



Aliah University

(Under the department of Minority Affairs and Madrasah Education, Govt. of West Bengal)
IIA/27, New Town, Kolkata - 700160, Phones: (033) 2341 6444, West Bengal, India

6.3.1. The institution has performance appraisal system, effective welfare measures for teaching and non-teaching staff and avenues for career development/progression


Attached below are the links of IQAC, IQAC Committee, IQAC Guidelines, IQAC CAS form, scanned copy of Gazette Notification (DCRB), Scanned copy of Gazette Notification(WBHS)

Registrar (Officiating)
Aliah University
New Town, Kolkata-700160

6.3.1 The institution has performance appraisal system, effective welfare measures for teaching and non-teaching staff and avenues for career development/progression
(4)

File Description	Document
IQAC IQAC CAS Application form	https://aliah.ac.in/iqac
IQAC Committee	https://aliah.ac.in/upload/media/20-12-22_1671529334.pdf
IQAC Guidelines	https://aliah.ac.in/upload/media/20-12-22_1671529438.pdf
Gazette Notification (DCRB)	Document Attached
Gazette Notification (WBHS)	Document Attached

The



Kolkata **Gazette**

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Extraordinary
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THURSDAY, JUNE 15, 2017

[SAKA 1939

PART I—Orders and Notifications by the Governor of West Bengal, the High Court, Government Treasury, etc.

GOVERNMENT OF WEST BENGAL
MINORITY AFFAIRS & MADRASAH EDUCATION DEPARTMENT
“NABANNA”, 325, Sarat Chatterjee Street, Howrah, Pin-711 102

No. 1260—MD/0/14M-24/10 Pt-I

Dated 12th June, 2017

NOTIFICATION

Aliah University was established in 2007 after promulgation of the Aliah University Act, 2007. At present the University is running in full swing being equipped with Academic Staff and other related staff with objects to create education opportunities for higher education and studies amongst the Minorities. The question of introduction of Death-cum-Retirement Benefit Scheme for the employees (Teachers, Officers and non-Teaching Staff) of this University is under consideration of the State Government for some time past. The Pay Committee constituted for the non-Teaching employees of the State-aided Universities and the Executive Council of the University in its meeting dt. 29.12.2011 has approved the introduction of DCRB Scheme for the employees (Teachers, Officers and non-Teaching Staff) of the University.

Now, after careful consideration of the recommendations made by the Pay Committee and Executive Council of the University, the Governor has been pleased to approve the benefits of Pension Scheme as annexed in respect to the employees (Teachers, Officers and non-Teaching Staff) of the Aliah University and also to approve the Scheme following the Provisions as laid down under G.O. No. 85-Edn (U) dt. 31.01.2000 and other related G.O.s of Higher Education Department mutatis-mutandis for the employees (Teachers, Officers and non-Teaching Staff) of the University subject to the condition that teachers/officers previously appointed under any State-aided University/ State Government College must apply to the University along with documents for counting their past services for Pension benefits if he/she belonged to the Pension Scheme under the University/College in the past occasion. The teachers migrated from Central University/Other State-aided Universities/Other State Government must apply to this University through proper channel & after obtaining proper permission for counting the past service for Pension along with consent letter of the authorities of the organization that they will shoulder the liabilities for the Pension contribution for the service rendered in the organization. If the previous service under the Central/Other State Government-aided Universities was under the benefit of CPF Scheme, the refund of employer's share of CPF along with interest is required for counting of past service with the service under Aliah University.

This order is issued under the concurrence of Finance Department vide U.O. No. 299-F (Pen) Dt. 05-10-2016.

