

Government of West Bengal
Department of Higher Education,
Science and Technology & Biotechnology
C.S.Branch
Bikash Bhavan, Salt Lake, Kolkata-700091

No.848-Edn(CS)/1M-01/2017

Date: 01/08/2017

NOTIFICATION

The proposal for providing medical benefits to the Serving Teachers including Librarians and Graduate Laboratory Instructors of Government-aided Colleges and State-aided Universities was under active consideration of the State Government for sometimes past. After careful consideration, the Governor is now pleased hereby to provide medical benefits to the Serving Teachers including Librarians and Graduate Laboratory Instructors of Government-aided Colleges and State aided Universities and the family members thereto in the following manner under the scheme detailed below.

Scheme

1. Short title and commencement — (1) This Scheme may be called the West Bengal Health Scheme for Grant -in -aid College and University Teachers, 2017.

(2) It shall come into force on such date, as the State Government may, by notification in the Official Gazette, appoint.

2. Application— (1) This scheme shall apply to the serving teacher including Librarian and Graduate Laboratory Instructor of the Government-aided colleges and State-aided universities and his/her beneficiary.

(2) The provision of enrolment under this scheme shall be optional.

(3) A teacher shall not be entitled to draw the regular medical allowance, if opted for this scheme, with effect from the date of effect of such enrolment under clause 4.

(4) A teacher shall have the liberty to opt out of this scheme at any time.

Provided that where a teacher or his/her beneficiary has enjoyed any benefit under this scheme, such employee shall not be allowed to opt out the scheme within five years from the month following the month in which he/she enjoyed the benefit.

A teacher enrolled under this scheme shall not be eligible to be enrolled again if he/she opts out of the scheme for whatever reason.

3. Definitions — In this Scheme, unless there is anything repugnant in the subject or context—

- (a) “approved rates” means such rates as may be notified by the State Government from time to time for various services, procedures and investigations required in connection with the medical attendance and treatment of a beneficiary;
 - (b) “beneficiary” means a dependent member of the family of a serving teacher;
 - (c) “clause” means a clause of the scheme;
 - (d) “teacher” means a full time and regular serving teacher including Librarian and Graduate Laboratory Instructor of the Government-aided Colleges and State-aided Universities of the Government of West Bengal enrolled under clause 4;
 - (e) “family”, in relation to a teacher, means and includes
 - (i) Husband or Wife, as the case may be,
 - (ii) Dependent Parents whose monthly income does not exceed rupees three thousand and five hundred;
 - (iii) Dependent Children including step-children, children related to half-blood and uterine blood, legally adopted children and unmarried daughters;
 - (iv) Dependent widowed/divorced daughters;
 - (v) Dependent Minor brothers, minor sisters;
 - (vi) Dependent unmarried/widowed/divorced sisters.
- Note:** (i) ‘Son’ is considered to be dependent till he starts earning or attains the age of 25 years, whichever is earlier. Son suffering from permanent disabilities either physically or mentally will be considered dependent without any age limit.
- (ii) Unmarried daughter is eligible till she starts earning (irrespective of age).
 - (iii) As an exception, parents can live away from employee in another station with other members of family.
 - (iv) A declaration regarding the income of parents should be furnished by the employee concerned once at the beginning of every calendar year.
- (f) “Form” means a Form appended to this scheme;
 - (g) “Government” means Government of West Bengal in the department of Higher Education, Science & Technology & Bio-technology;
 - (h) “hospital or institution” means such hospital or nursing home or institution as may be recognized from time to time by the Government for the purpose of availing benefits of medical attendance and treatment under this scheme;
 - (i) “laboratory” means such laboratory or institution as may be recognized by the Government from time to time for availing of benefits of medical attendance and treatment under this scheme;
 - (j) “medical attendance” means attendance for professional advice and includes pathological, bacteriological, radiological or other methods of investigations for the purpose of diagnosis which are considered necessary by the attending physician and are carried out in a hospital or institution;
 - (k) “specified” means specified by order;

- (l) "treatment" means the use of medical and surgical facilities and includes—
- (i) the employment of such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician;
 - (ii) the use of such medicines, vaccines, serum or other therapeutic substances as may be considered necessary by the attending physician;
 - (iii) medical and surgical services and procedures; (iv) dental treatment;
 - (v) accommodation according to the entitlement of the teacher;
 - (vi) such nursing as is ordinarily provided at the hospital or such special nursing at the hospital as the authorized medical attending physician at the hospital may certify, in writing, to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient, having regard to the nature of the disease.

