NOTIFICATIONS

The 7th December, 2009.


OFFICE MEMORANDUM

Subject :- DEARNESS ALLOWANCE

1. The undersigned is directed to refer to this Department's O.M. No.F(PR)-47/2009/1, dated 17th September, 2009 and to say that the Governor of Meghalaya is pleased to decide that the Dearness Allowance payable to the State Government employees/pensioners/family pension holders shall be enhanced from the existing rate of 16% to 20% with effect from 1st July, 2009.

2. These orders shall also apply to the members of the Work-charged Establishment and Casual Workers, other than Bungalow Peons, holding posts in the scales of pay as admissible to the employees of corresponding categories under the regular establishment/services/posts. These orders shall further apply to the teaching and non-teaching staff of the deficit institutions, including Primary Schools, as and when the revised pay scales applicable from 1st January, 2007 are extended to them.

3. The Dearness Allowance under these orders shall remain suspended if the pensioners/family pension holders are employed/re-employed under the State/ Central Government or employed/re-employed/permanently absorbed in the State or Central Government’s, Company, Corporation, Undertaking or Autonomous Body. It shall, however, be revived after the spell of such re-employment/employment.

4. The payment on account of the Dearness Allowance involving fractions of 50 paise and above may be rounded off to the next higher rupee and the fraction of less than 50 paise may be ignored.

5. The payment on account of the Dearness Allowance sanctioned herein shall be debited to the respective Heads of Accounts from which the employees draw their salary and the pensioners/family pension holders, their pension.

B. K. DEV VARMA,
Principal Secretary to the Government of Meghalaya,
Finance Department.

OFFICE MEMORANDUM

Subject :- Ration Allowance.

No.HPL.46/99/168.—In pursuance of the recommendation of the Fourth Meghalaya Pay Commission 2009, the Governor of Meghalaya is pleased to sanctioned the grant of revised rates of ration allowance to the Officers and Personnel of Police Department under the State Government with effect from 1st September, 2009 for Police Personnel upto the rank of Inspector by doubling the existing rates as below :-

(1) Armed Branch - Rs. 840.00 p. m.
(2) Unarmed Branch - Rs. 660.00 p.m.

D. KHARPURI,
Under Secretary to the Govt. of Meghalaya,
Home (Police) Department.
MEGHALAYA STATE ELECTRICITY BOARD

BOARD’S SECRETARIAT

LUMJINGSHAI SHILLONG

The 30th November, 2009.

No. MeSEB/GA.II/101/2006/80. - In exercise of the powers conferred under Section 79(c) of the Electricity (Supply) Act, 1948, the MeSEB is pleased to make the MeSEB Medical (Attendance & Treatment) Rules, 2008.

1. SHORT TITLE AND COMMENCEMENT : -
   These rules may be called the MeSEB Medical (Attendance and Treatment) Rules 2008.
   They shall come into force with effect from the date of publication in the Meghalaya Gazette.

2. APPLICATION :
   These rules shall apply to all regular employees of the Board and their families as defined in Section 3 while they are on duty or on leave or under suspension or on deputation to the Board, and Board’s pensioners and their spouses only.

3. DEFINITIONS :
   a) The Board means “The Meghalaya State Electricity Board.” Or its successor.
   
   b) “Employee” means an employee in service and pensioners of the Board but does not include a person appointed on daily wage or contract basis.
   
   c) “Management” means the Management of the Board.
   
   d) ‘Family’ means the family of Board’s employee consisting of :-
      (i) Wife or husband, as the case may be.
      
      (ii) Parents ordinarily residing with and wholly dependent on the Board’s employee, and
      
      (iii) Non-earning sons upto the age of 25 years and non-earning unmarried daughters upto the age of 25 years.