Principal Secretary
to the Govt. of West Bengal

Death-Cum-Retirement Benefit Scheme, 2017

ANNEXURE-I

To Memorandum No. 1260–MD/O/14M-24/10 Pt-I Date: 12-06-2017

SCHEME

Preliminary

1. This scheme will be called the “Death-cum-Retirement Benefit Scheme, 2017 for the employees of Aliah University”.
2. It shall be deemed to have come into force with immediate effect.
3. This scheme shall apply to teachers, officers and other non-teaching employees of Aliah University (State-aided University) who have been appointed on whole time basis against the posts and scales as approved by the State Government from time to time. The application of this scheme in Aliah University shall, however, be subject to approval of the MA & ME Department of this Government.
4. In this scheme unless there is anything repugnant in the subject of context:
 - (a) Basic Pay means the pay which is admissible to be drawn by an employee monthly and which corresponds to a stage in the timescale of pay as approved by the State Government and attached to the post held by him/her similarly approved by the State Government.
 - (b) Employee means teacher, officer and other non-teaching employee of the University.
 - (c) Competent Authority means the appointing authority.
 - (d) Pension sanctioning authority means any officer authorized by the University in this behalf.
 - (e) Leave means any kind of leave admissible to an employee under the rules applicable to him/her.
 - (f) Audit Officer means Director of Pension, Provident Fund and Group Insurance, Finance Department, Govt. of West Bengal.
 - (g) Pension except when the term “Pension” is used in contra-distinction to gratuity, includes gratuity.
 - (h) Service Book means the document which contains the record of service of an employee.
 - (i) Emolument for Gratuity means total of Basic Pay drawn by the employees before retirement along with Dearness Allowance drawn on the Pay.
 - (j) Emolument for Pension means the emolument which the employee was receiving immediately before his/her retirement and includes – Pay only and any other allowances which may be specially classed as Pay by Govt.
 - i) Pay means the amount of remuneration drawn monthly by an employee as the pay which has been sanctioned for the post held by him/her substantively or in an officiating capacity.
 - ii) Personal Pay means additional pay granted to an employee to save him/her from loss of pay due to revision or reduction of pay otherwise than was a disciplinary measure or in exceptional circumstances on other personal consideration.
 - iii) Dearness Pay means such portion of Dearness Allowances as has been declared by the State Government as Dearness Pay.

NOTE : If an employee before his/her retirement or death has been absent from duty on leave, his/her emoluments for the purpose of calculating pensionable service, gratuity and/or death-cum-retirement gratuity should be taken at that rate then it would have been, had he/she not been absent from duty.

Provided that this amount of pension and/or gratuity is not increased on account of increase in pay not actually drawn and that the benefit of higher officiating or temporary pay is given only, if it is certified that he/she would have continued to hold the higher officiating or temporary appointment but for his/her proceeding on leave.

Provided that if the emoluments which count towards pension are increased from a specified date, with financial benefit from a subsequent date such portion of emoluments though not actually drawn will form part of the emoluments for the purpose of pension and gratuity.

- k) "Family" includes the following relatives of an employee namely –
- A. For the purpose of death gratuity:
 - i) Wife in the case of a male employee.
 - ii) Husband in the case of a female employee.
 - iii) Sons including step-sons.
 - iv) Unmarried and widowed daughters including step-daughters.
 - v) Legally adopted sons/daughters (in case the employee is issueless).
 - vi) Brothers below the age of 18 years and unmarried or widowed sisters.
 - vii) Father.
 - viii) Mother.
 - B. For the purpose of family pension:
 - i) Wife in case of a male employee.
 - ii) Husband in case of a female employee.
 - iii) Minor sons including adopted sons upto the age of 25 years.
 - iv) Unmarried minor daughters including adopted daughters upto the age of 25 years or upto the date of marriage whichever is earlier.
 - v) Dependent parents.

NOTE : Adoption or marriage after retirement recognized for the purpose of family pension.

Age of superannuation is the age on completing which an employee must retire compulsorily and shall be sixty completed years of his/her (provided that in those cases where such retirement age is already fixed otherwise the same will continue for the existing incumbents only) except in cases of those employees where re-employment may be considered under any general Govt. order. There will however be, no extension or re-employment beyond the age of superannuation except in the case of those employees where provision for re-employment might have been allowed under any general Govt. order issued.

