



अखिल भारतीय आयुर्वेद संस्थान

ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)

(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

File No.: Z-50/23/2023-AIIA/ 6092

Dated: 12 February, 2025

Office Order

Subject: SOP for the Policy for Medical Reimbursement for the employees and dependents under Central Services (Medical Attendance) Rules, 1944 reg.

Definition of Family:

1. The term 'family' for the purpose of the Central Service (Medical Attendance) Rule, 1944, shall mean a Government servant's wife or husband, as the case may be, and parents, sisters, widowed sisters, widowed daughters, brothers, children, stepchildren divorced/separated daughters and stepmother wholly dependent upon the Government servant and are normally residing with the Government servant.
2. A member of the family is treated as dependent only if his/her income from all sources including pension and pension equivalent of DCRG does not exceed Rs.9000/- plus the amount of Dearness Relief thereon on the date of consideration of the claim.
3. Age-limits of dependent son/daughter- It has been decided as indicated below for dependents of Government servants/pensioners for the purpose of availing medical facilities under CS (MA) Rules, 1944 and CGHS Rules-

a)	Son	Till he starts earning or attains the age of 25 years, whichever is earlier.
b)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier.
c)	Son Suffering from any permanent disability of any kind (physical or mental) as defined below*	Irrespective of age limit.
d)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters.	Irrespective of age limit.
e)	Dependent Minor brother(s)	Up to the age of becoming a major.
f)	Dependent minor children of widowed/ separated daughters	Up to the age of becoming a major

**For the purpose of availing CS (MA) facility for a disabled son above 25 years, please attach a copy of the certificate of disability issued by the competent authority.*

“Disability” will be as defined in Rights of Persons with Disabilities Act, 2016 Which is defined below

1. Blindness	2. Low-vision	3. Leprosy Cured persons
4. Hearing Impairment (deaf and hard of hearing)	5. Locomotor Disability	6. Dwarfism
7. Intellectual Disability	8. Mental Illness	9. Autism Spectrum Disorder

गौतमपुरी, सरिता विहार, मथुरा रोड, नई दिल्ली -110076

Gautampuri, Sarita Vihar, Mathura road, NEW DELHI-110076

E-mail: director-aia@gov.in

Phone: 011-29948658

Fax: 011-29948660



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10. Cerebral Palsy	11. Muscular Dystrophy	12. Chronic Neurological conditions
13. Specific Learning Disabilities	14. Multiple Sclerosis	15. Speech and Language disability
16. Thalassemia	17. Hemophilia	18. Sickle Cell disease
19. Multiple Disabilities including deaf blindness	20. Acid Attack victim	21. Parkinson's disease

Guidelines To Be Followed by Employees While Undergoing Treatment:

1. For medical treatment, employees and eligible dependents may be permitted to avail medical facilities in OPD of any of the Central Government, State Government hospitals, hospitals recognized by the State Government/CGHS Rules/CS (MA) Rules, 1944, AMA or hospitals fully funded by either Central Government or the State Government subject to the condition that they will be reimbursed the medical expenditure at the rates fixed by the Government under the CGHS Rules/CS(MA) Rules, 1944 or the actual expenditure incurred, whichever is less.
2. Employee can avail treatment at private hospitals empaneled under CGHS of specific treatment procedure listed under CGHS rate list if they are advised by a Specialist in a Central Government /State Govt. Specialist hospital or a CGHS Medical Officer without any requirement of any other referral (permission) letter.
3. Pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis should be carried out only at the government hospital or a government laboratory or Private CGHS empaneled hospitals/diagnostic centers.

Guidelines to be followed by Employees while Submitting Medical Claim:

1. The medical claims for reimbursement should be submitted in prescribed form (form no. 97 A for IPD and 97B for OPD treatment)
2. In case of emergency, Emergency certificate (in original) should also be submitted.
3. Every prescription should bear the name of the Authorized Medical Attendant(s) along with their registration number and seal of the AMA/recognized hospital as the case may.
4. Self-attested photocopy of the prescription should be attached with the claim.
5. Original Cash Receipts / Bills / Invoices with break-up of charges with details should be submitted with the claim form.
6. The claim should be submitted within the stipulated time limit of 6 months from the date of completion of the treatment / tests.

Guidelines to be followed by Employees for obtaining Medical Book from AIIA: To obtain the Medical Book, an Affidavit on non-judicial stamp paper of Rs. 10/- verified by a Notary Public (format of Affidavit is attached) should be submitted.

Prof (Dr.) Sujata Kadam

Director Director

ALL INDIA INSTITUTE OF AYURVEDA
Sarita Vihar, New Delhi -110076

Copy to-

All Regular Faculty Members and Staff of AIIA and Rajbhasha Vibhag for Hindi Version.

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AFFIDAVIT

I,, H/o/W/o, R/o do hereby solemnly affirm and state as under: -

1. That I have been working in AIIA since _____ and at present designated as _____.
2. That for the purpose of availing medical facilities under the CS(MA) for regular employees, the particulars of my dependent family members are as under:

Sr. No.	Name	DOB/Age	Relation with the card holder

3. I, hereby declare that **my father/mother/parents/father-in-law/mother-in-law (in case of female employee)** namely _____ is/are wholly/mainly dependent upon me and that he/she/they normally reside with me. I also certify that total monthly income of **my father/mother/parents/father-in-law/mother-in-law (in case of female employee)** income from all sources including pension and pension equivalent to DCRG benefit/family pension, does not exceed Rs. 9,000/- plus amount of dearness relief thereon drawn, as per provisions contained in CS(MA) and CGHS rules issued from time to time.
4. I further certify that my son(s)/daughter(s) whose name(s) is/are given above is/are unmarried, unemployed and wholly dependent on me and their income from all sources including family pension, does not exceed Rs. 9,000/- plus amount of dearness relief thereon drawn, as per provisions contained in CS(MA) and CGHS rules issued from time to time. I understand that this medical facility is extended till they reach the age of 25 years or get married or are gainfully employed whichever is earlier.
5. I certify that my wife/husband is unemployed/employed [Name of Employer] /Self- employed and shall not claim Medical Benefit from her/his parent employer for herself/himself and members of family.
6. I certify that my dependent family members as stated above are not covered under any scheme, in which reimbursement of their medical expenses is being made or borne by any authority.
7. I understand that the benefit of Medical reimbursement cannot be claimed from two different sources. In this regard, I declare that no medical reimbursement for my dependent family members is being claimed or availed by siblings.
8. I undertake that if there is any change in any of the depositions made above I shall immediately inform about such change, failing which appropriate action may be taken against me.
9. The above statements are absolutely true and I am aware that in the event of my statement found to be false I will be liable to repay the whole amount of medical expenditure claimed along with interest at the Company's borrowing rate p.a.in addition to disciplinary action.

DEPONENT

Date: