



केन्द्रीय विद्यालय संगठन Kendriya Vidyalaya Sangathan
18, संस्थानिक क्षेत्र/ 18, Institutional Area
शहीद जीत सिंह मार्ग/ Shaheed Jeet Singh Marg
नई दिल्ली-16/ New Delhi - 16

F.No.110239/51/Cir./2014/KVS (Budget)


Dated: 09.09.2014

The following orders issued by Government of India are uploaded on the KVS Website for information and necessary action.

1. G.I., Dept. of Per. & Trg., Notfn.No.F.No.11012/7/2008-Estt.(A), dated 1-1-2014 regarding classification of posts - CCS(CCA) Rules, 1965.
2. G.I., Dept. of Pen. & P.W., O.M.No.20/4/2014-P&PW(F), dated 19-6-2014 regarding revision of forms under the General Provident Fund(Central services)Rules, 1960 and contributory Provident Fund Rules (India), 1962.
3. G.I., CGEWCC, Lr.No.CGEWCC/PB/AMA/2014, dated 24-4-2014 regarding CS(MA) Rules, 1944 - Appointment of Private Registered Medical Practitioners as Authorized Medical Attendants(AMAs) for Central Government Employees and their family members.
4. G.I., M.H., O.M.No.S.11011/9/2012-CGHS (P), dated 5-6-2014 regarding revision of Medical Reimbursement Claim (MRC) Form for CGHS beneficiaries.
5. G.I., M.H. & F.W., O.M.No.S.11011/7/2013-CGHS (P), dated 9-6-2014 regarding Continuation of CGHS facilities to Central Government employees on deputation to Statutory /Autonomous bodies.
6. G.I., M.H & F.W., O.M.No.S.14025/02/2014-MS, dated 19-6-2014 regarding extension of medical facilities to permanently disabled dependent brother of a CS (MA) beneficiary.
7. G.I., M.H. & F.W., O.M.No.S.11011/20/2014-CGHS(P), dated 20-6-2014 regarding delegation of powers to Heads of Departments in various Ministries/Departments for settling permission cases and post facto approval relating to referral system and medical reimbursement under CGHS - clarification.
8. G.I., DG., CGHS, O.O.No.S.11045/36/2012/CGHS(HEC)(Pt.), dated 24-6-2014 regarding extension of validity of empanelment of All Health Care Organizations empanelled under CGHS.
9. CGEWCC, Lr.No.CGEWCC/PB/AMA/2014, dated 30-6-2014 regarding CS(MA)Rules, 1944 -Appointment of Private Registered Medical Practitioners as Authorized Medical Attendants(AMAs) for Central Government employees and their family members.

10. G.I., Dept. of Per. & Trg., O.M.No.142/15/2010-AVD.T, dated 23-6-2014 regarding grant of Honorarium to Inquiry Officers(IO)/Presenting Officers(PO).
11. G.I. Dept. of Per. & Trg., Circular No.997012/2014-Estt.(Pay), dated 26-6-2014 regarding amendment of FR/SR Rules.
12. G.I.M.F., O.M.No.F-10/2/2011-E.III (A), dated 4-7-2014 regarding Central Civil Services (Revised Pay) Rules, 2008 - Application of the first proviso to Rule 10 in case of those who had been granted stagnation increment(s) in the pre-revised pay scales.

Copies of the aforesaid orders may now be got downloaded from the KVS Website for office record.



(S.Muthusivam) 10/8/14
Asstt. Commissioner(Fin.)
Tel.No. 011-26523070

Distribution:

1. The Deputy.Commissioner, KVS, all ROs.
2. The Finance Officer, KVS, all ROs.
3. All Officers/Section at KVS (HQ.).
4. Principal, KV, Kathmandu, Moscow/Tehran.
5. The General.Secretary, All Recognized Associations.
6. The Director, ZIET Gwalior, Mumbai, Mysore, Chandigarh & Bhubaneswar.
7. The Deputy Commissioner, (EDP), KVS (HQ.) with the request to upload the above circulars on the KVS Web site.
8. RTI Cell KVS (HQ.)
9. Guard file.

Classification of Posts – CCS (CCA) Rules, 1965

S.O. – In exercise of the powers conferred by the proviso to Article 309 and Clause (5) of Article 148 of the Constitution read with Rule 6 of the Central Civil Services (Classification, Control and appeal) Rules, 1965 and in supersession of the notification of the Government of India in the Ministry of Personnel, Public Grievances and Pensions (Department of Personnel and Training) number S.O.946(E), dated the 9th April, 2009 and after consultation with the Comptroller and Auditor-General of India in relation to persons serving in the Indian Audit and accounts Department, except as respects things done or omitted to be done before such supersession, the President hereby directs that with effect from the date of publication of this order in the Official Gazette, all civil posts under the Union, shall be classified as follows:

S. No.	Description of Posts	Classification of posts
(1)	(2)	(3)
1.	(a) A Central Civil post in Cabinet Secretary's scale (₹ 90,000-fixed), Apex Scale (₹ 80,000-fixed), Higher Administrative Grade <i>plus</i> scale (₹ 75,500-80,000) and Higher Administrative Grade Scale (₹ 67,000-79,000); and	Group A
	(b) A Central Civil Post carrying the following grade pays:— ₹ 19,000, ₹ 8,900 and ₹ 8,700 in the scale of pay of ₹ 37,400-67,000 in Pay Band - 4, and ₹ 7,600, ₹ 6,600 and ₹ 5,400 in the scale of pay of ₹ 15,600-59,100 in Pay Band-3	
2.	A Central Civil post carrying the following grade pays:— ₹ 5,400, ₹ 4,800, ₹ 4,600 and ₹ 4,200 in the scale of pay of ₹ 9,300-34,800 in Pay Band-2	Group B
3.	A Central Civil post carrying the following grade pays:— ₹ 2,800, ₹ 2,400, ₹ 2,000, ₹ 1,900 and ₹ 1,800 in the scale of pay of ₹ 5,200-20,200 in Pay Band - 1	Group C
4.	A Central Civil post carrying the following grade pays:— ₹ 1,300, ₹ 1,400, ₹ 1,600, ₹ 1,650 in the scale of pay of ₹ 4,440-7,440 in IS Scale	Group D (till the posts are upgraded)

EXPLANATION.— For the purpose of this order, Pay Band, in relation to a post means the running Pay Bands specified in Part - A, Section 1 of Column 5 of the First Schedule to the Central Civil Services (Revised Pay) Rules, 2006.