   Note :
   1. Parents include step father/step mother.
   2. The term ‘sons’ and ‘daughters’ includes children adopted under any law and step-children residing with and wholly dependent on the Board’s employee duly supported by certificate from the competent authority.
Provided that if the wife/husband of the employee is employed in any organisation, Central/State Govt./local body and private organisations which provides medical benefits, the employee concerned would be entitled to choose either the facilities under these Rules or the medical facilities provided by the organisation in which she/he is employed.

e) “Patient” means any person needing medical attendance or treatment and belonging to any of the category specified in sub rule (b) of Rule 3 and the respective family members thereof.

f) “Medical attendance” means attendance at the Hospital/dispensary or at the consulting room of Board’s AMA which includes pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis, carried out in the Board’s approved hospital or medical diagnostic laboratories on the recommendation of the Board’s AMA irrespective of whether the patient is hospitalised or not.

g) “Treatment” means the use of all medical and surgical facilities as are available at the Board’s recognised/approved hospital in which the patient is treated and includes :-

i) The use of such pathological, radiological or any other method as are considered necessary by the authorised medical attendant.

ii) The supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in Board’s recognised/approved hospitals.

iii) Such accommodation as is ordinarily provided in the Board’s approved hospitals to which patient is admitted and is suited to his/her status.

iv) The medical attendance described in sub rule (f) above does not include diet or provision at the request of the patient of accommodation superior to that described in sub rule (g) (iii).

h) Authorised Medical Attendant - as appointed by the Board or the Sr.Medical Officer duly authorised by the Board.

i) “Controlling Officer” means the authority declared by the Competent Authority to be the Controlling Officer for each category of employees.

j) “Competent Authority” means the Chairman of the Meghalaya State Electricity Board.
k) Recognised/Approved hospitals shall include all the Govt. Hospitals/dispensaries/Primary Health Centres/Sub-Divisional Hospitals/Civil Hospitals and Medical College Hospitals and other Govt. Health Institutions and Board’s approved Health Institutions situated inside and outside the State as well as those approved by the State Government.

4. **AUTHORITY TO IMPLEMENT THE MEDICAL ATTENDANCE AND TREATMENT RULES** :-
   a) Authorised Medical Attendant of the Board is authorised to implement the Medical Attendance and Treatment Rules 2008.
   
   b) The Authorised Medical Attendant shall normally be the appropriate authority to recommend Special Leave on account of TB/Cancer/Leprosy for a period of 18 months and below.
   
   c) In the absence of an Authorised Medical Attendant, the Sr.Medical Officer can recommend special leave account of Cancer/Leprosy/T.B for a period of 18(eighteen) months and below subject to availability of an official opinion from any hospital duly recognised by the Board (in respect of Cancer/Leprosy) and official opinion from Govt.T.B.Hospital/District T.B.Centres in respect of Tuberculosis.
   
   d) The patient should be referred to the Medical Board constituted by the Board from time to time for TB/Cancer/Leprosy leave of beyond 18 months. Such leave in excess of 18 months can be sanctioned only with the approval of the Board/Management Committee.

5. **FLAT RATE OF MEDICAL ALLOWANCES** :-
   A medical allowance at a flat rate as may be fixed by the Board from time to time shall be paid to the employees and pensioners concerned to cover the expenses on minor ailments.

6. **DECLARATION OF DEPENDENT** :
   a) An employee, on appointment shall be required to declare the members of his/her family dependent on him/her in the prescribed Form - A at the time of joining the service and would be responsible to update this information from time to time.
   
   b) The existing employees shall make two copies of their declaration of dependent within three months time after publication of these rules, if not yet done earlier.
   
   c) A copy of the declaration shall also be kept in the personal file of the employee and entries made in the Service Book of the employee. A copy of the declaration shall be sent to the Member Secretary
d) The declaration of parents as dependant for the purpose of medical attendance & treatment of all employees will be accepted, subject to production of a certificate that the parent is actually residing with and wholly dependant on the employees and verification of the same is to be done by the Controlling Officers.

e) Married Son(s)/Daughter(s) would not be accepted as dependant irrespective of age.

f) Brothers, Sisters, or any other relatives may not be treated as dependants.

g) Any false/wrong declaration of dependants, if detected will be liable to disciplinary action.

