भारतीय कृषि अनुसंधान परिषद INDIAN COUNCIL OF AGRICULTURAL RESEARCH कृषि भवन, डॉ. राजेंद्र प्रसाद मार्ग, नई दिल्ली - 110001

KRISHI BHAWAN, DR. RAJENDRA PRASAD ROAD, NEW DELHI – 110001

F.No.ADMN.16(03)/2013- Estt.III-Part.I (19832)

Dated: 2 1 Jan, 2022

To

Directors/Project Directors/All ICAR Research Institutes/ National Research Centres/Project Directorates/Bureaus/ATARI

Subject: - Guidelines for appointment and renewal of Authorised Medical Attendants (AMAs).

Sir/Madam,

The undersigned is directed to refer to the subject mentioned above and to say that the issue regarding the hiring and extension of Authorised Medical Attendants (AMAs) covered under CS (MA) Rules, 1944 in ICAR system has been considered in the Council.

- 2. In this context, it has been decided that a three member committee may be nominated by the Director of the concerned institute for extension of tenure of AMA for the employees of the institutes and their family members. The recommendations of the committee be submitted for approval of the competent authority of the Institute.
- **3.** Further, the following guidelines as also enumerated in DoPT OM No.D-12015/126/2012-13/B&A dated 04.07.2013, may be followed for appointment as well as extension of tenure of AMA as per CS(MA) Rules, 1944:
 - A. As per the guidelines, in case of appointment of AMA, the following documents are required:
 - i. A letter from the Govt. servant requesting for the appointment of AMA.
 - ii. Address Proof of the Govt. servant residing at non-CGHS area.
 - iii. Willingness Certificate (As per Annexure-VII of the OM) from the Private Medical Practitioner to be appointed as AMA in this Department and to provide medical service for the Central Govt. employees of this Department and members of their families residing at the area within the radius of 16 kilometres.
 - iv. A prescribed declaration (Affidavit) (As per Annexure-B of the OM) should be submitted on non-judicial stamped paper of the appropriate value.
 - v. A local police verification form (As per Annexure-D of the OM) to be filled by the concerned doctor (in duplicate) or a letter appointing him/her as AMA by other central Govt. Ministries/ Departments.

- B. In the case of renewal of tenure of AMA, the following documents are required:
 - i. A letter from the Govt. servant requesting for the renewal of AMA. This should be submitted well in advance before the completion of the tenure of AMA and if the request is received after the expiry of the tenure of AMA, the Govt servant has to follow the guidelines which are applicable for initial appointment of AMA.
 - ii. An undertaking (As per Annexure-VIII of the OM) from the AMA stating that "He is not involved in any corrupt practice and no case has been lodged against him at any police station/CBI/CVC/any court etc." and the willing certificate (As per Annexure-VII of the OM).
 - iii. Photocopy of the earlier letter appointing the AMA by the department.

4. Initially, the AMA would be appointed for a period of one year. However, the tenure of AMA can be renewed on an annual basis. The appointment or tenure of AMA can be terminated by Head of Department at any time, if needed.

This issues with the approval of the competent authority.

Yours faithfully

(Pawan Kumar Ojha) Under Secretary (Admn)

Encl.: As above

Distribution:-

- 1. PSO to DG, ICAR, PPS to Secretary, ICAR, PPS to AS&FA(DARE)/ICAR.
- 2. Media & information unit for uploading the OM on ICAR website.
- 3. E-office notice board.
- 4. Guard file/Spare copies.

D-12015/126/2012-13/B&A
Government of India
Ministry of Personnel, P.G. and Pensions,
(Department of Personnel and Training)

New Delhi, the 4 July, 2013

OFFICE MEMORANDUM

Sub: Revised guidelines for submission of Medical claims - reg.

The undersigned is directed to circulate the modified guidelines with regard to reimbursement of medical claim in respect of CGHS / CS(MA) beneficiaries of this department. The guidelines are placed in the following 3 annexure for information and guidance to the employees:-

1.	Annexure - I	Guidelines for CGHS beneficiaries
2.	Annexure - II	Guidelines for CS(MA) beneficiaries
3.	Annexure - IV	Guidelines for appointment or renewal of AMA

2. The following enclosed pro-forma may also be used as per requirement while submitting medical claims or appointing AMA:-.