No. 20/4/2014-P&PW(F)
Government of India
Ministry of Personnel, P.G. & Pensions
Department of Pension & Pensioners' Welfare

Lok Nayak Bhawan,
Khan Market, New Delhi
June 19, 2014

Office Memorandum

Sub: Revision of Forms under the General Provident Fund (Central Services) Rules, 1960 and Contributory Provident Fund Rules (India), 1962 - regarding.

The undersigned is directed to state that the Department of Pension &PW has been in the process of reviewing Forms for Pensionary/retirement benefits and Nominations under the various Rules administered by this Department for some time.

2. The Forms under the CCS (Pension) Rules, CCS (Commutation of Pension) Rules and Payment of Arrears of Pension (Nomination) Rules have been amended and notified in the Gazette of India (Extraordinary), which are available on this department's website www.persmin.nic.in.

3. The Forms under the General Provident Fund Rules and Contributory Provident Fund Rules have been looked into and the revised Forms are enclosed hereto.

4. It is re-emphasized that there is no provision under the rules for an application by the employee for payment of final Payment/transfer of balance on retirement or discharge or dismissal or permanent transfer outside the Govt. The Head of Office shall take necessary action in Form 1 in such cases without asking the Government servant to apply for the same. In all other cases of withdrawal from the General/Contributory Provident Fund, the subscriber shall apply in Form 4. Head of Office will also ensure that such payment/transfers be made on time. There should be no additional liability on the Government on account of interest payment.

5. The Forms have been re-designed so that the Drawing and Disbursing Officer, the Head of Office and any other authority concerned in terms of the rules may record their remarks on the Forms and no separate noting in the note sheet is required, except in special cases warranting an examination of the facts of the case etc.

6. All Ministries/Departments are requested to give wide publicity to these Forms and instruct the authorities concerned to use these forms henceforth.


(Tripti P. Ghosh)
Director

To

1. All Ministries/Departments of the Govt. of India
2. Controller General of Accounts, 7th Floor, Lok Nayak Bhawan, New Delhi.

FORM 1

Form to be used by Head of Office for Final Payment/transfer of balances in the General/Contributory Provident Fund Account to Autonomous Bodies/Other Governments

The General Provident Fund/Contributory Provident Fund Account Number of Shri/Smt./Km... .., as certified from the statements furnished to him/her from year to year, is

2. He/She is due to retire from Government service/ has proceeded on leave preparatory to retirement for months/has been discharged/dismissed/has been permanently transferred to /has resigned finally from Government service on.....

3. Certified that he/she had taken the following advances in respect of which..... installments of Rs..... each are outstanding.

Amount of Temporary advances	Amount outstanding
1
2
3
4

4. Details of the withdrawals granted to him/her in the current financial year are also indicated below-

Amount of Final withdrawal	Date of withdrawal
1
2
3
4

5. After adjusting the above withdrawals and advances, an amount of Rs..... standing to the credit in his/her Provident Fund Account is appearing in the ledger account.

6. The final payment be made after verifying the records.

Signature
Head of Office

Forwarded to the Pay and Accounts Office for necessary action.

Form 2
Form of application for final payment of balance in the Provident Fund Account
on death of a Subscriber
Part - I

To

The Head of Office,

.....

Sir,

With reference to your letter no., dated it is requested that arrangements may kindly be made for the payment of the accumulations in the General Provident Fund/Contributory Provident Fund Account of Shri/Smt./Km..... The necessary particulars required in this connection are given below –

1. Name of the subscriber.....
2. Post held by the subscriber.....
3. Date of death of the subscriber.....
4. Provident Fund Account number allotted to the subscriber
5. Information in 5 A or 5 B below, as applicable:-

5 A. Details of members of family and the nominees alive on the date of death of the subscriber:

Name and address of the nominee/member of family	Date of birth of the nominee/member of family	Marital status of nominee on the date of death of subscriber	Relationship of the nominee/member with the deceased subscriber	Whether he/she is a nominee
(1)	(2)	(3)	(4)	(5)

Or

5 B. If the subscriber has left no family and no nomination subsists, the name of persons to whom the provident fund money is payable (to be supported by letter of probate or succession certificate, etc).

	Name and address	Relationship with the subscriber	Date of birth
(i)
(ii)
(iii)

6. In case the recipient(s) is/are minor, details of the guardian-

Name	Date of birth	Relationship with the minor	Relationship with the deceased Government servant	Postal Address

Note: In case of a minor child whose mother (widow of subscriber) is not a Hindu, the claimant shall submit an Indemnity Bond, or Guardianship certificate, as the case may be.

7. The claimants, shall enclose the following documents, duly attested:

- (a) Photograph
- (b) Specimen signatures in duplicate (in case of literate claimants)/Thumb or finger impression (in case of illiterate claimants)

8. Other documents to be enclosed:

- (a) Death certificate
- (b) A copy of letter of probate/succession certificate/legal heir certificate, etc. (where applicable).
- (c) Any other document regarding eligibility of the claimant, as per rules

Yours faithfully

Station
Date

(Signature of claimant, including guardian)
(Full name and address)

PART II

(FOR THE USE OF HEAD OF OFFICE)

Forwarded to the Pay and Accounts Officer for necessary action. The particulars furnished above have been duly verified.

2. The General Provident Fund/Contributory Provident Fund Account No. of Shri/Smt./Kumari is

3. The last fund deduction was made from his/her pay for the month of drawn in this office Bill No., dated for Rs (Rupees), the amount of deduction being Rs. and recovery, on account of refund of advance being Rs

4. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date of his/ her death; or

Certified that the following temporary advances/final withdrawals were sanctioned to him/ her and drawn from his/ her Provident Fund Account during the 12 months immediately preceding his/ her death.