State Government means the Government of West Bengal in the MA & ME Department in case of the Aliah University.

5. Service Record : The full record of an employee's service rendered in different State Universities, Colleges and other Research Institute of repute run fully or partially with the financial assistance from the State Government and within the administrative jurisdiction of the Government of West Bengal from the date of first entry into regular service till the date of retirement shall be maintained by the University in the Service Book.
6. Service qualifying the pension :
- a) Continuous service of a whole time employee in a post and a scale of pay as approved by the State Government in any State-aided University in West Bengal shall count as qualifying service.
 - b) Continuous service rendered by an employee in an approved whole time post in any State Government establishment, Colleges affiliated to the State-aided Universities in West Bengal and other Research Institute of repute run fully or partly with the financial assistance of the State Government and within the administrative jurisdiction of the Government of West Bengal will count towards the qualifying service.
 - c) Approved temporary service including approved service on leave or deputation vacancy in one or more Universities or Colleges of West Bengal shall count towards pension subject to fulfillment of other conditions for grant of pension.
 - d) All periods of authorized leave other than extraordinary leave without pay shall count towards qualifying service.
Extraordinary Leave for medical purpose or prosecuting higher studies with the permission of Govt. shall count as qualifying service.
 - e) Period of suspension followed by reinstatement shall count towards qualifying service provided that it is treated as duty or leave by a specific order of the competent authority.

7. Date of Retirement : When an employee is required to retire on completing the age of superannuation as provided in rule 4 earlier the date on which he/she completes that age shall be reckoned as a working day and the employee shall retire with effect from the date following that date.

N.B. If the date of retirement of an employee falls on any date other than the last day of the month he/she shall be allowed to retire on the last day of the month (afternoon).

8. Eligibility of Pension :

Subject to satisfactory service, an employee shall be entitled to pension provided that the employee concerned has completed at least 10 years of qualifying service:-

- i) on completing the age of superannuation;
 - ii) on voluntary retirement after completing 25 years of qualifying service or fifty years of age whichever is later for teachers/officers, and 20 years for other employees provided three months notice has been served duly and accepted by the appointing authority.
 - iii) on being declared permanently incapacitated for further service by a duly constituted Medical Board comprising the Government Doctors duly approved by the respective CMO(H) and duly accepted by the concerned specialist/by the Syndicate/Executive Council.
 - iv) on termination of service due to abolition of the post. Any employee of the University having continued service in any State-aided University, College and/or other Research Institute of repute run fully or partially with the financial assistance from the State Government and within the administrative jurisdiction of the Government of West Bengal where the State Government takes the full liability for payment of pension and other retirement benefits to the pensioners of such Institution, for at least 10 years whether singly or combinedly in such Organization/Institution in succession immediately before the date of superannuation shall be eligible for the retiring benefits from the University where from he/she retires provided he/she shall serve the University concerned as permanent employee. If the employee comes from a Research Institute/ Organization or Colleges, where he is enjoying the benefit of CPF, the employee will be required to refund the employer's share of contribution to the State Government and the amount of his/her own contribution accumulated in his/her C.P.F. will be transferred to the G.P. Fund of the University where he/she joins and the same will be paid to him/her after retirement.
9. Rate of Pension :

The rate of pension will be 50% of the last pay drawn including stagnation increments for 20 years of qualifying service or more. When the qualifying service is less than 20 years, the pension will be pro rata less. However, the minimum pension will be Rs. 3300 and the maximum amount of pension will be Rs. 38,500/-per month.

The fixation of minimum and maximum pension will be regulated as per scales and norms of the University Grant Commission.

10. Gratuity :

- i) Retirement Gratuity – In addition to Pension to which he/she is eligible, a retiring Gratuity at the rate of one fourth of his emoluments for each completed six monthly period of qualifying service subject to maximum of $16^{1/2}$ times the emoluments as defined provided that in no case it shall exceed Rs. 6,00,000/-.
- ii) Death Gratuity – When an employee dies while in service death gratuity will be payable to the nominee or surviving member(s) of the family at the following rate.