7. **MEDICAL REIMBURSEMENT :-**

   a) **REIMBURSEMENT WHEN BOTH HUSBAND AND WIFE ARE EMPLOYED:** When both husband and wife are employed in the Board, benefits under these rules to self and members of his/her family shall be admissible, only according to the entitlement of one of them at their discretion. For this purpose, they shall furnish to their Controlling Officer a joint declaration as to who will prefer the claim for reimbursement of medical expenses in respect of wife/husband and other family members in the prescribed Form - B.

   b) **REIMBURSEMENT OF LIST OF MEDICINES ADMISSIBLE AND INADMISSIBLE(ALLOPATHIC) AND LIST OF INADMISSIBLE FOOD TONICS & TOILETS ETC :**

       The list of Items of allopathic medicines, foods, tonics, expensive drugs, laxatives or other elegant and proprietary preparation as specified in Schedule I and Schedule II of Swamy’s compilation of Medical Attendance Rules which are not reimbursable to Central Government employees shall also be applicable to Board’s employees and pensioners.

       **Note :-** Diet is not reimbursable.

   c) **REIMBURSEMENT OF REGISTRATION ETC :**

       i) In case of hospitalisation in recognized hospital within the State, the registration fee for admission on the same day shall be reimbursed.

       ii) In respect of cases referred to hospital outside the state for investigation and treatment, registration fee, irrespective of indoor and outdoor treatment, will be reimbursable, Medical Certificate and Discharge Slip will not be reimbursed.
d) **REIMBURSEMENT OF INTENSIVE CARE UNIT CHARGES:**
The ICU charges for treatment of patient in the Intensive Care Unit in any hospital approved by the Board are admissible for reimbursement and are not to be linked with room rent for hospitalisation.

e) **COMPUTERIZED BILLS/VOUCHERS AND DISCHARGE SLIP:**
The claim of medical reimbursement for treatment outside the State which was recommended by the Authorized Medical Attendant of the Board can be entertained without submission of Form “C” in respect of the claim duly supported by the computerized bill/Vouchers and discharge slip, etc, accordingly.

f) **COST OF MEDICINES PRESCRIBED ON THE DATE OF DISCHARGE:**
The expense towards the cost of medicines prescribed by the Hospital Authority as on the date of discharge from hospital is reimbursable.

g) **REIMBURSEMENT FOR THE COST OF AN ORGAN TRANSPLANTATION:**
Where any person donates his organ for transplantation in the body of a Board’s employee or in any of his family members, the Board’s employee shall be reimbursed of the expenses incurred on the surgery and post operation care of such person.

h) Medical treatment in the approved hospitals of the Board listed in Rule 26 of the MeSEB Medical Attendance & Treatment Rules 2008 is admissible only on the recommendation of the Authorised Medical Attendant of the Board and the approval of the Competent Authority failing which medical bills will not be reimbursed.

Note :- Rule 11 would continue to apply to employees of the Board posted in Garo Hills, Byrnihat and New Delhi.

8. **REIMBURSEMENT FOR INDOOR TREATMENT:**
i) Reimbursement of medical expenses in case of treatment as an indoor patient in the Board’s approved hospitals/referred hospitals and other Govt. Hospitals shall be admissible to all the employees/pensioners.

   Cost of medicines necessary for the indoor patient purchased by the patient from outside the hospital shall be reimbursed.

ii) Employees in service who fall sick in a State other than Meghalaya while on tour, on study or on leave may undergo treatment in the nearest hospital maintained by the State Government of that State and the cost of treatment shall be reimbursed by the Board, subject to the provisions of Rule 11(d).
iii) Retired employees outside the State are to consult the authorized Medical Attendant of the State or the Central Government or Public undertaking and if recommends hospitalization, undergo treatment in the Government Hospital of that State and in any hospital recognized by the Board and situated in that State and the cost of treatment shall be re-imbursed by the Board.

iv) The bills/claims duly signed by the authorized Medical Attendant may be submitted to the competent authority for re-imbursement.

