

Documents Required for Medical Reimbursement (As per IRMM)

- Forwarding letter from the concerned Department Head/Officer/Supervisor.
- Self-application addressed to CMS/UBL if the employee is under Division; retired employees must furnish residential address.
- Declaration on a separate sheet stating that no amount has been received from any other source like insurance, staff benefit funds, etc.
- Family composition certificate (Original or Color Xerox) if bills pertain to dependents; in case of a newborn baby, birth certificate must be enclosed.
- If referred by Railway Doctor, the referral certificate should be enclosed.
- Copy of the latest salary slip if the employee is in service.
- Xerox copy of UMID cards of both employee and patient.
- Xerox copy of Medical Identity Card and Departmental ID Card.
- For retired employees: Xerox copy of RELHS card, PPO, cancelled cheque, and passbook (all with attestation).
- GR-3 Form in duplicate, filled and forwarded by Head of Department (not required for retired employees); pay scale and basic pay must be mentioned.
- Certificate A & B is filled by the treating doctor with stamp, seal, and signature (forms available at CMS/O/UBL).
- Essentiality certificate (available at CMS/O/UBL).
- Emergency certificate if treatment was taken in a private hospital.
- Annexure form if treatment was in a private hospital (available at CMS/O/UBL).
- Detailed discharge summary if the patient was admitted.
- Summary of bills in a separate sheet (Duly signed by Claimant) in the following format:

Sl. No.	Date	Bill No.	Particulars	Amount
Total Claimed Amount				

- Original test reports for lab tests and investigations (Attach in chronological order).
- Submit records if treatment was taken at CH/UBL.
- Bills must be counter-signed with seal by the treating doctor (Attach in chronological order).
- Claim should be submitted within six months of the last date of treatment.
- One original and one Xerox copy of all documents must be submitted.

CERTIFICATE 'A' & 'B'

(To be completed in the case of patients who are admitted to hospital for treatment)

FORM 'A'

I, Dr..... hereby certify (a) that the patient was admitted to hospital on my advice / on the advice of
(Name of medical officer)

(b) That the patient has been under treatment at
.....and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not in stock in the (name of the hospital) for supply to private patient and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available, nor preparations which are primarily foods, toiletries, or disinfectants.

Name of medicines	Price
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1.....	
2.....	
3.....	
4.....	
5.....	

(c) that the injections administered were not for immunizing or prophylactic purpose.

(d) that the patient was suffering from..... and was under my treatment from..... to.....

(e) that the X-Ray, Laboratory tests, etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice..... (name of hospital or laboratory).

(f) that I called in Dr..... for specialist consultation and that the necessary approval of the..... (name of the principal medical officer) as required under the rules was obtained.

I certify that the patient has been treated at
.....hospital and the
Rs.....was incurred vide bills and receipts attached, were
essential for the recovery/prevention of serious deterioration in the condition of the patient.

Place:

Date:

.....
Signature and designation of the
Medical officer/in-charge of the
Cases at the hospital.

Counter signed.

.....
Principal Medical Officer.

PART 'C'

I certify that Shri/Shrimati/Kumari..... Wife/son/daughter
..... of..... Employed in the
.....has been under treatment for
..... disease from.....to..... At the
..... hospital and the facilities provided were the minimum which were
essential for the patient's treatment.

Date:

Place:

.....
Medical Superintendent

NOTE: Certificates not applicable should be struck off. The essentiality certificate as given in
part A(b) above is compulsory and must be filled in by the medical officer in all cases.

ANNEXURE

PROFORMA FOR SUBMISSION OF CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY RAILWAY EMPLOYEES FOR TREATMENT IN PRIVATE HOSPITAL/NON- RECOGNISED INSTITUTIONS.