Qualifying Service

- a) Less than one year
- b) One year and above but less than five years
- c) Five years and above but less than twenty years
- d) Twenty years or more

Amount of Death Gratuity

Two times the emoluments
Six times the emoluments
Twelve times the emoluments
Half of the amount reckonable for Gratuity for every completed six monthly period of qualifying service, subject to a maximum of Thirty Three times of emoluments.
Death Gratuity in no case shall exceed Rs. 6.0 lakh.

11. Dearness Relief :

In addition to pension as stated above Pensioners of the State-aided Universities shall get Dearness Relief as may be determined by the State Government from time to time for employees of the State-aided University.

12. Commutation :

An employee who is eligible for the benefit of pension under this scheme shall be entitled to commute a lump amount at the rate to be determined by the State Government from time to time, not exceeding 40% of pension (except family pension) which has been or may be granted to him/her under this scheme, provided that an employee against whom any such proceedings has been instituted or continued shall not be permitted to commute any portion of his/her pension during the pendency of such proceedings.

An employee shall apply to the competent authority for commutation of a portion of his/her pension after he/she has retired.

The commutation of pension for the employees of the State-aided Universities shall be governed by the rules and regulations as may be framed from time to time by the State Government. Chart for rates of value of the commutation is annexed herewith. (Annexure-III)

13. Family Pension :

Family Pension shall be granted to the members of the family of an employee who dies while in service after rendering at least one year's service. In case of death after retirement family pension shall also be payable to the members of the family of deceased pensioner of the University till death of such members provided at the time of death the employee was in receipt of pension.

Family pension at the enhanced rate :-

- i) In the event of death of an employee while in service the rate of family pension will be 50% of the pay last drawn provided the employee concerned has put in not less than seven years continuous service prior to his death. The family pension at the enhanced rate is payable for a period of 7 years from the date following the date of death or till the date on which the employee concerned would have attained the age of 67 years had he survived, whichever period is less.
- ii) In the event of death after retirement the family pension at enhanced rate shall be payable upto the date on which the deceased employee concerned would have attained the age of 67 years had he survived or for 7 years, whichever period is less. The amount of enhanced family pension shall not exceed the amount of original pension before the commutation sanctioned to the concerned employee.

Family pension shall be admissible :-

- a) in the case of widow/widower upto her/his death/re-marriage whichever is earlier;
- b) in the case of minor son until he attains the age of 25 years.
- c) in the case of unmarried daughter until she attains the age of 25 years or marriage whichever is earlier;
- d) in the case of dependent parents upto the date of their death or re-marriage whichever is earlier;
- e) family pension shall be payable to only one member of the family.

(Note: Provided other terms & conditions for enjoyment of retirement benefits in terms of the scheme are fulfilled).

14. Restoration of Pension :

The commuted portion of pension will be restored after 15 years from the date of retirement.

15. State Government may consider extension of retirement benefit to employees (teachers, officers and non-teaching employees) who have joined any of the State-aided Universities after serving continuously in a University, College and Research Institute/Organization of national importance not being within the administrative jurisdiction of the State Government provided such University/College/ Research Institute/Organization of national importance pay the capitalized value of Gratuity and Pension as may be determined by the State Government and agree to extend the similar benefits and pension as may be determined by the State Government and agree to extend the similar benefits to any employee of the State-aided University in West Bengal on reciprocal basis.

16. In implementing the provision of this scheme if there is any difficulty the matter may be referred to the State Government for a decision and decision of the Pension Branch of finance department is binding and final.

17. The State Government at its discretion shall have power to relax any provision of the scheme in exceptional cases with prior consultation with the Finance Department.

ANNEXURE – II

To Memorandum No. 1260–MD/O/14M-24/10 Pt-I Date: 12-06-2017

ALIAH UNIVERSITY

DECLARATION

I, Shri/Shrimati declare that I would like to join the University service on and from as and my retirement benefit (Death-cum-Retirement Benefit) will be governed as per G.O. No.

I, hereby further declare that I have no objection if any Contribution to General Provident Fund is kept in the G.P.F. Account to be maintained by the Kolkata Pay & Accounts Office – II, Johar Building, P- I, Hyde Lane, Kolkata- 700 073.

I, further authorize the University Authority to take appropriate action to deposit the same with the Director of Pension, Provident Fund and Group Insurance, Finance Dept., Govt. of West Bengal at the appropriate time.

Dated _____

(Signature)

Countersigned

Address :

Head of Office

Accepted

Registrar

N.B.: To be filled up in duplicate at the time of joining the service. One copy is to be kept in the Service Book of the employee and the Second copy to be preserved by the P.F. Section of the University.

ANNEXURE – III

To Memorandum No. 1260–MD/O/14M-24/10 Pt-I Date: 12-06-2017

The present rate of Commuted value of Pension payable under this scheme

Age on next birthday	Communication value expressed as number of year's purchase	Age on next birthday	Communication value expressed as number of year's purchase	Age on next birthday	Communication value expressed as number of year's purchase
20	9.188	41	9.075	62	8.093
21	9.187	42	9.059	63	7.982
22	9.186	43	9.040	64	7.862
23	9.185	44	9.019	65	7.731
24	9.184	45	8.996	66	7.591
25	9.183	46	8.971	67	7.431
26	9.182	47	8.943	68	7.262
27	9.180	48	8.913	69	7.083
28	9.178	49	8.881	70	6.897
29	9.176	50	8.846	71	6.703
30	9.173	51	8.808	72	6.502
31	9.169	52	8.768	73	6.296
32	9.164	53	8.724	74	6.085
33	9.159	54	8.678	75	5.872
34	9.152	55	8.627	76	5.657
35	9.145	56	8.572	77	5.443
36	9.136	57	8.512	78	5.229
37	9.126	58	8.446	79	5.018
38	9.116	59	8.371	80	4.812
39	9.103	60	8.287	81	4.611
40	9.090	61	8.194		

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TUESDAY, MARCH 2, 2021

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PART I—Orders and Notifications by the Governor of West Bengal, the High Court, Government Treasury, etc.

GOVERNMENT OF WEST BENGAL
Minority Affairs & Madrasah Education Department
NABANNA, 325, Sarat Chatterjee Road, Howrah-711 102

NOTIFICATION

No. 402-MD-11018/69/2017

Date: 25.02.2021

The undersigned is directed to say that the Governor is pleased hereby to extend the benefits of “**West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department**” to the serving permanent Teachers/Officers and their dependant family members of the Aliah University in the following manner under the scheme detailed below.

Scheme

1. **Short title and commencement** – (1) This Scheme is called “**West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department**”.
2. **Application** – (1) This scheme shall apply to the serving permanent Teachers and Officers of the Aliah University and their dependent beneficiaries.
 - (2) The provision of enrollment under this scheme shall be optional.
 - (3) This scheme will be implemented in reimbursement mode only.
 - (4) A teacher/officer shall not be entitled to draw the regular medical allowance, if opted for this scheme with effect from the date of effect of such enrollment.
 - (5) A teacher/officer has the liberty to opt out from the scheme by applying through WBHS using his/her individual login. Provided that a teacher/officer shall not be allowed to opt out from scheme within five years from the month following the month in which he/she or his/her beneficiary enjoyed the benefit under the scheme.
3. **Definitions** – In this scheme unless there is anything repugnant in the subject or context.
 - (a) "Approved Rates" means such rates as may be notified by Finance Department, Government of West Bengal applicable for West Bengal Health Scheme from time to time for various services, procedures and investigations required in connection with the medical attendance and treatment of a beneficiary.