4. Enrolment –

- (1) A teacher seeking enrolment under the scheme shall exercise his/her option in **Form A** (Annexure-I), in duplicate, along with an undertaking that upon enrolment under this scheme, such teacher shall forgo the regular medical allowance drawn as part of monthly salary.
- (2) The option referred to in sub-clause (1) shall be submitted—
 - (a) to the College authority in the case of Government-aided colleges. The College authority, with the recommendation of the Governing Body of the college will send the same to the Director of Public Instruction, WB.
 - (b) to the Registrar in the case of state aided universities, who will forward the same to the Joint Secretary (University Branch), Department of Higher Education, Science and Technology & Biotechnology.
- (3) The DPI, WB or The Joint Secretary, Department of Higher Education, Science and Technology & Biotechnology, as the case may be, shall, after scrutinization of the option exercised by the teacher, issue a certificate of enrolment in **Form B** (Annexure-I) in favour of the employee, to be effective from the first day of the month following the month in which the certificate is issued.
- (4) The DPI, WB or The Joint Secretary, Department of Higher Education, Science and Technology & Biotechnology, as the case may be, shall send one copy of the certificate to the Drawing and Disbursing Officer in respect of the teacher with a direction to discontinue the drawal of regular medical allowance with effect from the first day of the month following the month in which the certificate is issued.
- (5)
 - (i) The enrolment of the existing teachers under the scheme shall be completed within 2 years from the date of notification of the enrolment process.
 - (ii) New entrants shall be allowed to exercise option and complete enrolment under the scheme within two years of their appointment in colleges/universities.
- (6) The teachers not opting to come under this scheme within the period as specified at sub-clause 5 shall not be eligible to opt for the scheme at a later period.
- (7) If husband and wife both are covered under the scheme and if one opts under the scheme, both will not be entitled to draw regular allowance.

5. Facilities – A teacher or a beneficiary of such teacher shall be entitled to the following facilities, namely:–

- (a) medical attendance and treatment as an indoor patient in a hospital or an institution; and
- (b) medical attendance and treatment at out patient department of a hospital or an institution, or a clinic attached to such hospital or institution for such diseases, and under such circumstances, as may be specified.

6. Medical attendance and treatment as an indoor patient in a hospital – A teacher shall be entitled to reimbursement of the cost of his/her or his/her beneficiary's medical attendance and treatment, as an indoor patient in a hospital or an institution.

Explanation.– For the purpose of this clause, the expression “cost of medical attendance and treatment” shall include –

- (a) the amount charged by the hospital or institution in accordance with the approved rates;
- (b) the cost of medicines purchased from outside on the advice of the attending physician at the hospital or institution;
- (c) the charges for such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician and carried out, on the advice of the attending physician, in a laboratory or institution, other than the hospital or institution in which the patient is treated.

7. Medical attendance and treatment as an OPD (Out-Patient Department) patient in a hospital –

(1) A teacher shall be entitled to reimbursement of the cost of his or his beneficiary's medical attendance and treatment as an OPD patient in a hospital or institution in the following cases : –

- (i) Malignant diseases, (Mainly cancer cases are considered as Malignant diseases)
- (ii) Tuberculosis.
- iii) Hepatitis B/C and other liver diseases,
- (iv) Insulin-dependent diabetes, (Type -2 Diabetic Melitas is not considered as Insulin-dependent Diabetes.
- (v) Heart diseases,
- (vi) Neurological disorders/Cerebrovascular disorders,
- (vii) Malignant malaria,
- (viii) Renal failure,
- (ix) Thallasaemia/Bleeding orders/Platelet disorders,
- (x) Injuries caused by accidents. (Animal Bite cases will come under the purview of Injuries caused by the accidents.
- (xi) Rheumatoid Arthritis
- (xii) Systematic Lupus Erythematous (LUPUS)
- (xii) Crohn's Diseases

(2) A teacher or his/her beneficiary shall also be entitled to reimbursement of the cost of follow-up medical attendance and treatment relating to Neuro Surgery, Cardiac Surgery (Including Coronary Angioplasty and implants), Cancer Surgery/Chemotherapy/Radiotherapy, Renal Transplant, Hip/Knee replacement Surgery and Accident cases received as an OPD patient in a hospital or institution.

