

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME

ECHS



INFORMATION BROCHURE

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(i)

PREFACE

1. This **Information Brochure** is a guide for members & others participating in the Ex-Servicemen Contributory Health Scheme (ECHS) enterprise to learn about the programme, its guiding principles and rules and regulations concerning medicare. We know you will find it useful. This Brochure is for existing members & for those desiring to enroll as new members, for checking on procedures/entitlements. It must be read in conjunction with the **ECHS Brief & FAQs** available on internet website "www.indianarmy.nic.in/arechs.htm" or "www.irfc-nausena.mil.in". This Information Brochure incorporates the FAQs (with some changes from that on the internet) as an Appendix, and also incorporates most aspects covered in the earlier brief.

2. If you would like to make comments to improve this brochure, please contact or write to your nearest Regional Centre or to the Central Organisation ECHS, at the address given inside this Brochure. We want to make the ECHS work for you. If you are new to ECHS, or it has been a while since you have used any military medical facility, please contact one of the following:-

(a) Nearest ECHS Polyclinic. The nearest Polyclinic should be able to guide you. In case they are unable to help you, approach the nearest Military Hospital for guidance.

(b) Nearest Military Station HQs. The Station Commander, assisted by the Station HQ staff, is required to provide you with necessary information and help.

3. **ECHS Regional Centres**. The thirteen Regional Centres, located across the length and breadth of the country, are in full knowledge of the scheme, its provisions, limitations & can assist in clarifying your doubts.

4. **Command and Control** The existing Command and Control Structure of the Army, Navy and Air Force have been given the Administrative and Financial Powers to run this Scheme. Station Commanders will exercise direct Control over the ECHS Clinics. Station Headquarters will be able to clarify any doubts that you may have.

(ii)

Note:- Refer to this Brochure before seeking medicare either from a Polyclinic, a Service Hospital or an ECHS empanelled hospital. The information contained herein will help you use the benefits wisely & correctly.

5. Please remember, this Brochure is only a guide; Indian laws and general policy directions of the Indian Medical Association are also relevant. The law of the land is the final word on ECHS regulations, policies, and benefits. If a difference exists between this Brochure and these authorities, Indian Govt laws and directions of the Indian Medical Association are the final authority.

6. Another important fact to understand is your entitlement to benefits, or your eligibility. This eligibility status is kept in a computer database and functions through a chip-based computerized ECHS Smart card issued to you. In case of non-payment of contribution instalment when due, or for misuse of ECHS benefits for any purpose, or in case mandatory information is concealed, the ECHS Central Organisation reserves the right to annul your Smart Card for use at any of its Polyclinics, or at any Service Hospital or ECHS empanelled hospital/facility. Any use or attempted use, of a defunct ECHS Smart Card is liable to prosecution under the laws of the land and recovery of misused amount with penalty. Therefore, **ECHS benefits must be used with care and only for authorized members & dependants**. In this connection your attention is invited to the contents of the Affidavit signed and submitted by each member at the time of joining the Scheme.

7. One last thing before you begin reading the contents. This "Information Brochure" will also be available in electronic format on (www.indianarmy.nic.in/arcechs.htm) and may be downloaded from there. Subsequently a formal Reference Handbook shall be produced and issued; it will be revised on a two-year production cycle. While we will continue to intimate changes in the Information Brochure (and later in the Reference Handbook) on our website, and try to provide this information to members through Polyclinics/Station HQs, as far as possible, **it shall remain the responsibility of the ECHS patient to acquaint himself or herself of the latest orders/instructions** – lack of knowledge cannot be cited as a reason for wrong actions, or misuse of the Scheme.

INTRODUCTION

1. Retired Armed Forces pensioners so far did not have a comprehensive medicare scheme, as compared to and available to other Central Government employees. Interim treatment of minor nature (garden diseases) was provided at service hospitals and MI Rooms, but often these hospitals got overloaded. To provide some relief, AGI (MBS) was introduced in Apr 91 and AFGIS (MIS) in 1995; however, they covered only specific high cost surgery/treatment for a limited number of diseases. Due to certain limitations of these schemes, it was felt necessary to formulate a comprehensive health care scheme to cater to the needs of pensioners of the Armed Forces, and thereby decrease the in and out patient load on service hospitals.

2. Based on this noble aim, and after detailed deliberations, a comprehensive scheme has taken shape as the Ex-Servicemen Contributory Health Scheme (ECHS), authorised vide Government of India, Ministry of Defence letter No. 22(1)/01/US/D (Res) dated 30 Dec 2002. With the advent of this scheme, Ex-Servicemen pensioners who were **only entitled** for treatment in service hospitals will **now be authorized** for treatment, not only in service hospitals, but also in those civil/private hospitals which are specifically empanelled with the Ex-Servicemen Contributory Health Scheme.

3. ECHS is a comprehensive medical care scheme covering all diseases including cardiac, renal, joint replacement, cancer and many others. It provides benefits to the complete spectrum of ESM pensioners settled in far-flung areas of the country, through a network of 227 Polyclinics (104 in Military Stations and 123 in Non Military Stations). This will, in turn, reduce the load on Military Hospitals, since the exclusive Polyclinic facility will be located in nominated districts and closer to Ex-Servicemen pensioners.

4. An important aspect of ECHS is that, it not only covers the ESM pensioner, but also family pensioners & widows who are in receipt of pension - thereby ensuring their medical care, even in absence of the pensioner. The chapter on "Eligibility" lays down who all are eligible to join the Scheme. The **twin conditions** are that, prospective member **must be an Ex-Serviceman** who has served in the Armed Forces of India in any rank, and **be in receipt of pension/family pension/disability pension** paid by Government. The intended purpose is to provide succour to pensioners, their wives, widows & authorized dependants & bring ECHS in line with medical schemes applicable to Central Government employees of other categories. Correct adherence to laid down procedures will ensure that the system is not misused or overloaded. Comprehensive account of Frequently Asked Questions related to ECHS is at **Appendix "A"**.

5. To provide comprehensive, quality and timely medical care (covering all possible diseases) to ESM pensioners and their dependants, and to widows and family pensioners in receipt of pension, through out-patient facilities at 227 all-India Polyclinics, and in-patient treatment through service hospitals and empanelled civil hospitals/facilities.

CHAPTER - 2

ELIGIBILITY CONDITIONS

1. **Entitlement for ECHS.** The Scheme caters for medicare to all ESM in receipt of pension or disability pension, as also his/her dependants, which includes wife/husband, legitimate children and wholly dependant parents. The scheme is also applicable to NOKs of deceased pensioners who are drawing family/special family pension. Definitions:-

(a) **Ex-Servicemen Pensioner.** Any person who has served in any rank (whether as Combatant or as Non-Combatant) in the regular Army, Navy and Air Force of the Indian Union, and fulfills the following conditions:-

(i) Who has retired from such service after earning his/her pension.

(ii) Who has been released from such service on medical grounds attributable to military service, or in circumstances beyond his/her control, and is in receipt of disability pension.

(iii) It includes personnel of the Territorial Army of the following categories:-

(aa) Pension holders for continuous embodied service.

(ab) Persons with disability attributable to military service.

(ac) Gallantry award winners.

(iv) The following are also included:-

(aa) Members of Military Nursing Service (MNS).

(ab) Whole time officers (WTOs) of National Cadet Corps (NCC) who are Ex-Servicemen/NOK, and are in receipt of pension /disability pension/family pension.

(ac) 588 Emergency Commissioned Officers (ECOs)/Short Service Commissioned Officers (SSCOs) who were permanently absorbed in National Cadet Corps as Whole Time Officers (WTOs) after their release from the Armed Forces. Since these officers meet the twin conditions described at Para 4 of Chapter 1, they are eligible.

(ad) Service officers who, prior to completing their

pensionable service, joined PSUs like Air India, Indian Airlines, Pawan Hans, and Shipping Corporation of India, in organisational interest, and Govt had sanctioned pension to these officers on a pro-rata-basis. On secondment or transfer to PSUs these officers received their pension either as lump sum on full commutation, or on monthly basis. For those who commuted full amount, the monthly pension was to be restored at 43% after 15 years from their date of retirement on pro-rata basis. Hence they would be deemed to comply with the condition of being in receipt of pension from Defence authorities. However, **following additional conditions will have to be complied with by these ESM pensioners:-**

(aaa) A mandatory certificate will have to be endorsed in their Affidavit stating that, **“I certify that I am NOT a member of any other Govt/PSU Medical Health Scheme”**.

(aab) The contribution amount for enrolling as member of ECHS will be based on the rank held by the individual at the time of release and NOT on the restored pension amount. The amount will be similar to the current basic pension of the rank held at the time of retirement. (For example if the individual retired as a Lt Col/Commander/Wing Commander, he will be required to deposit contribution through MRO as per current Basic Pension of this rank).

(aac) Each case will be considered on its merits.

(b) **Family Pensioner.** Implies the legally wedded spouse of an Armed Forces personnel, whose name figures in the service records of the personnel and whose husband/ wife (as the case may be) has died either while in service or after retirement and is granted family pension. This term also includes a child or children drawing family pension on the death of his/her pension drawing father/mother, as also parents of a deceased bachelor soldier, who are in receipt of family pension.

2. **Eligibility Status for Dependants.** The following categories qualify to be called dependants:-

(a) **Parents.** Father and Mother of the pensioner shall be deemed to be dependant if they are normally residing with the ESM pensioner, and their combined income from all sources is less than Rs. 1500/- per month.

(b) **Spouse**

- (i) Legally wedded Spouse.
- (ii) Name should be included in the records of service.
- (iii) Legally separated spouse is included as long as the ESM pensioner is responsible for her maintenance. In case spouse remarries, then he/she is not entitled.
- (iv) If the spouse is employed in Govt service then he/she can only be a member of any one Govt/Public sector medical benefit scheme and not a second one.
- (v) If a war widow remarries then only she is eligible. Her husband, however, will NOT be eligible.
- (vi) In case the ESM pensioner marries after retirement, following documents will be required as proof for dependancy of wife :-
 - (aa) Marriage certificate from authorized Registrar of Marriages/ Municipal Committee.
 - (ab) Application form will have to be submitted for enrolling the spouse as a dependant.

(c) **Daughter(s)**

- (i) Her/their details must exist in the service record of the pensioner.
- (ii) Unmarried and unemployed daughters must be dependant on the pensioner.
- (iii) Married and or employed daughters are NOT entitled.
- (iv) Widowed daughters who are dependant on the pensioner and whose income from all sources is less than Rs.1500/- per month are entitled.
- (v) Daughters with permanent mental or physical disability, irrespective of age/medical condition.
- (vi) Divorced daughters are entitled, when solely dependant on the pensioner, and whose income from all sources is less than Rs. 1500/- per month.
- (vii) In case where daughter is born after the pensioner's retirement, following documents will be required to enable the child to be declared as a dependant and to become entitled to ECHS benefits:-
 - (aa) Birth Certificate
 - (ab) Submission of application Form to enrol as a dependant.

(d) **Sons**

- (i) His/their details must be included in the pensioners record of service.
- (ii) Unemployed sons upto 25 years.
- (iii) Sons suffering from permanent physical or mental disability irrespective of age limit or medical condition.
- (iv) In case where the son is born after the pensioner's retirement, the following documents will be required as proof of dependancy:-
 - (aa) Birth Certificate.
 - (ab) Submission of additional application form to enrol as a dependant.

3. **Pension.** For the purposes of eligibility for the ECHS, the word "pension" implies any type of pension received from the Government/Civil Services Estimate/ Defence Services Estimate and paid by the Controller of Defence Accounts (Pension) or his subordinate offices.

4. **Specific Conditions for Continuance of Eligibility.** In case an ESM pensioner (male/female) has declared his/her parents as dependants, they shall continue to receive ECHS benefits for their life time, subject only to the condition that their joint income does not exceed Rs.1500/- per month from all sources. In the event of the pensioner's death, the widow shall be covered as she will start drawing family pension - but, her parents will NOT become eligible as dependants. However, parents of the deceased pensioner, if already enrolled as dependants, would continue to enjoy benefits of the ECHS in the event of death of their ESM pensioner son/daughter, provided their joint income does not exceed Rs.1500/- per month.

5. **Persons NOT Eligible under ECHS.** The following are NOT eligible for becoming members of ECHS:-

- (a) Gorkha pensioners of Nepal domicile.
- (b) Whole time NCC officers who do not meet the twin conditions referred to under Para-4 Chapter 1.
- (c) Ex-ECOs/SSCOs who do not meet twin conditions referred to at Para 4 Chapter 1.
- (d) Legally divorced spouse.
- (e) Married and/or employed daughters.
- (f) Parents of widow/war widow.
- (g) Husband of a remarried war widow.

CHAPTER – 3

OPERATIONALISING THE SCHEME

1. **Inception.** The scheme was launched w.e.f. 01 Apr 2003 vide GOI letter No. 22(I)/01/US/D(Res) dated 30 Dec 2002. Naturally an Ex-Servicemen Contributory Health Scheme of this magnitude needed detailed planning and deliberation to ensure that it took off in an efficient and fool proof manner. A large number of procedures, including financial ones, were required to be written out and approved by MOD. This was to enable the organisation to commence sending ECHS members to empanelled diagnostic facilities, specialists and private hospitals. It must be remembered that ECHS is an entirely public funded scheme underwritten by the GOI/MOD and hence, all rules, regulations, procedures and administrative controls require mandatory approval of Ministry of Defence before the Scheme is made fully operational/functional. ECHS has to be fully established within five years, i.e, by 31 March 2008.
2. **Time Frame for Operationalisation of ECHS.** The ECHS will be progressively operationalised at 104 Military Stations and 123 Non Military Stations, the only limiting factor during the interim period till 31 March 2008 being, the speed with which the infrastructure can come up.
3. In the initial period till 31 Dec 2003, after members have made requisite payment, they could not be issued membership Smart Card as the system was not fully operationalised. During this interim period, emergency treatment of ECHS members has been undertaken through Service Hospitals as per an "Interim Procedure".
4. Actions to launch the scheme commenced wef. 01 Apr 2003 and will continue in a phased manner till it is fully effective in the next five years, i.e. by Mar 2008. In the current year (2003-04) only 95 Polyclinics are envisaged to be made operational. In subsequent years, the remaining Polyclinics will be made functional as per a phased plan of construction.
5. Also for the first time, a Smart Card system will be introduced for ECHS. This will not only facilitate smooth running of the Scheme, but also ensure irrefutable biometric identification (through fingerprinting), thus preventing fraud. These cards will also enable members to enjoy full benefits of the Scheme.

CHAPTER – 4

MEMBERSHIP – PROCEDURE FOR ENROLMENT

1. All Armed Forces **new pensioners** retiring on or after 01 April 2003 will be **compulsory members** of ECHS, whereas those **previous pensioners** who retired on or before 31 March 2003 can **exercise their option** to become members of the Scheme till 31 Mar 2008. Such **previous pensioners** joining the Scheme will forfeit their medical allowance of Rs. 100/- pm, presently admissible as part of pension. Non-ECHS members will continue to get medical allowance **or** minor treatment for garden diseases as at present, from existing MH/SMC (as entitled members only) subject to availability of bed space, medicines, doctors etc. They cannot be treated at par with those ESM pensioners (and dependants) who have become ECHS members; latter shall be given full range of treatment for all categories of diseases in MH and/or empanelled Hospitals/ Diagnostic Centres. Non-ECHS members also cannot avail treatment in ECHS Polyclinics.
2. It is stipulated by Government orders that one individual cannot become a member of two Govt/PSU schemes. He/she has to cancel membership of the other scheme, in case opting for the ECHS. If any facts are concealed, membership of this Scheme will be denied. This mainly applies to those pensioners who, after retirement, have joined some other Government Service/ PSU.
3. To acquire membership of ECHS, the ESM pensioner has to follow the undermentioned steps:-
 - (a) Collect Application Form.
 - (b) Payment of Contribution by MRO.
 - (c) Provision of Affidavit (sample given in Application Form).
 - (d) Fill up Application form.
 - (e) Submission of completed Application Form.
 - (f) Collection of ECHS Smart Card on intimation.
4. **Collection of Application Forms.** Application Form (for enrolment into ECHS) is an unnumbered, self explanatory form which is provided free of cost wherever possible. These forms are available at all Army Station HQs, all Navy/Air Force Stations, and Rajya Sainik Board Offices. For those having access to the internet they can also down load the Application from website www.indianarmy.nic.in.arechs.htm or www.infoundation.org or <http://Indianairforce.nic.in>. The form consists of the following, which needs to be checked while collecting the same:-

- (a) Application Form - 10 Pages
- (b) Format for Affidavit - 01 Page
- (c) Receipt for document - 01 Page
- (d) Instructions - 03 Pages
- (e) Blank MRO - 04 Pages

5. **Contribution** All ESM pensioners are required to make a one-time contribution based on their **basic monthly pension (excluding DA)**. A concession has been made in respect of pre-31 March 2003 retirees, who can pay their contribution in three consecutive, equal yearly instalments.

6. **Affidavit.** All ESM are required to make a declaration of their dependant children, and changes if any, through an Affidavit. Also they have to declare that they are NOT members of any other Govt/PSU Medical Scheme. Format of the Affidavit is given in the Application Form and is to be executed on a Non-judicial stamp paper of Rs. 10/- and attested by a Magistrate or Public Notary. The Affidavit is a legal document and, in case of misuse of ECHS benefits, submission of fraudulent information, or any other misdemeanour, ECHS has the right to take legal action. Photographs of all dependants are required to be pasted on the original Affidavit, which is to be submitted to Station HQs (Army) or to designated offices alongwith the completed Application Form.

7. **Filling up Application Form.** Detailed instructions are given in the Application Form. Also, Welfare Officers at all Air Force Stations, and similar officials in Army/Navy Stations HQs have been directed to help ESM pensioners in filling up the application form. While filling, care must be taken that name(s) of dependants(s) tally with service document/records. All columns and necessary details must be filled, otherwise the Application Form will be rejected. The form is required to be legible and filled in **Black Ink and in Capitals letters only**. Passport size photographs of the pensioner, spouse, children and dependant(s) - as the case may be - are to be affixed at appropriate boxes/places in the form.

8. **Submission of Completed Application Form.** Designated Station Headquarters (Army/Navy/Air Force) at specified locations are the only authorized collection points. Pensioners are required to personally report to their nearest Station HQs with the completed application form, alongwith original/photocopy of the following documents. Dependants are **NOT** required to accompany pensioners during this process:-

- (a) Pension Payment Order (PPO) duly attested by Bank/Treasury from where pension is being drawn, or endorsed by CDA in original,

and is to be shown to checking staff at the time of submission of Application Form.

- (b) Discharge Book/Service Certificate.
- (c) Two passport size photographs each of the pensioner, and dependants who are proposed to be enrolled as ECHS members/dependants, are to be attached. (Paste one copy of each photo on indicated places in the application form, and one copy each on the Affidavit).
- (d) Attach original copy of the Military Receivable Order (MRO) to the Application Form as proof of deposit of contribution. This is not required to be done in case of direct deduction of contribution through PPO by CDA (Pension).
- (e) Affidavit duly notarized in original.
- (f) Ex-Servicemen Identity Card. Original to be shown for verification to the Station HQ. Photocopy is NOT required to be submitted.

9 Receipt, scrutiny and verification of the forms is a legal requirement to prevent fraudulent entry of non-entitled personnel. Nominated officers at collection points will collect the completed application form, compare originals with photocopies, verify all documents provided by the pensioner and then hand over a Receipt to the ESM. Original PPO, Ex-Servicemen Identity Card and any/other documents will be returned. Detailed vetting and verification shall be undertaken subsequently, which may take 15 days to two months, depending on the information to be sought. An ESM pensioner is only considered as a member once he/she is issued a valid ECHS membership Smart Card..

10. **Collection Of Smart Card.** The applicant will be intimated the date of collection by concerned Stn HQ, and is then required to produce original Receipt for documents in order to collect his/her Smart card **in person**. ECHS Smart Cards will NOT be despatched by post or handed over to any representative of the Applicant. ESM shall be issued minimum one card for the whole family, and two Add-on-cards, if desired. This choice is to be indicated in the Application form.