9. REIMBURSEMENT FOR OUTDOOR PATIENT:

i) Re-imbursement of expenditure on medical treatment as an outdoor patient shall be admissible in cases approved by the Competent Authority.

ii) Genuine cases of dog bite to Meter Readers while attending duties should be referred to the Board’s Secretariat for consideration to allow re-imbursement of the medical bills as a special case.

iii) Prolonged Medical Treatment :- Reimbursement of expenditure on prolonged medical treatment as an outdoor patient will be admissible only to employees and their families who are suffering from the following diseases, viz. Cancer, Tuberculosis, Heart disease, Epilepsy and Psychosis where hospitalisation is not required but requires prolonged medical treatment as an outdoor patient subject to the recommendation of the Board’s Authorized Medical Attendant and approval of the Competent Authority.

In all such cases, fresh recommendation of the Board’s Authorized Medical Attendant once in every 6(six) months is to be obtained for approval of the Competent Authority.

iv) Reimbursement of medical expenditure for treatment of miscarriage as an outdoor patient is allowed. Provided that reimbursement of the cost of preparations which are primarily of food, toilet, disinfectant etc shall not be admissible.

v) Re-imbursement of medical expenditure as an out-door patient for treatment outside the State for other diseases, will continue as laid down under Rule 9 and 12 of the MeSEB Medical Attendance and Treatment Rule, 2008 and such re-imbursement will also be admissible when purchase of medicine is made on the same date or on subsequent date(s) subject to the limit as prescribed by the Doctor on the day of visit.

10. REIMBURSEMENT OF EXPENDITURE FOR TREATMENT TAKEN IN PRIVATE HOSPITALS OTHER THAN THE REFERRED CASES :-

(a) In emergency cases like accidents, etc immediate medical aid to the patient may be given in the nearest private hospital, in case there is no other alternative.
(b) In other emergency cases like acute diseases, a local Government Doctor may refer the patient to the nearest private hospital. A referral certificate certifying the case being an emergency and requiring immediate hospitalization is to be produced.

11. **APPROVAL FOR MEDICAL TREATMENT OUTSIDE THE STATE :-**

a) The Board’s Authorized Medical Attendant is empowered to recommend cases, requiring specialized treatment outside the state, after ascertaining that such treatment is not available within the state. Medical treatment outside the state shall be admissible with prior recommendation of the Board’s Authorized Medical Attendant and approval of the Competent Authority.

b) Medical treatment outside the State, in Guwahati Medical College, Guwahati, and Satribari Mission Hospital Guwahati is allowed for employees of the Board posted in Garo Hills and Byrnihat areas, on the recommendation of local Government Doctor/Hospital for such treatment outside their headquarter.

c) Specialised medical treatment for Cancer in the Dr.B.Baruah Cancer Institute, Guwahati, subject to specific recommendation of the Superintendent, Tura Civil Hospital/Guwahati Medical College, Guwahati/Satribari Mission Hospital, Guwahati is allowed for employees of the Board posted at Garo Hills and Byrnihat.

Such employees will not require the recommendation of the Authorised Medical Attendant of the Board. However, prior approval of the Competent Authority as laid down in Rule 3(j) of the MeSEB Medical Attendance & Treatment Rules, 2008 is to be obtained, before undergoing such treatment.

d) Expenditure on the treatment of Board’s employees or his dependants who suddenly fall ill outside the state while on leave, tour, study and admitted in hospital as per the advice of the registered doctor, is reimbursable within the limits of the prevailing Medical Attendance and Treatment Rules.

Provided prior station leave permission is obtained or he is on official tour or in some other official engagement.

e) The pensioners residing outside the State can avail medical treatment at Government Hospital/Dispensary in their home town without the recommendation of the Board’s AMA and are also entitled for treatment of special illness in the Super Specialty Hospitals, which are recognized by the respective State Government for the treatment of such illness for its employees.

The recommendation of the Board’s Authorized Medical Attendant and approval from the Competent Authority is essential for treatment outside their State.

f) The regular employee of the Board posted at New Delhi or in any State of India can avail medical treatment in any Government Hospitals/Dispensaries, in their place of posting, in addition to those already recognised by the Board.
g) Employees availing medical treatment outside the State without obtaining prior recommendation of the Board’s Authorised Medical Attendant and approval of the Competent Authority for medical treatment as required vide Rule – 11 of the MeSEB Medical Attendance & Treatment Rules, 2008 and obtaining recommendation only on receipt of bills from the concerned hospital is not re-imburseable.

In certain exceptional emergency cases, the recommendation of the Board’s Authorised Medical Attendant is to be obtained within a period not exceeding 30(thirty) days from the date of admission in any hospital recognized by the Board, failing which re-imbursement of bills for medical treatment for such cases also shall not be entertained.

12. OUTDOOR AND INDOOR TREATMENT AT THE BOARD’S HOSPITAL AND DISPENSARIES:
Treatment at the Board’s hospital/dispensary shall be free of charge to the employees and their dependants, and to the Board’s pensioners and their spouses.

13. REIMBURSEMENT OF SERVICE CHARGE FOR BLOOD TRANSFUSION:
The cost of service charge for blood transfusion to the patient shall be reimbursable provided the same has been incorporated in the medical bill by the hospital authorities.

14. CONFINEMENT AND REIMBURSEMENT:
Pre and post natal treatment as indoor patient shall be reimbursable at the Board’s recognised/approved hospitals and also in govt. hospitals in patient’s hometown.

15. DENTAL TREATMENT:
Dental treatment expenses will be reimbursable provided they are done at the Board’s approved and recognised hospitals.

Dental treatment means the use of all medical and surgical facilities, as are available at the Board’s approved and recognised hospitals where the diagnosis of the physiological or other disability from which a patient is suffering indicates that the teeth are the source of disturbance, provided it is of a major kind such as treatment of jaw bone disease, whole-scale removal of teeth etc.

NOTE:–
Surgical operation needed for the removal of odentones and impacted wisdom tooth also fall under the category of dental treatment of a major kind. Treatment of gumboils come under oral surgery of the mouth and as such is admissible under the rule. Treatment for pyorrhea gingivitis of teeth is, however, not covered.
16. **EYESIGHT TESTING**:
Reimbursement for testing of the eyesight for glasses, once in every three years on the recommendation of the Authorised Medical Attendant shall be reimbursable. However, this facility will be restricted to the employees only. The lens and spectacle frame for employees still in service are reimbursable once in three years, subject to doctor’s recommendation. The amount reimbursable is limited to a maximum of Rs 1000/- (Rupees one Thousand only).

17. **REIMBURSEMENT OF THE COST OF THE INTRA OCULAR LENS IMPLANTATION**:
Reimbursement of the cost of the intra ocular lens implantation undertaken by the employee and the family dependent shall be allowed subject to the following conditions:

(a) Actual cost of the intra ocular lens implantation and treatment undertaken in recognised/approved hospitals is reimbursable. However, actual cost or Rs.6,500/-, whichever is less, if treatment is undertaken in private hospitals where such facilities are available. Prior recommendation of the Authorised Medical Attendant is to be taken.

(b) In case of conventional operation for cataract, the actual cost of the spectacles for correction of vision will be reimbursable.

18. **SPECIALISED INVESTIGATION AND REIMBURSEMENT**:
CAT scanning and other specialised investigation will be allowed on the recommendation of the Authorised Medical Attendant and approval from the Competent Authority.

19. **GRANT OF MEDICAL ADVANCE**:
   a) Medical advance for the purpose of treatment in Board’s approved and recognised hospitals inside the state shall be granted by the controlling authority up-to a limit of 80 percent of the cost of treatment based on the medical certificate from the hospital authority.

   b) Medical advance for treatment outside the state shall be granted by the competent authority up-to a limit of 80 percent of the cost of treatment, based on the medical certificate from the hospital authority, duly countersigned by the Board’s Authorised Medical Attendant.

   c) No medical advance shall be granted to the Board’s Pensioners or their spouse. However, they will be allowed reimbursement of eligible expenditure only as per the Medical Attendance & Treatment Rules, 2008.
20. **TRAVELLING ALLOWANCE AND MODE OF JOURNEY**

When a patient is required to travel from the headquarters to the referred hospital on the advice/recommendation from the authorised medical attendant, the employees and their family are entitled to the payment of travelling allowance according to the prevailing T.A rules, subject to the following conditions in respect of the mode of travelling as adopted by the state government and approved by the Board.

i) Normally air journey is never recommended in case of patients who can move and walk about. Only one escort would be allowed and journey by train both ways are admissible.

ii) Depending on the gravity of the disease and the condition of the patient, one escort with onward journey by air if necessary, may be considered. In such matters it depends on the Board’s Authorised Medical Attendant to recommend.

iii) The mode of journey for treatment outside the state by air/rail shall be governed as per the existing T.A. Rules and condition of the patient, subject to the approval of the Competent Authority.