4.	Annexure - III	Prior permission for CGHS / CS(MA) beneficiaries
5.	Annexure - V	Essentiality Certificate 'A' for OPD treatment
6.	Annexure - VI	Essentiality Certificate 'B' for IPD treatment
7.	Annexure - B	Declaration for the appointment of AMA
8.	Annexure - D	Local Police Verification form for the appointment of AMA
9.	Annexure - VII	Willingness Certificate for the appointment of AMA
10.	Annexure - VIII	Undertaking for the renewal of AMA
11.	Annexure - IX	Affidavit in the case of loss of original bills
12.	Annexure - X	Affidavit in the case of death of card holder

3. All the employees are requested to follow the revised guidelines at the time of submission of medical claims.

(Jayanthi Sriram)

Under Secretary to the Govt. of India

Tel: 23094051

Encl: as above.

To

- 1. All Officers and Staff.
- 2. All sections / Desks of the Department.
- 3. Notice Board.
- 4. NIC with the request to upload in Intra MOP Portal.

ANNEXURE - 3

GUIDELINES TO BE FOLLOWED BY CGHS BENEFICIARIES WHILE SUBMITTING MEDICAL CLAIMS

- 1. If the central Govt. employee or a member of his family covered under CGHS falls ill at a place not covered under CGHS, the treatment shall be considered under CS(MA) rules.
- The reimbursement of medical claims should be submitted in prescribed form (Medical 2004
 Form) which is available in the intra MOP portal, along with all requisite enclosures stated
 below in DUPLICATE for OPD & IPD treatment.

I) In the case of OPD treatment (Out Patient Department),

- a) Self-attested photocopy of the prescription should be attached with the claim.
- b) Photocopy of the CGHS cards of the Govt. servant and the patient.
- c) Original Cash Receipts / Bills / Invoices with break-up of charges in detail.
- d) The claim should be submitted within the stipulated time limit of 90 days from the date of completion of the treatment / tests. In case of delay in submission of medical claim, a self-explanatory letter should be submitted for the consideration of Head of Department narrating valid reason(s) for the delay.
- e) Prior permission from the Department is not required for the investigations for which CGHS rates are available. However, the prior permission is needed in the following cases on the advice of the Govt. or CGHS specialist:-
 - (i) Treatment from a CGHS approved hospital in non-emergent cases.
 - (ii) Investigations for which CGHS rates are not available. The following websites may be used for finding out the list of Empanelled hospitals, the rates admissible for investigations and for treatment procedure respectively.
- ⇒ http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File483.pdf (list of hospitals)
- ⇒ http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File284.pdf (Investigations)
- ⇒ http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File221.pdf (procedures)
- f) The medical prescription shall be treated as valid for a single use within a period of two weeks from the date of prescription unless the Govt. Specialist indicates the date after which the prescribed tests are to be conducted. Otherwise, it would require revalidation or issue of fresh prescription.
- g) Cost of medicines purchased by CGHS beneficiaries for OPD treatment is not reimbursable as per CGHS rules. The same should be got issued from the concerned CGHS dispensary.

II) In the case of IPD treatment (In Patient Department/ Admitted Treatment),

- h) The points mentioned in (a) to (d) above have also to be followed in IPD treatment.
- Photocopy of the <u>Discharge Summary</u> from the hospital clearly outlining the patient's condition, treatment received and medication advised.
- j) In case of emergency treatment, Emergency Certificate along with a self-explanatory letter for ex-post facto permission and Essentiality Certificate B (in the case of treatment obtained from Private Hospital) issued by the treating doctor should be produced. Emergency treatment can be taken from private hospital in case there is no Govt. / recognized hospital nearby.

Note:-

- > Employee Code of the Govt. Servant may be mentioned in the medical claim pro-forma.
- > A photograph of the Govt. Servant may be furnished at the time of first claim in a Fin. Year.

Stt.IIL Section OBE FOLLOWED BY CS(MA) BENEFICIARIES WHILE SUBMITTING

- Under CS(MA) rules, the treatment taken from an AMA after the expiry of his tenure <u>shall</u> <u>not be considered</u> for reimbursement treating him as a private practitioner. His term should be renewed promptly before expiry.
- The reimbursement of medical claims should be submitted in the prescribed form (Medical 97 Form) which is available in the intra MOP portal, along with all requisite enclosures stated below in DUPLICATE for OPD & IPD treatment.