	Amount and date of advances/withdrawals	Date
(i)	
(ii)	

5. Amount of Provident Fund Money standing to the credit of the subscriber at the time of his/her death is Rs.....

(Signature of the Head of Office)

Form 3
Form for Application for Advance from General Provident Fund/Contributory Provident Fund

1. Name of the subscriber
2. Account Number (with Departmental suffix) ...
3. (i) Designation
(ii) Section/Branch
4. Basic Pay/ (Pay in the Pay Band+Grade Pay)
5. Balance at credit of the subscriber on the date of application (if known)
6. Whether any advance is outstanding, if so, the purpose for which advance was taken:
7. Amount of advance required ₹
8. (a) Purpose for which the advance is required ...
(b) If advance is sought for House Building, etc., following information may be given:-
(i) Location and measurement of the plot ...
(ii) Whether plot is freehold or on lease ...
(iii) Plan for construction ...
(iv) If the flat or plot being purchased is from a Group Housing Society, the name of the Society, the location and measurement, etc. ...
(v) Cost of construction ...
(vi) If the purchase of flat is from DDA or any other State/city Development authority or any Housing Board or any other Government agency, the location, Dimension etc., may be given ...
(c) If advance is required for education of children, following details may be given:-
(i) Name of the son/daughter ...
(ii) Class and Institution/College where studying
(iii) Whether a day-scholar or a hostler ...

- (d) If advance is required for treatment of ailing member(s) of family, following details may be given:-
- (i) Name of the patient and relationship ...
 - (ii) Name of the Hospital/Dispensary/
Doctor where the patient is undergoing
Treatment
 - (iii) Whether outdoor/indoor patient ...
 - (iv) Whether reimbursement available or not

Note:- In case of advance under 8 (c) to 8 (e), no certificate or documentary evidence is required.

9. Number of monthly instalments in which the consolidated advance (total of items 6 and 7) is proposed to be repaid instalments

10. (i) Special reasons for the advance if it is in excess of the limit laid down in rule 12 (1) or if there is an advance outstanding as on the date of application
- (ii) Special circumstances if the advance is applied for the reasons other than those mentioned in rule 12 (1)

I certify that particulars given above are correct and complete to the best of my knowledge and belief and that nothing has been concealed by me.

Signature of Applicant

Dated:

Part II
(To be filled in by the Drawing & Disbursing Officer)

1. Balance at credit of the subscriber on the date of application is given below:-
- | | | |
|-------|---|---------|
| (i) | Closing balance as per statement for
the year..... | ₹ |
| (ii) | Credit from..... to on
account of monthly subscription | ₹ |
| (iii) | Refunds ... | ₹ |
| (iv) | Amount of advance outstanding ... | ₹ |
| (v) | Withdrawals during the period from.....
to..... | ₹ |
| (vi) | Net balance at credit ... | ₹ |
2. Purpose for which advance was taken earlier.

(Signature)
Name and Stamp of Drawing and Disbursing Officer

Part III
(To be filled by the Administrative Office)

Comments/recommendations/orders on the application for advance from Provident Fund

(Signature)

Form 3 A
Pro forma for sanction of advance from Provident Funds

No.
Ministry of.....

To
Accounts Officer
.....
.....

Sir,

I am directed to convey sanction of the Competent Authority under Rule of the General Provident Fund (Civil Services) Rules, 1960/Contributory Provident Fund Rules (India), 1962 to the advance of a sum of ₹ (Rupees only) by Shri (name and designation) from his Account No. to enable him to meet the expenditure on

2. The advance will be recovered in monthly instalments of ₹ each, commencing from the salary for the month of payable in

3. A sum of ₹ (Rupees only) out of advance of ₹ ... sanctioned in and paid to him / her in the consolidated amount as specified below. This amount together with the advance now sanctioned aggregating to ₹, will be recovered in monthly instalments of ₹ each, commencing from the salary for the month of payable in

4. The balance at the credit of Shri as on is detailed below:-

(i)	Balance as per account slip for the year	...	₹
(ii)	Subsequent deposits and refunds of advance at the rate p.m. from to.....	...	₹
(iii)	Total of Col. (i) and (ii)	...	₹
(iv)	Subsequent withdrawals and advances if any	...	₹
(v)	Balance as on date of sanction Col. (iii) - (iv)	...	₹

5. This issues with the concurrence of vide Dy. No....., dated

Sanctioning authority

Copy forwarded to:

1. Drawing and Disbursing Officer.
2. Shri/Smt./Km His/her attention is drawn to the provisions of the Rule 12 of GPF (CS) /CPS (India) Rules and requested that a certificate to the effect that the advance sanctioned above has been utilized for the purpose for which it has been sanctioned may, therefore, please be furnished within three months of the disbursement of the money.
3. Sanction File.
4. Pay and Account Office

Form 4

Pro forma for application for withdrawal from General Provident Fund/Contributory Provident Fund

1. Name of the subscriber
2. Account Number (with Departmental suffix)
3. (a) Designation
- (b) Section/Branch
4. Basic Pay/ (Pay in the Pay Band+Grade Pay)
5. Date of joining service
6. Date of superannuation
7. Balance at credit of the subscriber on the date of Application
8. (a) Amount required as withdrawal
- (b) Is the application made under rule 15 (1) (C), Yes/No
 that is, one year before the date of superannuation
- (c) If no, purpose for which the withdrawal is required
9. Whether any withdrawal was taken for the same purpose earlier. If so, indicate the amount and the year

Dated:

Signature of Applicant

Name

Part II
(To be filled in by the Head of Office)

1. Balance at credit of the subscriber on the date of application is given below:-
- | | | |
|-------|---|---------|
| (i) | Closing balance as per statement for the year | ₹ |
| (ii) | Credit from..... to on
account of monthly subscription | ₹ |
| (iii) | Refunds | ₹ |
| (iv) | Amount of Advance outstanding | ₹ |
| (v) | Withdrawals during the period from.....
to..... | ₹ |
| (vi) | Net balance at credit ... | ₹ |

2. Purpose for which advance was taken

3. It is certified that the amount of withdrawal exceeds/does not exceed six months pay of the applicant Or half the amount at his/her credit / subscription in the Fund Account, whichever is less / three-fourths of the amount of the credit / subscription of the applicant in the Fund Account.