11. **Steps for becoming a member of ECHS - (Procedure for Retirees before 31 March 2003)**

(a) **Step 1**

- (i) Collect computerized application forms from nearest Station HQs of Army/Navy/Air Force.
- (ii) Forms can also be downloaded from internet website www.indianarmy.nic.in/arechs.htm or Navy/Air Force website.

(b) Step 2

(i) Pensioners to report personally to any of the **Station Headquarters listed at Annexure to Appendix 'A'** with completed application form along with the original and photocopy of following documents:-

- (aa) PPO duly attested by Bank/Treasury from which drawing pension, or a certificate from DPDO/Treasury (as per format) in case ESM is drawing pension from DPDO/Treasury. The certificate must be signed by DPDO/Treasury officer, and will suffice in lieu of PPO.
- (ab) Discharge book/Discharge certificate for PBOR.
- (ac) Original copy of Military Receivable Order (MRO) as a proof of deposit of contribution.
- (ad) Affidavit duly notarized, in original only.
- (ae) Retired Officers Identity card (photocopy not required to be attached).

(c) Step 3

(i) Applicant to come in person to Station Headquarters when informed for collection of ECHS membership SMART Card. Applicant to produce Receipt of documents, as proof of his/her identity. Smart Card(s) will NOT be handed over to any representative.

(ii) Card to be kept carefully as it is the only passport to entitled treatment under the Scheme.

(d) Step 4

- (i) Use the Polyclinics facilities.
- (ii) It is mandatory for members and dependants to report to nearest Polyclinic along with SMART Card within 120 days, for one-time initial Registration. The Smart Card will always be required to be produced thereafter to avail treatment at a Polyclinic/empanelled hospital.
- (iii) ECHS Smart Card will NOT be activated for use, unless above Registration is done.
- (iv) The Smart Card is the member/dependant(s) proof of identity and authorisation for ECHS benefits, and hence, will always have to be produced.

12. **Procedure For Becoming Members of ECHS - (Retirees On or After 01 Apr 2003).** New Application form (ECHS Med-2003) has been introduced into service for all ranks retiring w.e.f. 01 Apr 2003, and for whom the Scheme is compulsory. The forms have been provided to AG/PS-4 for inclusion in the Brochure issued to Retiring officers; similar forms have also been provided to Naval and Air Headquarters for issue to their retiring personnel. Sample copies have also been sent to all Record Offices of the Army, through Inspectorate of Records, to Commodore Bureau of Sailors (CABS) of Navy and to Air Force Record Office Delhi Cantt, for PBOR. All Services will make their own arrangements for printing and issue of forms to retiring JCOs/OR and equivalent. The new forms have been now introduced w.e.f. 01 Jan 2004.

13. Record Offices will also forward these forms by post to those pensioners who have retired between 01 Apr 03 and 31 Dec 2003, and direct them to follow the procedure of submission given in General Instructions. In addition, those retirees whose ECHS contribution amount has NOT been directly deducted by CDA (Pension) in their PPO, will be required to deposit their contribution amount through MRO only, in any authorised bank. They will be required to attach original copy of MRO as a proof of remitting their contribution. In case this is not done, ECHS Membership is not valid.

14. **Station-wise Responsibility for Receipt And Scrutiny /Verification of ECHS Application Forms**

(a) **Navy**

- (i) Kochi
- (ii) Visakhapatnam
- (iii) Cuttack
- (iv) Port Blair
- (v) Karwar
- (vi) Balasore
- (vii) Mumbai Upnagar

(b) **Air Force**

- (i) Bangalore
- (ii) Nagpur
- (iii) Coimbatore
- (iv) Kanpur
- (v) Jorhat
- (vi) Sirsa
- (vii) Gorakhpur
- (viii) Saharanpur
- (ix) Faridabad
- (x) Hindon

(c) **Army.** All other Military Stations less those at Para14 (a) and (b) above. For the purposes of receipt and scrutiny of application forms, all Ex-Servicemen shall be treated at par. Any Ex-Servicemen reporting at any designated Military Station Headquarters, no matter which service he is from, his/her documents will be accepted and scrutinized.

15. **Advantages of Becoming an ECHS Member.** The advantages of becoming an ECHS member are as under:-

(a) The scheme will provide comprehensive medicare to all ESM pensioners, their widows and authorized dependants, and is within easy reach.

(b) It will cover complete spectrum of ESM settled in far flung areas, through a network of polyclinics in Military and Non-Military Stations.

(c) The Scheme is fully financed by the Government.

(d) There will be a network of 227 Polyclinics, i.e, 104 Military and 123 Non-Military Stations Polyclinics, based entirely on density of ESM in various regions. The number of Polyclinics may increase in subsequent years.

(e) This arrangement will reduce load on Service Hospitals as there will be an exclusive facility located along side service hospitals.

(f) There will be civil empanelled hospitals, diagnostic centres and consultants to provide in-patient treatment/ consultancy, in addition to Service hospitals.

(g) The doctors at Polyclinics will provide required out-patient treatment and medicines, free of cost.

(h) For further treatment, an ECHS patient will be referred initially to a service hospital and, in case of non-availability of bedspace/treatment, he will then be sent to a civil empanelled hospital. The ECHS member will be provided treatment, medicines and ward facilities as per entitlement.

(j) The procedure for dealing with an ECHS member or his/her dependants in Service hospitals will be the same as for serving soldiers and their dependants.

(k) The ECHS patient can also be referred to the desired empanelled hospital/ diagnostic centre/consultant as per choice of the ECHS patient in case of non-availability of treatment in service hospital. The ECHS member alone will have the right to make the selection of desired civil empanelled hospital and will NOT be influenced by any doctor.

(l) An ECHS member does not have to clear bills or make payment (except for dietary charges) either on admission or when discharged from the empanelled hospital. The empanelled hospitals will be paid directly by the concerned Station Headquarters on behalf of ECHS.

(m) It covers all diseases.

(n) An ECHS member who possesses a valid Smart Card can avail of treatment at any ECHS Polyclinic any where in India.

(p) There is no restriction on age or medical condition at the time of seeking membership of the scheme.

16. **Contribution** ECHS is a contributory scheme. On retirement, each pensioner (wef. 01 Apr 2003) will compulsorily become a member of ECHS by contributing his/her share and the scheme would be applicable for life time.

17. Similarly, Ex-Servicemen pensioners who have already retired prior to 31 Mar 2003 can voluntarily become members, either by paying a one-time contribution or in three consecutive yearly installments. Contribution will be according to the table given below.

Basic Uncommuted Pension (Excluding DA & Disability)	Rate of One Time Subscription
Up to Rs. 1500/-	Rs. 1,800/-
Rs. 1501 - 3000/-	Rs. 4,800/-
Rs. 3001 - 5000/-	Rs. 8,400/-
Rs. 5001 - 7500/-	Rs. 12,000/-
Above Rs. 7500/-	Rs. 18,000/-

18. Ex-Servicemen pensioners who make payment in three consecutive yearly installments will be issued an ECHS Membership Smart card with initial validity for one year only. The validity of the card for the second and third years would be extended only after the Ex-serviceman pensioner has paid and given proof of deposit of second and third instalments. ECHS benefits will be extended to him/her and dependants only thereafter.

CHAPTER – 5

STATUS OF AGI (MBS) AND AFGIS (MIS)

1. AGI (MBS) and AFGIS (MIS) are private schemes of the Army & Air Force respectively, whereas ECHS is a public funded scheme. As indicated earlier, ECHS provides comprehensive medicare to an enrolling pensioner, spouse, dependant parents, dependant unemployed son (under 25 years age) and dependant unemployed and/or unmarried daughters, whereas AGI (MBS) covers only the husband & wife and that too for a stipulated amount. With introduction of full medical coverage under ECHS, pensioners/widows who are existing members of AGIF (MBS) or AFGIS (MIS) may withdraw from these schemes, in case they so desire. They will be refunded their deposits by the concerned agencies - AGI(MBS) shall fully close on 31 Mar 2006, and AFGIS (MIS) shall close on 31 Mar 2005.

2. Members who obtain ECHS membership, and wish to withdraw their deposits from AGI Fund or from AFGI Fund, should address their queries/requests to the Managing Directors of those schemes, and NOT to ECHS. Central Organisation/Regional Centres ECHS do NOT deal with any AGIF/AFGIS refunds.

3. **Seeking Refund of Original Contribution Form AGI (MBS).** The following will be sent to Managing Director, AGI:-

- (a) An application on a plain paper.
- (b) Photocopy of ECHS Smart Card.
- (c) Original AGI (MBS) Card with joint photograph.

CHAPTER – 6

SMART CARD

1. To efficiently manage the health needs of an ESM pensioner population of approx 20 lakh, with their dependants, the ECHS needs to cater for and track a strength of over 1 crore beneficiaries. This can only be done through an electronic system, for which the SMART Card is being issued.

2. **Objectives.** The objectives of the SMART Card based system are:-

- (a) To ensure smooth running and security of the ECHS System so that no unauthorized person avails of medical benefits.
- (b) Positive and irrefutable identification of members using biometrics, to prevent fraud.
- (c) Interoperability of the card at any of the Polyclinics located throughout the country, thereby facilitating members to avail medical benefits at all times irrespective of their physical location.
- (d) Assist ECHS in budget control & statistical analysis.

3. **Cost.** The cost of each card is Rs. 90/- which will be paid for by the applicant at the time of depositing of his form. For those who have already deposited their forms without cost of Smart Card, the amount shall be collected at time of delivery of Card(s).

4. **Smart Card Visual Inspection Zone (VIZ) Details.** The following details will be printed on the front of the Smart Card :-

- (a) Card Serial Number
- (b) Service Number
- (c) Rank
- (d) Name
- (e) Date of Birth
- (f) Regt/Corps/Unit
- (g) Date of Retirement
- (h) PPO Order Number and Date.
- (j) Name of the branch from where drawing pension.
- (k) Permanent Address
- (l) Photograph of the Pensioner
- (m) Signatures of Pensioner & Card Issuing Authority

5. The following details will appear on the rear of the Smart Card for each dependant.

- (a) Photograph of the Dependant
 - (b) Date of Birth
 - (c) Relationship with pensioner. }
- } Below the photograph of each dependant.

6. **Smart Card Machine Readable Zone (MRZ) Details.** The MRZ will contain personal data of the pensioner and upto seven dependants on the primary card. In case of the dependant Add-on card, the details of Pensioner and details of dependant, for whom Add-on card is made, will be printed. In case of mentally challenged / physically handicapped child, a separate card in addition to the two permissible Add-on cards, will be issued and the details contained thereon will be same as that of dependant card.

7. The personal data of the pensioner contained in the Primary card will be as follows:-

- (a) Member ID.
- (b) Card Serial Number.
- (c) Service Number.
- (d) Rank
- (e) Name
- (f) Date of Birth.
- (g) Regiment/Corps/Unit.
- (h) Date of Retirement.
- (i) Medical Category.
- (j) Permanent Address.
- (k) Telephone Number.
- (l) E-mail address.
- (m) Type of Pension.
- (n) Pension Payment Order No.
- (o) Name & Address of Bankers.
- (p) Record Office.
- (q) Fingerprint of the Pensioner.
- (r) Photograph of the Pensioner.

8. The following details of the dependant will be on the MRZ of the Primary Card :-

- (a) Spouse
 - (i) Member ID
 - (ii) Name
 - (iii) Date of Birth
 - (iv) Date of Marriage
 - (v) Add on Card Issued? (Y/N)
 - (vi) Mentioned in Discharge Book? (Y/N)
 - (vii) Fingerprint
- (b) Child (Upto 4 Children)
 - (i) Member ID
 - (ii) Name
 - (iii) Date of Birth
 - (iv) Relationship (Son/Daughter)
 - (v) Marital Status
 - (vi) Employed (Y/N)
 - (vii) Add on Card issued? (Y/N)
 - (viii) Mentioned in Discharge Book? (Y/N)
 - (ix) Fingerprint
- (c) Father
 - (i) Member ID
 - (ii) Name
 - (iii) Date of Birth
 - (iv) Monthly Income
 - (v) Add on Card Issued? (Y/N)
 - (vi) Mentioned in Discharge Book? (Y/N)
 - (vii) Fingerprint
- (d) Mother
 - (i) Member ID
 - (ii) Name
 - (ii) Date of Birth

- (iii) Monthly Income
- (iv) Add on Card Issued ? (Y/N)
- (v) Mentioned in Discharge Book ? (Y/N)
- (vi) Fingerprint

(e) **Day to Day Medical Transaction Details.** At any point of time, last 50 transactions of the ECHS member will be available on the Smart Card. When the number of transactions increases beyond 50, the oldest transaction will be erased to make room for the new transaction.

(f) **Medical Data for Each Beneficiary.** The following medical data will be maintained for each beneficiary in the Smart Card, so that in the event of emergency or otherwise, the data is available to the Polyclinic doctors:-

- (i) Chronic disease history.
- (ii) History of major surgery.
- (iii) Blood group.
- (iv) Known drug allergy details.

(g) **Medical Referral Details.** The beneficiaries data, whenever referred to a diagnostic centre / referral hospital / consultant specialist, will be captured in the database as well as on the Smart Card. These records will have the following information:-

- (i) Name of the doctor who referred the patient.
- (ii) Name of the Referral hospital /diagnostic centre/specialist.
- (iii) Description of tests to be done / opinion sought.
- (iv) Date on which referral is made.
- (v) Date on which the patient is attended.
- (vi) Date on which the reports/bills are received back from referral hospital.
- (vii) Amount claimed by the referral facility for services provided.
- (viii) Date on which bill is forwarded to Station Headquarters for payment.

9. **Procedure for Initial Issue**

(a) Applicants are to report in person to Station HQs when informed, for collection of ECHS membership SMART CARD. The Receipt provided to the pensioner by the Station Headquarters, at the time of

accepting the application form, must be brought along for collection of SMART CARD. Personal reporting is mandatory in order to prevent SMART Card(s) being handed over to a wrong person. Also, the pensioner will be required to sign in the Master Ledger at Station HQs, as proof of having received his/her Card(s).

(b) **From 01 June 2004 onwards, Smart Card(s) will be ready for delivery to the member on 30th day** of depositing the membership form. **No intimation will be given for readiness** of the Smart Card for collection.

10. Card must be kept carefully, as no medical treatment will be possible at any ECHS Polyclinic/referral facility without the membership card.

11. **First Time Registration & Activation of Smart Card.** It is mandatory for members and dependants to report jointly, or singly, to nearest Polyclinic indicated in their Application form, along with SMART CARD, for recording of fingerprint biometric data of the pensioner and each member of his/her family. This activity will be automatically undertaken at the concerned ECHS Polyclinic when the ECHS member or his/her dependent (s) go for treatment during their first visit after receipt of SMART CARD.

12. ECHS SMART CARD will not be usable at any ECHS Polyclinics unless activated.

13. **Use of Polyclinic Facilities.** When visiting a Polyclinic subsequently, it is mandatory for the pensioner or his/her dependant to carry the ECHS SMART CARD as proof of eligibility. The Polyclinic may not accept the individual for treatment in its absence. Following sequence of action will take place at the Polyclinic :-

- (a) The operator will start the PC and log in to the system.
- (b) Member comes to the Polyclinic Reception and hands over his Smart card.
- (c) If the beneficiary has come to the Polyclinic for the first time, his/her fingerprint is captured and written into the Smart card.
- (d) On all subsequent visits, fingerprint reader authenticates him/her.
- (e) Once authenticated, all personal information is read from the Smart Card along with his/ her photograph, compared with the Polyclinic database, and is displayed on the monitor of the Receptionist.

CHAPTER - 7

ORGANISATION : ECHS

- (f) The Receptionist allots the doctor, puts the waiting list number and prints the medical examination slip.
- (g) The patient meets the Polyclinic doctor with the medical examination slip and the doctor records the diagnostics and medicines.
- (h) The patient comes back to the receptionist and the relevant details are respectively captured into the MIS and Smart Card.
- (j) In case the patient is referred to a diagnostic centre for tests or referred to an empanelled hospital or to a specialist, a referral slip is generated by the receptionist and the relevant information is entered in the Smart Card, and the record is flagged for future update of financial input.
- (k) The patient goes to the Polyclinic Pharmacy store for collection of medicines and in the event of any referrals, visits the referral facility for treatment.

14. **Action on Loss of Smart card.** As per existing procedure, an FIR is to be lodged in case of loss, and intimated to Regional Centre ECHS from where the card was issued. Consequent to reporting, a fresh SMART Card will be issued within 60 days. The issue of duplicate Smart Card would be on payment of Rs. 90/- for each card. Safety of Smart Card(s) is paramount, as the ECHS member/dependant will be unable to use ECHS benefits till receipt of new card. On loss of a third Smart Card, account of which will be kept by the system, the pensioner will cease to be a member of the Scheme.

15. **Interim Arrangements in lieu of SMART Card.** Till such time issue of SMART cards commences, any pensioner who has paid his contribution shall be permitted to use the Receipt provided to him by the Station Headquarters or Regional Centre, as the authority for availing treatment under the ECHS, for himself/herself and for his/her authorized dependants. Orders to this effect have been passed to all Service Hospitals, and similar instructions will be passed to empanelled hospitals. However, along with the Receipt, the member shall be required to carry/produce some authentic document/ identification of his/her own or dependant's identity. This is only a temporary measure, and will be cancelled as soon as SMART Card issue commences.

Gen

1. ECHS is a tri-service setup for pensioners of the Armed Forces. The Scheme has been approved by Government of India, Ministry of Defence, and is to be fully implemented by 31 Mar 2008. The responsibility to run the Scheme efficiently, lies with Commanders at all levels in the Army, Navy and Air Force. To assist the three Services, the Central Organisation ECHS and 13 Regional Centres have been created.

2. The Scheme will function under the aegis of Adjutant General's Branch, Army Headquarters. The organisation tree of Central Organisation and 13 Regional Centres is given at **Appendix 'B'**. The Central Organisation has been tasked to ensure efficient administration, liaison with Ministry of Defence, issue of policy guidelines, procurement & release of funds/medicines/equipment, and to ensure smooth treatment and incident free medicare, through a proper "oversight & vigilance" system.

3. Addresses of ECHS

- (a) **Central Organisation ECHS** Tele:011-23792422
Managing Director
Central Organisation
Ex-Servicemen Contributory Health Scheme (ECHS)
Adjutant General's Branch
South Block, Room No. 278A
Army Headquarters, New Delhi- 110 011
- (b) **Regional Centres ECHS**
 - (i) Jammu Regional Director Tele : 0191 – 2433139
Regional Centre, ECHS
Jammu, C/o Stn HQ
Jammu Cantt (J&K)
 - (ii) New Delhi Regional Director Tele: 011- 25683418
Regional Centre ECHS,
C/O HQ Delhi Area,
Maude Lines
Delhi Cantt – 110010

- (iii) Chandimandir Regional Director Tele: 0172-2589757
Regional Centre ECHS,
Chandimandir
C/o HQ Western Command
Chandimandir Cantt
- (iv) Jaipur Regional Director Tele : 0141-2388190-6273
Regional Centre ECHS,
Jaipur, C/o HQ 61 (I)
Sub Area, C/o 56 APO
- (v) Lucknow Regional Director Tele: 0522-2292446
Regional Centre ECHS,
Lucknow
C/o HQ Lucknow Sub Area
Lucknow (UP)
- (vi) Kolkata Regional Director
Regional Centre ECHS,
Kolkata
C/o HQ Eastern Command
Fort William, Kolkata (WB)
- (vii) Patna Regional Director Tele : 0612-2427277-79-6270
Regional Centre ECHS,
Patna
C/O HQ JOB Sub Area,
Danapur Cantt (Bihar)
- (viii) Jabalpur Regional Director Tele : 0761- 2415029
Regional Centre ECHS,
Jabalpur
132/2 Robert Lines,
Near Manas Mandir
Jabalpur (MP)
- (ix) Pune Regional Director Tele : 020- 26102318
Regional Centre ECHS,
Pune
C/o HQ Pune Sub Area
Pune (Maharashtra)

- (x) Chennai Regional Director Tele: 044-2531-6714
Regional Centre ECHS,
Chennai
C/O Stn HQ, Fort Saint George
Chennai (TN)
- (xi) Hyderabad Regional Director Tele : 040-27753550-254
Regional Centre ECHS,
Hydrabad
C/o Air Force Station
Begumpet, Secunderabad (AP)
- (xii) Kochi Regional Director Tele: 0484- 2662591
Regional Center ECHS, Fax – 0484-2667022
Kochi, C/O Headquarters
Southern Naval Command
Naval Base, Kochi (Kerala)
- (xiii) Guwahati Regional Director Tele: 0361-2596932
Regional Centre ECHS,
Guwahati, C/O 51
Sub Area, C/O 99 APO

CHAPTER - 8

POLYCLINICS

1. Government of India/Ministry of Defence has initially sanctioned 227 polyclinics spread all over India, which are to be constructed by 31 Mar 2008. of these, 104 will come up in Military Stations and 123 will come up in Non-Military Stations. The details of Polyclinics locations is at **Appendix "C"**. In Phase -1 (2003-2004), 95 Polyclinics will be operationalised and permanent construction commenced.