Explanation. – For the purpose of this clause, the expression “cost of medical attendance and treatment” shall include–

- (a) the amount charged by the hospital or institution in accordance with the approved rates,
- (b) the cost of medicines purchased from outside on the advice of the attending physician at the hospital or institution.
- (c) the charges for such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician and carried out on the advice of the attending physician in a laboratory or institution, other than the hospital or institution in which the patient is treated.

8. Accommodation– (1) In the case of medical attendance and treatment as an indoor patient in a hospital or an institution, a teacher or his/her beneficiary shall be entitled to such accommodation as mentioned in column (4) of the Table below, of the category of the teacher as mentioned in column (2), to be determined on the basis of the basic pay including dearness pay as mentioned in column (3), respectively, against the Sl. No. as mentioned in column (1) of the said Table :–

Table

Sl. No.	Category of Teacher	Band pay including Grade pay	Type of accommodation
(1)	(2)	(3)	(4)
1.	I	Above Rs. 27,000 p.m.	Private Ward
2.	II	Rs. 18,000 p.m. and above but below Rs. 27,000 p.m.	Semi-Private Ward
3.	III	Below Rs.18,000 p.m.	General Ward

(2) Where the type of accommodation in a hospital does not correspond to the nomenclature as referred to in column (4) of Table to sub-clause (1) or any similar nomenclature, the Government shall, in consultation with the authorities of the hospital concerned, determine the entitlement of the beneficiary.

9. **Tenure** – Notwithstanding anything contained in this scheme and without prejudice to the provisions of sub-clause (2) of clause 7, the cost incurred on account of related medical attendance and treatment received in a hospital or an institution during the period upto 30 days prior to hospitalization and 30 days from the date of discharge, shall be reimbursable.

10. **Issue of Identity Card to teacher and beneficiary** – (1) The teacher and his/her beneficiary shall be issued a photo-identity card with a unique identification number under the seal and signature of the issuing authority.

(2) The identification number of the teacher and his/her beneficiary shall consist of three numbers, for example x/y/z, where “x” denotes the code number of the teacher, “y” denotes the serial number of the beneficiary belonging to the family of the teacher (it being 1 in the case of the teacher himself) and “z” denotes the total number of cards issued for the family of the teacher.

(3) The blank identity cards with running serial numbers shall be supplied by the Director of Public Instruction, West Bengal or Joint Secretary (University Branch) of the Department of Higher Education, Science & Technology and Biotechnology, as the case may be, on the basis of the requisition received from the concerned government-aided colleges or the state-aided Universities

(4) The identity card shall consist of two parts of which the issuing authority shall retain the first part and the second part shall be handed over to the teacher concerned.

(5) A list of teachers to whom identity cards have been issued shall be forwarded to the Drawing and Disbursing Officer.

(6) The identity card shall have a standard format and shall contain such particulars as the name, the date of birth and the relationship of the beneficiary with the teacher.

(7) The colour of the identity card shall be–

- (a) yellow, in case of teachers belonging to category I as mentioned in column (2) against Sl. 1 in column (1) of Table to clause 8;
- (b) pink, in case of teachers belonging to category II as mentioned in column (2) against Sl. 2 in column (1) of Table to clause 8; and
- (c) white, in case of teachers belonging to category III as mentioned in column (2) against Sl. 3 in column (1) of Table to clause 8.

(8) For the purpose of availing the benefits under this scheme, the teacher or his beneficiary shall show his identity card to the hospital, laboratory or institution where he receives medical attendance and treatment.

(9) A temporary family permit in **Form F**(Annexure-I) may be issued to a teacher enrolled under this scheme by the Head of office for a period as may be specified, pending issue of photo-identity cards and such temporary family permit shall entitle the teacher and his/her beneficiary to all the benefits of this scheme.

(10) The identity cards issued under this scheme shall be surrendered to the college/university authority, at the time of retirement/resignation/on being relieved from service.