I) In the case of OPD treatment (Out Patient Department),

a) Self-attested photocopy of the prescription issued by the treating doctor / AMA.

b) Photocopy of the letter appointing the AMA (Authorized Medical Attendant) by the Department.

c) Original Cash Receipts / Bills / Invoices with break-up of charges in detail.

d) Photocopy of the prior permission obtained from the Department for undergoing the investigations / treatment.

e) All the cash receipts and <u>Essentiality Certificate A for OPD</u> or <u>Essentiality Certificate B</u> for IPD should be got verified by the treating doctor / AMA as the case may be.

- The claim should be submitted within the stipulated time limit of 90 days from the completion of the treatment / tests. . In case of delay in submission of medical claim, a self-explanatory letter should be submitted for consideration of Head of Department narrating valid reason(s) for the delay.
- g) The following websites may be used for finding out the list of Empanelled Hospitals, the rates admissible for investigations and for treatment procedure respectively.
- ➡ http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File483.pdf (list of hospitals)
- ⇒ http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File284.pdf (Investigations)
- ⇒ http://msotransparent.nic.in/writereaddata/cghsdata/mainlinkfile/File221.pdf (procedures)
- h) The medical prescription shall be treated as valid for a single use within a period of two weeks from the date of prescription unless the AMA or Govt. Specialist or treating doctor indicates the date after which the prescribed tests are to be conducted. Otherwise, it would require revalidation or issue of fresh prescription.

II) In the case of IPD treatment (In Patient Department / Admitted Treatment),

(i) The points mentioned in (a) to (f) above have also to be followed in IPD treatment.

- Photocopy of the <u>Discharge Summary</u> from the hospital clearly outlining the patient's condition, treatment received and medication advised.
- k) In case of Emergency Treatment, Emergency Certificate along with a self-explanatory letter for ex-post facto permission and Essentiality Certificate B issued by the treating doctor should be produced. Emergency treatment can be taken from private hospital in case there is no Govt. / recognized hospital nearby.

Note:-

- > Employee Code of the Govt. Servant may be mentioned in the medical claim proforma for administrative convenience.
- A photograph of the Govt. Servant may be furnished at the time of first claim in a Financial Year.

PRO-FORMA FOR SEEKING PRIOR PERMISSION FOR UNDERGOING TESTS / TREATMENT UNDER CGHS / CS(MA) RULES MNNEXURE

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Signature of the Govt. Servant

FOR OFFICE USE ONLY Department of Personnel & Training (Budget & Accounts Section)

The permission as requested above may be granted for undergoing the tests / treatment as advised by the treating doctor vide prescription dated above (SI. No: 8) from any CGHS empanelled hospitals/ centers under CGHS rules or CGHS / CS(MA) rules.

US (B&A)

Director (Admn.)

GUIDELINES TO BE FOLLOWED BY CS(MA) BENEFICIARIES FOR APPOINTMENT OR RENEWAL OF AMA (AUTHORISED MEDICAL ATTENTANT)

General Conditions

1. The intention is to appoint private registered medical practitioners as AMA only where adequate number of Doctors in the employ of the Central Government or the concerned State Government is not available to be declared as AMA.

2. The Government officials and / or their entitled family members are not entitled for taking treatment from private medical practitioners appointed as AMAs outside their normal duty station.

3. Where no AMA has been appointed in a suburban area, the Government servant would be free to consult an AMA (Govt. Doctors) employed in a Government hospital in the adjoining city.

4. AMA can be appointed by the Govt. servants for the area which is not covered

5. Dental treatment has to be obtained only from Government / recognized hospital under CS(MA) rules, 1944 and not from private institutions. Hence, no private dentists can be appointed as AMA.