2. Configuration

	<u>Type</u>	<u>Population of ESM</u>
(i)	Type 'A'	20,000 or More
(ii)	Type 'B'	Between 10,001 to 20,000
(iii)	Type 'C'	Between 5,001 to 10,000
(iv)	Type 'D'	Between 2,500 to 5,000

3. Manpower at Polyclinics *

<u>DETAILS</u>	<u>TYPE 'A'</u>		<u>TYPE 'B'</u>		<u>TYPE 'C'</u>		<u>TYPE 'D'</u>	
	<u>MIL</u>	<u>NON MIL</u>	<u>MIL</u>	<u>NON MIL</u>	<u>MIL</u>	<u>NON MIL</u>	<u>MIL</u>	<u>NON MIL</u>
MEDICAL OFFICER	2	2	2	2	1	2	1	2
MEDICALSPECIALIST	1	2	1	2	-	1	-	1
DENTAL OFFICERS	1	2	1	2	1	1	1	1
OIC (NON MEDICAL)	1	1	1	1	1	1	1	1
GYNAECOLOGIST	-	1	-	1	-	-	-	-
NURSINGASSTNURSE	3	3	2	3	1	2	1	2
LAB ASST	2	2	3	2	1	1	1	1
DENTAL HYGIENIST	1	1	1	1	-	-	-	-
DRIVER	1	3	1	3	1	1	1	1
PEON	1	1	1	1	1	1	1	1
SAFAIWALA	1	1	1	1	1	1	1	1
FEMALE ATTENDANT	1	1	1	1	1	1	1	1

Note : This may undergo change with experience & time.

CHAPTER - 9

EMPANELMENT OF HOSPITALS, NURSING HOMES, DIAGNOSTIC CENTRES AND CONSULTANTS

1. **General.** Empanelment of Govt/civil/private hospitals , Diagnostic Centres, Nursing Homes and Consultants will be undertaken by local Station Commanders on behalf of ECHS. In the initial stage, 275 Hospitals, Nursing Homes and Diagnostic Centres are being empanelled (**See Appendix "D" for details**). This list has been drawn from 486 (431+ 55) hospitals and Diagnostic Centres recognized by the Central Government Health Scheme (CGHS) and the Railway Board respectively, and approved for interim inpatient health care of ECHS members. This list of hospitals shall be reissued once the pending procedure for ECHS empanelment is approved by GOI/MOD.

2. **Empanelment Procedure.** A Board of selected Officers will be constituted to empanel hospitals/Nursing Homes and Diagnostic Centres in every station where ECHS Polyclinics are located. The Board will inspect the facilities in the hospital, and record the general and specialized services available. Board will only recommend empanelment, where the facilities are of high quality and the rates are reasonable. Approval for empanelment will be accorded by the Government. Thereafter a Memoranda of Agreement will be signed with the approved hospital/Nursing Homes and Diagnostic Centres/Consultants, thereby empanelling the said facility for treating ECHS patients referred by the Polyclinic.

CONCLUSION

1. Ex-servicemen Contributory Health Scheme is one amongst many important initiatives taken by the Government and the Armed Forces to alleviate the socio-economic needs of retired pensioners of the three services. These essential steps are just a small compensation to the brave soldiers who sacrificed their youth and life in serving the nation.

2. The ECHS is a major venture and this Medicare concept is being attempted for the first time at an all India level. It is but natural that such a scheme would take some time to emerge on ground through newly constructed and equipped Polyclinics. There will be progressive build up of ECHS assets within a span of five years as per Government of India letter, i.e, by 31 Mar 2008, which is also linked to the progressive release of funds by Ministry of Defence.

3. The ECHS is a very forward looking and comprehensive medicare scheme, which will go a long way in providing medicare to the numerous ESM who retire each year. This scheme is definitely in the interest of Ex-Servicemen pensioners and, through the means of this Information Brochure, it is hoped that the environment will seize the opportunity to enroll well before the cut off date.

4. After more than 50 years of independence, ESM have been rightfully given free medical facilities for them, their children and their parents, provided they become members of the Scheme. It is our endeavour to ensure that no ESM pensioner is denied this facility for any reason. We will also welcome suggestions of retired ESM. Where ever we can improve the scheme, subject to the validity or reasonability of the suggestion, we shall attempt to do so. Our motto remains:

“POSITIVE ATTITUDE TO KEEP OUR MEMBERS HEALTHY AND FIT”.

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)**Frequently Asked Questions (FAQs)****Q1 What is the Ex-Servicemen Contributory Health Scheme?**

Ans. ECHS was authorised by Government of India on 30 Dec2002, and has been introduced from 01 April 2003. It is a publicly funded medicare scheme for those who are Ex-Servicemen and pensioners & their eligible dependants, and will provide comprehensive, quality treatment through **out-patient treatment at 227 Polyclinics** all over India, and **in-patient hospitalization & treatment through Military Hospitals and out-sourced Civil Hospitals & Diagnostic Centers** at all these 227 locations, which will be empanelled for the purpose. **Treatment/hospitalization in Service Hospitals will be available** to ECHS members, **subject to** availability of speciality, medical staff and bed space.

Q2. Who are eligible to become ECHS members?

- Ans. (a) Ex Servicemen (ESM) drawing any Pension / disability pension and their family members, as indicated at Answer 4.
 (b) Widows/Family Pensioners drawing Ordinary/Special family pension.
 (c) Ex-Servicemen drawing disability pension.

Q3. Is there any age limit or medical condition for joining the ECHS?

Ans. Joining the ECHS is voluntary for those ESM/eligible persons who retired on or before 31 March 2003. There is no restriction on age or medical condition at the time of seeking membership or joining the scheme. ESM/eligible persons have upto 31 March 2008 to exercise their option (that is, within the next 5 years). Entry to the scheme shall close on 31 March 2008, after which the option cannot be exercised.

Q4. Who are the family members covered?

Ans. Spouse, unemployed son(s) below 25 years, unemployed and unmarried daughter(s), dependant parents whose combined income is less than Rs 1500/- pm, and mentally/physically challenged children for life.

Q5. What happens to those servicemen who retire on or after 01 Apr 03?

Ans. They compulsorily become members of ECHS on retirement, and their

subscription will be directly deducted from their terminal benefits CDA (Pensions), and this fact will be indicated in their PPO. Such personnel will, however, have to comply with requirements of submitting an Application and an Affidavit.

Q6. What happens to the monthly medical allowance of Rs. 100/-, which is applicable now, for those retired personnel who join the ECHS scheme? Will they still continue to get it?

Ans. No, they have to forfeit it. They shall continue to draw the allowance till date of joining ECHS, ie, date of acceptance of Application Form. At the end of each month, Regional Centres will obtain consolidated list of ECHS members from Station HQs in their jurisdiction, & forward this list (alongwith ORIGINAL copy of MRO) to concerned PCDA/PDA - latter will issue instructions to Pension Paying Office/Bank to cease payment of Rs 100.00 pm. **Authority** :- CGDA HQs letter dated 17 Nov 2003.

Q7. What is the time period for the scheme to stabilize?

Ans. It is expected to fully stabilize by 31 March 2008.

Q8. Will the present arrangements of medical support continue till then?

Ans. Yes – but this needs clarification. Routine support by MI Rooms or by Service Hospitals for minor treatment (commonly referred to as “garden diseases”) is a welfare subject and is controlled by Command HQs of the three services, and may continue. However, this support has no connection with ECHS. Some modicum of support as provided by Service Hospitals, for inexpensive treatment, will continue in the future also. Priority for treatment at Service Hospitals shall be governed by following principles: -

(a) Authorised Category. Only **serving soldiers and their permissible dependants** are authorized for treatment in service hospitals, and they shall be given **first priority**.

(b) ECHS Authorised Category. Those **ESM pensioners (and their dependants) who have become ECHS members** shall be entitled to be given full range of treatment for all categories of diseases, **subject to** availability of bed space, availability of speciality, and availability of qualified doctors. Those that are referred to Military facilities will be treated at par with serving personnel.

(c) Entitled Category. All those who are Ex-Servicemen and do not become members by 31 March 2008, shall continue to receive treatment

in Military Hospitals. The treatment to be provided will be as given at present, that is not involving heavy expenditure. The entire system will be received after 31 March 2008.

Q9. What are the rates of ECHS contribution?

Ans. The one-time contribution to be made is based on the basic monthly pension (excluding DA). Pension means uncommuted pension. The rates are as follows: -

<u>Basic monthly pension</u>	<u>One-time contribution</u>
Upto Rs 1500/-	Rs 1800/-
Rs 1501 to Rs 3000/-	Rs 4800/-
Rs 3001 to Rs 5000/-	Rs 8400/-
Rs 5001 to Rs 7500/-	Rs 12000/-
Above Rs 7500/-	Rs 18000/-

Q10. What would the scheme cater for and how?

Ans. The scheme would cater for medicare through the clinics as given below: -

ECHS Polyclinics (alongside Service Hospitals) - 104
 ECHS Polyclinics at non-military stations - 123

Q11. What are the arrangements for those entitled ECHS members who need specialized treatment, which is not available in the Polyclinics?

Ans. In the first instance the Polyclinic doctor(s) will refer them to Service Hospitals. If facilities are not available at Service Hospitals, they will be referred to an empanelled hospital of the patient’s choice. Polyclinic staff will not dictate which empanelled facility should be utilised by the patient.

Q12. Will the members have to initially make payment to the empanelled hospital and then seek reimbursement?

Ans. No. The ECHS organisation will make direct payment to the empanelled hospital (except for dietary charges which are to be paid by the member). There is no burden of any payment on the ECHS member either for treatment or medicines. The ECHS will NOT reimburse the member for any payments made by him knowingly or inadvertently. The only exception is in emergency hospitalization – details covered later in this FAQ.

Q13. What is the address of Central Organisation of ECHS?

Ans. The policy decisions and administration of the scheme will be controlled by the Central Organisation at Delhi, through thirteen Regional Centres. Postal address below: -

Central Organisation ECHS
Room No 278-A, South Block,
Adjutant General's Branch
Army Headquarters, New Delhi-110 011

Following are managing the ECHS and may be contacted in necessity : -

- (a) Lt Gen A Natarajan, PVSM, AVSM, VSM
Adjutant General
- (b) Lt Gen Vijay Dua, PVSM, AVSM, VSM
Director General Discipline, Ceremonials and Welfare
- (c) Maj Gen KS Sindhu, VSM
Managing Director

Q14. What are the addresses of the Regional Offices?

Ans. The following are the addresses of Regional Centres with names of Regional Directors: -

- | | |
|---|---|
| (a) Col Pradeep Yadu
Regional Director (ECHS)
Regional Centre, Jammu C/o
Stn HQ Jammu Cantt-10 (J&K) | (b) Col AK Chopra
Regional Director (ECHS)
Regional Centre, Delhi
C/o HQ Delhi Area, Delhi |
| (c) Col FS Dehal
Regional Director (ECHS)
Regional Centre Chandimandir
Chandigarh | (d) Col VK Handu
Regional Director (ECHS)
Regional Centre, Jabalpur
Jabalpur (MP) |
| (e) Col RS Dogra
Regional Director (ECHS)
Regional Centre, Jaipur
C/o HQ 61 (I) Sub Area | (f) Col Sandeep Kumar
Regional Director (ECHS)
Regional Centre, Pune
C/o HQ Pune Sub Area |
| (g) Col SV Singh
Regional Director (ECHS)
Regional Centre, Lucknow
C/o HQ Lucknow Sub Area | (h) Col DS Gawande
Regional Director (ECHS)
Regional Centre, Chennai
C/o HQ ATNK & K Area,
Chennai (TN) |

- | | |
|---|--|
| (j) Col G Sikdar
Regional Director (ECHS)
Regional Centre, Kolkata
C/o HQ Eastern Command
Kolkata (WB) | (k) Captain Lohit Brahma
CAPO
Regional Director (ECHS)
Regional Centre, Kochi
C/o HQs Southern
Naval Command
Naval Base, Kochi (Kerla) |
| (l) Col Narendra Singh
Regional Director (ECHS)
Regional Centre, Patna
C/o HQ JOBSub Area
Danapur Cantt (Bihar) | (m) Gp Capt K Singh
Regional Director (ECHS)
Regional Centre,
Hyderabad, C/O AF
Station Begumpet,
Secundrabad (AP) |
| (n) Col Mukesh Malhotra
Regional Director (ECHS)
Regional Centre, Gawahati
C/o HQ 51 Sub Area
C/o 99 APO | |

Q15. Where are the application forms available?

Ans. Forms are available at all Station Headquarters, CSDs and at Rajya Sainik Board offices. For those having access to the internet form can also be downloaded from website 'www.indianarmy.nic.in/arechs.htm' or 'www.irfc-nausena.mil.in'.

Q16. How to apply for ECHS membership?

Ans. Collect the forms. Thereafter, read the instructions carefully, fill up the application form, get the affidavit notarized and subscription/contribution deposited in Government Treasury/Reserve Bank of India or State Bank of India. Pensioners are then to personally report to Station Headquarters with the completed application form and following original and photo copy of documents (**Dependants are NOT required to accompany**): -

- (a) Pension Payment Order (PPO), duly attested by Bank/Treasury from where the pension is being drawn. Original is to be shown at the time of submission of application form.
- (b) Discharge book (Not required in case of Naval officers).
- (c) Two passport size photographs each of the pensioner & dependants, who propose to use the ECHS facilities - paste one copy of each photo on Pages 8 & 9 of the application form, and one copy each on the Affidavit.

- (d) Attach original copy of Military Receivable Order (MRO) to the Application Form as proof of deposit of contribution (note that the duplicate copy is for the bank, triplicate copy for pensioner & fourth copy is a spare one).
- (e) Affidavit duly notarized, in original.
- (f) Ex-servicemen Identity Card (photocopy NOT to be attached) Original will be shown for comparison at the time of submission of form at Station Headquarters.

Q17. Where are the collection points for the completed application forms?

Ans. Station Headquarters at 104 designated locations are the only authorized collection points. Nominated officers will collect completed application forms & compare originals with photocopies. Nominated officers are the only ones who are authorized to verify documents, original PPO and Ex Servicemen Identity Card at the time of submission of application. They will hand over a receipt to the ESM on collection & spot verification of documents. **Detailed vetting and verification shall be undertaken thereafter, and may take between 15 days to 2 months depending on the information to be sought. A pensioner/widow is only considered a full member once he/she is issued a valid ECHS Membership SMART Card, and NOT before.** Acceptance of Application Form & MRO only implies joining the Scheme.

Q18. How much time will it take to issue Smart Card after submission of the forms?

Ans. Presently it will take 4-6 months after deposit of form. The applicants will be intimated the date by the Stn HQ/collection centre. However, once the entire system is in place, a card will be issued within three months of submitting the form.

Q19. How will the membership be given to Pensioners/Ex-Servicemen?

Ans. ECHS Membership SMART cards will be issued after processing of application form submitted by ESM. Each ESM shall be issued minimum one card (for the whole family) and two add-on cards, if desired. This choice is to be indicated in the form.

Q20. What are the diseases, which can be treated under the ECHS?

Ans. All known diseases are covered for treatment under ECHS.

Q21. Where are all the Polyclinics going to be set up in the country?

Ans. Polyclinics will be set up countrywide at 227 stations. See list at Appendix attached.

Q22. Who will staff the Polyclinics and what will be the working hours?

Ans. Medical and para medical staff will be hired/employed on contract for working at Polyclinics. Polyclinics will be open for eight hours during weekdays. They shall be closed on Sundays and Gazetted holidays. ESM patients requiring attention outside working hours will be handled by Duty MOs of service hospitals (in military stations) and by on-call civilian doctors in non-military stations. One nursing assistant will be available in all clinics in non – military stations after working hours.

Q23. What is the difference between the existing AGI/AFGI MB Scheme as compared to ECHS?

Ans. AGIF/AFGI Medical Benefit Schemes are privately funded ventures with limited coverage and that too for specific diseases. These cater for the ex-servicemen and spouse only, whereas ECHS caters to dependent parents and children, in addition to above. Reimbursement of medical expenses under AGIF/AFGIS is limited to certain specified diseases only and financial limits of expenditure (max Rs 2.10 lakhs each for ex- servicemen and spouse) are also specified. There are no such restrictions under ECHS. Also refer to the Annexure.

Q24. Is employment as medical & non-medical staff an automatic resettlement avenue for retired ex-servicemen for managing the Scheme?

Ans. No. While preference will be given to ESM for employment in Polyclinics, the emphasis will first be on quality and experience. Operational management of the overall ECHS scheme will, however, be by regular service personnel only. All efforts will be made to employ a minimum of following ESM in polyclinics :-

<u>Ser No</u>	<u>Category</u>	<u>Percentage of ESM</u>
(a)	Medical Officers	60%
(b)	Dental Officers	60%
(c)	Para Medical Staff	70%
(d)	Other Staff	70%

Q25. What is the contribution of the Govt to sustain the expenditure of the Scheme?

Ans. The ECHS scheme is totally Govt funded. The contribution by the pensioners has no bearing on the expenditure to be incurred.

Q26. What is the scope of reimbursement for travel from/to Polyclinic to the empanelled hospitals/specialist diagnostic centers?

Ans. Travel to & from the Polyclinic is the responsibility of the ESM. However, seriously ill patients will be provided the following facilities: -

(a) Travel in Same City. Ambulance of ECHS will be provided within municipal limits of the city, if medical condition of patient requires so.

(b) Travel to a Different City. If the patient himself opts to go to an empanelled hospital/diagnostic centre in another city, then the expense of travel will be borne by the patient himself/herself. ECHS will not provide any facility/reimbursement in such cases. However, if an ECHS member is transferred from one empanelled hospital to another on medical advice/medical condition, then Travelling Allowance (Rail/Air) shall be admitted and restricted to actuals.

Q27. Is there any other alternative to submitting an Affidavit or MRO?

Ans. No. Both these are legal & financial requirements.

Q28. When will the AGI/AFGI MB Scheme cease to exist?

Ans. Both AGIS (MBS) & AFGIS (MIS) have stopped new enrollment from 01 April 2003. AGIS (MBS) shall completely wind up on 31 March 2006, and original contribution shall be refunded in full to all outstanding members on that date. Existing members can continue to use the MBS facilities upto 31 Mar 2006 or ask for refund once they join the ECHS – choice is theirs. Refund will be in full, even if MBS facility has been availed. The AFGIS (MIS) shall close on 31 March 2005, or an earlier date, as decided by the Air Force – members shall be informed by the AFGIS.

Q29. What is the procedure for payment of bills to empanelled hospitals? Does the ECHS member/patient have to pay anything or will the ECHS settle the bills?

Ans. Payment by ECHS only, post treatment. Patient does NOT have to pay anything (except Hospital Stoppages / Dietary charges).

Q30. What is the procedure for obtaining medicines, which are not available either with the Polyclinic or with the empanelled hospital?

Ans. Local purchase will be done through concerned SEMO, in military stations, and by the OIC Polyclinic/Medical Officer in non-military stations. They have been authorized certain LP powers. ECHS members are NOT required to purchase any medicines and, hence, will not be re-imbursed.

Q31. What is the basis of location of Polyclinics and their range of treatment facilities being provided by them?

Ans. ESM population of the area, as per ZSB reports, determines the type of Polyclinic, ie, Type A, B, C or D. Each Polyclinic has different scales of manpower & equipment.

Q32. What are the methods of empanelment of hospitals and doctors with respect to each Polyclinic?

Ans. Empanelment will be done by a Station Board of officers, comprising of the Station Cdr/his rep, one Medical rep, a Medical Specialist and member of ECHS, and approved by Command HQs. List of empanelled Hospitals/ Diagnostic Centres & Specialist Consultants will be available at each Polyclinic. Will also be posted on ECHS website at a later date.

Q33. How do the members intimate the change of residence, or change of status of dependants?

Ans. Change may be intimated to Station HQs. However, each time the pensioner or his dependants visit a Polyclinic, the status of dependants will automatically be checked. ECHS members must provide accurate facts of status. In case it is discovered that change of status has been concealed (no matter what the reasons) the provisions of Para 9 of the Affidavit will be applied and membership of the ESM and all his dependants will be terminated, without any relief. There is NO appeal in such cases.

Q34. Can the members have the option to continue with more than one Govt/PSU Scheme?

Ans. An individual cannot become a member of two Govt/PSU Schemes – he/she has to cancel membership of the other scheme in case opting for the ECHS. For example, one cannot be a member of CGHS & ECHS at the same time. Nor can one be a member of the ECHS and a PSU scheme at the same time. In case any concealment of facts is discerned, recourse will be taken as per provisions of Para 9 of the Affidavit.

Q35. What is the medical coverage for those Ex-Servicemen who do not join the ECHS Scheme?

Ans. Existing facilities through MI Room and Service Hospitals will continue. This will be reviewed after five years.

Q36. Why is re-imburement not allowed under ECHS yet, even though members have submitted forms and made payment of contribution?

Ans. The procedures for empanelment of hospitals/diagnostic centers/consultants and payment to them are under consideration of the Government. There is NO payment to be made by an ECHS member under the scheme, hence, NO provision for re-imburement.

Q37. Will all dependents of ESM be allowed add-on SMART cards independently?

Ans. Only two add-on cards are being provided in the initial phase. However, the question of having more add-on cards will be reviewed later, depending on demand. The cost of each Smart Card is R 90.00 – cost of each Add-on Card is also Rs 90.00.

Q38. Whether dentures will be authorised under ECHS?

Ans. Yes. Details will be issued through an ECHS Brochure by 31 Mar 2004.

Q39. What will be the provisions for treatment/hospitalisation in emergencies?

Ans. ESM has three options, namely: -

- (a) Report to nearest service hospital for treatment.
- (b) Report to nearest empanelled hospital. Bill will be paid by ECHS.
- (c) Report to any/nearest non-empanelled hospital. ESM/ his rep will have to pay the charges to the non-empanelled hospital initially.
- (d) In all cases where emergency treatment is availed, and where the patient does NOT go through the Polyclinic referral route, it will be the patient's responsibility to inform his Polyclinic/ECHS Central Org or Regional Centre within 48 hours of where he/she is admitted.
- (e) Such bills will be forwarded in original only to the ECHS Central Organisation, Delhi.

(f) Note. The onus of informing the Polyclinic or ECHS shall be of the patient. Also the onus of proving the emergency shall be that of the ESM patient.

Q40. Can an ESM regularly go to a particular consultant/specialist?

Ans. Yes, but only to empanelled consultants, after he/she is referred by the Polyclinic. ECHS members cannot go to non-empanelled Consultants, or go to empanelled consultants without reference by the Polyclinic authorities.

Q41. What will be the method of treatment & referral under the ECHS scheme?

Ans. First stage of referral will be to Service Hospitals in military stations (and wherever possible even in non-military stations depending upon distance). In case the specialist facilities or bedspace is NOT available in the Service Hospital, then the patient will be referred to empanelled civil facilities of their choice.

Q42. DO Pt II Order requirement should be done away with, since it requires senior citizens to run around pension offices?

Ans. Officers should submit their application form to Station HQs. In case of any clarification, Station HQs will get the necessary Part II Order from Record Offices. However, requirement of consulting DO Part II order/ GENFORM / AF RECFORM cannot be dispensed with due to mandatory verification check for eligibility.

Q43. Clarification regarding medical history: will persons already suffering from a disease continue to be eligible after gaining ECHS membership? Is it necessary to provide medical details asked for in the computerized application form? Will the application be rejected for want of medical history/ allergy details?

Ans. Yes. History is being taken to help pensioners for their treatment and not to deny any service.

Q44. Can the ESM make a choice of empanelled facility? Who will empanel hospitals/diagnostic centers and specialist consultants?

Ans. (a) Choice of Empanelled Hospital. This has been included in the policy, even without suggestions made by the environment. The patient can get himself treated at a Service Hospital when referred by the polyclinic doctor. In case bed space is not available in the Service Hospital, the patient only will decide the civil empanelled hospital of his choice, any where in India – cost of transportation of going there to be borne by him.

(b) Empanelment of Hospitals. The decision for empanelment of such hospitals, which can undertake serious surgeries, lies with the Station Commander. Members may make their views known to Station Commander – he alone can decide on inclusion/exclusion.

(c) Polyclinics. The Polyclinics will cater for treatment of the patient as per opinion of doctor. This has been included in the system.

(d) All efforts are being made to make the scheme beneficial to all Ex- servicemen and the emphasis will be on quality. A duly constituted Station Board of Officers, comprising non-AMC officers, as well as service medical advisors/specialists and an ECHS representative, shall carry out empanelment of civil hospitals/diagnostic centers/specialist consultants.

Q45. Can the submission of Affidavit be waived? The submission procedure of MRO is also difficult – can it be changed?

Ans. The requirement of Affidavit cannot be waived, as it is a legal document in which the most operative portion is Para 9. In case of misuse, submission of fraudulent information or any other misdemeanour, the ECHS has the right to take legal action. The depositing of MRO at SBI/Govt Treasury is unavoidable as it is a treasury deposit

Q46. Will ECHS members be re-imbursed payment made by them for treatment or medicines?

Ans. The term “reimbursement” ceases to exist with the ECHS scheme being put in place. No entitled ECHS membership Cardholder is required to pay any money for treatment at a Polyclinic/empanelled hospital (except Hospital Stoppages/Diet charges).

Q47. Where will the computerized application forms be available? Do those ESM who have submitted their normal application forms earlier need to fill in the computerized forms?

Ans. (a) A sample Computerised application form has been prepared and forwarded to all Command HQs by Central Organization, ECHS. The forms will be distributed under the aegis of Command HQs through Stn HQs. ECHS Central Org does not issue forms directly. Ex-Servicemen should contact Stn HQs/CSD Canteens and Kendriya/Rajya Sainik Boards for the forms.

(b) No. ECHS does not wish to inconvenience pensioners. Therefore, those pensioners/widows who have already submitted the old forms do NOT have to re-fill the new computerized forms. Their computer forms shall be filled-in on their behalf by the Station HQs staff. When the ESM pensioners visit the Stn HQs to collect their Membership SMART Cards, they will be required to sign their computerized forms.

Q48. By when are the ECHS membership SMART Cards likely to be issued? Is it essential for an ESM to hold a SMART Card to be eligible for ECHS facilities?

Ans. (a) Smart Cards are proposed to be issued to members joining the Scheme for which the tender procedures are currently under way. It will take some time (4-6 months) before cards can be issued to members. The current expectation is that SMART Cards may be issued sometime from 15 Jan 2004 onwards. All efforts are being put in to ensure early issue.

(b) We also wish to mention that ECHS membership card shall only be issued to those pensioners/widows whose cases have been fully scrutinized/verified after detailed examination of documents. Merely submitting a form or MRO does not make a pensioner an ECHS member.

Q49. Can the Application forms be provided from locations other than those specified earlier – for example, can they be provided at air bases or naval establishments? Can the scrutiny & verification of forms be done at locations other than designated Station HQs? Is it necessary to submit the Affidavit?

Ans. (a) Distribution of application forms. The printing/distribution of application form, as well as points of distribution, has been left entirely to Army/Naval/Air Force Command Headquarters. ESM may approach the concerned MG IC Adm/COS/SASO in case they feel the forms should be distributed from other locations.

(b) Receipt and scrutiny/verification of application forms. The receipt, scrutiny and verification of the forms are a legal requirement to prevent entry of wrong personnel. Also the ECHS organisation does not wish to retain any original documents of pensioner. Hence the forms will have to be submitted in person to any of designated 104 Military stations and it is regretted that this duty cannot be assigned to Rajya Sainik Board Officers.

(c) Requirement of Affidavit. The requirement of affidavit cannot be waived as it is legal document in which most operative portion is Para 9. In case of misuse, submission of fraudulent information and any other misdemeanor the ECHS has the right to take legal action. Therefore it is regretted that the Affidavit cannot be waived and can be signed by Notary Public.

Q50. Can treatment be availed at Augmented Armed Forces Clinics (AAFCs) till the ECHS Polyclinics are fully established and till civil hospitals are empanelled? Will new civil hospitals/diagnostic centers be empanelled later, or will it be a one-time exercise?

Ans. (a) Augmentation of resources for Military Hospitals. It is pointed out that Army/Naval/Air Force Command Headquarters have already taken action to augment resources at 32 locations even while the constr and equipping of ECHS Polyclinics is to commence. It is also pointed out that all Military Hospitals have been directed to continue to provide existing and some additional support at Military Hospitals till the empanelment of reputed all India private hospitals is approved. The case for empanelment of such reputed Hospitals is currently under examination by Ministry of Defence. We would also like to mention that once the ECHS membership of a pensioner is approved and he possesses his membership Smart Card, he will be auth treatment in a Military Hospital subject to availability of bed space/treatment facility/availability of concerned specialists.

(b) Provision to include new Hospitals. The point is well taken and has been noted for the future. Modification to Govt letter will be undertaken if and when any new service hospitals are constructed. However, we would like to mention that authorization of Polyclinics is strictly based on statistical data of ESM residing in a district and is not related to presence/absence of service hospitals.

Q 51. Can the submission or quoting of Part II Orders/GENFORM/POR be dispensed with as most pensioners do not have copies or cannot recall the authority of marriage and births?

Ans. Requirement of Part II Orders. To ensure that there is no fraudulent entry into the ECHS Scheme, requirement of producing/quoting Part II Orders for Army persons, GENFORM for Naval personnel & POR for AF personnel is mandatory where ever dependants are included in Application form. Requirement of above Part II Orders & related documents for Navy & AF, is, however, waived in those cases where ONLY the ESM & spouse wish to become ESM beneficiaries and their details and joint photographs are available on the PPO. It may be appreciated that PPOs issued prior to 1994 do not contain photographs of the spouse and hence some other form of proof is essential.

Q52. Why has the rate of contribution for ECHS been enhanced in March 2003?

Ans. (a) Rate of Contribution. In early Jul 2002, AGs Branch commenced active interaction with Department of Expenditure, Ministry of Finance, regarding ECHS subscriptions. The parameters for contribution by Ex-Servicemen at that stage were erroneously worked out as per the pay rates of Central Govt employees utilizing the CGHS. These lesser rates were erroneously approved by the Ministry of Defence and Ministry of Finance.

(c) Current rates. Subsequently, in the last week of Mar 2003, CGDA raised objections on these rates, as they were less than those for Central Govt employees/ pensioners registered with CGHS. While AGs Branch strongly pursued its case with Govt/Ministry of Defence, a sliding scale of payment and the lower rates were not agreed to. We are, therefore, bound to the revised Govt orders and hence the matter has been treated as closed. The current subscription rates are the same as those for CGHS.

(d) Parity /Disparity amongst civil and defence pensioners. In as far as parity and disparity between civil and defence pensioners is concerned, we are unable to comment on the matter. We feel that the appropriate forum for this may be Ex-Servicemen League. As far as the Govt is concerned, they treat both central Govt & Armed forces pensioners at par.

Q 53. What is the relationship between the ECHS and the AGIF (MBS) or AFGIS (MIS)? Will deposit for the MBS & MIS be refunded?

Ans. (a) AGIF (MBS)/AFGIS (MIS). As regards the two AGI and AFGIS Schemes, there is no connection with the ECHS. They are privately funded and are being wound up as indicated earlier. The decision to close these has been taken by the concerned authorities after full deliberation and taking into account all possible angles. Should any member wish to take this matter further, you may write to MD AGIF/ MD AFGIS for further clarifications. Moreover, since the ECHS is a public funded scheme where as the AGIF/AFGIS are private schemes it will be technically incorrect and administratively impossible to deduct and transfer money from one scheme to another.

(b) The procedure that has been specified so far is that any Ex-Serviceman pensioner joining the scheme has to submit his money by MRO. It is voluntary for such pensioners to join ECHS. As a special

concession, it has been legislated by Army Headquarters that AGIF (MBS) money will be refunded in full, irrespective of medical treatment availed, to any individual wishing to withdraw his money on joining ECHS. The AGIS is being compulsorily terminated on 31 Mar 2006 on which date all pending amounts will be paid back to members. AFGIS is being terminated on 31 March 2005, and Air HQs will be issuing separate instructions for refund.

(c) Difference in payment of contribution. As earlier mentioned, ECHS subscription rates have been decided by Govt based on a common scale applicable to all Central Government employees. Nothing further can be done in this matter and the matter has been treated as closed. Since it is voluntary for the existing pensioners to join the scheme, they are the best judges whether to join or not.

Q54. What is the need to introduce the new computerized forms – they appear to be too complicated?

Ans. New Computerised Application Form. While at individual level some may feel the form is complicated and cumbersome, it may please be understood that we are dealing with approximately 20 lakhs pensioners/widows and approx 3 lakh new retirees, residing all over India. To avoid the ECHS also going the inefficient way of many other Govt Schemes, it is imperative to ensure that all those joining this scheme are legitimately authorized. The aim is not to harass Ex-Servicemen but to ensure full probity and verification. HQ ECHS has taken every possible step to review, revise and reduce the burden on Ex-Servicemen. Whatever has been asked for in application form is the very basic minimum, required for computer management for such a large Ex-Servicemen population. We hope ESM will bear with this one-time inconvenience and perhaps combine the visit for ECHS (meant for their benefit) with their next visit to a CSD or an MI Room.

Q55. Please issue clarification on the following issues: -

(a) If an ESM does not join the ECHS will he continue to avail the facilities as hitherto fore? Answer – Yes, as hitherto fore. However if he/she joins the ECHS, he/she will not get any medical allowance (ie Rs 100/-). Payment will stop once Application Form is accepted by Regional Centre/Station HQs. At the end of each month, Regional Centres will obtain consolidated list of ECHS members from Station HQs in their jurisdiction, & forward this (alongwith ORIGINAL copy of MRO) to concerned PCDA/PDA - latter will issue instructions to Pension Paying Office/Bank to cease payment of Rs 100.00 pm. Authority :- CGDA HQs letter.

(b) If an ESM joins the ECHS, will he continue to get the medical treatment from service hospitals? Answer. Yes. An ECHS patient who is referred by his Polyclinic doctor will be admitted/treated in a Service Hospital, provided speciality and bedspace is available.

Q56. What are the latest rates of contribution to the ECHS Scheme?

Ans. (a) Contribution. Rates of subscriptions for ECHS were amended by Govt of India, MOD letter NO 22(I)/01/US(WE)/D(Res) dated 01 Apr 2003 which are as under :-

<u>Pension/Family Pension (Rupees per month)</u>	<u>Contribution (in Rupee)</u>
Upto Rs 1500/-	Rs 1800/-
Rs 1501/- to Rs 3000/-	Rs 4800/-
Rs 3001/- to Rs 5000/-	Rs 8400/-
Rs 5001/- to Rs 7500/-	Rs 12000/-
Rs 7501 and above	Rs 18000/-

(b) The above rates are based on CGHS rates and as applicable to all Central Govt employees.

(c) To assist Ex-Servicemen in easy payment, Govt has approved payment in three annual equated annual installments. ECHS SMART Card will only be valid for the period of subscription.

Q57. Have any arrangements been made for publicity of the ECHS for the ESMs residing in rural areas? Is the contribution to be paid in one lump sum or can it be paid in installments? Where will the Polyclinics be sited in military & non-military areas?

Ans. (a) Publicity. The Ex-Servicemen Contributory Health Scheme (ECHS) is being advertised through newspapers, talk shows on Doordarshan and through bulletin ads on other channels. In addition English and vernacular posters have been published by Command HQs and displayed at CSDs, Military Hospitals and at Zila/Rajya Sainik Board premises. Besides this, ex-serviceman rallies are being addressed by service offrs to disseminate the essentials of the scheme. It is also hoped that the word will be spread by word of mouth to the furthest corners of each state, by serving soldiers proceeding on leave. All units should provide 4-5 application forms to each soldier proceeding on leave for handing over to ESM residing in their village. Around 15,000 posters in Hindi & English have been printed centrally in Sept and sent to Commands & Zila Sainik Boards for display.

(c) **Payment.** The payment has to be made through an MRO in one lump sum or through three yearly installments. Choice is with pensioner. Card will become valid for life only after the payment of the third installment.

(c) **Siting of Polyclinics.** Siting in military stations will be on A1 Land, and preferably adjacent to/within the premises of a Service Hospital. The final decision will be that of the Station Commander, and approved by his chain of command. As far as Polyclinics in non-military stations are concerned, these will be sited/selected by a Station Board of Officers and approved by Command Headquarters. Convenience of ESM will be kept in mind while siting.

Q58. Will Digital Hearing aids be authorized under the ECHS?

Ans. Yes. However, the authorisation of a Digital Hearing Aid has first to be approved by a qualified specialist and approved by a Service Specialist. It is not upto the patient to demand such equipment. Rules & Regulations for provision of specialist items are currently under approval of Govt. By and large these will follow the minimum standards of the CGHS, suitably upgraded for the ECHS.

Q59. Will contributions towards ECHS be exempted from Income Tax, and can relief be claimed under Section 88?

Ans. Case has been forwarded to Central Board of Direct Taxation (CBDT), Min of Finance – reply is awaited. We are hopeful of a positive outcome.

Q60. Will re-imburements be permitted under ECHS? What is the factual position regarding treatment of retired personnel in Service Hospitals – how will joining ECHS affect my status?

(a) **Reimbursement.** The term “reimbursement” ceases to exist with the ECHS being put in place. No entitled ECHS Membership Card holder is required to pay any money for treatment/medicines at a ECHS Polyclinic, or at an empanelled hospital/diagnostic centre to which he has been referred to by the Polyclinic. All bills for treatment/medicines will be cleared directly by ECHS with the empanelled hospital/diagnostic centre, except hospital stoppages & dietary charges. The **only exception** is that **cheque reimbursement will be made to an ESM for emergency treatment undertaken in a non-empanelled hospital** – for this certain conditions apply. These will be communicated in due course. Free treatment/medicines are assured to ECHS members, **provided** they follow ECHS procedures of first reporting to a Polyclinic & referral beyond. **ECHS will not cover any expenses outside laid down procedure.**

(b) **Treatment at MHs.** The factual position as of now is as follows. ESM/pensioners are presently **not authorised** treatment in MHs as a right – **they are only entitled** to be treated **for minor diseases (commonly referred to as “garden diseases”)**, and that too subject to availability of bed space, doctors, type of treatment and medicines etc. **By joining ECHS**, the ESM/pensioner becomes an **authorised** category. The only difference is that initial outpatient handling/ treatment will be by the ECHS Polyclinic, rather than the Staff Surgeon of the MH. In case the ESM requires further reference/treatment, it can be provided to him in the nearest MH, subject to availability of medicines, treatment facility and bed space. Should that not be available, he/she will be referred to an empanelled civil hospital of the patient’s choice. It may also be noted that Command HQs have opened up a number of small MI Rooms, which cater to minor medical needs of ex-servicemen. These may continue to be operated as a welfare measure under orders of Command HQs, and treatment provided thereat has no connection with the ECHS. To summarise, **ECHS philosophy is, outpatient treatment by Polyclinic, and in-patient treatment by MH (subject to availability) and/or empanelled hospitals.**

(c) **Treatment at Local Civil Medical Facility.** The choice of empanelled hospital/diagnostic center is entirely that of the ECHS Membership Card holder. The procedure will be somewhat like this – the patient first has to report to the ECHS Polyclinic. In case the MO/Specialist at the ECHS Polyclinic suggests further treatment, the ECHS member will first be referred to local MH (where existing/where treatment facility is available). Should MH not have the desired treatment/doctor/bed space, the ECHS patient will have the choice of going to any empanelled hospital in the station. **The choice of empanelled hospital will be his choice, and not that of the MO.** Should the treatment not be available in that station, the ECHS Card holder can go to any empanelled hospital in India.

Q61 In case an ESM/widow does not wish to join the ECHS, how will her treatment be affected under the present dispensation/rules? Can ECHS members avail treatment in R&R Hospital, Delhi Cantt?

Ans. (a) **Treatment of Non-ECHS members.** The question has partially been answered at Q 60 above. Non-ECHS members may continue to use facilities at existing MH/MI Rooms as hitherto fore as **entitled** members, subject to availability of resources at that MH. It will be suggested to them to become authorised members by joining the ECHS. Let us assume two ESM patients report to the RR Hospital or to any

service hospital – the priority will be given to the **ECHS member** since he is from the **authorised category** and has paid subscription, whereas a **non-ECHS member** is **only entitled** and his treatment is subject to availability of bed space etc. Non-ECHS members will also continue to get a Medical Allowance of Rs 100/- pm in their pension.

(b) **Treatment at R & R Hospital.** A list of approx 500 hospitals has already been submitted to MOD and is under examination. Approval is expected to be accorded by end-Aug 2003. Treatment at R&R Hospital will be given when a case is referred/transferred to it by ECHS clinic or another Service Hospital. It may be appreciated that R&R Hospital is heavily committed to meet requirement of serving soldiers & only spare bedspace can be provided to ECHS members.

Q 62. What are the benefits of joining the ECHS?

Ans. The ECHS has brought in tremendous flexibility and empowerment for pensioners. The major benefits are; **No Cash payment** to be made **any where, treatment is free, the number of diseases covered is exhaustive** (and not restricted to the ten under MBS) and **treatment can be availed in MH/Civil empanelled hospital of choice** of the ECHS Card holder, and there is no upper limit for repeated treatment of the same disease/condition. The ECHS Card holder will have priority in treatment in MH/Service hospital over a non-ECHS member. The latter cannot avail any facilities of empanelled hospitals or treatment under the ECHS. Also refer to comparative chart with AGIS (MBS) scheme.

Q 63. The term “ex-servicemen” is derogatory in nature – use “Retired Defence Personnel” instead.

Ans. **Terminology “Ex-Servicemen”.** While both terms, ie, “ESM” or “Retired Defence Personnel” are acceptable; the former term is more generically used and has come to stay. The word “ex” merely implies that the individual was once a serviceman, but is not a serviceman now. It does not, by any stretch of imagination, imply “non-existence” or any other degrading/derogatory meaning. It may be appreciated that while every one who leaves the service can be an “ex-serviceman”, NOT all can be called “retired defence personnel”. ECOs, Short Service Commission Officers, NCC officers, personnel proceeding on pre-mature retirement, discharges and dismissals are not covered by the term “retired defence personnel”, whereas they are covered by the term “ESM”. The appellation “retired defence personnel” would refer to one who has completed his term of service and is drawing pension. Hence a change may not be necessary, and the generally accepted usage of “ex-serviceman” that has come to stay all over India, will continue to be used.

Q 64. What is the difference between “authorised” and “entitled” treatment at Service Hospitals?

Ans. (a) At present the rule position for treatment in Service hospitals is, that it is only **authorised** to serving ranks/personnel and their declared dependants. Ex-Servicemen are one amongst a list of 34 categories **entitled** to treatment, and hence, fall in a non-authorised category. The list of 34 includes BSF personnel under Army control, NCC, DGOF pers, etc. Treatment of ESM is, therefore, subject to many conditions like availability of bed space, treatment facility, availability of qualified doctors etc. Also, many diseases requiring long hospitalisation/expensive treatment, like Heart Transplant, Angiography, Cancer, Renal Transplants, Artificial Limbs, and such other facilities are not permitted for ESM.

(d) By becoming an ECHS member, the ESM joins the authorised category for the complete range of in-patient treatment, both in service and in empanelled hospitals. However, their priority is next only to serving service personnel and their dependants, who hold primacy in attendance, care and treatment. Non-ECHS members will be treated only as per the existing procedure of restricted services provided by MHs, and will **NOT** have access to empanelled civil hospitals.

Q 65. Is dental treatment catered for at Polyclinics?

Ans. Yes. Each Polyclinic depending on the Type, whether “A”, “B”, “C”, or “D” has the following facilities in full or in part :-

- (a) Two emergency ICU beds with monitors.
- (b) Physiotherapy equipment.
- (c) Analysis lab with reagents.
- (d) Digital ECG machine.
- (e) Dental chair.
- (f) Ultrasound machine with normal & Gynaecology probes.
- (g) X Ray machine.
- (h) Oxygen Concentrator.
- (i) Nebuliser.
- (j) Minor OT facility.
- (k) BP machine & other routine instruments as in an MI Room.

Q 66. Will services of all specialists be available at all Polyclinics?

Annexure (Refer to Ans to Q 23 at Page 6)

Ans. No. Whereas Type A & B clinics will have normal medical officers, medical specialists, gynecologist and dentist on their establishment, Type C & D will not have all. In any case, for any specialist/super-specialist consultation, the ECHS patients will be referred to outsourced Hospital/Diagnostic Centres and specialists.

**BENEFITS OF ECHS SCHEME
COMPARATIVE ANALYSIS BETWEEN AGIF MB SCHEME
AND ECHS**

Sr. No	Particulars	AGIF MBS	ECHS
1.	Eligibility	Service personnel in receipt of service/ disability pension or widows in receipt of family pension.	Criterion for eligibility same as AGIF MBS.
2.	Dependents eligible	Only spouse authorised benefits.	Eligible dependents are : (a) spouse (b) unemployed sons upto 25 yrs of age (c) unemployed and unmarried daughters (any age) (d) mentally and physically challenged children for life (e) dependent parents.
3.	Payment limits for Medical Expenditure	Max liability of AGIF (a) Member : Rs 2.10 lakhs (b) Spouse Rs 2.10 Lakhs. No further reimbursements allowed. Amount non transferable.	No limits. However, payments will be in accordance with ECHS rules.
4.	Wait- in period	No reimbursement during FIRST YEAR after joining Scheme.	No wait- in period.
5.	Mode of Payment.	Member has to pay to civil hospital and claim re-imburement UNLESS post payment agreed by treating hospital.	Payment by ECHS. Member need not pay except in case of emergency treatment in non-empanelled hospital.

6.	Diseases covered.	Only certain specified diseases of Heart, Kidney, Cancers, Vascular System & Limbs covered.	All diseases covered (subject to ECHS rules).
7.	Approved Civil Hospitals	Covers 43 stations in the country.	Will cover 227 Stations throughout the country.
8.	Emergency	Re-imbursement allowed only for treatment in AGIF approved Hospitals.	Reimbursements allowed for treatment in ANY (nearest) hospital.
9.	Diagnostic Tests.	No reimbursement allowed	Free for members. Payment by ECHS, if referred from Polyclinic empanelled hospital.
10.	Payment Procedure	Member required to negotiate with hospital on approved list. Obtain certificate of undertaking from AGIF. Member to process bills of hospital with AGIF. Member to pay advance	No payments to be made by member - hence no burden on ESM pensioner. No advance to be paid. All payments directly by ECHS to empanelled facilities.

LIST OF STATION HEADQUARTERS AUTHORISED TO COLLECT AND SCREEN APPLICATIONS

Sr. No	Regional HQs	State	Station HQs	Remarks
1	Chandimandir	Chandigarh	Chandigarh	
2		Himachal Pradesh	Shimla	
3		Himachal Pradesh	Solan	
4		Punjab	Amritsar	
5		Punjab	Gurdaspur	
6		Punjab	Jalandhar	
7		Punjab	Ludhiana	
8		Punjab	Sangrur	
9		Punjab	Bhatinda	
10		Punjab	Faridkot	
11		Punjab	Ferozpur	
12		Punjab	Kapurthala	
13		Punjab	Patiala	
14		Punjab	Moga	
15		Rajasthan	Sriganganagar	
16		Rajasthan	Bikaner	
17	Chennai	Andaman & Nikobar	Port Blair	
18		Tamilnadu	Chennai	
19		Tamilnadu	Coimbatore	
20		Tamilnadu	Dindigul	
21		Tamilnadu	Wellington	
22	Hyderabad	Andhra Pradesh	Hyderabad	
23		Andhra Pradesh	Vishakapatnam	
24		Karnataka	Bangalore	
25		Karnataka	Belgaum	
26		Karnataka	Bangalore (Rural)	
27		Karnataka	Karwar	
96		Goa	Panjim	
28	Jabalpur	MP	Gwalior	
29		MP	Indore (Mhow)	
30		MP	Jabalpur	

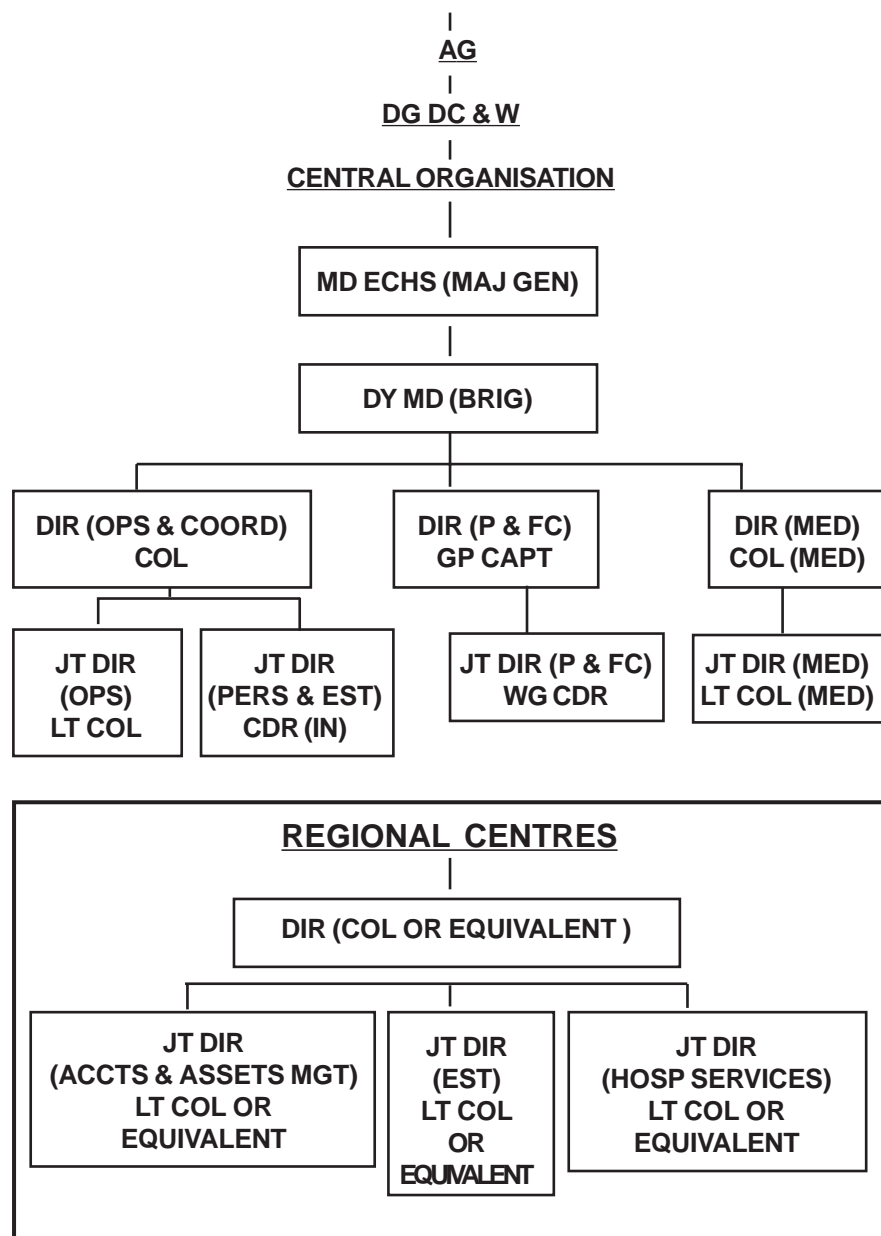
Annexure to Appendix "A" Contd.
(Refers to Para 11 (b) of Chapter 4)

Sr. No	Regional HQs	State	Station HQs	Remarks
31		MP	Bhopal	
32		MP	Sagar	
33	Jaipur	Rajasthan	Ajmer	
34		Rajasthan	Alwar	
35		Rajasthan	Jodhpur	
36		Rajasthan	Bharatpur	
37		Rajasthan	Jaipur	
38		Rajasthan	Kota	
39		Rajasthan	Udaipur	
40		Rajasthan	Jaisalmer	
41		Rajasthan	Barmer	
42	Jammu	J&K	Jammu	
43		J&K	Junglot (Kathua)	
44		J&K	Samba	
45		J&K	Udhampur	
46		J&K	Doda	
47		J&K	Poonch	
48		J&K	Srinagar	
49		J&K	Baramulla	
50		J&K	Leh	
51		J&K	Rajouri	
52		Himachal Pradesh	Dharmashala	
53	Kochi	Kerala	Trivandrum	
54		Kerala	Cochin	
55	Guwahati	Assam	Jorhat	
56		Assam	Masimpur (Silchar)	
57		Jharkhand	Ranchi	
58		Manipur	Imphal	
59		Meghalaya	Shillong	
60		Mizoram	Aizwal	
61		Nagaland	Zakhama (Kohima)	
62		Nagaland	Mokokchung	
63		Tripura	Agartala	
64	Kolkata	Sikkim	Gangtok	
65		West Bengal	Darjeeling	
66		West Bengal	Kolkata	

Annexure to Appendix "A" Contd.
(Refers to Para 11 (b) of Chapter 4)

Sr. No	Regional HQs	State	Station HQs	Remarks
67		West Bengal	Bengdubi (Jalpaiguri)	
68	Lucknow	UP	Meerut	
70		UP	Agra	
71		UP	Bareilly	
72		UP	Fatehgarh	
73		UP	Kanpur	
74		UP	Lucknow'	
75		UP	Allahabad	
76		UP	Faizabad	
77		UP	Gorakhpur	
78		UP	Mathura	
79		UP	Varanasi	
80		UP	Jhansi	
81		UP	Saharanpur	
82		UP	Shahjahanpur	
83		UP	Ghaziabad (Hindon)	
84		Uttranchal	Dehradun	
85		Uttranchal	Pithoragarh	
86		Uttranchal	Lansdowne	
87	New Delhi	Delhi	Delhi	DESA (NAVY) also authorised
88		Haryana	Gurgaon	
89		Haryana	Hissar	
90		Haryana	Ambala	
91		Haryana	Sirsa	
92	Patna	Bihar	Danapur (Patna)	
93		Bihar	Gaya	
94		Orissa	Cuttack	
95		Orissa	Balasore	
96	Pune	Gujarat	Ahmedabad	
97		Gujarat	Vadodra	
98		Gujarat	Jamnagar	
99		Maharashtra	Mumbai	
100		Maharashtra	Pune	
101		Maharashtra	Ahmedabad	
102		Maharashtra	Nagpur	
103		Maharashtra	Aurangabad	
104		Maharashtra	Mumbai (Upnagar)	

ORGANISATION STRUCTURE



**LIST OF 227 POLYCLINICS AT EXISTING MILITARY /
NON MILITARY STATIONS**

Ser No	Regional HQs	State	Station	Type	Mil/Non Mil
1	Chandimandir	Chandigarh	Chandigarh	C	Mil
2		Himachal Pradesh	Hamirpur*	B	Non Mil
3		Himachal Pradesh	Bilaspur*	C	Non Mil
4		Himachal Pradesh	Una*	C	Non Mil
5		Himachal Pradesh	Shimla*	D	Mil
6		Himachal Pradesh	Solan	D	Mil
7		Haryana	Chandimandir (Panchkula)*	C	Non Mil
8		Punjab	Hoshiarpur*	A	Non Mil
9		Punjab	Amritsar	A	Mil
10.		Punjab	Gurudaspur* (Pathankot)	A	Mil
11		Punjab	Jalandhar*	A	Mil
12		Punjab	Ludhiana*	A	Mil
13		Punjab	Ropar*	B	Non Mil
14		Punjab	Sangrur	B	Mil
15		Punjab	Fatehgarh	C	Non Mil
16		Punjab	Muktsar*	C	Non Mil
17		Punjab	Bhatinda*	C	Mil
18		Punjab	Faridkot	C	Mil
19		Punjab	Ferozpur	C	Mil
20		Punjab	Kapurthala	C	Mil
21		Punjab	Patiala	C	Mil
22		Punjab	Moga	C	Mil
23		Punjab	Mansa	D	Non Mil
24		Rajasthan	Sriganganagar	D	Mil
25		Rajasthan	Bikaner*	D	Mil
26	Chennai	Andaman & Nikobar	Port Blair	D	Mil

* In Phase I (2003-2004)

Appendix "C" Contd
(Refers to Para 1 of Chapter 8)

Ser No	Regional HQs	State	Station	Type	Mil/Non Mil
27	Chennai contd	Tamilnadu	Vellore*	A	Non Mil
28		Tamilnadu	Chennai*	B	Mil
29		Tamilnadu	Dharamapuri	C	Non Mil
30		Tamilnadu	Kanchipuram	C	Non Mil
31		Tamilnadu	Madurai	C	Non Mil
32		Tamilnadu	Salem	C	Non Mil
33		Tamilnadu	Tiruchi	C	Non Mil
34		Tamilnadu	Tirunaveli*	C	Non Mil
35		Tamilnadu	Thiruvannamalai	C	Non Mil
36		Tamilnadu	Thiruvallur	C	Non Mil
37		Tamilnadu	Virudhnagar	C	Non Mil
38		Tamilnadu	Coimbatore*	C	Mil
39		Tamilnadu	Guddatore	D	Non Mil
40		Tamilnadu	Kanyakumari	D	Non Mil
41		Tamilnadu	Nagapattinam	D	Non Mil
42		Tamilnadu	Tanjavur	D	Non Mil
43		Tamilnadu	Theni	D	Non Mil
44		Tamilnadu	Tuticorin	D	Non Mil
45		Tamilnadu	Villupuram	D	Non Mil
46		Tamilnadu	Dindigul	D	Mil
47		Tamilnadu	Wellington	D	Mil
48	Hyderabad	Andhra Pradesh	Chittoor	C	Non Mil
49		Andhra Pradesh	Guntur*	C	Non Mil
50		Andhra Pradesh	Ongole	C	Non Mil
51		Andhra Pradesh	Rangareddy	C	Non Mil
52		Andhra Pradesh	Hyderabad*	C	Mil
53		Andhra Pradesh	Vishakapatnam*	C	Mil
54		Andhra Pradesh	East Godavari	D	Non Mil
55		Andhra Pradesh	Krishna	D	Non Mil
56		Andhra Pradesh	West Godavari	D	Non Mil
57		Karnataka	Bangalore*	A	Mil
58		Karnataka	Belgaum*	B	Mil

* In Phase I (2003-2004)

Appendix "C" Contd
(Refers to Para 1 of Chapter 8)

Ser No	Regional HQs	State	Station	Type	Mil/Non Mil
59		Karnataka	Kodagu(Madikeri)*	C	Non Mil
60		Karnataka	Bijapur	D	Non Mil
61		Karnataka	Dharwad	D	Non Mil
62		Karnataka	Mangalore	D	Non Mil
63		Karnataka	Mysore	D	Non Mil
64		Karnataka	Bangalore (Rural)	D	Mil
65		Karnataka	Karwar	D	Mil
66		Goa	Panjim	D	Mil
67	Jabalpur	MP	Bhind*	D	Non Mil
68		MP	Morena	D	Non Mil
69		MP	Rewa	D	Non Mil
70		MP	Gwalior	D	Mil
71		MP	Indore (Mhow)*	D	Mil
72		MP	Jabalpur*	D	Mil
73		MP	Bhopal*	D	Mil
74		MP	Sagar	D	Mil
75	Jaipur	Rajasthan	Jhunjhunu*	A	Non Mil
76		Rajasthan	Nagaur	B	Non Mil
77		Rajasthan	Sikar	B	Non Mil
78		Rajasthan	Ajmer	B	Mil
79		Rajasthan	Alwar	B	Mil
80		Rajasthan	Jodhpur*	B	Mil
81		Rajasthan	Churu	C	Non Mil
82		Rajasthan	Bharatpur	C	Mil
83		Rajasthan	Jaipur*	C	Mil
84		Rajasthan	Pali	D	Non Mil
85		Rajasthan	Sawai Madhopur	D	Non Mil
86		Rajasthan	Kota*	D	Mil
87		Rajasthan	Udaipur	D	Mil
88		Rajasthan	Jaisalmer	D	Mil
89		Rajasthan	Barmer*	D	Mil
90	Jammu	J&K	Jammu*	A	Mil

* In Phase I (2003-2004)

Appendix "C" Contd
(Refers to Para 1 of Chapter 8)

Ser No	Regional HQs	State	Station	Type	Mil/Non Mil
91		J&K	Junglot (Kathua)	C	Mil
92		J&K	Samba	C	Mil
93		J&K	Udhampur*	C	Mil
94		J&K	Doda	D	Mil
95		J&K	Poonch	D	Mil
96		J&K	Srinagar*	D	Mil
97		J&K	Baramulla	D	Mil
98		J&K	Leh	D	Mil
99		J&K	Rajouri*	D	Mil
100		Himachal Pradesh	Mandi*	C	Non Mil
101		Himachal Pradesh	Dharmashala*	A	Mil
102		Himachal Pradesh	Chamba*	D	Non Mil
103	Kochi	Kerala	Trivandrum*	A	Mil
104		Kerala	Alleppy	B	Non Mil
105		Kerala	Kannur*	B	Non Mil
106		Kerala	Quilon	B	Non Mil
107		Kerala	Palakkad*	B	Non Mil
108		Kerala	Pathanamthitta	B	Non Mil
109		Kerala	Trissur	B	Non Mil
110		Kerala	Kochi*	B	Mil
111		Kerala	Kottayam	C	Non Mil
112		Kerala	Kozikode	C	Non Mil
113		Kerala	Malappuram	C	Non Mil
114	Guwahati	Assam	Kamrup (Guwahati)*	D	Non Mil
115		Assam	Jorhat*	D	Mil
116		Assam	Masimpur (Silchar)	D	Mil
117		Tripura	Agartala*	D	Mil
118		Manipur	Imphal*	D	Mil
119		Meghalaya	Shillong*	D	Mil

* In Phase I (2003-2004)

Appendix "C" Contd
(Refers to Para 1 of Chapter 8)

Ser No	Regional HQs	State	Station	Type	Mil/Non Mil
120		Mizoram	Aizwal*	D	Mil
121		Nagaland	Zakhama (Kohima)*	D	Mil
122		Nagaland	Mokokchung	D	Mil
123	Kolkata	West Bengal	24 Parganas (Salt Lake)	B	Non Mil
124		West Bengal	Krishnanagar*	C	Non Mil
125		West Bengal	Darjeeling*	C	Mil
126		West Bengal	Bardwan	D	Non Mil
127		West Bengal	Howrah	D	Non Mil
128		West Bengal	Midnapur	D	Non Mil
129		West Bengal	Kolkata*	D	Mil
130		West Bengal	Bengdubi (Jalpaiguri)	D	Mil
131		Sikkim	Gangtok*	D	Mil
132	Lucknow	UP	Bulandshahr	B	Non Mil
133		UP	Ghazipur*	B	Non Mil
134		UP	Meerut*	B	Mil
135		UP	Balia	C	Non Mil
136		UP	Deoria	C	Non Mil
137		UP	Etawah	C	Non Mil
138		UP	Mainpuri	C	Non Mil
139		UP	Sultanpur	C	Non Mil
140		UP	Agra*	C	Mil
141		UP	Bareilly*	C	Mil
142		UP	Fatehgarh	C	Mil
143		UP	Kanpur	C	Mil
144		UP	Lucknow*	C	Mil
145		UP	Aligarh	D	Non Mil
146		UP	Azamgarh	D	Non Mil
147		UP	Badaun	D	Non Mil
148		UP	Fatehpur*	D	Non Mil
149		UP	Firozabad	D	Non Mil

* In Phase I (2003-2004)

Appendix "C" Contd
(Refers to Para 1 of Chapter 8)

Sr No	Regional HQs	State	Station	Type	Mil/Non Mil
150		UP	Jalaun	D	Non Mil
151		UP	Kanpur Dehat	D	Non Mil
152		UP	Mazaffarnagar*	D	Non Mil
153		UP	Pratapgarh	D	Non Mil
154		UP	Rae Bareilly	D	Non Mil
155		UP	Allahabad*	D	Mil
156		UP	Faizabad	D	Mil
157		UP	Gorakhpur*	D	Mil
158		UP	Mathura	D	Mil
159		UP	Varanasi	D	Mil
160		UP	Jhansi	D	Mil
161		UP	Saharanpur	D	Mil
162		UP	Shahjahanpur	D	Mil
163		UP	Ghaziabad (Hindon)*	D	Mil
164		UP	Etah	D	Non Mil
165		Uttranchal	Dehradun*	A	Mil
166		Uttranchal	Pithoragarh*	A	Mil
167		Uttranchal	Almora	B	Non Mil
168		Uttranchal	Chamoli*	B	Non Mil
169		Uttranchal	Nainital	B	Non Mil
170		Uttranchal	Lansdowne*	B	Mil
171		Uttranchal	Panri Garhwal*	C	Non Mil
172		Uttranchal	Raiwala (Haridwar)	D	Non Mil
173	New Delhi	Delhi	Delhi*	A	Mil
174		Haryana	Bhiwani*	A	Non Mil
175		Haryana	Jhajjar*	A	Non Mil
176		Haryana	Narnaul	B	Non Mil
177		Haryana	Rewari*	B	Non Mil
178		Haryana	Rohtak*	B	Non Mil
179		Haryana	Sonipat	B	Non Mil
180		Haryana	Gurgaon*	B	Mil

* In Phase I (2003-2004)

Appendix "C" Contd
(Refers to Para 1 of Chapter 8)

Sr No	Regional HQs	State	Station	Type	Mil/Non Mil
181		Haryana	Hissar*	B	Mil
182		Haryana	Faridabad*	C	Non Mil
183		Haryana	Jind	C	Non Mil
184		Haryana	Karnal*	C	Non Mil
185		Haryana	Panipat	C	Non Mil
186		Haryana	Yamunanagar	C	Non Mil
187		Haryana	Ambala*	C	Mil
188		Haryana	Fatehabad	D	Non Mil
189		Haryana	Kaithal	D	Non Mil
190		Haryana	Kurukshetra	D	Non Mil
191		Haryana	Sirsa	D	Mil
192		UP	NOIDA*	D	NonMil
193	Patna	Bihar	Bhojpur(Ara)*	B	Non Mil
194		Bihar	Chhapra	C	Non Mil
195		Bihar	Muzaffarpur*	C	Non Mil
196		Bihar	Danapur (Patna)*	C	Mil
197		Bihar	Dharbanga	D	Non Mil
198		Jharkhand	Singhbhum	D	Non Mil
199		Bihar	Gaya*	D	Mil
200		Jharkhand	Ranchi*	C	Mil
201		Orissa	Cuttack	C	Mil
202		Orissa	Ganjam (Brahmapur)*	D	Non Mil
203		Orissa	Balasore	D	Mil
204	Pune	Gujarat	Ahmedabad*	C	Mil
205		Gujarat	Vadodra	D	Mil
206		Gujarat	Jamnagar	D	Mil
207		Maharashtra	Satara*	A	Non Mil
208		Maharashtra	Kolhapur*	B	Non Mil
209		Maharashtra	Sangli	B	Non Mil
210		Maharashtra	Mumbai*	B	Mil

* In Phase I (2003-2004)

Appendix "C" Contd
(Refers to Para 1 of Chapter 8)

Ser No	Regional HQs	State	Station	Type	Mil/Non Mil
211		Maharashtra	Pune*	B	Mil
212		Maharashtra	Ratnagiri	C	Non Mil
213		Maharashtra	Sholapur	C	Non Mil
214		Maharashtra	Sindudurg	C	Non Mil
215		Maharashtra	Thane	C	Non Mil
216		Maharashtra	Ahmednagar	C	Mil
217		Maharashtra	Nagpur*	C	Mil
218		Maharashtra	Akola*	D	Non Mil
219		Maharashtra	Amravati	D	Non Mil
220		Maharashtra	Buldana	D	Non Mil
221		Maharashtra	Jalgaon	D	Non Mil
222		Maharashtra	Nasik (Deolali)*	D	Non Mil
223		Maharashtra	Osmanabad	D	Non Mil
224		Maharashtra	Alibagh	D	Non Mil
225		Maharashtra	Latur	D	Non Mil
226		Maharashtra	Aurangabad*	D	Mil
227		Maharashtra	Mumbai (Upnagar)	D	Mil

* In Phase I (2003-2004)

Appendix "D"
(Refer to Para 1 Chapter 9)

LIST OF HOSPITALS APPROVED BY THE GOVT INCLUDING LIST OF HOSPITAL EMPANELLED BY ECHS

Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*1	Andhra Pradesh	Hyderabad	Apollo Hospital, Deccan Hospital Ltd, Jubilee	Heart, Cancer, Renal Total Hip/ Knee Hills, Phase-3 Joint Replacement, Prostate Surgery (TURP) and Lithotripsy
*2	Andhra Pradesh	Hyderabad	Medwin Hospital Raghava Ratna Towers Chirag Ali Lane	Heart, Cancer and Renal
*3	Andhra Pradesh	Hyderabad	Kamineni Hospital LB Nagar	Heart, Renal Transplant/Dialysis, Lithotripsy, Kidney/ Urethral Stone, Prostate Surgery (TRUP), Total Hip/Knee Joint Replacement, Acute Phase Management of Stroke (CVA) and Arterial Surgery
*4	Andhra Pradesh	Hyderabad	LV Prasad Eye Institute, LV Prasad Marg, Banjara Hills	Retinal Detachment Surgery
*5	Andhra Pradesh	Hyderabad	Yashoda Super Specialty Hospital	Super speciality Referrals
*6	Andhra Pradesh	Hyderabad	Osmania General Hospital	All purpose
*7	Andhra Pradesh	Hyderabad	Gandhi General Hospital	All purpose
*8	Andhra Pradesh	Hyderabad	Niloufer General Hospital	Gynae, Obst & Paediatrics
9	Andhra Pradesh	Hyderabad	Fever Hospital Hyderabad	All purpose

* In Phase I (2003-2004)

Appendix “D” Contd.
(Refer to Para 1 Chapter 9)

Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*10	Andhra Pradesh		Institute of Chest Diseases	TB & Chest Diseases
11	Andhra Pradesh	Hyderabad	Govt Maternity Hospital	Obst & Gynae
*12	Andhra Pradesh	Hyderabad	Govt Mental Hospital	Mental
*13	Andhra Pradesh	Hyderabad	Govt Dental Hospital	Dental
*14	Andhra Pradesh	Hyderabad	ENT Hospital	ENT
*15	Andhra Pradesh	Hyderabad	Cancer Hospital MNJ	Cancer
*16	Andhra Pradesh	Hyderabad	Sarojini Devi Eye Hospital	Eye
*17	Andhra Pradesh	Hyderabad	Institute of Preventive Medicine Investigations	Lab
*18	Andhra Pradesh	Hyderabad	Share Medical Care (Medicity)	General & Specialised Acute Medical Care, Cardiology, Cardio thoracic Gastroenterology Nephrology, Lab Sciences & Radiology
*19	Andhra Pradesh	Hyderabad	Vijaya Diagnostic Centre	General purpose Obst & Gynae
20	Andhra Pradesh	Hyderabad	Gagan Mahal Nursing Home	General purpose, Obst & Gynae
*21	Andhra Pradesh	Hyderabad	Medinova Diagnostic Centre	General Diagnostic procedure
22	Andhra Pradesh	Hyderabad	Sharavana Nursing Home	General purpose
23	Andhra Pradesh	Hyderabad	Kailash Diagnostic & Rehabilitation Centre	Diagnostic facilities

* In Phase I (2003-2004)

Appendix “D” Contd.
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
24	Andhra Pradesh	Hyderabad	Tapadia Diagnostic Centre	Diagnostic facilities
25	Andhra Pradesh	Hyderabad	Eshwar Lakshmi Hospital	General purpose
26	Andhra Pradesh	Hyderabad	Sagar Lal Memorial I Hospital	General purpose
*27	Andhra Pradesh	Hyderabad	Geetha Maternity & Nursing Home	General purpose
28	Andhra Pradesh	Hyderabad	Ashok Kumar Hospital	General purpose ENT Treatment procedures
29	Andhra Pradesh	Hyderabad	CC Shroof Memorial Hospital	General purpose treatment
*30	Andhra Pradesh	Hyderabad	New City Hospital	General purpose treatment
31	Andhra Pradesh	Hyderabad	Central Diagnostic and Research Institute	General purpose Diagnostics
32	Andhra Pradesh	Hyderabad	Princes Dhrru Shever Children's Hospital	General purpose treatment and diagnostic
33	Andhra Pradesh	Hyderabad	Hari Prasad Memorial Hospital	General purpose treatment and diagnostic
*34	Andhra Pradesh	Hyderabad	Shri Bhagwan Devi Maternity and Orthopaedic Hospital	General purpose treatment and diagnostic
*35	Andhra Pradesh	Hyderabad	CDR Hospital	General purpose treatment and diagnostic
*36	Bihar	Patna	Patna Medical College and Hospital	All purpose
*37	Bihar	Patna	NMCH Patna	All purpose
38	Bihar	Patna	R Nagar Hospital	All purpose
39	Bihar	Patna	City Hospital	All purpose

* In Phase I (2003-2004)

Appendix “D” Contd.
(Refer to Para 1 Chapter 9)

Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*40	Bihar	Patna	Dr Ruben Memorial Hospital	All urological surgery, Dialysis and Laparoscopic surgery
*41	Bihar	Patna	Dirsthi Eye Care and Research Centre	Ophthalmology
*42	Bihar	Patna	Jeevak Heart Hospital and Research	Cardiac Surgical work
43	Bihar	Patna	Ram Ratan Hospital	Orthopaedic, Dermatology, Obstetrics, Dental
*44	Bihar	Patna	Balaji Cardiac Diagnostic Centre	TMT Holter, ECG Pulmonary Function Test
45	Bihar	Patna	Palm view Hospital	Urological services and Laprascopic procedures
46	Bihar	Patna	Nalanda Hospital and Scan centre	X Ray, MRI, CT scan and Ultrasound
47	Bihar	Patna	Central Diagnostic	For Biochemistry Hematology, Microbiology and Drug Monitoring
*48	Bihar	Patna	Heart Hospital Pvt Ltd	Cardiology and Cardiothoracic Surgery
49	Bihar	Patna	Pachlok Diagnostic centre	For Diagnostic
50	Bihar	Patna	Tara Hospital and Medical Research Centre	General purpose and specialised treatment in Cardiac thoracic surgery, Nephrology and Laparoscopy
*51	Bihar	Patna	Mahavir Cancer Sansthan	Cancer
52	Bihar	Patna	Sahyog Hospital	General purpose
53	Bihar	Patna	Hai Medicare and Rsearch Institute	General Surgery and Diagnostics

* In Phase I (2003-2004)

Appendix “D” Contd.
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
54	Bihar	Patna	Harsh advanced Duagnostic and Research centre	Pathology, Biochemistry and ultrasound
55	Bihar	Patna	Alok Medical Centre	Therapeutic and Diagnostic including endoscopic procedures
56	Bihar	Patna	Chikitsa Nursing Home, Mithapur, Patna	Maternity Services
57	Bihar	Patna	Sahyog Hospital, 40, Patliputra Colony, Patna	General purpose treatment in Medicines, General Surgery and Obst & Gynac
58	Bihar	Patna	Shahi Hospital, Road No 2B, Rajendra Nagar	Urology including lithotripsy
59	Bihar	Patna	Dr. Ruben Memorial Hospital, Ratan Stone Clinic, Minar Plaza	All Urological surgery including lithotripsy, Dialysis and Laproscopic surgery
60	Bihar	Patna	Jeevak Heart Hospital & Research Institute Pvt. Ltd	Cardiac Surgical work
61	Bihar	Patna	Golghar Chikitsa Kendra Golghar	Cardiac Investigations
*62	Bihar	Patna	Surabhi Imaging Center Opp. S. Tax Office, Guzri	Ultrasonography
*63	Bihar	Patna	Panchlok Diaggnostic Center Opp Tara Nmandal, Bailey Road	Haematology, Bio-chemistry
64	Bihar	Patna	Central Diagnostics Shanti Priya Appts Boring Road	Pathology, Microbiology, Bio-chemistry and Harmonal Essay

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Appendix “D” Contd.
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*65	Bihar	Patna	Maurya Laboratories Pvt. Ltd Rajindra Nagar, Road No 3 Biolab & Pawan Ultrasound	All Pathological, Biological, Micro Biology and Histopathology Investigations Pathology, Biochemistry & Micro Biology
*66	Chandigarh	Chandigarh	PGI Chandigarh	Renal and Heart
*67	Delhi	Delhi	All India Institute of Medical Sciences, Ansari Nagar	All purpose
68	Delhi	Delhi	GB Pant Hospital Jawaharlal Nehru Marg	Heart
*69	Delhi	Delhi	Dharamshila Cancer Hospital and Research Centre, Vasundhara Enclave	Cancer
*70	Delhi	Delhi	National Heart Institute & Research Centre East of Kailash	Cancer
*71	Delhi	Delhi	Escorts Heart Institute & Research Centre Okhla Rd, Near Friends Colony	Heart and Arterial Surgery
*72	Delhi	Delhi	Batra Hospital & Memorial Research Centre, 1 Tughlakabad Institutional Area MB Rd	Cardiac, Diagnostic, Cancer Heart, Cancer, Renal,
*73	Delhi	Delhi	Sir Ganga Ram hospital, Sir Ganga Ram Hospital Marg	Total Hip/Knee Joint Replacement and Prostate Surgery
74	Delhi	Delhi	Sir Mool Chand Khairati Ram Hospital and Ayurvedic Research Institute, Lajpat Nagar	Cancer ,Renal and Total Hip/Knee Joint Replacement

* In Phase I (2003-2004)

Appendix “D” Contd.
(Refer to Para 1 Chapter 9)

Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*75	Delhi	Delhi	Orthonova Hospital, C-5/29, Safdarjung Development Area Opp IIT Gate	Total Hip/Knee Replacement
*76	Delhi	Delhi	Indraprastha Apollo Hospital, Sarita Vihar, Delhi Mathura Road	Heart, Cancer, Arterial Surgery, Acute Phase Management of Stroke, Lithotripsy for Kidney/Urethral Stone and Total Hip/Knee Joint Replacement
77	Delhi	Delhi	Maharaja Agarsain Hospital	General purpose
78	Delhi	Delhi	Malhotra Heart Institute & Medical Research Centre, 14, Ring Road Lajpat Nagar	Heart
*79	Delhi	Delhi	Rajiv Gandhi Cancer Institute & Research Centre, Sector-IV, Rohini	Cancer
80	Delhi	Delhi	Mata Chanan Devi Hospital, C-1, Janak Puri	Renal Dialysis, Acute Phase Management of Stroke (cva) AND prostate Surgery (TURP)
*81	Delhi	Delhi	Dr Rajendra Prasad Centre for Ophthalmic Sciences/ All India Institute of Medical	Retinal Detachment Surgery
82	Delhi	Delhi	Sciences, Ansari Nagar Gusamal M Modi Hospital & Research Centre for Medical Sciences	

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
83	Delhi	Delhi	Jaipur Golden Hospital	General Purpose & Diagnostic
84	Delhi	Delhi	Dr. RM Lohia Hospital	
*85	Delhi	Delhi	Safdarjung Hospital	
86	Delhi	Delhi	Lady Harding Hospital	
87	Delhi	Delhi	Kalavati Saran Children Hospital	
88	Delhi	Delhi	M&G Hospital, RK Puram	
89	Delhi	Delhi	LNJP Hospital	
90	Delhi	Delhi	Dindayal Hospital	
91	Delhi	Delhi	Kasturba Hospital	
92	Delhi	Delhi	Girdhari Lal Hospital	
93	Delhi	Delhi	RBTB Hospital Kingsway Camp	
94	Delhi	Delhi	Escort Hospital & Research Centre	
95	Delhi	Delhi	Dr. Anand's Ultrasound & CT Scan	
96	Delhi	Delhi	GMR Institute of Imaging Research, MRI Scan Centre	
97	Delhi	Delhi	Medical Laboratory Services	
98	Delhi	Delhi	South Delhi Ultrasound & X-ray Clinic	

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
99	Delhi	Delhi	Delhi CT & MRI Centre	Radiology, CT, MRI
100	Delhi	Delhi	CISR Hospital	Asthma
101	Delhi	Delhi	DNR ;Institute	CT
*102	Delhi	Delhi	Indian Spinal Injuries Centre	Orthopaedic and Spinal Injuries
*103	Delhi	Delhi	Dr Lal Path Lab(P) Ltd	Lab
*104	Delhi	Delhi	RG Stone Urological Research Institute	Lithotripsy
*105	Delhi	Delhi	National CT scan and Diagnostic Centre, Punjabi bagh	CT, MRI
106	Delhi	Delhi	Scan Research Institute at Ganga Ram Hospital	CT, MRI
107	Delhi	Delhi	GMR Institute of Imaging and Research	CT, MRI
108	Delhi	Delhi	Speciality Ranbaxy Lab, ISIC Vasant Kunj	Lab
*109	Delhi	Delhi	NMC Imaging and Diagnostic Centre (VIMHANS)	CT, MRI
110	Gujarat	Ahmedabad	Civil Hospital	General purpose
*111	Gujarat	Ahmedabad	Mental Hospital	Mental Diseases
*112	Gujarat	Ahmedabad	Dental Hospital	Dental
*113	Gujarat	Ahmedabad	TB Hospital	TB
114	Gujarat	Ahmedabad	VS Hospital	General purpose
*115	Gujarat	Ahmedabad	Nagri Eye Hospital	Eye

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
116	Gujarat	Ahmedabad	Shrardabai Hospital	General purpose
*117	Gujarat	Ahmedabad	LG Hospital	General purpose
118	Gujarat	Ahmedabad	Karnavati Hospital	Specialised Treatment and diagnostic procedures
119	Gujarat	Ahmedabad	Parekhs Hospital	Laproscopy and Joint replacement
*120	Gujarat	Ahmedabad	Krishna heart Institute	Cardiac and Cardiothroracic procedures
121	Gujarat	Ahmedabad	Sterling Hospital	General and Specialised incl.Cardiac and Cardiothroracic procedures
122	Gujarat	Ahmedabad	Laxmi Heart and Medicare	General purpose
*123	Gujarat	Ahmedabad	The Gujrat Cancer and Research Centre New Civil Hospital Compound	Cancer
*124	Gujarat	Ahmedabad	The Gujrat Research and Medical Institute Camp Road,Shahibag	Heart
*125	Gujarat	Ahmedabad	Usmanpura CT scan centre	CT, MRI and Radiology
*126	Haryana	Faridabad	Faridabad CT Scan Centre	CT
*127	Haryana	Faridabad	Escorts Hospital and Research Centre	General purpose

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*128	Haryana	Gurgaon	Distt Hospital	
*129	Haryana	Gurgaon	Modern Diagnostic and Research Centre	Conventional radiology, CT, Lab
*130	Haryana	Gurgaon	Uma Sanjeevani Health Centre	Diagnostic purpose
*131	Jharkhand	Ranchi	Raj Hospital and Research Centre	Specialised General and Diagnostic
*132	Jharkhand	Ranchi	St Barnavas Hospital	General purpose and Diagnostic procedures
*133	Jharkhand	Ranchi	Nagarmal Modi Seva sadan	General/Specialised treatment
134	Jharkhand	Ranchi	Abdur Razzak Memorial Weavers Hospital(Apollo)	- do -
*135	Jharkhand	Ranchi	Dr PS Rohatagi	Diagnostic investigation
*136	Jharkhand	Ranchi	Dr AK Verma Pathology	- do -
*137	Jharkhand	Ranchi	Dr J Sharan Pathology	- do -
*138	Karnataka	Bangalore	Kidwai Memorial Institute of Oncology Hosur Road.	Cancer
*139	Karnataka	Bangalore	Manipal Hospital, 98, Rustam Bag, Airport Road	Heart and Cancer
*140	Karnataka	Bangalore	Wockhardt Hospital and Heart Institute Sharif Chambers, 14, Cunningham Road	Heart and Arterial Surgery

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*141	Karnataka	Bangalore	St.John's Medical College Hospital Sarjapur Road	Heart, Renal and Prostate Surgery(TURP)
*142	Karnataka	Bangalore	Bangalore Institute of Oncology (Bangalore Cancer Hospital 44-45/2, 2nd Cross Raja Ram Mohan Ray	Cancer
143	Karnataka	Bangalore	Hosmat 45, Magarath Road, Off Richmond Road Next to the Corporate Officers	Cancer
144	Karnataka	Bangalore	MS Ramaiah Medical teaching Hospital	General & Specilised
*145	Karnataka	Bangalore	Curie Centre Oncology St. John's College & Hospital Campus, Pom- Koramangla	Cancer (Surgery, Radiotherapy and Chemotherapy)
146	Karnataka	Bangalore	Santosh Hospital	
147	Karnataka	Bangalore	Bhagwan Mahaveer Jain Heart Institute	Cardiology and Cardiac Surgery
148	Karnataka	Bangalore	Bangalore Baptisit Hospital	General purpose
149	Karnataka	Bangalore	Victoria Hospital	
150	Karnataka	Bangalore	Bowering and Lady Curzon	
151	Karnataka	Bangalore	Vani Vilas	
*152	Karnataka	Bangalore	Minto Ophthalmic Hospital	

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
153	Karnataka	Bangalore	KG Hospital	
154	Karnataka	Bangalore	Isolation Hospital	
155	Karnataka	Bangalore	Lady Willingdo & TB DeMonstration Centre	
156	Karnataka	Bangalore	HSIS Hospital	
157	Karnataka	Bangalore	SDS Sanitorium	
*158	Karnataka	Bangalore	Govt TB Hosptial	
159	Karnataka	Bangalore	Central Laprasorium	
*160	Karnataka	Bangalore	Government Dental College	
161	Karnataka	Bangalore	Jayangar General Hospital	
*162	Karnataka	Bangalore	Chimaya Mission Hospital	
*163	Karnataka	Bangalore	Medinova Diagnostic Services Ltd	
*164	Karnataka	Bangalore	KIMS Ho.spital & Research Centre	
165	Karnataka	Bangalore	Yellama Dasappa Hospital	
166	Karnataka	Bangalore	PD Hinduja Sindhi Hospital	Yes
167	Karnataka	Bangalore	Republic Hospital	
168	Karnataka	Bangalore	Sevak Shetra Hospital	
*169	Karnataka	Bangalore	NIMHANS	Mental and Neurological disorders
*170	Karnataka	Bangalore	Sanjay Gandhi Accident and Rehabilitation Centre	Accident and orthopaedic
171	Karnataka	Bangalore	Shri Jayadev Institute	Cardiology
*172	Karnataka	Bangalore	MS Ramaiah Hospitals	General/specialised Procedur

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
173	Karnataka	Bangalore	Bhagwan Mahaveer Jain Hospital	General/specialised procedures
*174	Karnataka	Bangalore	Indira Gandhi Institute of Child Health	Paediatrics
175	Karnataka	Bangalore	Agadi Hospital & Research Centre	General and Specialised Treatment
176	Karnataka	Bangalore	CSI Hospital	General purpose
177	Karnataka	Bangalore	Chord Road Hospital	General purpose
178	Karnataka	Bangalore	Gayatari Hospital	General purpose
179	Karnataka	Bangalore	ITI Hospital	General purpose
*180	Karnataka	Bangalore	Narayan Nethralaya	Eye
*181	Karnataka	Bangalore	Rajsekhar Hospital and Maternity Centre	General purpose
182	Karnataka	Bangalore	Ravi Kirloskar Memorial Hospital	General purpose
183	Karnataka	Bangalore	Shekhar Hospital	General and Specialised treatment
184	Karnataka	Bangalore	Bangalore Children Hospital	Paediatrics
*185	Karnataka	Bangalore	Bangalore Heart Hospital	Cardiology and Cardiac Surgery
*186	Karnataka	Bangalore	Bangalore West Lions Eye Hospital	Eye
187	Karnataka	Bangalore	KR Hospital	General and Specialised

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*188	Karnataka	Bangalore	Narayan Hirdiyalaya	Cardiology and Cardiac Surgery
189	Karnataka	Bangalore	Sri Raghvendra Hospital	General and specialised Treatment
*190	Karnataka	Bangalore	Bangalore Kidney Stone	Lithotripsy
*191	Karnataka	Bangalore	Trinity hospital and Heart Hospital	General and Specialised
*192	Maharashtra	Nagpur	Govt Medical College and Hospital	All purpose
193	Maharashtra	Nagpur	General Hospital	All purpose
*194	Maharashtra	Nagpur	Govt Indira Gandhi Medical College and Hospital	All purpose
*195	Maharashtra	Nagpur	Daga Memorial Hospital	Children Maternity
*196	Maharashtra	Nagpur	Govt Mental Hospital	Mental Diseases
*197	Maharashtra	Nagpur	Central Neurological Institute	Neuro Surgery
*198	Maharashtra	Nagpur	Jayneeta Pathological & Cytology Laboratory	Pathological
199	Maharashtra	Nagpur	Shri Radhakrishna Hospital & Research Centre	General purpose
200	Maharashtra	Nagpur	Janta Maternity Home & Hospital	General
201	Maharashtra	Nagpur	Lata Mangeshkar Hospital	General
*202	Maharashtra	Nagpur	Crescent Nursing Home & ICCU	Cardiology & Nephrology

* In Phase I (2003-2004)

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*203	Maharashtra	Nagpur	Khemka X-ray and Ultra sound clinic	X-ray & Ultrasound
*204	Maharashtra	Nagpur	Matru Seva Sangh Maternity Home	Obst & Gynae
*205	Maharashtra	Nagpur	Central Indira Institute of Medical Sciences	Neurology
*206	Maharashtra	Nagpur	Nagpur Neurological Research Centre	CT Scan
*207	Maharashtra	Nagpur	Laxmi Narayan Institute of Technology	Pathology
*208	Maharashtra	Nagpur	Central India Institute of Medical Sciences 88/2, Bajaj Nagar	Heart and Cancer
209	Maharashtra	Nagpur	Mure Memorial Hospital	General
*210	Maharashtra	Mumbai	Bombay Hospital & Research Centre,12, Marine Lines	Heart, Cancer, Renal and Total Hip/Knee Joint Replacement
*211	Maharashtra	Mumbai	KEM Hospital,Parel,	Heart,Cancer and Renal
212	Maharashtra	Mumbai	Mangal Anand Hospital	All Purpose
*213	Maharashtra	Mumbai	JJ Hospital	All Purpose
214	Maharashtra	Mumbai	St George Hospital	All Purpose
215	Maharashtra	Mumbai	GT Hospital	All Purpose
216	Maharashtra	Mumbai	Cama & Alless Hospital	Maternity Cases
*217	Maharashtra	Mumbai	NM Mental Hospital	Mental cases
218	Maharashtra	Mumbai	LTG Hospital	All Purpose
219	Maharashtra	Mumbai	BYL Nair Hospital	All Purpose

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*220	Maharashtra	Mumbai	KEM Hospital	All Purpose
*221	Maharashtra	Mumbai	RG Stone Urological Research Institute, Khar.	Nephrology, Urology, Laser, Prostectomy, Laparoscopic, Surgery and Lithotripsy
*222	Maharashtra	Mumbai	Tata Memorial Hospital Dr Ernest Borges Marg, Parel, Mumbai	Cancer
*223	Maharashtra	Mumbai	Jaslok Hospital & Research Centre 15, Dr. DG Deshmukh Marg	Heart Cancer, Renal and Prostate Surgery (TRUP)
*224	Maharashtra	Mumbai	Cumballa Hill Hospital Heart Institute, 95 August Kranti Marg	Heart
225	Maharashtra	Mumbai	Mahatma Gandhi Missions New Bombay Hospital, Vashi	All purposes
226	Maharashtra	Mumbai	Inlaks General Hospital, Chembur	General Purpose
227	Maharashtra	Mumbai	Holy Siphrit Hospital, Andheri	General Purpose
*228	Maharashtra	Mumbai	Speciality Ranbaxy Ltd	Diagnostics
*229	Maharashtra	Mumbai	Clinical Diagnostic Centre, BD Road	Radiology, CT, MRI
230	Maharashtra	Mumbai	Bai Jerbai Wadia Hospital, Parel	General and Specialised in Paediatrics
231	Maharashtra	Mumbai	Nowrojee Maternity Hospital	General and Specialised

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Appendix “D” Contd
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
232	Maharastra	Mumbai	Smt Susheela Rani Ben R Mehta and Sir Kikabhai Premchand Cardiac Institute, Kings Circle	Cardiology
*233	Maharastra	Mumbai	Shroff Eye Clinic N Subhash Road	Eye
234	Maharastra	Mumbai	Guru Nank Hospital, Bandra E	General purpose
*235	Maharastra	Mumbai	SL Raheja Hospital, Mahim	Specialised Procedures
236	Maharastra	Mumbai	Radhbai Watumul Global Hospital, Mahim	General and Specialised in Chest
237	Maharastra	Mumbai	Karuna Hospital, Borivali W	General purpose
238	Maharastra	Mumbai	Mangal Anand Hospital, Chembur	General Purpose
239	Maharastra	Mumbai	NM Medical Centre, Rama bai Road	Diagnostic - General and Specialised
240	Maharastra	Mumbai	VT Shah Diagnostic Centre, Dr Ambedkar Rd	Diagnostic - General and Specialised
*241	Maharastra	Mumbai	Sterling Imaging centre, Worli	Specialised Diagnostics
*242	Maharastra	Mumbai	Andheri Pathological Lab	Diagnostic General
*243	Maharastra	Mumbai	Nirman High Tech Diagnostic Centre, Malad Kandivali(W)	Specialised Imaging
244	Maharastra	Mumbai	Ashwani laboratory, Andheri W	Diagnostic - General and Specialised

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Appendix “D” Contd
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*245	Maharastra	Pune	Ruby Hall Clinic, Grant Medical Foundation 40, Sassoon Road, P.B No 70	Heart, Cancer, Renal Prostate Surgery (TRUP) and Speciality conditions
246	Maharastra	Pune	Jehangir Nursing Home 32, Sassoon Road	General Purpose
*247	Maharastra	Pune	NM Wadia Institute of Cardiology 32, Sassoon Road	Cardiology and Cardiac Surgery
*248	Maharastra	Pune	Sancheti Institute for Orthopaedics & Rehabilitation 16 Shivaji Nagar	Orthopaedics, Joint Replacement
249	Maharastra	Pune	Morbai Naraindas Budhrani Cancer Inst. Sadhu Vaswani Medical Complex 7-9, Koregaon Park	Cancer and Prostate Surgery (TURP)
250	Maharastra	Pune	Poona Hospital and Research Centre, 27, Sadashivpeth	Renal, Total Hip/Knee Joint Replacement, Prostate Surgery (TURP) Acute Phase Management of Stroke (CVA) & Speciality conditions
*251	Maharastra	Pune	Maharashtra Medical Foundation, Hjoshi Hospital Shivaji Nagar, Opp Kamala Nehru Park	General purpose,
*252	Maharastra	Pune	Maharashtra Medical Foundation, Ratna Memorial Hospital 968/969, Senapati Papat Road	General purpose,

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*253	Maharastra	Pune	Sasoon Hospital	General
254	Maharastra	Pune	Aundh Chest Hospital	Chest
255	Maharastra	Pune	CentralMental Hospital	Psychiatric Cases
*256	Maharastra	Pune	Sharda Clinic	Orthopedic
*257	Maharastra	Pune	Medinova Diagnostic	Specialised diagnostic & Radiology
*258	Maharastra	Pune	Uni Scan Centre	CT Scan
*259	Maharastra	Pune	KEM Hospital	General purpose
260	Maharastra	Pune	Colony Nursing Home	Obst & Gynae
*261	Maharastra	Pune	National Institute of Ophthalmology	Ophthalmology Diseases
262	Maharastra	Pune	Medivision	Ultrasound & CST Scan
263	Maharastra	Pune	ACT's General Hospital	All purpose
*264	Maharastra	Pune	Medivision Whole Body CT scan	Radiological Investigations
265	Maharastra	Pune	Sahayadri Laboratory and Diagnostic Centre	General/ Specialised Pathological investigations
266	Maharastra	Pune	Kotbhagi Hospital	General purpose
267	Maharastra	Pune	Gulati Sonographic Clinic	Ultrasound only
*268	Maharastra	Pune	Dr DY Patil Medical College and Hospital Pimpri	General Purpose
*269	Maharastra	Pune	Bharathi Vidyapeeth Medical Foundations Bharathi Hospital	General Purpose
*270	MP	Jabalpur	National Hospital	General Purpose and Specialised procedures

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*271	MP	Jabalpur	Jabalpur Hospotal and Research centre	General Purpose and Specialised procedures
272	MP	Jabalpur	The Mannulal Jaganath Trust Hospital and Research Centre	General Purpose and Specialised diagnostic Procedures
273	MP	Jabalpur	Maha Koshal hospital	General Purpose and Specialised Procedures including Cardiac surgery
*274	MP	Jabalpur	Charak Diagnostic and Research centre	Radiology and CT Scan
275	MP	Jabalpur	Hi Tech Scan Centre	Radiology and CT Scan
*276	MP	Jabalpur	Bansal Blood Bank and Transfusion service	Diagnostic and Blood Bank
*277	MP	Jabalpur	Sweta Duagnostic Centre	Pathological Investigations
278	MP	Jabalpur	Sanjivan Hospital & Research Center, Ramnagar, Ddhartal	General Purpose Treatment & Diagnostic Procedures
279	MP	Jabalpur	SC Gupta Memorial Hospital, Near TV Tower, Katanga, Jabalpur	General purpose Treatment except Dental, Orthopaedic & Ophthalmology
280	MP	Jabalpur	Mahakoshal Hospital, Wright Town, Jabalpur	General Purpose Treatment (except Dental) and Specialised Treatment in Cardiac Surgery and Burn & Plastic Surgery
281	MP	Jabalpur	Havakoyr X-ray Sonography Centre, Near Telegraph Gate No 2, Wright Town, Jabalpur	Radiographic and Routine Sonographic Procedure

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
282	MP	Jabalpur	SS Sonography & X-ray Centre Ranjhi, Jabalpur	Routine Radiographic & Sonographic Procedures
283	MP	Jabalpur	Sandhu Diagnostics, Bus Stand, Wright Town Jabalpur	OPG, X-Ray & Sonographic Procedures
284	MP	Jabalpur	Disha X-Ray & Sonography Centre, Ganjipura Main Road Jabalpur	Radiographic, Sonographic & Echo Cardiographic Procedure
285	MP	Jabalpur	Silver Oak Hospital, Silver Oak, Napier Town, Jabalpur	General purpose Treatment Exceptent & Dental
*286	MP	Jabalpur	Marbal City Hospital & Research 21, North Civil Lines, Jabalpur Dialysis	General purpose & Specialized treatment for Laproscopic & Dialysis
287	MP	Jabalpur	Saxena X-ray & Sonography Centre, Rupam Tower, Wright Town Jabalpur	Routine Radiographic & Sonographic Procedures
*288	Punjab	Jalandhar	BBC Heart Care Pruthi Hospital 301, Lajpat Nagar	Heart All Purpose
*289	Rajasthan	Jaipur	Sawai Mansingh Medical College Hospital	
290	Rajasthan	Jaipur	JK Len Hospital	All purpose
*291	Rajasthan	Jaipur	Mental Hospital	Mental diseases
*292	Rajasthan	Jaipur	TB & Chest Hospital	TB & Chest Diseases
293	Rajasthan	Jaipur	Rungta Hospital	General Purpose Treatment

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Appendix “D” Contd
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*294	Rajasthan	Jaipur	Soni Hospital	General Purpose Treatment
*295	Rajasthan	Jaipur	Jain Eye Hospital	Specialised treatment for Ophthalmology
296	Rajasthan	Jaipur	Heart and General Hospital	Specialised treatment for Cardiology
*297	Rajasthan	Jaipur	Laxmi Imagine and Medical Research Hospital	Specialised service for MRI and CT Scan
298	Rajasthan	Jaipur	Rajdhani Clinic and Nursing Home	Specialised Service for General Surgery
*299	Rajasthan	Jaipur	KC Memorial Eye Hospital	Specialised Treatment for Ophthalmology
*300	Rajasthan	Jaipur	Urology and Medical Care Centre	Urology
301	Rajasthan	Jaipur	Sharda Nursing Home	Ophthalmology
*302	Rajasthan	Jaipur	Shri Amar Jain Medical Relieve Society	General Purposed Treatment and Diagnostic Procedures
*303	Tamilnadu	Chennai	Apollo Hospitals 21, Greams Lane (Off Greams Raod)	Heart , Cancer, Renal and Total Hip/Knee Joint Replacement and Prostate Surgery(TURP)
*304	Tamilnadu	Chennai	Sri Chennai Scan and Research Centre	CT scan, Doppler
*305	Tamilnadu	Chennai	Ehrlich Laboratory	Diagnostic procedures
306	Tamilnadu	Chennai	Bharat Scans	CT, Radiology
307	Tamilnadu	Chennai	Arma Clinical Services & Hospital	Diagnostic procedures

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Appendix "D" Contd
(Refer to Para 1 Chapter 9)

Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
308	Tamilnadu	Chennai	RSRM Hospital	
309	Tamilnadu	Chennai	Institute for Obst and Gynae Maternity	
*310	Tamilnadu	Chennai	Institute for Rehabilitation	Reahabilitation
311	Tamilnadu	Chennai	Arignar Anna Govt Hospital	
*312	Tamilnadu	Chennai	Dr Agarwals Eye Hospital	
*313	Tamilnadu	Chennai	The Madras Medical Mission, Unit : Institute of Cardio Vascular Diseases, 4A Dr. JJ Nagar Mogappair	Heart
*314	Tamilnadu	Chennai	Malar Hospital 52, 1 st Main Road Mylapore	Heart ,Renal and Prostate Surgery (TURP)
*315	Tamilnadu	Chennai	Trinity Acute Care Hospital 33, Desikan Road Mylapore	Heart, Renal Transplant /Dialysis and Prostate Surgery(TURP)
*316	Tamilnadu	Chennai	RG Stone Urological Research Institute	Urology & Lithotripsy
317	Tamilnadu	Chennai	General Hospital	All purpose
*318	Tamilnadu	Chennai	Stanley Hospital	All Purpose
319	Tamilnadu	Chennai	Rayapethen Hospital	All purpose
320	Tamilnadu	Chennai	Woman & Children Hospital	All purpose
*321	Tamilnadu	Chennai	Kasturba Gandhi Hospital	Women and Child Diseases
*322	Tamilnadu	Chennai	Institute of Mental Health	Mental diseases
323	Tamilnadu	Chennai	Institute of Child Health	Paediatric

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Appendix "D" Contd
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*324	Tamilnadu	Chennai	T B Sanatorium, Tambaram	
325	Tamilnadu	Chennai	T T B Hospital, Otteri	TB & Chest Diseases
*326	Tamilnadu	Chennai	Institute of Thoracic Medicine	TB & Chest Disease
*327	Tamilnadu	Chennai	Artificial Limbs Centre	Orothopaedic
328	Tamilnadu	Chennai	Peripheral Hospital	General purpose
*329	Tamilnadu	Chennai	Dental Medical College	Dental
*330	Tamilnadu	Chennai	Ophthalmology Hospital	Ophthalmology Treatment
331	Tamilnadu	Chennai	KJ Hospital Pvt Ltd	All purpose
*332	Tamilnadu	Chennai	CSI Rainy Hospital	General purpose Treatment & Diagnostic Procedure
333	Tamilnadu	Chennai	National Hospital	General purpose Treatment & Diagnostic Procedure
334	Tamilnadu	Chennai	CSI Kalyani Hospital	General purpose Treatment & Diagnostic Procedure
335	Tamilnadu	Chennai	Andhra Mahila Sewa	General purpose Treatment & Diagnostic Procedure
336	Tamilnadu	Chennai	Voluntary Health Services	General purpose Treatment & Diagnostic Procedure
337	Tamilnadu	Chennai	Pulic Health Care	General purpose Treatment & Diagnostic procedure

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Appendix “D” Contd
(Refer to Para 1 Chapter 9)

Appendix “D” Contd
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
338	Tamilnadu	Chennai	Shifa Hospital & Research Centre	General purpose Treatment & Diagnostic procedure
339	Tamilnadu	Chennai	Shri Chennai Scan & Research Centre	CT Scan, Ultrasound & ECG
*340	Tamilnadu	Chennai	Sri Rama Chandra Hospital	General purpose
341	Tamilnadu	Chennai	Miot Hospital	General and Specialised
342	Tamilnadu	Chennai	Hande hospital	General purpose
343	Tamilnadu	Chennai	Sugam Hospital	General purpose
344	Tamilnadu	Chennai	Balaji Hospital Pvt Ltd	General purpose
*345	Tamilnadu	Chennai	Vijaya Heart Foundation	Cardiac and Cardiothoracic procedures
346	Tamilnadu	Chennai	KHM Hospital	General and Specialised
347	Tamilnadu	Chennai	Rigid Hospital	Specialised in Gastroenterology
*348	Tamilnadu	Chennai	Billroth Hospital	General and Specialised incl. Neurosurgery and Orthopaedics
349	Tamilnadu	Chennai	Sri Devi Hospital	General Purpose
350	Tamilnadu	Chennai	Nagmani Hospital	General Purpose
351	Tamilnadu	Chennai	Dr Mehta Nursing Home	General purpose
*352	Tamilnadu	Chennai	Harvey Heart Hospital	Specialised in Cardiology and Cardiothoracic Surgery
*353	Tamilnadu	Chennai	Kasthuri Hospital	Specialised in Laparoscopy

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
354	Tamilnadu	Chennai	Aswene Soundra Hospital	General and Specialised incl Orthopaedics, Gastro enterology and Renal transplant
355	Tamilnadu	Chennai	Bharathi Rajaa Hospital	General
356	Tamilnadu	Chennai	Chennai Kaliappa Hospital	General and Specialised
357	Tamilnadu	Chennai	Devaki Hospital	General and Specialised
358	Tamilnadu	Chennai	Sooriya Hospital	General and Specialised
359	Tamilnadu	Chennai	Sapthagiri Diagnostic Centre	Diagnostic
360	Tamilnadu	Chennai	Sarath Diagnostic Centre	Diagnostic
361	Tamilnadu	Chennai	Arma Diagnostic Centre	Diagnostic
*362	Tamilnadu	Vellore	Chistian Medical College	Renal transplantation
*363	UP	Allahabad	Medical College and Hospital	General purpose
*364	UP	Allahabad	Kamala Nehru Hospital	Maternity
*365	UP	Allahabad	Nazareth Hospital	General and Specialised purposes
*366	UP	Allahabad	Prayag Scanning Pvt Ltd	CT scan
367	UP	Allahabad	Pathology Clinic	Diagnostic
*368	UP	Allahabad	Shri Narayan Ashram Hospital, Shivkuti, Allahabad	General purpose Treatment & Oncology
369	UP	Allahabad	Jivan Jyoti Hospital	General purpose Treatment
370	UP	Allahabad	Vatsalya Maternity & Surgical Center Pvt. Ltd. Eligin Road (Lal Bahadur Shastri Marg) Allahabad	General Purpose Treatment

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Appendix "D" Contd
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
371	UP	Allahabad	Priti Hospital. Panna Lal Road, Allahabad	General purpose Treatment
372	UP	Allahabad	Raj Nursing Home, Park Road, Allahabad	General purpose Treatment
*373	UP	Allahabad	Parakh Ultrasound X-Ray and Pathology, North, Malaka, Opp. SRN Hospital, Allahabad	X-Ray Only
*374	UP	Allahabad	Pragya Scanning Center, A.N.Jha Marg, George Town, Allahabad	X-Ray, Ultrasonography and Color Doppler
375	UP	Allahabad	Kirti Scanning Centre (P) Ltd. Lowther Road, Allahabad	Radio Diagnostic procedures
*376	UP	Allahabad	Prayag Scanning Pvt. Ltd North Malaka, Opp SRN Hospital, Allahabad	CT Scan
377	UP	Allahabad	Rani Basant Diagnostic Center Looker Ganj, Bara Bangalia	X-Ray & Ultrasonography
*378	UP	Ghaziabad	Narender Mohan Hospital	General Purpose
*379	UP	Ghaziabad	Santosh Medical and Dental College	General Purpose
*380	UP	Ghaziabad	Yashoda Hospital and Research Centre	General Purpose
*381	UP	Kanpur	Medical College & Hospital,	General Purpose
*382	UP	Kanpur	Regency Hospital Ltd A2, Sarvodaya Nagar	Heart and Total Hip/ Knee Joint Replacement

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Appendix "D" Contd
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*383	UP	Kanpur	Sanjeevani	Pathological investigations and Blood Bank
*384	UP	Kanpur	Ratan MRI and Spiral CT	Radiology, CT, MRI
*385	UP	Lucknow	Civil Hospital	General purpose
386	UP	Lucknow	Balrampur Hospital	General purpose
*387	UP	Lucknow	KGMC	General purpose
388	UP	Lucknow	Mahila Hospital	General purpose
389	UP	Lucknow	Awadh Hospital and Heart Centre	Cardiology
*390	UP	Lucknow	Sarkar Diagnostics	Radiology, CT Scan, MRI, USG, Color Doppler
*391	UP	Lucknow	Dental Clinic, Tribeni House.1, Nawal Kishore Road, Hazrat Ganj, Lucknow	Dental Care & Dental X-Ray
*392	UP	Lucknow	Javitri Hospital, Talibagh, Lucknow	Obst & Gynae, Treatment, USG & X-Ray
393	UP	Lucknow	Jagrani Hospital, Ring Road, Kalyanpur, Near Kuckrail picnic Spot Crossing, Lucknow	General Purpose Treatment
394	UP	Lucknow	KK Hospital, 87/88 Nabibullah Road, River Bank Colony, Near Suraj Kund Park, Lucknow	General medicine and General Surgery
*395	UP	Lucknow	Mother & Child Care Center, MCC Nursing Home Opp. Kalyan Giri Mandir, Hardoi Road, PO. Chowk, Lucknow	Obst & Gynae, and Paediatrics Surgery

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Appendix "D" Contd
(Refer to Para 1 Chapter 9)

Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*396	UP	Lucknow	Diagnostic Medical Center Pvt. Ltd B-52, J-Park	X-Ray, USG & Echo
397	UP	Lucknow	Nidan Diagnostic	
398	UP	Meerut	PL Sharma Hospital	All purpose
399	UP	Meerut	Dufferin Hospital	All purpose
*400	UP	Meerut	LLRM Medical College	All purpose
*401	UP	Meerut	Jawant Rai Speciality Hospital	General purpose and Specialised
402	UP	Meerut	Dhanvantari Jeevan Rekha Hospital	General purpose and specialised
403	UP	Meerut	Dr M Prakash Hospital and Medical Research Centre	General purpose and Specialised
*404	UP	Meerut	Meerut Scan Centre	CT & Radiology
*405	UP	Meerut	Health care Imaging Centre	CT & Radiology
*406	UP	NOIDA	Metro Hospital and Heart Institute	General and Specialised Procedures Cardiology
*407	UP	NOIDA	Kailash Hospital and Research Centre	General Purpose and Diagnostic
*408	UP	NOIDA	NOIDA Medicare Centre	General and Specialised procedures Cardiology
*409	W. Bengal	Kolkata	Cancer Centre & Welfare Home, Mahatma Gandhi Road, Thakurpukur, Kolkata-700063	Cancer

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Appendix "D" Contd
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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*410	W.Bengal	Kolkata	NRS Medical College & Hospital, Kolkata	All Purpose
*411	W.Bengal	Kolkata	National Medical College, Kolkata	All Purpose
*412	W.Bengal	Kolkata	RK Kar Medical College Hospital, Kolkata	All Purpose
*413	W.Bengal	Kolkata	SSKM Hospital Kolkata	All Purpose
414	W.Bengal	Kolkata	Medical College & Hospital, Kolkata	All Purpose
415	W.Bengal	Kolkata	Chitranjan Cancer Institute	Cancer
416	W.Bengal	Kolkata	Medinova Diagnostic Services, Kolkata	All Diagnostic Procedure incl CT Cardiological Investigations & other testes
*417	W.Bengal	Kolkata	Suraksha Diagnostic & Eye Research (Pvt) Ltd Kolkata	All Diagnostic Procedure Incl CT Cardiological Investigations, Uro dynamic & other tests.
*418	W.Bengal	Kolkata	Bell Vue Clinic Kolkata	All Diagnostic Procedure and day Care except skin, ENT and Orhtopaedics.
*419	W.Bengal	Kolkata	Clinical Laboratories Pvt Ltd, Kolkata	Investigations e.g Clinical Pathology, Haematology, Bio-Chemistry, Histopathology, Bacteriology and Serology
420	W.Bengal	Kolkata	Bansal Health Care Centre	Investigations e.g X-Ray, Ultrasound, Clinical Pathology
421	W.Bengal	Kolkata	Maa Durga Diagnostic Institute, Kolkata	Investigations e.g X-Ray, Ultrasound, Clinical Pathology

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Sr No.	State	City	Hospital/Diagnostic Centre	Conditions for which recognised
*422	W. Bengal	Kolkata	Kolkata Hearth Research Centre	All Diagnostic Procedure except CT Scan
*423	W. Bengal	Kolkata	Heart Care & Ultrasound Centre, Kolkata	ECG & Ultrasound Only
*424	W. Bengal	Kolkata	Behala Balanda Barahamachari Hospital Kolkata	All Purpose
425	W. Bengal	Kolkata	Nightangale Diagnostic Centre, Kolkata	All Diagnostic Procedures except Orthopaedics
*426	W. Bengal	Kolkata	Dr. Nihar Munshi Eye Foundation, Kolkata	Ophththalmology incl IOL
427	W. Bengal	Kolkata	Jalpriya Hospital Corporation Ltd, (Duncan Apollo) Kolkata	All Diagnostic Procedures and Laperoscopic Surgery
*428	W. Bengal	Kolkata	Lumbini Park Mental Hospital and Clinic	Mental diseases
*429	W. Bengal	Kolkata	Wockhardt Medical and Research Centre	CT, Cardology, Orology, Laperoscopic Surgery
*430	W. Bengal	Kolkata	Ramakrishna Mission Seva Prathisthan	General Purpose
*431	W.t Bengal	Kolkata	B.M.Birla Heart Research Centre, 1/1 National Library Avenue, Kolkata-700027	Heart

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**LIST OF HOSPITALS RECOGNISED BY RAILWAYS FOR
EMPANELMENT WITH ECHS**

Sr No.	City	Zones	Name of Hospitals	Recognised for
1	Guntakal	SCR	NMDC/Ranjitpura Guntakal	General Cases
2	Hyderabad	SCR	Bibi Cancer Hosp Hyderabad	Cancer Tt
3	Hyderabad	SCR	Global hospital Hyderabad	Gastroenterology & Lap
4	Hyderabad	SCR	Care hospital/Hyderabad	Cardiac Surgery & Cardiology
5	Hyderabad	SCR	Indo American Cancer/ Hyderabad	Cancer
6	Vijaywada	SCR	City Cardiac Research Centre/Vijaywada	Heart Speciality
7	Vishakhapatnam	SER	Apollo Hospital/ Vishakhapatnam	Cardiac
8	Guwahati	NF	Guwahati Neurological Centre/Guwahati	Neurology
9	New Delhi	NR	North point Hosp Jangpura New Delhi	Urinary Lithiasis
10	New Delhi	NR	PSRI/Delhi	Renal Treatment
11	Ahmedabad	WR	Instt of Kidney Diseases/ Ahmedabad	Renal
12	Rajkot	WR	Nathalal Parikh Ca Instt/ Rajkot	Cancer
13	Ambala	NR	Aneja Hospital/ Ambala Cantt	Lap & General Surgery
14	Ambala	NR	MK Dutta Hosp Ambala Cantt	General
15	Kalka	NR	JN Shori Hospital Kalka	General
16	Dhanbad	ER	BCCL Hospital/Dhanbad	General Treatment

Appendix “D” Contd
(Refer to Para 1 Chapter 9)

Sr No.	City	Zones	Name of Hospitals	Recognised for
17	Jamshedpur	SER	Tata main Hospital/Jamshedpur	General
18	Naisarai	ER	Central Hospital/Naisarai	Specialized treatment
19	Bijapur	SCR	Siber Ca. Hospital&Rch Centre/BZA	Cancer
20	Hubli	SCR	Karnataka Catherapy & Research Institute	Cancer
21	Cochin	SR	Cochin Port Trust/Willington Island/Cochin	General
22	Ernakulam	SR	Lissie Hospital/Ernakulam	General
23	Quilon	SR	Bishop Benzigar/Quilon	Emergencies
24	Tiripunithra	SR	Vijay Kumar Menon Hospital /Tripunithra	General
25	Trivandrum	SR	PRS Hospital Trivandrum	General Emergencies
26	Mumbai	CR	Aditya Jyot Hospital, Mumbai	Eye
27	Pune	CR	Deen Dayal Memorial Hospital/Pune	Cardiac & Emergencies
28	Bhopal	CR	Jawahar Lal Cancer Hospital/Bhopal	Cancer
29	Gwalior	CR	Birla Instt of Med Research/ Gwalior	Emergencies
30	Indore	WR	Choiith Ram & Research Centre/Indore	Speciality in Emergency
31	Panchgani	CR	Bel Air Sanatorium Panchangani	Tuberculosis
32	Bacheli	SER	NMDC Bacheli	General
33	Baraipali	SER	JMJ Hospital/Baraipali	General
34	Birmitrapur	SER	BSL hospital/Birmitrapur/SER	Emergencies
35	Cuttack	SER	Christian hospital/Bisam Cuttack	Emergencies
36	Kirandul	SER	NMDC. Hospital/Kirandul	General

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(Refer to Para 1 Chapter 9)

Sr No.	City	Zones	Name of Hospitals	Recognised for
37	Rourkela	SER	Ispat General Hospital/ Rourkela	General
38	Talcher	SER	Nehru Shatabdi Central Hospital/Talcher	General
39	Ferozpur	NR	Francis Newton Mission Hosp/Ferozpur	Gyneac/Obstr
40	Jagadari	NR	Christian Mission Hosp Jagadri	Specialized treatment
41	Jagadari	NR	Lal Maternity Hospital/Jagadri	Maternity
42	Jalandhar	NR	Gurunakan Mission Hosp/ Jullander City	Emergency Cases
43	Jalandhar	NR	Sacred Heart Hospital Jullunder City	Heart Cases
44	Ludhiana	NR	CMC Ludhiana	Emergent cases
45	Ludhiana	NR	Dayanand Med Coll/Ludiana	General & Specialised
46	Chennai	SER	VHS Adyar/Chennai	Cancer & Neurological Cases
47	Chennai	SR	Rai Memorial Centre/Chennai	Oncology/Radio Therapy
48	Chennai	SR	Shankar Netralaya/Chennai	Eye
49	Kodikanal	SR	Van Allen Mission Hosp/ Kodikanal Hills	General
50	Trichirapalli	SR	GVN Cancer Hospital/Trichy	Cancer
51	Agra	CR	Jai Hospital/Agra	General
52	Ghaziabad	NR	Ganesh hospital/Ghaziabad	Emergency Cases
53	Moradabad	NR	Vivekananda Hospital Moradabad	Superspl, Gyneac
54	Mussorie	NR	Landoure Community Hosp / Mussorie	Emergencies
55	Kasganj	NER	Christian Hospital/Kasganj	General Emergencies