- (b) "Beneficiary " means a dependent member of the family of a serving teacher/officer.
- (c) "Clause" means a clause of the scheme.
- (d) "Institution" means the Aliah University.
- (i) "Head of Institution" means Vice-Chancellor of the Aliah University.
- (ii) "Recommending Authority" means any officer having rank in the middle tier of the Institution.
- (iii) "Operator" means any clerical staff (LDC/UDC) of the Institution.
- (e) "Administrative Department" means Minority Affairs and Madrasah Education Department, Government of West Bengal.
- (i) "Head of the Department" means Addl. Chief Secretary/Principal Secretary/Secretary of the Administrative Department.
- (ii) "Delegated Approver" means an officer up to the rank of Joint Secretary.
- (iii) "Verifying Authority" means any official/clerk of the Administrative Department.
- (f) (i) "Teacher" means a full time and regular serving Teachers of the Aliah University under Minority Affairs and Madrasah Education Department, Govt. of West Bengal enrolled under clause 2.
- (ii) "Officer" means serving officers the Aliah University under Minority Affairs and Madrasah Education Department Government of West Bengal enjoying the similar scale of pay as of the teachers.
- (g) "Family" in relation to a teacher/officer includes the following;
- (i) Husband or Wife as the case may be,
- (ii) Dependent Parents whose monthly income does not exceed rupees three thousand and five hundred.
- (iii) Dependent Children including step-children, legally adopted children upto the age of 25 years.
- (iv) Dependent widowed/divorced daughters whose age exceeds 25 years but her monthly income does not exceed Rupees one thousand and five hundred .
- (v) Dependent Minor brothers and sisters upto the age of 18 years.
- (vi) Dependent unmarried/widowed/divorced sisters whose age exceeds 18 years but her monthly income does not exceed Rupees one thousand and five hundred.
- (vii) Income (not age) shall not be a consideration when the eligible beneficiaries mentioned with sl. no. (ii) to (vi), stated above are suffering from Critical Illness/Disease as notified by Finance Department, Govt. of West Bengal.

Note:

1. The conditions of beneficiary are not applicable to the spouse. Spouse can be included irrespective of his/her monthly income. But...
 - a. If both husband or/and wife is/are working/worked in any organisation under direct control of Govt. of West Bengal and is/are eligible to draw Medical Allowance/Relief, they can enrol themselves individually or jointly to their respective health scheme controlled by their Administrative Department. In case of opting in a health scheme jointly in a particular scheme, only the benefit of that scheme is admissible.
 - b. Again if the spouse is an employee of Central Govt. or PSU Bank or any Corporation/Undertaking financed more than 50% total capital by Central/State Govt. or local bodies or aided institution or private organisation which provides medical facility, s/he to choose any one place for getting medical facility. Therefore, if spouse wants to get benefits under this scheme, an official certificate from his/her employer first regarding relinquishment of medical allowance and benefit available from his/her employer.
2. 'Son' is considered to be dependent till he starts earning or attains the age of 25 years, whichever is earlier. Son suffering from permanent disabilities either physically or mentally will be considered dependent without any age limit.

