PROFORMA OF MEDICAL ALLOWANCE

(To be submitted by pensioners/family pensioners to his/her Pension Disbursing Authority)

I, ... a retired employee/family pensioner whose spouse was an employee of (Office address)..... declare that I am residing at ..... (Residential address indicated in PPO) which is beyond 2.5 Kms. from the nearest Railway Hospital/Health Unit (name of the Hospital/Health Unit).....

Signature:

Name:

PPO No.:

Place:

Date:

Annexure-I

Board's letter No.PC-V/2011/A/Med./1, dated 07-06-2011

UNDERTAKING FORM

{ to be submitted in DUPLICATE by Pensioners/Family Pensioners to his/her Pension Disbursing Authority (PDA), one copy to be retained by PDA and the other copy to be furnished to Pension Sanctioning Authority by PDA }

I, _____ a retired employee/family pensioner whose _____ (specify relation of family pensioner with deceased Railway employee) was an employee of (Office address)_____ declared that, I am residing at (residential address indicated in PPO) _____ _____, which is beyond 2.5 Kms. from the nearest Railway Hospital/Health Unit _____ (Name of the Hospital/Health Unit as contained in Annexure-III to Railway Board's letter No.PC-V/98/I/7/1/1 dated 21-04-1999.

2. Accordingly, I here by opt to claim Fixed Medical Allowance of ₹.100 and/or ₹.300 per month as per prescribed rate. Necessary endorsement may please by made in my PPO in this regard. Simultaneously, I undertake that, I will not avail of OPD facilities (except in case of chronic diseases as mentioned in Board's letter No.2006/H/DC/JCM, dated 12-10-2006) at Railway Hospitals/Health Units from the day I claim Medical Allowance. I also understand that, grant of Medical Allowance is subject to the terms and conditions specified in Board's letter No.PC-V/98/I/7/1/1 dated 21-04-99 and 01-03-2004 and last being letter No.PC-V/2006 /A/Med/1, dated 15-09-2009.

3. I also declare that, I have not availed of any treatment as Out Door Patient (except in case of chronic diseases as mentioned in Para-2 above) for the period from _____ (indicate here the date of retirement or the date of availing OPD facility on the last occasion or 01-12-1997, whichever is later) to this day _____ (indicating here the date on which this declaration is signed). I may accordingly be paid arrear of Medical Allowance @ ₹.100 and/or ₹.300 per month for the period mentioned above as per prescribed rate.

4. The above information furnished by me is correct to the best of my knowledge and belief. I also understand that, if at any stage, it is found that the undertaking submitted by me is incorrect or carries false information, my FMA is liable to be stopped with immediate effect and further suitable action could be taken to recover the excess amount paid to me.

Signature : _____

Name in Full : _____

PPO No. : _____

Issued by : _____

SB A/c No. : _____

Post Office/Bank: _____

Branch : _____

Place : _____

Date : _____