11. Claims for reimbursement of the cost of medical attendance and treatment – (1) An application for reimbursement of the cost of medical attendance and treatment shall be made by a teacher in **Form C** (Annexure-I).

(2) The application for settlement of claim under this scheme shall be made as follows:

- (A) Indoor treatment : Three months from the date of discharge
 (B) Outdoor treatment : Three months from the date of each O.P.D. consultation.

(a) to the DPI, WB or Joint Secretary (university branch), Department of Higher Education, Science & Technology and Bio-Technology, as the case may be.

(3) The application referred to in sub-clause (1) shall be accompanied with the following documents :-

- (a) essentiality Certificates in **Form D1/D2/D3**(Annexure-I);
- (b) photocopy of the identity card issued to the teacher, and where the claim relates to a member of the family of the teacher, photocopy of the identity card issued to such member of the family of the teacher;
- (c) all original bills verified by the hospital, laboratory or institution;
- (d) all original vouchers, cash memos and money receipts;
- (e) detailed lists of all medicines, laboratory tests, investigations, procedures, number of doctors' visits, etc. with dates, duly countersigned by an authorized person of the hospital where the beneficiary has received medical attendance and treatment, along with a certificate from such authorized person that all charges are as per approved rates. In the bill prepared by the hospital, each service, procedure and investigation for which the beneficiary is charged should be specified, along with this reference number in the approved list;
- (f) detailed list of all medicines purchased from outside and all laboratory tests, investigations and procedures done in a laboratory, institution or hospital other than the hospital where the patient has received medical attendance and treatment, along with a certificate from an authorized person of the hospital that such medicines had to be purchased or such laboratory tests, investigations and procedures had to be done on the advice of the attending physician of the hospital;
- (g) Check List in **Form E** (Annexure-I).

12. Settlement of claims– (1) The application made under sub-clause (1) of clause 12 for reimbursement shall be processed by the Directorate of Public Instruction, West Bengal i.r.o teachers of Govt.-aided Colleges and by the office of the Jt. Secretary (University Branch), Deptt. of Higher Education, Science & Technology and Biotechnology for teacher of State-aided Universities and the admissible cost of medical attendance and treatment shall be worked out on the basis of the approved rates as per Finance Department's notification no.796-F(MED) dated 31.01.2011, as revised from time to time.

(2) The sanctioning authority for reimbursement of the cost of medical attendance and treatment in the case of teachers of Govt.-aided Colleges shall be the D.P.I., W.B.

(i) for medical attendance and treatment as an indoor patient in a hospital - Rs. 1.0 lakh

(ii) for medical attendance and treatment as an OPD patient in a hospital, Rs. 10,000.

(3) The sanctioning authority in the case of a teacher of State-aided Universities shall be the Joint Secretary (University Branch), Deptt. of Higher Education, Science & Technology and Biotechnology

(i) for medical attendance and treatment as an indoor patient in a hospital - Rs. 1.0 lakh

(ii) for medical attendance and treatment as an OPD patient in a hospital, Rs. 10,000.

(4) The Secretary/Principal Secretary/Additional Chief Secretary of the Department of Higher Education, Science & Technology and Biotechnology where the claim exceeds these limits.

13. Treatment in a hospital or institution outside the State- (1) Notwithstanding anything contained elsewhere in this scheme, the Government may recognize specialized hospitals and institution outside the State for treatment of specific diseases.

(2) Prior approval of the Secretary/ Principal Secretary/Additional Chief Secretary of the Department of Higher Education, Science & Technology and Biotechnology shall be obtained before receiving medical attendance and treatment in these hospitals or institutions.

(3) Claim for reimbursement of the cost of medical attendance and treatment in these hospitals or institutions shall be allowed on the basis of the rates of various services provided by and investigations and procedures carried out by these hospitals/institutions in the course of medical attendance and treatment.

14. Operational guidelines, clarifications, etc.- (1) The Department of Higher Education, Science & Technology and Biotechnology, in consultation with the Finance Department (Medical Cell), wherever necessary, shall issue operational guidelines, clarifications, etc. for implementation of the scheme.

(2) If any difficulty arises in the course of implementation of the scheme, it shall be referred to the Finance Department and the decision of the Finance Department thereon shall be final.

(3) Further operational guidelines, in this regard, will be issued later on.