3. Son/daughter/sister shall not be considered as beneficiary from the date of their marriage.
4. As an exception, parents can live away from employee in another station with other members of family.
5. A declaration regarding the income of all dependent beneficiary except spouse shall be furnished biennially by the concerned enrolled teacher/officer in the month of November.
 - (h) 'Order' means all orders issued by Finance Department, Govt. of West Bengal in connection with implementation of West Bengal Health Scheme in **reimbursement mode** applicable for employees and pensioner of Govt. of West Bengal and it will be equally applicable for this scheme also.
 - (i) "Form" means a Form appended to this scheme.
 - (j) "Government" means Govt. of West Bengal.
 - (k) "Health Care Organisation (HCO)" means such Govt. or Private Hospital/Nursing Home that may be recognized/empanelled/enlisted from time to time by Finance Department, Govt. of West Bengal for the purpose of availing benefits of medical attendance and treatment under this scheme.
 - (l) "Laboratory" means such laboratory as may be recognized by the Govt. of West Bengal from time to time for availing of benefits of medical attendance and treatment under this scheme.
 - (m) "Medical attendance" means for professional advice and includes pathological, bacteriological, radiological or other methods of investigation for the purpose of diagnosis which are considered necessary by the attending physician and are carried out in a hospital.
 - (n) "Specified" means specified by order.
 - (o) "Treatment" means the use of medical and surgical facilities and includes.
 - (i) The employment of such pathological bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician.
 - (ii) The use of such medicines, vaccines, serum or other therapeutic substances as may be considered necessary by the attending physician.
 - (iii) Medical and surgical services and procedures.
 - (iv) Dental treatment.
 - (v) Such nursing as is ordinarily provided at the hospital or such special nursing at the hospital as the authorized medical attending physician at the hospital may certify, in writing, to be essential for the recovery of or for the prevention of serious deterioration in the condition of the patient, having regard to the nature of the disease.
4. **Facilities** – A teacher/officer and his/her dependent beneficiary shall be entitled to get the following facilities, namely:–
 - (a) Medical attendance and treatment as an indoor patient in a hospital.
 - (b) Medical attendance and treatment as an Out-Patient Department (OPD) patient in a recognised/empanelled/enlisted hospital, or a clinic attached to such hospital for the diseases specified by competent authority from time to time.
5. **Medical attendance and treatment as an indoor patient in a hospital** – A teacher/officer shall be entitled to get reimbursement of the cost of medical attendance and treatment of him/her and his/her dependent beneficiary's, as an indoor patient in a hospital.

Explanation – For the purpose of the clause the expression "cost of medical attendance and treatment" shall include–

- (a) The amount charged by the hospital in accordance with the approved rates notified by Finance Department, Govt. of West Bengal.

- (b) The cost of medicines supplied by the recognised/empanelled/enlisted or purchased from outside on the advice of the attending physician of the hospital provided that the certification of Medical Superintendent on non -availability of such medicine in the store of hospital.
- (c) The charges for such pathological, bacteriological, radiological or other methods investigations as are considered necessary by the attending physician and carried out, on the advice of the attending physician, in a recognised/empanelled/enlisted hospital/diagnostic centre other than the treating hospital.
- (d) The cost of Implants and/or Special Devices as prescribed by the treating surgeon/consultant of a hospital where the treatment is going on, is reimbursable as per approved WBHS rate or actual basis in case where no prescribed rate exist.
- (e) The cost incurred on account of related medical attendance and treatment received in recognised/empanelled/enlisted hospital during the period upto 30 days prior to hospitalization and 30 days from date of discharge.

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

- (1) A teacher/officer shall be entitled to get reimbursement of the cost medical attendance and treatment of him/her and his/her dependant beneficiary 's as an OPD patient in recognised/empanelled/enlisted hospital in the following diseases:
 - (i) Malignant diseases (Mainly cancer cases are considered as malignant diseases)
 - (ii) Tuberculosis.
 - (iii) Hepatitis B/C and other liver diseases.
 - (iv) Insulin-dependent diabetes. (Type -2 Diabetes Mellitus is not considered as Insulin- dependent Diabetes.
 - (v) Heart diseases.
 - (vi) Neuro logical disorders/ Cerebrovascular disorders.
 - (vii) Malignant Malaria.
 - (viii) Renal failure.
 - (ix) Thalassaemia/ Bleeding disorders/ Platelet disorders.
 - (x) Injuries caused by accidents. (Animal Bite cases will come under the purview of injuries caused by the accidents.)
 - (xi) Rheumatoid Arthritis.
 - (xii) Systematic Lupus Erythematosus (LUPUS)
 - (xiii) Crohn's Disease.
 - (xiv) Endodontic Treatment (Root Canal Treatment).
 - (xv) Chronic Obstructive Pulmonary Disease (COPD).
 - (xvi) Ankylosing Spondylitis.
 - (xvii)None of the above list [Vide para 10 of 797-F(MED), dated 31.01. 2011]
- (2) A teacher/officer or his/her beneficiary shall also be entitled to get reimbursement of the cost of follow-up medical attendance and treatment relating to Neuro-Surgery, Cardiac Surgery (including Coronary Angioplasty and implants), Cancer Surgery/ Chemotherapy/Radiotherapy, Renal Transplant, Hip/Knee replacement Surgery and Accident cases received as an OPD patient in recognised/empanelled/enlisted hospital.