21. **ACCOMMODATION FOR INDOOR PATIENT**

Accommodation in recognised Government/Mission hospitals, shall be allowed in accordance with the scale prescribed as may be determined by the Board from time to time.

Where accommodation is not available in Government and Mission hospitals recognised by the Board, the patient may seek admission in private hospitals. A Certificate of non-availability of accommodation from the Medical Superintendent of the Government/Mission Hospital is to be produced.

---

**NOTE :-** The Medical advance shall be adjusted against the final reimbursement bill without delay.

i) Non-utilisation of the advance by the employee for any reason will be the responsibility of the employee, who shall have to refund the amount drawn, to the Board within one month from the date of drawal of such advance.

Delay to refund such advance drawn shall be subjected to penalty charges as may be determined by the Board. The Board may also initiate Disciplinary actions on such cases.

ii) The employee shall refund all amount in excess of the final bill in one single installment, within one month from the date of last treatment. Delay to refund the excess advance within the stipulated period shall invite penalty charges at the rate as may be determined by the Board.
NOTE :-

If no accommodation is available in the hospital in accordance with the eligibility criteria, the patient may be admitted in any available accommodation for immediate treatment as recommended by the doctor.

However, expenditure incurred by the patient in excess of the admissible limits with regard to room rent shall be borne by the patient himself/herself.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Scale of pay (Time scale) of the Board’s Employees/Pensioners immediately before retirement where the minimum of the scale of pay is</th>
<th>Scale of accommodation /Room Rent per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rs 24,000/- and above</td>
<td>Private Ward not exceeding Rs 1000/- per day</td>
</tr>
<tr>
<td>2</td>
<td>Rs 17,800/- and above but below Rs 24,000/-</td>
<td>Private Ward not exceeding Rs 700/- per day</td>
</tr>
<tr>
<td>3</td>
<td>Rs 11,250/- and above but below Rs 17,800/-</td>
<td>Rs 500/- per day</td>
</tr>
<tr>
<td>4</td>
<td>Below Rs 11,250/-</td>
<td>Rs 300/- per day</td>
</tr>
</tbody>
</table>

22. POST TREATMENT CHECKUP OUTSIDE THE STATE AND REIMBURSEMENT:
The post treatment/checkup expense is reimbursable to all the employees provided it is done as per the advice of the concerned Physician of the referred hospital and prior recommendation from the Authorised Medical Attendant and approval from the Competent Authority is obtained.

23. TIME LIMIT FOR PREFERING MEDICAL CLAIMS:
a) Within the State - Claims for reimbursement of medical expenses should be submitted within 3 (three) months of the date of completion of the treatment as indicated in Form - C. No reimbursement claim will be entertained after the said period.

b) Outside the State - Claims for reimbursement of medical expenses should be submitted within 6 (six) months from the date of discharge/last date of treatment from Hospital. No reimbursement claim will be entertained after the said period.

C) Reimbursement of medical expenses under Rule 23 of the MeSEB Medical Attendance and Treatment Rules 2008 also includes claims for travelling allowance for the purpose of such medical treatment.TA claims should be submitted as per TA Rules.
24. **APPLICATION FOR MEDICAL TREATMENT OUTSIDE THE STATE:**
   Application for medical treatment outside the state and claiming reimbursement of medical expenditure should be filled up in the prescribed Form – “D” and submitted through the Controlling Officer.

25. **INDIAN SYSTEMS OF MEDICINE AND HOMEOPATHY:**
   For treatment under Indian Systems of Medicine and Homeopathy, a referral certificate from Government Doctors in-charge Ayurvedic / Homeopathy / Hospitals / Dispensaries is to be produced for recommendation by the Board’s Authorised Medical Attendant and approval by the Competent Authority.