1. Name of Patient :
2. Age :
2. Relationship with Railway employee :
3. Designation/P.F. No :
4. Pay :
5. Name of the Institution where taken for treatment:
6. Date of Admission :
7. Date of Discharge :
8. Date of submission of claim :
9. Reasons for delay if delayed for more than 3 months:
10. Total period stay as Indoor patient :
11. Reasons for long stay (If stayed for more than 49 hours):
12. Type of Medical Emergency :
13. Was there no Railway/Govt. Facility available to deal:
14. Distance of the nearest Govt. and whether facilities available there:
15. Distance of the nearest Rly. Hospital and whether facilities available there; if not, how far is the Railway Hospital with facilities available:
16. Distance of the Private Hospital from residence/place of illness, where facilities available:
17. When the Railway Medical Officer was informed about such admission:
18. Did the patient take any treatment before or after for present sickness (if this existed before) and if yes, when:
19. Total amount claimed (with break-up of charges):
20. Item wise break of expenditure had treatment taken place in a Govt. Hospital:
21. Verbatim views of CMD/UBL:
22. Verbatim view of F&CAO:

SIGNATURE OF EMPLOYEE

Name & Designation of the Employee:

Name of the patient:

Age:

Relation to the employee:

DOA. & Time:

Emergency Certification

'Any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.

- **Admission details: -**
 - 1) Date and time of admission.
 - 2) Admitted through OPD service / emergency service.
 - 3) Admitted to an ICU bed or general bed or cabin bed.
- **Clinical findings at the time of admission.**
 - a. Pulse rate.
 - b. BP.
 - c. Level of consciousness.
 - d. Any convulsive feature.
 - e. Urine output.
 - f. Any other feature of shock.
 - g. Body temperature.
 - h. Extent of external wound.
 - i. Extent of active bleeding.
 - j. Extent of chest pain or pain in other part/s of the body.

(b) Types of Emergency medicines used immediately after admission.

1. List of emergency medicines used immediately after admission.
2. List of surgical procedure done immediately after admission.

Place of Residence

Place of Injury

Availed treatment in the nearest & suitable private hospital

Condition of the emergency is confirmed by the AMA ex - post facto

Emergency is established beyond doubt / Not established beyond doubt

Signature & Seal of Treating Doctor

ESSENTIALITY CUM EMERGENCY CERTIFICATE

I certify that Shri/Shrimati/Kumar/Kumari
wife/son/daughter/dependent relative of Shri/Shrimati
....., employed in Indian Railway as, has
been under my treatment for disease from
..... to at the
hospital and that the treatment as described in the attached Discharge Card No.
..... and attached bills thereon were provided due to an emergency
situation, treatment for which could not have been delayed. I further certify that the
treatment provided was essentially required.

Signature of the Medical Officer

In charge of the case at the non-Railway hospital
With Name and Stamp/Seal

Signature of Hospital In-charge or

Authorized signatory with Stamp/Seal

REIMBURSEMENT CLAIM FORM

1. Name of the Railway/Retd. employee (In Block Letters):
2. Designation of the Railway /Retd. Employee (In Block Letters):
3. Office and Station of employment:
4. Pay/Last Pay of the Railway/Retd. Employee including grade pay:
5. Residential Address:
6. MIC/RELHS No. and issuing Authority:
7. MIC/RELHS registered at H Unit/Hospital:

II (A) Name and age of the patient:

II (B) Patient's relationship to the Rly/Retd. Employee:

III. Details of Indoor Treatment at Non-Railway Institute

- A. Name of Hospital:
 - B. Date of Admission:
 - C. Date of Discharge:
 - D. Diagnosis:
 - E. Amount of Total Hospital Bill (Attach detailed bill):
 - F. Whether Treatment was taken in emergency:
 - G. Are you a CTSE member (Y/N):
- IV. a) Whether subscribing to any Health insurance Policy or covered under any other health scheme:
- b) Whether any advance payment was processed for this claim, if yes details thereof:

(If yes, have you received any amount from insurance company for the treatment in question. Give details if any on separate sheet of paper)

V. Total Amount Claimed:

VI. Details of Bank account where Reimbursement amount is to be paid:

- a. Name of Bank: b. Account No.:
- c. Branch MICR Code: d. IFSC Code:

VII. List of enclosures (Please Tick the documents attached and write additional documents)

- A. Photocopy of MIC/RELHS card
- B. Essentiality cum Emergency Certificate by the Non-Rly Hospital
- C. Discharge Summary
- D. Original bills of Hospital
- E. Original Cash vouchers of Drugs/consumables/implants etc. if relevant
- F. Outer pouch of stent, pacemaker, Implants etc.
- G. Any other enclosure

(In case of many enclosures, write number of additional enclosures here and attach a separate sheet with details)

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me. I am aware that misuse of medical facilities or misrepresentation of any kind can attract penal action, including cancellation of MIC / RELHS Card. I hereby declare that this is my final claim, and I shall not make any claim in the future to Rly or any other health scheme in respect to this treatment episode.