4. It is certified that the applicant is within 10 years of his retirement on superannuation / has completed years of his Government service on

5. It is also certified that the total amount drawn, including the withdrawal from the Provident Fund, from all Government sources by the applicant for house building purposes does not exceed the maximum limit prescribed from time to time under rules 2 (a) and 3 (b) of the Scheme of the Ministry of Works and Housing for grant of advances for house building purposes.

Note: Strike-out which is not relevant.

(Signature)
Name and Stamp of Drawing and Disbursing Officer

Part III
(To be filled by the Administrative Office)

Comments/recommendations/orders on the application for withdrawal from Provident Fund

(Signature)

Form 5

Pro Forma of Application for conversion of an advance into a final withdrawal

1. Name of the subscriber
2. Designation and office to which attached
3. Pay in Pay Band with Grade Pay
4. General Provident Fund (GPF)/Contributory Provident Fund (CPF) Account Number
5. Balance at credit on the date of application (amount actually subscribed by him along with interest due thereon in the case of GPF subscriber)
6. (a) Purpose for which advance taken
(b) Date of payment of the advance
(c) Amount of advance sanctioned
(d) Amount of advance recovered
(e) Amount of advance outstanding
(f) Interest due on the amount of advance taken
(g) Amount of advance to be converted into a withdrawal
7. Particulars of communication under which advance was sanctioned (Copy of sanction to be enclosed)
8. Whether any advance or final withdrawal has been drawn previously for the purpose mentioned above. If so, particulars thereof
9. (a) Total service, including broken periods, if any, on date of this application
(b) The date of superannuation

Place:

Signature of the Applicant

Date:

Part II

The above particulars have been verified to be correct.

(Signature and designation of DDO)

Part III

(To be filled by the Administrative Office)

Comments/recommendations/orders on the application for withdrawal from Provident Fund

(Signature)

Pay and Accounts Officer

Form 4 A

Pro forma for sanctioning withdrawals from Provident Funds

No.

Ministry of

To

Accounts Officer

.....

.....

Sir,

I am directed to convey sanction of the Competent Authority under Rule of the General Provident Fund (Civil Services) Rules, 1960 or under rule of Contributory Provident Fund Rules (India), 1962.....to the withdrawal of a sum of ₹ (Rupees only) by Shri (name and designation) from his Account No. to enable him to meet the expenditure on

2. It is certified that the conditions for withdrawal as specified in General Provident Fund (Civil Services) Rules, 1960 have been met.

3. Balance at credit of the subscriber on the date of application is given below:-

(i)	Closing balance as per statement for the year₹
(ii)	Credit from..... to on account of monthly subscription₹
(iii)	Refunds₹
(iv)	Amount of Advance drawn between and₹
(v)	Withdrawals taken between and₹
(vi)	Net balance at credit₹

4. This issues with the concurrence ofvide Dy. No....., dated

Yours faithfully,

Sanctioning authority

Copy forwarded to:

1. Drawing and Disbursing Officer.
2. Shri/Smt./Km His/her attention is drawn to the provisions of the Rule 16 of GPF (CS) /CPS (India) Rules and requested that a certificate to the effect that the withdrawal sanctioned above has been utilized for the purpose for which it has been sanctioned may, therefore, please be furnished within three months of the disbursement of the money.
3. Sanction File.
4. Pay and Account Office

Form 5-A

ORDER

No.

Dated.....

Sanction ofis hereby conveyed/accorded under rule 16 of the General Provident Fund (Central Services) Rules/rule 17 of the Contributory Provident Fund Rules (India), 1962 for the conversion into final withdrawal of an amount of ₹..... (Rupees only) being the outstanding balance out of the GPF/CPF advance of ₹ sanctioned on and drawn in Bill No. of for the (purpose) to Shri / Shrimathi/ Kumari of the office of the (GPF/CPF Account No.)

Signature

Designation

Dated

No.

Copy forwarded to:

- (i) PAO
- (ii) Individual
- (iii) Service Book
- (iv)

Signature

Designation

GI., CGEWCC, Lr. No. CGEWCC/PB/AMA/2014,
dated 24-4-2014

CS (MA) Rules, ¹⁹⁴⁴~~1994~~ - Appointment of Private Registered Medical Practitioners as Authorized Medical Attendants (AMAs) for Central Government Employees and their family members

In terms of Ministry of Health and Family Planning (Department of Health) instructions contained in O.M. No. 14025/113/79-MS, dated 28-5-1992 and as per Rule 2a of CS (MA) Rules, the following Private Registered Medical Practitioners are appointed as AMAs for Central Government Employees and their family members stationed at Port Blair and its adjoining area during normal working hours and also for off-hours during night for the period from 1-4-2014 to 31-3-2015.

Sl. No.	Name and Address of AMA	Municipal Area / Postal Zone	Period	Date of Expiry
1.	Dr. Rekha Nair, BAMS Chief Physician Welcare Ayurveda Hospital R.G.T. Road, Port Blair, Regn. No. 8654 Ph. 03192-235888, 9679510588	Municipal Area of Port Blair and its adjoining areas	01-04-2014 to 31-03-2015	01-04-2015
2.	Dr. B.H.Yogesh, MBBS Ace Hospital, Phoneix Bay, Port Blair. Ph. No. 03192-246626, 9932081000 Reg. No KMC No. 39667	-do-	-do-	-do-
3.	Dr. (Mrs.) Bindu Rajesh, BAMS Chaithanya Ayur Care Ayurveda Panchakarma Clinic above Electricity Site Office Prem Nagar, Haddo P.O. Port Blair, Reg. No. 7551 Ph. 9531956818, 9933288788	-do-	-do-	-do-
4.	Dr. Malarvizhi Ashok, MBBS Medical Officer. The Apollo Clinic Near Bangla School, VIP Road, Port Blair, Ph: 235669, 233550 Reg. No. 35766	-do-	-do-	-do-
5.	Dr. K. Rajesh, BAMS Amrita Health Care Ayurveda Clinic and Pharmacy Opposite Anidco Petrol Pump Goalghar, Junglighat P.O. Port Blair Reg. No. 6946 Ph:03192 - 242900, 9531843444	-do-	-do-	-do-