26. **APPROVED HOSPITALS/INSTITUTIONS FOR TREATMENT OF BOARD’S EMPLOYEES OUTSIDE THE STATE:**
   The details are as follows:

   1) Guwahati Medical College Hospital.  
   2) Assam Medical College, Dibrugarh.  
   3) Silchar Medical College, Silchar.  
   4) Down Town Hospital, Guwahati (for specialised investigation and treatment and EN&T cases).  
   5) Relief Nursing Home & Infertility Clinic, Guwahati (for infertility cases).  
   6) Dr.B.Baruah Cancer Institute, Guwahati (for cancer cases).  
   7) Sankerdeva Netralaya, Guwahati (for eye cases).  
   8) Institute of Neurological Science, Dispur, Guwahati (for neurological cases).  
   9) Assam Lithotripsy, Centre, Guwahati (for kidney & gall cases).  
  10) Mental Hospital, Tezpur (for mental cases).  
   11) Calcutta Medical College Hospital, Calcutta.  
   12) B.M. Birla Heart Institute, Calcutta (for cardiological cases).  
   13) Work hart Medical Centre, Calcutta (for kidney stone and gall stone cases for lithotripsy).  
   14) Chittaranjan Cancer Institute Calcutta (for cancer cases).  
   15) All India Institute of Medical Science, New Delhi (for specialised investigation and treatment).  
   16) Mental Hospital, Ranchi (for mental cases).  
   17) Christian Medical College & Hospital, Vellore (for specialised investigation and treatment).  
   18) Adyara, Cancer Institute, Madras (for cancer cases).  
   19) Apollo Hospital, Madras (for specialised investigation and treatment).  
   20) Sankar Netralaya, Madras (for specialised eye treatment).  
   21) Tata Cancer Institute, Mumbai.  
   22) Dispur Polyclinic & Nursing Home, Guwahati (for bone disease).  
   23) Jaslok Cancer Research Institute, Mumbai.  
   24) Eye Hospital, Sitapur, Uttar Pradesh.  
   25) School of Tropical Medicines, Calcutta.  
   26) B.B. Cancer Institute, Calcutta.
27. APPROVED HOSPITALS/INSTITUTIONS/NURSING HOMES INSIDE THE STATE:

(a) **Government Hospitals**:

(i) All Government Hospitals in the State (ii) NEIGRIHMS.
(b) Mission Hospital :

(i) Khasi Jaintia Hills Presbyterian Synod Hospital, Shillong.
(ii) Nazareth Hospital, Shillong.
(iii) Presbyterian Mission Hospital, Jowai.
(iv) Christian Mission Hospital, Tura.
(v) Holy Cross Hospital, New Tura.
(vi) Holy Cross Hospital, Mairang.

(c) Private Hospitals :

(i) Woodland Hospital, Shillong.  Subject to the prior
(ii) Bethany Hospital, Shillong.  recommendation of the
(iii) Super Care Diagnosis Centre,
     Laitumkhrah, Shillong.  Board’s Medical
     Superintendent-cum-
(iv) Bawri Netralaya, Shillong.  Authorised Medical Attendant.

28. The Board shall not entertain medical reimbursement for treatment on general ailment in any other Hospital/Nursing Home apart from those specified in the Rules above.

( S. Kharlyngdoh )
Member Secretary
**FORM - A**

MEGHALAYA STATE ELECTRICITY BOARD

MEDICAL ATTENDANCE & TREATMENT RULES

(Declaration of Dependents)

Name of the Employee :- ________________________________________________

Designation :- __________________________________________________________

Division/Department :- __________________________________________________

**DETAILS OF FAMILY MEMBERS**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Age</th>
<th>Marital status relationship with the employee</th>
<th>Whether wholly dependent or not (if not, particulars of employment may be given)</th>
<th>Whether entitled to any other scheme of medical reimbursement (if so, please give details)</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that :-

i) My parents as mentioned above are solely dependent on me.

ii) The family members in respect of whom particulars furnished above, are dependant on me in terms of MeSEB Medical Attendance Rules 2008.