Date:

Place:

Signature of the Railway Employee

रेल सेवकों और उनके परिवारों के इलाज के संबंध में डाक्टरी उपचार पर किये गये खर्च को वापस करने की मांग के लिए आवेदन पत्र
Application for claiming refund of medical expenses incurred in connection with medical attendance and/or
treatment of Railway servants and their families

..... विभाग/Department कार्यालय/Office स्टेशन/Station

1. रेल सेवक का नाम और पदनाम Name and designation of Railway Servant (क) (स्पष्ट अक्षरों में) (a) (In block letters) (ख) श्रेणी (b) Class	
2. किस कार्यालय में नियोजित है Office in which employed	
3. रेल सेवक का वेतन जैसा कि वर्तमान नियमों में परिभाषित है और अन्य परिलब्धियां जिन्हें अलग दिखाना चाहिए Party of the Railway servant as defined in the existing Rules and any other emoluments, which should be shown separately.	
4. ड्यूटी का स्थान Place of duty	
5. आवास का वास्तविक-पता Actual residential address	
6. रोगी का नाम और रेल सेवक से उसका संबंध Name of the patient and his/her relationship to the Railway servant. विशेष टिप्पणी: बच्चों के मामले में आयु भी लिखें N. B. In the case of children state age also	
7. स्थान जहां रोगी को बीमारी हुई Place at which the patient fell ill	
8. मांगी गई रकम का ब्यौरा: - DETAILS OF THE AMOUNT CLAIMED: - 1. डाक्टरी उपचार/Medical Attendance (i) परामर्श शुल्क। इसमें यह भी लिखें: - Fees for consultation indicating: - (क) चिकित्सा अधिकारी का नाम और पदनाम जिस से परामर्श लिया और अस्पताल या औषधालय का नाम, जिससे वह सम्बद्ध है। (a) The name and designation of the medical officer consulted and the hospital or dispensary to which attached (ख) परामर्श करने की तारीखें और उनकी संख्या और प्रत्येक परामर्श के लिए दिया गया शुल्क (b) the number and date of consultations and the fee paid for each consultation. (ग) क्या परामर्श अस्पताल में किया गया या चिकित्सा अधिकारी के परामर्श कक्षा में या रोगी के आवास पर (c) whether consultations were had at the hospital at the consulting room of the medical officer or at the residence of the patient.	
(ii) रोग निदान के दौरान रोग वैज्ञानिक, जीवाणु वैज्ञानिक, एक्स-रे और इसी प्रकार की अन्य आंच करने के लिए दिया गया शुल्क भी इस में लिखें: Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnostic indicating. (क) अस्पताल या प्रयोगशाला का नाम जहां जांच की गई और (a) the name of the hospital or laboratory where the tests were undertaken-and (ख) क्या जांच अधिकृत चिकित्सा सहायक की सलाह पर की गई थी? यदि हाँ, तो, इस संबंध में एक प्रमाण पत्र संलग्न करें। (b) where the test was undertaken	