Sl. No.	Name and Address of AMA	Municipal Area / Postal Zone	Period	Date of Expiry
6.	Dr. S.M.J. Maricar, MBBS Maricar Hospital, Near Mazid Junglighat, Port Blair Regn. No. 35377, Ph. 233434, 23736 (Fax)	Municipal Area of Port Blair and its adjoining areas	01-04-2014 to 31-03-2015	01-04-2015
7.	Dr. Krishna Saha, MBBS, MD Astha Gyne and Fertility Centre, 9-11 Bengali Market Complex Middle Point, Port Blair Regn. No. 077595 Ph. 234177, 231561.	-do-	-do-	-do-
8.	Dr Beena Devi; MBBS, DNB (PAED.) Amrita Health Centre Mata Amritanandamayi Math Shadipur, Port Blair Regn. No. 39434 Ph. 03192-220187, 231344	-do-	-do-	-do-
9.	Dr. (Mrs.) Neena S., BHMS Shop No. 1, 1 st Floor Above Anna Agency Junglighat, Port Blair Regn. No. C-2742, Ph. 231329	-do-	-do-	-do-
10.	Dr. Sr. Cross Mary, MBBS, MD Pillar Health Centre Lamba Line, P.B. No. 526, P.O. Junglighat, Port Blair Ph. 03192-233193 Regn. No. 16501, Ph. 211416, 211311	-do-	-do-	-do-
11.	Dr. Sudip Chakraborty, MBBS, MD Chakraborty Multi Speciality Hospital, Dollygunj, Port Blair, Regn. No. 2001/02/479 Ph. 9932084868, 259971	-do-	-do-	-do-
12.	Dr. Vidyanand, MBBS, MS Consultant-General and Laposcopic Surgery Chakraborty Multi Speciality Hospital Dollygunj, Port Blair Ph. 09932084868.	-do-	-do-	-do-
13.	Dr. Namrata Lal, MBBS Diabetic Care Clinic No. 150, M.G. Road Junglighat, Port Blair Ph: 9531801011 03192-229929	-do-	-do-	-do-

Sl. No.	Name and Address of AMA	Municipal Area / Postal Zone	Period	Date of Expiry
14.	Dr. Zubaida Bibi, MBBS Mattummal Clinic 171, M.G. Road, Junglighat, Port Blair, Reg. No. 35300 Ph: 03192-240004	Municipal Area of Port Blair and its adjoining areas	01-04-2014 to 31-03-2015	01-04-2015
15.	Dr. Ritika Gupta, MBBS, MD (Pathology) Dr. Ritika's Diagnostic Solutions, Gurudwara Lane Port Blair, Ph: 03192-244223, 9933203841	-do-	-do-	-do-
16.	Dr. Ram Charan Singh, MBBS SRC Clinic, MG Road Middle Point, Port Blair Ph. 03192-242121 9434280826	-do-	-do-	-do-
17.	Dr. A. Lakshmi Narasimhan, MBBS. (BANG) V.V. Clinic No. 1 Sri Visweswara Temple Complex-II, Dairy Farm Port Blair, Reg. No. KMC No. 18442, Ph. 9434283275	-do-	-do-	-do-
18.	Dr. Rohindra Lal, MD, Robin's Eye Hospital 23, AIR Road Delanipur, Port Blair Ph. 03192-244933, 9933274092	-do-	-do-	-do-

2. The AMAs are requested to send their renewal letter for the next term at least 3 months before expiry of the present term for renewal. CGEWCC reserves the right to delete any name for want of renewal letters in time.

3. The AMAs are requested NOT to prescribe medicines for more than 10 days at a stretch in very beginning of the treatment. In course of 3 to 4 consultations, she can reach to 20 days, i.e. maximum period of treatment.

4. The AMAs are further requested to strictly follow the rules and orders issued under CS (MA) Rules 1944 and to note the salient points set out in the same rules. A copy of "INSTRUCTIONS FOR DOCTORS" as in Appendix-XI of Medical Attendance Rules is enclosed (*not printed*).

5. A copy of O.M.No.S.14025/10/2001-MS dated 31-12-2002 of Ministry of Home affairs and Family Welfare regarding Revision of Consultation/Visiting/Injection fees of AMAs is also enclosed for necessary action (*not printed*).

6. This order has been issued with the approval of Chairman, CGEWCC.

Gl. M.H., O.M. No. S. 11011/9/2012-CGHS (P), dated 5-6-2014

**Revision of Medical Reimbursement Claim
(MRC) Form for CGHS beneficiaries**

The undersigned is directed to state that it has been the constant endeavour of the Ministry of Health and Family Welfare to improve the facilities under CGHS and simplify / liberalize the procedures to make the Scheme user friendly.

2. In furtherance of the above objective, the Medical Reimbursement Claim Form has been reviewed and further simplified. Separate forms have been developed for serving beneficiaries and pensioner beneficiaries with requirement of minimum information required for processing of the claims. The CGHS beneficiaries are required to submit their medical reimbursement claims in the prescribed forms with requisite documentary evidences to their Department / Office or CGHS, as the case may be for further processing and settlement as per approved CGHS rates and guidelines.

3. The following forms have been prescribed:—

Form MRC (S)— For Serving CGHS beneficiaries,

Form MRC (P)— For Pensioner CGHS beneficiaries.