In the case of Appointment of AMA, the following documents are required:-

a) A letter from the Govt. servant requesting for the appointment of AMA.

b) Address Proof of the Govt. servant residing at non-CGHS area.

c) Willingness Certificate from the Private Medical Practitioner to be appointed as AMA in this Department and to provide medical service for the Central Government employees of this Department and members of their families residing at the area within the radius of 16 kilometers.

d) A prescribed declaration (Affidavit) should be submitted on non-judicial stamped

e) A local police verification form to be filled by the concerned doctor (in duplicate) or a letter appointing him / her as AMA by other central Govt. Ministries /

III) In the case of renewal of AMA, the following documents are required:-

f) A letter from the Govt. servant requesting for the renewal of AMA. This should be submitted well in advance before the completion of the tenure of AMA. After the expiry of the tenure of AMA, the Govt. servant has to follow the guidelines for the appointment of AMA as mentioned in Para - Il above.

g) An undertaking from the AMA stating that "he is not involved in any corrupt practice and no case has been lodged against him at any local police station / CBI / CVC / any court etc" and the willing certificate (Para – II C).

h) Photocopy of the earlier letter appointing the AMA by the Department.

Note:-

Initially, an AMA would be appointed for a period of one year. However, the

The appointment or tenure of AMA can be terminated by Head of Department

ESSENTIALITY CERTIFICATE

ANNEXURE - V

CERTIFICATE 'A'

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NOTE:- CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. OF IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES. NOTE:-......Hospital CERTIFICATE

ANNEXURE "B"

(To be given on non-judicial stamped paper of the appropriate value)

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ANNEXURE "D"

(To be filled by the concerned doctor in duplicates)

ANNEXURE -

VERIFICATION FORM FOR APPOINTMENT OF AUTHORIZED MEDICAL ATTENDANT IN THE AREAS NOT COVERED BY CGHS

The furnishing of false information or suppression of any factual information in the verification form would be a disqualification for appointment as AMA. If the fact that the false information has been furnished or that there has been suppression of any factual information in the verification form comes to notice at any time during the period of appointment of AMA, his services would be liable to be terminated.

Photograph

- 1. Name in full (Block letters) (The name should be same as in his qualification degree)
- 2 Father / Husband's Name
- 3. Date of Birth
- 4. Nationality
- 5. Medical qualification i.e. MBBS / MD (Photocopy of the certificate / marksheets should be annexed). ...
- 6. MCI registration number and place of registration (Photocopy of the certificate / mark sheets should be annexed).
- 7. Name of Medical College and the University from where medical degree (Bachelor)
- sity from where medical degree (Duck).

 8. Name of Medical College and the University from where medical degree (Master, sity from where medical degree (Master, if any) obtained
- 9. Full Address of Clinic / Medical Centre (i.e. Number, Lane / Street / Road, Village, Thana, Post Office, District. etc.)
- 10. Present Residential Address in full (including the name of Thana)
- 11. Permanent Residential Address in full (including the name of Thana)
- 12. Work experience, if any in Government Hospital The Hospital
- 13. Work experience, total (in brief) ...
- 14. Have you ever been arrested, prosecuted, or fined by a Court of Law? If yes, give full details were some region and the

Signature .. Name and Stamp of verifying authority

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

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ANNEXURE - VIT

WILLINGNESS CERTIFICATE

It is certified that I am willing to be appointed as AMA for providing medical service to the employees working in the Department of Personnel and Training, Ministry of Personnel and Public Grievances and their family members residing at ______ and the areas within a radius of 16 Kms thereof as per the guidelines issued by the Ministry of Health and Family Welfare under CS(MA) rules.

Signature of Registered Medical Practitioner with Seal and Date.

To

The Under Secretary,
Budget & Accounts Section,
Department of Personnel and Training,
North Block, Central Secretariat,
New Delhi.

ANNEXURE - VIII

UNDERTAKING

> Signature of Registered Medical Practitioner with Seal & Date.

То

The Under Secretary,
Budget & Accounts Section,
Department of Personnel and Training,
North Block, Central Secretariat,
New Delhi.

ANNEXURE - IX

AFFIDAVIT

(In the case of loss of original bills)

I,and resident of	son/wife/daughter of Sh	
lost / misplaced the ori I have not received ar any source and that if against original hills in	inal medical bills. I hereby give an undertaking to payment against original bills / claim papers from original papers are traced I shall not stake classifuture and that in the event I receive any check future I shall return the same to the competer.	om aim

Deponent Verified by Notary Public