<p>on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.</p> <p>(iii) बाजार से खरीदी गई दवाओं का मूल्य (दवाओं की सूची, नकद मेमों और आवश्यकता प्रमाण पत्र भी संलग्न करना चाहिए) Cost of medicines purchased from the market (List of Medicines, cash memos and the Essentiality certificates should be attached)</p>	
<p>II अस्पताल इलाज:- Hospital Treatment.</p> <p>अस्पताल इलाज प्रभार, इसमें निम्न लिखित प्रभार अलग अलग लिखें:- charges for hospital treatment Indicating separately the charges for: -</p> <p>(1) आवास Accommodation:</p> <p>क्या आवास की व्यवस्था सरकारी सेवक के ओहदा या वेतन के अनुसार थी। ऐसे मामलों में, जहां दिया हुआ आवास रेल सेवक के ओहदे से उच्चतर हो, एक प्रमाण पत्र भेजना चाहिए कि कर्मचारी के ओहदे के अनुसार आवास उपलब्ध नहीं।</p> <p>(State whether it was according to the status or pay of the Government servant and in cases where the accommodation is higher than the status of the Railway servant a certificate should be attached to the effect the accommodation to which he was entitled was not available)</p>	
(ii) आहार Diet	
(iii) शल्य चिकित्सा या डाक्टरी इलाज Surgical Operation or medical treatment	
(iv) रोग वैज्ञानिक, जीवाण वैज्ञानिक, एक्स-रे या इसी प्रकार की अन्य जांचे इस में यह भी लिखें। Pathological bacteriological, radiological or other similar tests. indicating: -	
<p>(क) अस्पताल या प्रयोगशाला का नाम जहाँ जांच की गई हो।</p> <p>(a) the name of the hospital or laboratory at which under-taken</p>	
<p>(ख) क्या जांच अस्पताल में किस के कार्यभारी चिकित्सा अधिकारी की सलाह पर की गई थी? यदि हो तो इस संबंध में एक प्रमाण पत्र संलग्न करें।</p> <p>(b) Whether undertaken on the advice of the medical officer in charge of the case at the Hospital. If so, a certificate to that sheet should be attached</p>	
(v) दवाएं Medicines	
<p>(vi) विशेष दवाएं Special medicines</p> <p>(दवाओं की सूची, नकद मैमो और आवश्यकता प्रमाण पत्र संलग्न करना चाहिए)</p> <p>(List of medicines, cash memos and the Essentiality certificate should be attached.)</p>	
<p>(viii) विशेष उपचर्या, अर्थात् रोगी के उपचार के लिए विशेष रूप से तैनात नर्स: Special nursing, 1. e. Nurses specially engaged for the patient. (लिखें कि क्या ये नर्स अस्पताल में केस के कार्यभारी चिकित्सा अधिकारी की सलाह पर नियोजित की गई थी या रेल सेवक या रोगी के अनुरोध पर, पहले वाले मामले में केस के कार्यभारी चिकित्सा अधिकारी द्वारा हस्ताक्षरित और अस्पताल के चिकित्सा अधीक्षक द्वारा प्रतिहस्ताक्षरित प्रमाण पत्र संलग्न करना चाहिए।)</p> <p>(State whether they were employed on the advice of the medical officer incharge of the case at the hospital or at the request of the Railway servant or patient. In the former case a certificate from the medical officer incharge of the case and countersigned by the Medical Superintendent of the hospital should be attached)</p>	