Specimen Forms are enclosed

FORM MRC (S)

(For serving employees)

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

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

1. (a) Name of the Principal CGHS Card-holder ...
- (b) CGHS Ben. ID No.
- (c) Employee Code No.
- (d) Ward Entitlement — Pvt. / Semi-Pvt. / General

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

DECLARATION

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

Date :

Place : Signature of the Principal CGHS card-holder

Documents to be attached

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

IMPORTANT

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

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

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

FORM - MRC (P)

(For pensioner beneficiaries)

CENTRAL GOVERNMENT HEALTH SCHEME

MEDICAL REIMBURSEMENT CLAIM FORM

(To be filled by the Principal Card-holder /
Claimant in BLOCK LETTERS)

1. (a) Name of the Principal CGHS Card-holder ...
(b) CGHS Ben. ID No.
(c) CGHS Wellness Center to which the card is attached
(d) Validity of CGHS Card
(e) Ward Entitlement — Pvt. / Semi-Pvt. / General ...
(f) Full Address
(g) Mobile telephone No. and e-mail address, if any
2. (a) Patient's Name
(b) Patient's CGHS Ben. ID No.
(c) Relationship with the Principal CGHS card-holder
3. Category of pensioner beneficiary — please specify
(Central Government Pensioner / Pensioner of Auto-
nomous / Statutory body / Ex-MP / Ex-Governor /
Former Judge of Supreme Court / Former Judge of
High Court / Freedom Fighter / Legal Heir / Others)
4. Name and address of the hospital / diagnostic
centre / imaging centre where treatment is taken or
tests done
5. Whether the hospital / diagnostic / imaging centre
is empanelled under CGHS Yes / No
6. Treatment for which reimbursement claimed :
(a) OPD / Test and investigations
(b) Indoor Treatment -
7. Whether credit facility was availed. If not, reasons
thereof (clarification may be attached)... ..
8. Whether treatment was taken in emergency Yes / No
9. Whether prior permission was taken for the treat-
ment Yes / No
10. Whether subscribing to any health / medical insur-
ance scheme. If yes, amount claimed / received Yes / No

II. Total amount claimed :

- (a) OPD Treatment
- (b) Indoor Treatment
- (c) Tests / Investigation

II. Name of the Bank : SB A/c. No.:

Branch MICR Code : IFSC Code :

DECLARATION

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

Date:

Place:

Signature of the Principal
CGHS card-holder / Claimant

Documents to be attached

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

IMPORTANT

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

- (a) Obtain Break-up of Investigations from the hospital / diagnostic centre / imaging centre (details and rates of individual tests and the exact number of tests, X-ray films, etc.,) as the reimbursable amount is calculated as per approved CGHS rates per test.
- (b) In case of loss of original papers, Affidavits as per Annexure-I to be submitted. All photocopies of the bills to be attested by the treating doctor / specialist.

- (c) In case of death of the card-holder, Affidavit as per Annexure-II to be filled and attached to claim reimbursement.
- (c) In case of implants, Invoice No. along with sticker with serial number of the implant to be attached.
- (d) In case of Coronary Stents, outer pouch of stents is to be enclosed.
- (e) In case of replacement of pacemaker / ICD, etc., copy of the warranty certificate of earlier pacemaker / ICD may be enclosed.

NOTE.— *Misuse of CGHS facilities is a criminal offence. Penal action including cancellation of CGHS card may be taken in case of wilful suppression of facts or submission of false claims / statements.*

Annexure - I

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

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

Deponent

Verified by Notary Public

Annexure- II

Draft for Affidavit on Stamp Paper for claiming medical reimbursement IN CASE OF DEATH of a CGHS Card-holder

I, husband / wife / son / daughter of Late and resident of, hereby submit the medical reimbursement claim papers pertaining to treatment of my husband / wife / father / mother Late Shri/ Smt. who has expired on (*copy of Death Certificate is enclosed*).

Late Shri/Smt. has left behind the following other legal heirs, none of whom have any objection if the entire reimbursable amount is paid to me.

No Objection Certificate signed by other legal heirs on Stamp paper is enclosed.

Deponent

Attested by Notary Public

Draft for No Objection Certificate on Stamp Paper.

- We (i) S/o D/o Late Shri
- (ii) S/o D/o Late Shri
- (iii) S/o D/o Late Shri
- (-)
- (-)
- (-)

being the legal heirs of Late Shri / Smt. have no objection if the entire amount reimbursable pertaining to the treatment of late Shri / Smt. is paid to Shri / Smt.

(i) (Signature)	(ii) (Signature)	(iii) (Signature)
Name:	Name	Name:
Address:	Address:	Address
(iv)	(v)	(vi)

Continuation of CGHS facilities to Central Government employees on deputation to Statutory / Autonomous bodies

The undersigned is directed to state that this Ministry has been receiving requests for continuation of CGHS facilities to the Central Government employees joining Statutory / Autonomous Bodies on short-term deputation basis.

2. The matter has been considered in the Ministry and with a view to enable the Statutory / Autonomous bodies created by the Central Government, attract and motivate competent employees from Central Government Ministries and Departments, to join these organizations on short-term deputation basis to improve its functioning, it has been decided to allow continuation of CGHS facilities to the Central Government employees on deputation to Statutory / Autonomous bodies during the period of deputation. The employees on deputation will be provided with an option by the organization either to avail the medical facilities under CGHS or opt for the medical facilities provided by the organization to its employees.

3. CGHS facilities shall be provided to the Central Government employees on deputation to Statutory / Autonomous bodies, subject to the following guidelines:—

- (a) CGHS facilities shall be extended to the Central Government employees joining statutory / autonomous bodies of Government of India on deputation basis, during their tenure on deputation.
- (b) CGHS facilities will be extended on cost-to-cost basis on a request from the statutory / autonomous body concerned and payment of service charges in advance on yearly basis at the prescribed rates.
- (c) CGHS facilities will be provided on terms and conditions as applicable to other statutory / autonomous bodies currently availing CGHS facilities. However, this will be limited only to the Central Government employees on deputation and their regular employees will not be eligible for it.
- (d) Central Government employees on deputation to Central Public Sector Undertakings (CPSUs) will not be extended the CGHS facilities.
- (e) This facility will be applicable only in those cities which are covered under CGHS. They will be provided dispensary facilities and the medical expenses for IPD / hospitalization treatment will be borne by the statutory / autonomous body concerned.

4. This issues with the approval of Minister of Health and Family Welfare.

Extension of medical facilities to permanently disabled dependent brother of a CS (MA) beneficiary

The undersigned is directed to state that dependent brother of a Central Government employee is presently entitled for medical facilities under CS (MA) Rules, 1944, up to the age of becoming a major. Ministry of Health and Family Welfare has been receiving requests from CS (MA) beneficiaries for removal of the upper age-limit in the case of disabled dependent brother so as to provide them the medical facilities without any age-limit as has been provided to disabled son of a CS (MA) beneficiary.