This is issued with the concurrence of Finance Department (Medical Cell) Vide their U.O. No. 343/17 dated. 12.07.2017

By order of the Governor,



Secretary to the Govt. of West Bengal

No. 848/1(15)-Edn(CS)/1M-01/17

Date : 1st August, 2017

Copy forwarded for information and necessary action to:

1. Accountant General (A&E), West Bengal, Treasury Building, Kolkata-700001.
2. Principal Accountant General(Audit) west Bengal, Treasury Building, Kolkata-700001.
3. Pay & Accounts Officer, Kolkata Pay & Accounts Office-1, 81/2/2/ Phears Lane, Kolkata-700073.
4. Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, Hyde Lane, Kolkata-700073.
5. Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, IB Market, 1st floor, Sector-III, IB Block, Kolkata-700106.
6. Finance Department (Medical Cell), Govt. Of West Bengal.
7. Finance (Budget) Department, Govt. Of West Bengal.
8. Director of Public Instruction, W.B, Bikash Bhavan, Salt Lake, Kolkata-700091.
- ✓ 9. Joint Secretary, University Branch of this Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
10. Joint Secretary, C.S. Branch of this Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
11. P.S. to Hon'ble MIC., Department of Higher Education, Science and Technology & Biotechnology, Govt. Of West Bengal, Bikash Bhavan, Salt Lake, Kolkata-700091.
12. P.S. to Hon'ble MOS, Health and Family welfare Department, Swasthya Bhavan, salt lake, Kolkata-700091.
13. P.S. to the Additional Chief Secretary of this Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
14. P.S. to Principal Secretary, Health and Family Welfare Department, Swasthya Bhavan, Salt Lake, Kolkata-700091.
15. Guard file.



Deputy Secretary to the
Government of West Bengal

ANNEXURE - I

(FORMS)

FORM A

Application for enrolment

(See sub-clause (1) of clause 4)

To

The(College Authority/University Authority)

Sir,

I, Shri/Smt(designation).....attached to(college/university) under Department of Higher Education, Science & Technology and Biotechnology do hereby opt for coming under the West Bengal Health Scheme for Grant in-aid College and University Teachers, 2017, with effect from

The particulars of the members of my family as defined in para 3(e) of the Scheme are as follows :

Name of the Teacher :
Designation :
Residential address :
Date of birth :
Date of joining in college/ university :
Date of superannuation :
Present pay (Band + Grade Pay)

Details of Family

Sl. No.	Name	Age	Relationship	Monthly income, if any
1.				
2.				
3.				
4.				
5.				

I do hereby declare that upon enrolment under the above scheme I shall forgo the regular medical allowance drawn by me as part of salary.

I further declare that I shall abide by the provisions of the West Bengal Health Scheme for Grant in-aid College and University Teachers, 2017, as may be in force from time to time.

Signature of the Applicant

FORM B

Certificate of enrolment

(See sub-clause (3) of clause 4)

Certified that Shri/Smt(designation) attached to

.....(College/University) under Department of Higher Education, Science & Technology and Biotechnology, has been enrolled under the West Bengal Health Scheme for Grant -in -aid College and University Teachers, 2017 with effect from

The particulars of the members of his family as defined in para 3(e) of the Scheme are as follows :

Name of the Teacher :
Designation :
Residential address :
Date of birth :
Date of joining in college/university :
Date of superannuation :
Present pay (Band Pay + Grade Pay) :

Details of Family

Sl. No.	Name	Age	Relationship	Monthly income, if any
1.				
2.				
3.				
4.				
5.				

Signature of the DPI, WB / Jt. Secretary (University Branch)

No.

Date:

Copy forwarded for information and necessary action to :

1. Shri/Smt(designation)
2. The(Drawing and Disbursing Officer).

He/she is requested to discontinue the drawal of regular medical allowance in respect of Shri/Smt

.....with effect from 1st day of(Month),.....(Year).

3. Accountant General (A&E) Department, Writers' Buildings, Kolkata-1.
4. Department of Higher Education, Science and Technology & Bio-technology.