<p>(ix) ऐम्बुलेन्स किराया Ambulance charges (लिखें कि कहां से कहां तक यात्रा की गई थी।) (State the Journey-to and from undertaken)</p>	
<p>(x) कोई अन्य प्रभार, उदा. बिजली प्रभार, पंखा, हीटर, वातानुकूल आदि का प्रभार यह भी लिखें कि क्या ऊपर उल्लिखित सुविधाएं सभी रोगियों को साधारण रूप से दी जानेवाली सुविधाओं का ही एक अंग है और वह रोगी की इच्छा पर निर्भर नहीं थी।) Any other charges, e.g. charges for electric light, fan, heater, air conditioning. (State also whether the facilities referred to are a part of the facilities normally provided to all patient and no choice was left to the patient)</p>	
<p>टिप्पणी :- (1) यदि रेल सेवक का इलाज राज्य सचिव सेवा (रेल सेवा श्रेणी चिकित्सा उपस्थिति) नियम 1941 के नियम 7 या चिकित्सा उपस्थिति और इलाज नियमों के नियम 1997 के अन्तर्गत, उसके घर पर हुआ हो तो उसका विवरण दें और अधिकृत चिकित्सा सहायक का प्रमाण-पत्र संलग्न करें जैसा कि इन नियमों में अपेक्षित है। Note: - (2) यदि इलाज सरकारी अस्पताल को छोड़ कर अन्य अस्पताल में हुआ हो तो आवश्यक ब्यौरा और अधिकृत चिकित्सा अधीक्षक को प्रमाण-पत्र जिस में यह लिखा हुआ हो कि आवश्यक इलाज किसी निकटतम रेलवे अस्पताल या सरकारी अस्पताल में उपलब्ध नहीं, देना चाहिए। (1) If the treatment was received by the Railway servant at his residence under Rule 7 of the Secretary of States Services (Railway Services) Class 1 (Medical Attendance) Rules 1941 or Rules 1997 of the Medical Attendance and Treatment Rules, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules. (2) If the treatment was received at a hospital other than a government hospital, necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Railway or Government Hospital should be furnished</p>	
<p>(III) विशेषज्ञ से परामर्श: - Consultation with Specialist. विशेष या अधिकृत चिकित्सा सहायक को छोड़ कर अन्य चिकित्सा अधिकारी को दिया गया शुल्क यह भी बताये कि:- Fees paid to specialist or a medical officer other than the authorised medical attendant, Indicating: (क) विशेषज्ञ या चिकित्सा अधिकारी के नाम और पदनाम जिस से परामर्श लिया तथा अस्पताल का नाम जिससे वह संबंध है। (a) the name and designation of the specialist or medical officer consulted and the hospital to which attached.</p>	
<p>(ख) परामर्श करने की तारीखें और उनकी संख्या और परामर्श के लिए दिया गया शुल्क। (b) number and dates of consultations and the fee charged for each consultation.</p>	
<p>(ग) क्या परामर्श अस्पताल में किया गया था या चिकित्सा परामर्श कक्षा में या रोगी के आवास पर (c) whether consultation was had at the hospital at the consulting room of the specialist, or medical officer, or at the residence of the patient.</p>	
<p>(घ) क्या विशेषज्ञ या चिकित्सा अधिकारी से परामर्श अधिकृत चिकित्सा सहायक की सलाह पर किया गया था और इस बारे में क्या रेलवे के मुख्य चिकित्सा अधिकारी का पूर्व अनुमोदन ले लिया गया था, यदि लिया गया हो, तो इस से संबंधित प्रमाण-पत्र संलग्न करें। (d) whether the specialist or medical officer was consulted on the advice of the authorised medical attendant and the prior approval of the Chief Medical Officer of the Railway was obtained, if so certificate to that effect should be attached.</p>	
<p>(9) मांगी गयी कुल रकम Total amount claimed</p>	
<p>(10) संलग्नकों की सूची List of enclosures</p>	

रेल सेवक द्वारा हस्ताक्षर की जानेवाली घोषणा

DECLARATION TO BE SIGNED BY THE RAILWAY SERVANT

मैं एतद्वारा घोषित करता हूँ कि इस आवेदन में दिया गया विवरण मेरी जानकारी और विश्वास के अनुसार सही है और जिस व्यक्ति की चिकित्सा के लिए मैंने खर्च किया था वह मुझ पर पूर्ण रूप से आश्रित है।

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is WHOLLY DEPENDENT UPON ME

हस्ताक्षर Signature.....

दिनांक Date.....

पदनाम और कार्यालय Designation and Office.....

यथा स्वीकार्य प्रतिपूर्ति की व्यवस्था करने के लिए, संलग्नकों के साथ मुख्य चिकित्सा अधिकारी को अग्रप्रेषित।

Forwarded to C. M. O, together with the enclosure for arranging reimbursement as admissible.

सं. No.

.....

दि. Date.....

विभाग अध्यक्ष/मण्डल/जिला अधिकारी

Head of Department/Division/District Officer

वित्त सलाहकार और मुख्य लेखा अधिकारी..... रेलवे को प्रेषित..... रु. की घन वापसी के लिए स्वीकृति दी जाती है।

(..... रुपये) कॉलम के अनुसार निम्न प्रकार से प्रभारीय

Transmitted to F.A. & C.A.O Rly. Sanction accorded to the refund of a sum of Rs.....

(Rupees.....) vide columns chargeable to:

Rs. रु to को

कर्मचारी के नाम उस में सूचित रकम के लिए अदायगी आदेश साथ संलग्न है जिससे के उसे अदायगी की जा सके।

A Pay Order for the amount drawn in favour of the employee's enclosed to enable him to arrange payment.