2. Accordingly, with a view to assuage the hardship, it has been decided to extend the medical facilities under CS (MA) Rules, 1944 to permanently disabled dependent brother of a CS (MA) beneficiary, without any age-limit.

3. For availing medical facilities under this provision, the permanently disabled dependent brother of a CS (MA) beneficiary must be suffering from any one or more of the disabilities as defined in Section 2 (i) of 'The persons with Disabilities (Equal opportunities, protection of Rights and Full Participation) Act, 1995 (No. 1 of 1996)' which includes;—

- (i) Blindness
- (ii) Low-vision
- (iii) Leprosy-cured
- (iv) Hearing impairment
- (v) Locomotor disability
- (vi) Mental retardation
- (vii) Mental illness

and as per Clause (i) of Section 2 of National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 (No. 44 of 1999), which presently covers a person suffering from any of the condition relating to autism, cerebral palsy, mental retardation or a combination of any two or more of such conditions and includes a person suffering from severe multiple disability. It is clarified that 'permanent disability' means a person with 40% or more of one or more disabilities.

4. The eligibility criteria for a presently disabled dependent brother to avail medical facilities under CS (MA) Rules, 1944, will be as under:—

- (a) He must be wholly dependent on the CS (MA) beneficiary.
- (b) He should be unmarried and should not have his own family.
- (c) The income limit for deciding dependency shall be as prescribed by the Ministry of Health and Family Welfare from time to time and as applicable under CS (MA) Rules, 1944.
- (d) He must be ordinarily residing with the CS (MA) beneficiary.
- (e) All the above conditions are required to be fulfilled for availing medical facilities.

5. This Office Memorandum will be effective from the date of issue.

**Delegation of powers to Heads of
Departments in various
Ministries/Departments for settling
permission cases and post facto approval
relating to referral system and medical
reimbursement under CGHS - clarification**

The undersigned is directed to refer to this Ministry's Office Memorandum No.S.12020/4/97-CGHS (P), dated 27-12-2006 vide which financial powers have been delegated to the Heads of departments/Ministries to settle all such cases where there is no relaxation of rules involved and admissibility of claim was worked out with reference to the CGHS approved rate list and guidelines. Para.4 of the said OM reads as under:

"The Ministry of Health and Family Welfare has been examining the question of further delegation of powers to the Heads of Departments/ Ministries in the matter and it has been decided with the approval of the competent authority to delegate powers to Departments / Ministries to settle all cases where there is no relaxation of rules and the entitlement was worked out with reference to the rate list prescribed without any monetary ceiling. The delegation would, however, be subject to the conditions that the Heads of Departments / Ministries may settle cases up to the limit of ₹ 2,00,000 (Rupees Two Lakhs Only) (worked out with reference to the prescribed rate list). In respect of cases involving payment exceeding ₹ 2,00,000 (Rupees Two Lakhs only) but as per the prescribed rate list, the concerned Departments / Ministries may settle such cases in consultation with their respective Internal Finance Division. Only in those cases where the settled scheme / rules are required to be relaxed, should the case be referred to the Ministry of Health and Family Welfare".

2. The above paragraph clearly indicates that Ministries / Departments can settle all such cases in which relaxation of rules is not required and the cases may be settled as per CGHS approved package rates and guidelines. However, this Ministry has been receiving references from different Ministries / Departments in respect of medical claims for clarification and concurrence even when the admissible amounts calculated are as per the CGHS approved rate list. This generates extra work in this Ministry, though the matter can be settled in the referring Ministry itself.

3. In this connection, the financial powers as delegated to the Heads of Departments / Ministries to settle medical claims vide this Ministry's O.M. No. S. 12020/4/97-CGHS (P), dated 27-12-2006 is further clarified as under:—

- (a) Ministries / Departments can settle all Medical Reimbursement Claims of their serving employees in which relaxation of rules is not involved and the entitlement has been worked out with reference to the CGHS approved rate list and guidelines.
- (b) In respect of cases involving payment exceeding ₹ 2,00,000 (Rupees Two Lakhs only) calculated as per the CGHS approved rate list, the Departments / Ministries concerned may settle such cases in consultation with their respective Internal Finance Division (IFD) of the Ministry / Department.
- (c) Only those cases which require relaxation of rules should be referred to the Ministry of Health and Family Welfare through concerned Joint Secretary of the Administrative Ministry / Department.
- (d) In respect of Central Government offices located in CGHS covered cities other than Delhi / NCR, all cases requiring relaxation of rules with the approval of the Ministry of Health and Family Welfare should be routed through the Additional Director, CGHS of the concerned city. For any guidance about admissibility of rates or CGHS guidelines, they may approach the Office of Additional Director, CGHS of the city concerned.

*GI., DG. CGHS, O.O. No. S. 11045/36/2012/CGHS (HEC) (Pt.),
dated 24-6-2014*

**Regarding extension of validity of empanelment of
All Health Care Organizations empanelled under CGHS**

Attention is drawn to the Office Memorandum issued earlier extending validity of empanelment of all health care organizations under CGHS till 30th June, 2014.

2. It has now been decided to extend the validity of empanelment of all health care organizations already empanelled under CGHS, for a further period of one month, i.e., till 31st July, 2014 or till finalization of next empanelment process, whichever is earlier on same terms and conditions as defined in OM on which they were empanelled earlier.

44
CS (MA) Rules, 1944 — Appointment of Private Registered Medical Practitioners as Authorized Medical Attendants (AMAs) for Central Government employees and their family members

In terms of Ministry of Health and Family Planning (Department of Health) instructions contained in O.M. No. 14025/113/79-MS, dated 28-5-1992 and as per Rule 2a of CS (MA) Rules, the following Private Registered Medical Practitioners are appointed as AMAs for Central Government Employees and their family members stationed at Port Blair and its adjoining area during normal working hours and also for off-hours during night for the period from 1-4-2014 to 31-3-2015.