Signature of the DPI, WB / Jt. Secretary (University Branch)

West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017

FORM C

Application Form for settlement of claim for reimbursement

(See sub-clause (1) of clause 11)

(To be filled in by the applicant)

1. Identification No. of the Teacher :
2. Full name of the Teacher
with designation (in Block letters) :
3. Full Address
(i) College/University :

(ii) Residence :
4. Enrolled under the Health Scheme w.e.f. :
5. Date of superannuation :
6. Pay (Band Pay + Grade Pay) :
7. Accommodation Category : Private / Semi-Private / General Ward
[put (✓) mark]
8. Medical treatment done : Self or beneficiary
9. Name of the beneficiary & relationship
with the Teacher :
10. Name of the Hospital with address
and code no.
(a) OPD treatment :

(b) Indoor treatment / Day Care :
11. Period of OPD treatment :
12. Period of indoor treatment :
13. Disease :

14. Total amount claimed –
(a) OPD treatment :
(b) Indoor treatment :
15. Details of permission
(a) For treatment in speciality hospital outside the State :
(b) For human organ transplantation / ICD / CRT / Dual Chamber Pacemaker / more than two stents / more than one drug eluting stents, digital hearing aid etc. :
16. Details of Medical advance, if any
(a) Amount :
(b) Order no. and date :
(c) Sanctioning Authority :

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 wholly dependent on me. I am a beneficiary of the West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017 and the enrolment under the Scheme was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Signature of the Teacher

Date:

West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017

FORM "D1"

**Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist
for OPD Treatment**

[See sub-clause 11 (3) & clause 7(1)]

1. Name of the Teacher with identification No. :
2. Name of College/University of the Teacher with address :
3. Name of the patient, relationship with
Teacher & identification No. :
4. Details of expenditure :
 - (I) Name of the diagnosed disease :
(*vide list enclosed)
 - (II) Name & Code No. of the empanelled/
Govt. recognized Hospital :
 - (III) Period of OPD treatment :
 - (IV) Total No. of original vouchers & money receipts :
 - (V) Amount claimed for OPD treatment :

Sl. No.	Description of items	Amount Claimed	Amount admissible (for official use)
(a)	Consultation fees (indicate total no. of consultations)		
(b)	Pathological investigations (give Break-up in a separate annexure with code no.)		
(c)	Radiological investigations (attach separate list, if required, with code no.)		
(d)	Medicines (give details of purchase in separate annexure, if required)		
(e)	Special devices like hearing aid/artificial appliances etc. (specify)		

(f) Miscellaneous (specify)

Total

(Rupees:

only)

(Signature of Claimant)

Name in Block Letters

Address:

1. Certified that the relevant bills/vouchers have been verified by me in pursuance of the latest approved rates of the West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017 and the expenditures shown above are correct and the treatment services prescribed and provided were essential and minimum that required for the recovery of the patient.

2. Certified that the patient, Sri/Smt. _____ was/ has been suffering from _____ as listed in Sl. No. _____ of the WBHS OPD list below*.

Counter signed by

(Signature of the Treating Specialist
with official seal)

Administrative officer/Medical Superintendent of
the empanelled/ recognized Hospital with official seal

***OPD Disease List as per clause -7 of the West Bengal Health Scheme for Grant-in-aid
College and University Teachers, 2017**

- (i) Malignant diseases,
- (ii) Tuberculosis,
- (iii) Hepatitis B/C and other liver diseases,
- (iv) Insulin-dependent diabetes,
- (v) Heart diseases,
- (vi) Neurological disorders/Cerebrovascular disorders,
- (vii) Malignant malaria,
- (viii) Renal failure,
- (ix) Thallasaemia/Bleeding disorders/Platelet disorders,
- (x) Injuries caused by accidents.
- (xi) None of the above list (Specify name of the ailment)

West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017

FORM "D2"

Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist
for Indoor/Day Care Treatment and related OPD treatment

[See Clause 11(3), clause 6, clause 7(2) & clause 9]

1. Name of the Teacher with identification No. :

2. Name of College/University of the Teacher with address :

3. Name of the patient, relationship
with Teacher & identification No. :

4. Details of expenditure:

(I) Name of the diagnosed disease :

(II) Name & Code No. of the empanelled/
Government recognized Hospital :

(III) Period of Indoor/Day Care treatment :

(IV) Total No. of original vouchers & money receipts :