सं. No.

दि. Date.....

मुख्य चिकित्सा अधिकारी

Chief Medical officer

टिप्पणी :- Note: (i) कर्मचारी द्वारा इस आवेदन को दो प्रतियों में बनाया जायेगा और सम्बंधित विभाग इन दोनों प्रतियों को मुख्य चिकित्सा अधिकारी के पास भेजेगा प्रतिपूर्ति मंजूर करने के बाद मु. चि. अ. मूल प्रति को वित्त सलाहकार और मुख्य लेखा अधिकारी के पास भेजेगा। This application form shall be prepared in duplicate by the employee and the Department will forward both copies to C. M. O., who will, after sanctioning reimbursement, send the original copy to FA & CA.O.

(ii) इस आवेदन के साथ, अस्पताल को अदा की गई रकम की सभी रसीदों को (कालम 8 देखें) अनिवार्य रूप से भेजना चाहिए यदि रसीद में प्रभार का ब्यौरा (दैनिक दर, ठहरने की अवधि आदि), नहीं बतायी गयी हो, तो प्रभार का विनिधान दिखाते हुए एक अलग प्रमाण-पत्र भेजना चाहिए, ताकि मांगी गई रकम का सत्यापन करने में सुविधा हो। All receipts for the amount paid to hospitals, etc., vide column 8 should invariably be submitted along with this application If the details of charge (daily rate, period of stay, etc.,) have not been furnished in the receipts, a separate certificate showing the allocation of charges should be submitted to facilitate verification of the amount claimed.

(iii) यदि इलाज नियम 919 स्था के अनुबन्ध में बताये गये सरकारी अस्पताल को छोड़ अन्य अस्पताल में कराया गया हो तो ऐसा प्रमाण-पत्र कि उस अस्पताल में इलाज अधिकृत चिकित्सा सहायक की सलाह पर कराया गया था, मुख्य चिकित्सा अधिकारी के पास भेजना चाहिए ताकि वह प्रतिपूर्ति के लिए आवेदन पर विचार कर सके। If the treatment was received at a hospital other than the Government hospitals specified in the Annexure to Rule 919 R. certificate to the effect that the treatment at that hospital was availed of at the instance of the Authorized Medical Attendant should be submitted to enable the C.M.O, to consider the application for reimbursement.

(iv) खरीदी गई विशेष दवाओं के संबंध में निर्धारित फार्म में, जो इस आवेदन के साथ प्राप्त किया जा सकता है, आवश्यकता प्रमाण-पत्र भेजना चाहिए। Essentiality certificate in the prescribed form which can be obtained along with this form from the Department, should be submitted in respect of special medicine purchased.

(v) रोगी का इलाज करने वाले चिकित्सा अधिकारी से इस संबंध में प्रमाण-पत्र भेजना चाहिए कि रोगी की व्याधि, उसकी बुरी आदतों या व्यसनों के कारण नहीं हुई थी। इस प्रमाण-पत्र के बिना प्रतिपूर्ति के लिए आवेदन पर विचार नहीं किया जायगा। A certificate from the Medical Officer treating the patient to the effect that the disease of the patient was not one which could be attributed to his/her intemperate habits or conduct should be submitted without which the application for reimbursement will not be considered.

(vi) चतुर्थ श्रेणी कर्मचारियों के परिवार के इलाज के लिए 'गैर-रेलवे अस्पताल में अदा किये गये प्रभार की प्रतिपूर्ति स्वीकार्य नहीं है। Reimbursement of charges paid to non-Railway hospitals in respect of families of Class IV employees is not admissible.

(vii) चिकित्सा प्रभार की प्रतिपूर्ति के प्रयोजन के लिए वर्कशॉप के उन कर्मचारियों के मामलों को जिनके वेतनमान का अधिकतम 60 रु. और उससे कम है, उसी प्रकार समझा जाएगा जैसा कि चतुर्थ श्रेणी के कर्मचारियों को समझा जाता है। Workshop staff on scales of pay the maximum of which is Rs. 60 and below will be treated in the same way as Class IV stuff for purpose of reimbursement of medical offices under the Rules.