कर्मियाँ द्वारा दायि की गई सात के संबंध में नहीं है।"

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

कृपया पाठकों देने,

अनुसन्धान: आईआरएमएम 2000 को एसआई का खान 648

(डॉ. बी. एन. अण्डरपोरी)

कर्मान्तर निदेशक, स्वात्म (सामान्य)

रेलवे बोर्ड

सं. 2007/एच/6-4/पालिसी-1

प्रतिलिपि:-
1. विभि सलाहकार एवं गृह्य लेखापंचायती, सभी भारतीय रेलय उपयोग इकाइयां सहित.
2. मृत्यु विकिल्सा निदेशक, सभी भारतीय रेलय

(डॉ. बी. एन. अण्डरपोरी)

कर्मान्तर निदेशक, स्वात्म (सामान्य)

रेलवे बोर्ड

सं. 2007/एच/6-4/पालिसी-1

प्रतिलिपि:-
1. प्रधान लेखा निदेशक, सभी भारतीय रेलय.
2. भारत के उप निर्वाचन एवं महा लेखा परिषद (रेल), कमरा सं. 224, रेल भवन, नई दिल्ली.

प्रतिलिपि: विभि (व्यव) माला
भारतीय रेल चिकित्सा नियमावली, 2000 के पैरा 648 के लिए अधिम सूचित पर्चा

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

महाप्रबंधकों/सहायक महाप्रबंधकों की वित्तीय शक्तियाँ, पैरा 648 (3) II में निर्धारित उपबंधों के अनुसार दावों की जानबीन के बाद प्रतिपूर्ति के योग्य पाई गई राशि लिए जेनल रेलवे के सह विश की सहमति प्राप्त है, के संबंध में निर्धारित है तथा यह कर्मचारी द्वारा दावा की गई राशि के संबंध में नहीं है।

(प्राथिकार: बोई का दिनांक 30.09.2011 का पत्र सं. 2007/एच/6-4/पॉलिसी)
No. 2010/H-1/12/9/Dental Policy
New Delhi, dated 30.11.2011

The General Managers,
All Indian Railways/PUs

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


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

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

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

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

Copy for information and necessary action to:
1. The Chief Medical Directors, The Chief Medical Suprintendents,All Indian Railways/PUs.
2. The Chief Personnel Officers, All Indian Railways/PUs.
3. The Principal Directors of Audit, All Indian Railways/PUs.
4. The General Secretaries, A1RF,Room No.253, NFIR,Room No. 256-E, Rail Bhavan, New Delhi.
5. The FAACR, All Indian Railways/PUs.
6. The Finance Commissioner, Railway Board
Para 239 (1) of Indian Railway Medical Manual-2000 (Vol.1) may be amended as under:

Para 239-Terms & conditions:

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

भारत सरकार  
रेल मंत्रालय (रेलवे बोर्ड)

सं.2010/एच-1/12/9/डेटल पोलिसी  

मंत्री,  रेल मंत्रालय  

नई दिल्ली, दिनांक 30.11.2011

विषय: अंतरालिक दंत सर्जनों के मानदंड अनुसार भारतीय रेल चिकित्सा नियमांकल-2000 के पैरा 239 (1) में संशोधन.

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

अब अंतरालिक दंत सर्जनों का पारिश्रमिक सभी कार्यकर्ताओं पर चार घंटे काम करने के लिए प्रतिमाह 7900/-र. से बढ़ाकर 19,400 तथा दो घंटे काम करने के लिए प्रतिमाह 3950/-र. से बढ़ाकर 9,700 र.तक करने का विनिमय किया गया है।

तदनुसार, भारतीय रेल चिकित्सा नियमांकल-2000 के पैरा 239 (1) में संशोधन के लिए अर्थात् शुद्धि पद्धि संगम है।

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

(डॉ. डी.पी.पाठेक)  
कार्यालय निदेशक, स्वास्थ्य (पी)  
रेलवे बोर्ड

सं.2010/एच-1/12/9/डेटल पोलिसी  

नई दिल्ली, दिनांक 30.11.2011

प्रतिलिपि सुनाना एवं आक्षेप कार्यालय के लिए प्रस्तुत:

1. मुख्य चिकित्सा निदेशक, मुख्य चिकित्सा अधिकारी, सभी भारतीय रेलवे तथा उपयोग इकाइयाँ।
2. मुख्य कार्यकारी, सभी भारतीय रेलवे तथा उपयोग इकाइयाँ।
3. प्रधान लेखा प्रबंधक निदेशक, सभी भारतीय रेलवे तथा उपयोग इकाइयाँ।
4. महासचिव, ए आई एर्फ, कमरा नं. 253, एन एफ आई आर, कमरा नं. 256-ई, रेलवे बोर्ड, नई दिल्ली।

रू.88
राष्ट्रीय रेल धिकित्सा नियमावली-2000 (भाग-1) के पैजा 239 (1) में निम्नलिखित संशोधन किए जाएँ:

पैजा 239 - शते:

(1) उन अंशकृति के दंपत्र कर्मचारियों को जो सभी कार्यकर्ताओं पर चार घंटे दंपत्र क्लिनिक में उपस्थित रहते हैं, उनको प्रतिमाह 19400/- का मानदेय दिया जाएगा और जो सभी कार्यकर्ताओं पर दो घंटे उपस्थित रहते हैं, उनको प्रतिमाह 9700/- का मानदेय दिया जाएगा.

(प्राधिकार पत्र सं.2010/एच-1/12/9/डेंटल पोलिसी दिनांक30.11.2011)
GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. 2008/H/5/3

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

CORRIGENDUM

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

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

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

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

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

Necessary correction may be made accordingly.

(Dr. D.P. Pande)
Executive Director Health(Plg.)
Telefax 011-23389623
E-mail: edhp@rb.railnet.gov.in

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

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

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

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

Stipulations:

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

(Board’s Authority Letter No. 2008/H/5/3 dated 20.01.2011)
Sub:- Irregularities in conduct of PME.

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

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

For strict compliance please.

(Dr. D. P. Pande)
Executive Director, Health (P)
Railway Board.
No. 2011/I/5/Misc. New Delhi, dated 18.02.11

All General Managers
All Indian Railways &
Production Units.

Sub: Issue of sick certificate to RPF personnel.

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

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

For strict compliance please.

(Dr. D.P. Pande)
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Copy to : All CMDs/Zonal Railways