(V) Details of Amount claimed

(A) for Package treatment from _____ to _____ :

<u>Sl No.</u>	<u>Procedure Name</u>	<u>Procedure Code</u> <u>No.</u>	<u>Amount</u> <u>Claimed</u> <u>(Rupees)</u>	<u>Amount</u> <u>admissible</u> <u>(Rupees)</u> <u>(for official use)</u>
(1)	(2)	(3)	(4)	(5)
(i)				
(ii)				
(iii)				
(iv)				
(v)	Miscellaneous (Specify & give details in separate sheet, if necessary)			

Total=Rupees

(B) for Non-Package treatment from _____ to _____

<u>Sl No.</u> (1)	<u>Description of items</u> (2)	<u>Item Code</u> (3)	<u>Amount Claimed (Rupees)</u> (4)	<u>Amount admissible (Rupees) (for official use)</u> (5)
(i)	Room Rent : (a) Ward (b) ICU/ ITU/ CCU/ NICU/ PICU (c) HDU/Step Down Unit/Burn Unit			
(ii)	Charges for : (give details with code nos. in separate annexure) (a) Indoor visit of specialist/ super specialist (b) Radiological Investigations (c) Pathological Investigations (d) Medicines (e) Artificial devices (f) Miscellaneous (specify)			
Total :			=Rupees	

(C) Related OPD treatment in terms of Clause-9 or Clause-7(2)

<u>Sl No.</u> (1)	<u>Description of items</u> (2)	<u>Amount Claimed (Rupees)</u> (3)	<u>Amount admissible (Rupees) (for official use)</u> (4)
(i)	Consultation fees (indicate total no. of consultations)		
(ii)	Charges for : (give details with code nos. in separate annexure) (a) Pathological investigations (b) Radiological investigations (c) Medicines		

(1)

(2)

(3)

(4)

(d) Special devices like hearing aid/artificial appliances etc.
(specify)

(e) Miscellaneous (specify)

Total:

= Rupees

Grand Total (package + non-package+ OPD amount) =Rupees

(Rupees:
(in words)

only)

(Signature of Claimant)

Name in Block Letters

Address:

1. Certified that the relevant bills/vouchers have been verified by me as per latest approved rates of the West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017 and the expenditures shown above are correct and the treatment services provided were essential and minimum that required for the recovery of the patient.

2. Certified that the services of Special Nurse/Ayah were required from _____ to _____ that were absolutely essential for the recovery of the patient.

3. Specific procedure/Operation performed was _____ on _____.

4. Conservative treatment provided from _____ to _____.

***(Signature of the Treating Specialist
with official seal)***

**Countersigned by Medical Superintendent/
Administrative officer of the empanelled/
recognized Hospital with seal**

West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017

FORM "D3"

Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist for treatment services taken from WB Health Scheme non-recognised Private Hospital/ Nursing Home

1. Name of the Teacher with identification No. :
2. Name of College/University of the Teacher with address :

3. Name of the patient, relationship with Teacher & identification No. :

4. Details of expenditure:

(I) Name of the disease :

(II) Name & Address of the Hospital :

(III) Period of treatment :

(IV) Total No. of original vouchers :

Details of Amount claimed:

(give details in separate annexure, if required)

Sl. No.	Description of items	Treatment Period	Amount claimed (Rupees)	Amount Admissible (Rupees) (for official use)
(1)	(2)	(3)	(4)	(5)
(i)				
(ii)				
(iii)				

West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017

Sl. No.	Description of items	Treatment Period	Amount claimed (Rupees)	Amount Admissible (Rupees) (for official use)
(iv)				
(v)				
Total		= Rupees	_____	_____

(Rupees :
(in words)

only)

(Signature of Claimant)

Name in Block Letters

Address:

1. Certified that the patient had been admitted under my care at _____ Hospital/Nursing Home as an emergency case. The Specific procedure / Operation performed was _____ on _____
2. Certified that the relevant bills/vouchers have been verified by me and the expenditure shown is correct and the treatment services provided were essential and minimum that was required for the recovery/stabilization of the patient.
3. Certified that the treatment was done in an organization having number of beds _____ and has a License under the West Bengal Clinical Establishment Act and Rules bearing no. _____. The License is valid up to _____.