Place ................................. Signature ........................................

Date ................................. Name ................................................

(In block letters)

Designation ......................................

Countersignature of Employer..................
F O R M - B

MEGHALAYA STATE ELECTRICITY BOARD
MEDICAL ATTENDANCE RULES

Declaration by husband/wife for preferring Medical Reimbursement Claims.

Note: Wherever the word Husband/Wife appears inappropriate the same may be deleted.

A. DECLARATION BY HUSBAND/WIFE

B.

i) I am employed at (place) ................................................................. as (designation)............................................................... in (name of the Organisation) ............................................................... which is a (please specify whether it is a Govt./Semi Govt. Undertaking/Other Organisation etc.) ............................................................... Organisation.

ii) My wife/husband named ............................................................ is employed at (place) ................................................................. in (name of the Organisation) ............................................................... Which is a (Please specify whether it is a Govt/Semi Govt Undertaking/Other Organisation etc) ..................................................................

iii) For the purpose of availing of Medical facilities for me and my family members, including wife/husband, I HEREBY DECLARE THAT these benefits shall be claimed for by me only and that my wife/husband shall not prefer any claim from her/his/office/employer where she/he working either for wife/husband shall be treated as dependent upon me.

v) Declaration from wife/husband that she/he will not claim these benefits as an independent employee is given hereinafter.

Place ........................................... Signature ...........................................

Date ........................................... Name ...........................................
(In block letters)

Designation ...........................................
Form – B (contd)

C. DECLARATION BY WIFE/HUSBAND

I have read the above declaration given by my husband/wife named..........................................................................................................................................................................................
.............................................................................. and accordingly I DECLARE AND UNDERTAKE
THAT I shall not prefer any claims for medical reimbursement in respect of
any of my family members including self and my husband, from
employer/office where I am working or may be working or from any other
source, whatsoever.

Place .......................................................................... Signature .............................................

Date ............................................................................ Name ........................................................(In block letters)

Countersignature of Employer

OFFICE SEAL
**MEGHALAYA STATE ELECTRICITY BOARD**

**MEDICAL ATTENDANCE RULES**

(Medical Reimbursement Bill)

Certified that Shri/Smti ..............................................................

son/wife/daughter/parent of ..............................................................

Employed in the office of the ..............................................................

Shillong, has been under my treatment for ..............................................................

Disease from.............................................................. To ..............................................................

At Hospital/my consulting room from the recovery/prevention of serious deterioration of
the patient. The medicines are stocked in the Hospital for supply to private patients and is
not include reparatory preparation for which cheaper substances of equal therapeutic value
for preparation which are primarily goods or disinfectants.

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Name of Medicines</th>
<th>Price</th>
</tr>
</thead>
</table>

Signature and designation of
Authorised Medical Attendants.
FORM – D

FORM OF APPLICATION FOR THE MEDICAL TREATMENT/REIMBURSEMENT OF MEDICAL BILLS

A) TO BE FILLED UP BY THE APPLICANT:

1. Name of applicant .................................................................

2. Designation .................................................................

3. Whether married/unmarried ..................................................
   (If married, the place where wife/husband is stationed).

4. Office in which the applicant is working ................................

5. Pay Scale .................................................................

6. Residential address ..........................................................

7. In case of the treatment of dependant:
   (a) Name of the patient and relationship
to the applicant ............................................................... 

   (b) Age .....................

   (c) Place at which the patient fell ill..............................

8. Authorised Medical Attendants recommendation

   No. ..........................       Date ............................

9. Name of the Hospital for treatment ........................................

10. Any other requirement ....................................................

    Signature of Applicant ....................................................

B) TO BE FILLED UP BY THE CONTROLLING OFFICER:

11. Whether the patient’s name etc. is included in the declaration form ....

12. Total medical expenditure (up to date) in respect of the treatment
    of employee/dependant ...............................................

13. Total medical expenditure (during the year) in respect
    of the employee/dependant ...........................................

14. Any commence etc. .......................................................

    Signature with Seal