Sl. No.	Name and Address of AMA	Municipal Area / Postal Zone	Period	Date of Expiry
1.	Dr. Sandhiya Somarajan, BAMS, B.S.R. Ayurveda Treatment No. 73, M.A. Road, (Opp. Mosque) Phoenix Bay, Port Blair Regn. No 13294 Ph. 9476016110 9434281677	Municipal Area of Port Blair and its adjoining areas	01-04-2014 to 31-03-2015	01-04-2015
2.	Dr. (Mrs) Sita. S. Cherian, MBBS, FWCD, Sonologist, Ashirwad Hospital Shop No, 5 RK Mandir Complex 138 MG Road, Junglighat Port Blair, Regn. No. 12232 Ph. 9434260228 9932089802.	-do-	-do-	-do-
3.	Dr. Naved Zia, BHMS Cliff Homoeo Hall 5, Atlanta Point Medical Road, Port Blair Regn. No. 23074 (WB) Ph. 9434261958, 03192-213786	-do-	-do-	-do-

2. The AMAs are requested to send their renewal letter for the next term at least 3 months before expiry of the present term for renewal. CGEWCC reserves the right to delete any name for want of renewal letters in time.

3. The AMAs are requested NOT to prescribe medicines for more than 10 days at a stretch in very beginning of the treatment. In course of 3 to 4 consultations, she can reach to 20 days, i.e. maximum period of treatment.

4. The AMAs are further requested to strictly follow the rules and orders issued under CS (MA) Rules, 1944 and to note the salient points set out in the same rules. A copy of "INSTRUCTIONS FOR DOCTORS" as in Appendix-XI of Medical Attendance Rules is enclosed.

5. A copy of O.M. No. S. 14025/10/2001-MS, dated 31-12-2002 (Sl. No. 71 of Swamy's Annual, 2002) of Ministry of Home Affairs and Family Welfare regarding Revision of Consultation / Visiting / Injection fees of AMAs is also enclosed (not printed) for necessary action.

6. This order has been issued with the approval of Chairman, CGEWCC.

G.I., Dept. of Per. & Trg, O.M No. 142/15/2010-AVD.I,
dated 23.06.2014

**Grant of Honorarium to Inquiry Officers (IO)/Presenting
Officers (PO)**

The undersigned is directed to refer to this Department's OM of even number, dated 31-7-2012 laying down the rates of honorarium payable to Inquiry Officer/Presenting Officer for holding departmental proceedings.

2. It has been brought to the notice of this Department that the condition mentioned in Para. 2.1 of the said OM, was in conflict with the provisions of FR 46-B which limits the maximum amount payable as honorarium to an individual in a financial year to ₹ 5,000 creating confusion whether the same was within the delegated powers of the Ministry.

3. The matter has been considered and it is clarified that the honorarium payable to IO / Presenting Officer for conducting inquiry in departmental proceedings would be outside the purview of the general delegation under FR 46-B.

4. This issues with the concurrence of Department of Expenditure *vide* their I.D. No. 14/4/2009-E.II (B), dated 16-5-2014.

G.I.,Dept. of Per. & Trg., Circular No.997012/2014-
Estt.(Pay) dated 26-6-2014

Amendment of FR/SR Rules

It is brought to notice that any amendment of Fundamental Rules/Service Rules is required to be made with the approval of President under powers vested by Article-309 of the Constitution. It is clarified that FR 22(I) (a) (I) continues to exist.

2. Similarly, the Rule 2(2) (vii) of CCS (RP) Rules, 2008 has not been deleted as in the case of FR 22(I) (a) (I) above.

3. Hence, the mode of pay fixation as provided for in FR22 (I) (a) (I) continues to apply in respect of cases in the pre-revised scales. Also, the Rule 2(2) (vii) of CCS(RP) Rules, 2008 read with O.M.No.3/13/2008-Estt.(Pay-II), dated the 11th November, 2008, continues to apply in cases of pay fixation of re-employed persons.

G.I.M.F, O.M No. F-10/2/2011-E.III (A),
dated 4-7-2014

Central Civil Services (Revised Pay) Rules, 2008 –
Application of the first proviso to Rule 10 in case of
those who had been granted stagnation increment(s) in
the pre-revised pay scales

The undersigned is directed to invite a reference to the first proviso to Rule 10 of the CCS (RP) Rules, 2008, which provides that in the case of persons who had been drawing at the maximum of the existing scale for more than a year as on the 1st day of January, 2006, the next increment in the revised pay structure shall be allowed on the 1st day of January, 2006.

2. Attention is also invited to the Clarification No.5 contained in this Ministry's O.M.No.1/1/2008-IC, dated 29-1-2009, clarifying that in all cases where a Government servant has been granted an increment (whether normal annual increment or stagnation increment) after January, 2005, no increment will be allowed on 1-1-2006 at the time of fixation of pay in the revised pay structure.

3. It has now been brought to the notice of this Ministry that the pay of those employees who had reached the maximum of their pre-revised pay scale and had also been granted stagnation increment(s) prior to 1-1-2006 in the applicable pre-revised pay scales, came to be fixed at a lower stage *vis-a-vis* the employees who had drawn pay at the maximum of the same pre-revised pay for a period of more than one year as on 1-1-2006 and had been allowed one increment in the revised pay scale as on 1-1-2006 as per the first proviso to Rule 10 of the CCS (Revised Pay) Rules, 2008.

4. The matter has been considered and the President is pleased to decide that, in partial modification of this Ministry's aforesaid O.M. No. 1/1/2008-IC, dated 29-1-2009, the increment on 1st January, 2006, as envisaged under the first proviso to Rule 10 of the CCS (RP) Rules, 2008, shall be allowed to those employees also who had reached the maximum of the applicable pre-revised pay scale more than one year before 1-1-2006 and were in receipt of stagnation increment(s) in the applicable pre-revised pay scale as admissible in terms of the orders in vogue prior to 1-1-2006, provided their pay in the revised pay structure was fixed on 1-1-2006 with reference to the same pre-revised pay scale exactly as per the Fitment Table prescribed in this Ministry's O.M. No. 1/1/2008-IC, dated the 30th August, 2008.

5. In so far as persons serving in the Indian Audit and Accounts Department are concerned, these orders issue after consultation with the Comptroller and Auditor-General of India.