Countersigned by Medical Superintendent/
Administrative officer of the Private Hospital/
Nursing Home with seal

(Signature of the Treating Specialist
with official seal)

West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017

FORM E

Checklist for Reimbursement of Medical Claims/Sanction of Advance

(See sub-clause (3) of clause 11)

1. Teacher's Identification No. & date of enrolment : _____
2. Full name & designation : _____
(block letters)
3. (a) Name of College/University with address : _____
4. Whether claim is for Teacher himself/herself or his/her Beneficiary, if for his/her beneficiary, mention –
 - a) Name of the beneficiary and relationship with Teacher : _____
 - b) Beneficiary's Identification No. : _____
 - c) Validity of the Card up to : _____
5. Entitlement of accommodation (Put tick mark) : Private / Semi-Private / General Ward
6. Disease : _____
7. Name of the hospital where treatment was done/to be done : _____
/is going on
8. Whether treatment was done in non-empanelled hospital : Yes / No
If yes –
 - a) Name of the hospital/nursing home with Clinical : _____
Establishment licence No. and address
9. Period of treatment:
 - a) OPD : From _____ to _____
 - b) Indoor/Day Care treatment : From _____ to _____
10. Details of advance sanctioned –
 - a) Amount : _____
 - b) Order No. & date : _____
 - c) Sanctioning Authority : _____
11. a) Treatment done within the State –
 - (i) Copy of intimation letter furnished : Yes / No.
(Vide Clause-11 of the West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017)
 - (ii) Copy of permission letter furnished : Yes / No.
(For human organ implantation/Dual-chamber pacemaker/AICD/CRT/more than one drug eluting stents Implantation, etc.)
- b) Treatment done outside the State – : Yes / No.
Copy of permission letter furnished

West Bengal Health Scheme for Grant-in-aid College and University Teachers, 2017

12. (A) Whether the claim for reimbursement has been preferred within
- (i) three months from the date of discharge of indoor treatment :
 - (ii) three months from the date of consultation of OPD treatment :
 - (iii) three months from the date of purchase of medicines, etc. :
(for continuous OPD treatment)
- (B) If not, whether delay in preferring claim has been condoned by the
Appropriate Authority :
13. The following documents are submitted :
- (please tick [✓] the relevant column)
- (a) Photocopy of the Health Scheme Identity Card of
- I) Teacher : Yes / No.
 - II) Beneficiary : Yes / No.
- (b) Essentiality Certificate (as specified) : Yes / No.
- (c) Copy of Discharge summary : Yes / No.
- (d) Copy of OPD prescription : Yes / No.
- (e) Total Number of original bills & cash memos :
- (f) Detailed list / Statement of medicines furnished : Yes / No.
- (g) Detailed list of investigations furnished : Yes / No.
- (h) Original papers have been lost, the following documents are submitted –
- (I) Photocopies of claim papers : Yes / No.
 - (II) Affidavit on stamp paper : Yes / No.
 - (III) Photo copy of Police Diary : Yes / No.
- (i) In case of death of Teacher, following documents are submitted –
- (I) Affidavit on stamp paper by claimant : Yes / No.
 - (II) No objection from other legal heirs on stamp papers : Yes / No.
 - (III) Copy of death certificate : Yes / No.

Dated.....

Signature of the Applicant

Form - F
Temporary Family Permit

[See sub-clause (9) of clause 10]

1. Name of the Teacher :
2. Teacher code No. :
3. Designation :
4. Present Pay (Band pay+ Grade Pay) :
5. Entitlement of accommodation :
6. Date of birth :
7. Date of Superannuation :
8. Residential address :
9. Details of Family :

SI. No. any.	Name	Age	Relationship	Monthly Income, if
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- 1.
- 2.
- 3.
- 4.

Shri/Smt. attached to.....(college/university)
under Department of Higher Education, Science & Technology and Biotechnology has been enrolled under
the West Bengal Health Scheme for Grant-in-aid College and University Teachers, with effect from
.....

He/She and his/her family members are entitled to the medical attendance and treatment in a Govt. Hospital/
enlisted Pvt. Hospital or Institution etc. in the entitled class mentioned in SI. No.5

This permit is valid for 6 (six) months from the date of issue.

Signature of DPI, WB / Joint Secretary (University Branch)