Explanation – For the purpose of this clause the expression "cost of medical attendance and treatment" shall include:

- (a) The amount charged by the recognised/empanelled/enlisted hospital in accordance with the approved rates.
- (b) The cost of medicine purchased from outside on the advice of the attending physician of the recognised/empanelled/enlisted hospital.

- (c) The charges for such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician and carried out on the advice of the attending physician in a recognised/empanelled/enlisted hospital or laboratory other than the hospital in which the patient is treated .
- (d) The cost of Implants and/or Special Devices as prescribed by the treating surgeon/consultant of a recognised/empanelled/enlisted hospital where the treatment is going on, is reimbursable as per approved WBHS rate or actual basis in case where no prescribed rate exist.

7. **Enrolment:**

- (a) A teacher/officer will have to apply online for enrolment under "**West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal**" through **West Bengal Health Scheme Portal** having URL <https://wbhealthscheme.gov.in>. A new URL will also be available within the portal of *Aliah University*.
- (b) At the time of online application, Teacher/Officer has to upload scanned clear photo and signature having size 12-50kb of all beneficiaries besides other mandatory information. After online submission, s/he has to take a print out of the submitted form and it has to be submitted physically to Head of the Institution attaching all necessary documents like Birth Proof, Blood Group, Aadhar Card, Income Certificate and any other documents that are required to substantiate the inclusion of beneficiary.

After receiving both soft and hard copy (attached with other instruments), Operator will check it carefully. If s/he detects any error, s/he will modify it. Then Operator will forward it to Recommending Authority. The Recommending Authority will check it again. S/he can modify mistakes or can return it to Operators. Then the Recommending Authority will forward the application to the Head of the Institution for necessary approval. Finally Head of the Institution will approve the application if s/he finds it correct with his/her registered class 2/3 Digital Signature Certificate (DSC).

After getting message from WBHS portal, incumbent will take print out of approved enrollment certificate from WBHS portal after creating his/her individual login. No one except Head of the Institution can approve his/her own enrollment certificate.

The Administrative Department has no role in enrolment procedure.

- (c) On successful enrollment under the health scheme, the drawl of regular medical allowance shall be discontinued from the date of effect mentioned in approved enrollment certificate.

8. **Criteria for Reimbursement of Claims:**

- a. Enrolled teachers /officers will get the facility of OPD/IPD medical treatment in Govt. Hospitals, Hospitals managed by local bodies like municipalities, State-Aided Hospitals, Speciality/Enlisted Hospitals outside the state and Empanelled Private Hospitals as listed in Finance Department's Notification No. 3473-F dt. 11.05.09, and as amended from time to time. List of such HCOs will be available in the WBHS Portal.
- b. The beneficiaries under this health scheme may also avail the only indoor medical treatment facilities in any non- empanelled private hospital/nursing home. Reimbursement of the cost of such indoor medical treatment is admissible under this scheme as per orders issued by Finance Department, Govt. of West Bengal.
- c. For availing treatment in enlisted hospitals outside West Bengal, notification of Finance Department, Govt. of West Bengal shall be adhered strictly in this regard.

9. **Accommodation/Entitlement:**

- (a) In the case of medical attendance and treatments as an indoor patient in a Pay Bed of Govt. Hospital or Tata Medical Center, Rajarhat or Other Private Empanelled Hospital, a teacher/officer or his/her beneficiary shall be entitled to availed the following accommodation as tabled below:

Sl. No.	Category of Beneficiary	Basic Pay/ Salary Range as per ROPA-2019	Type of Accommodation
1	I	Rs.1 ,50,000/- & More.	i) Pay Bed in Govt. Hospitals: Single Occupancy Large Cabin ii) Tata Medical Center, Rajarhat: Private Bed iii) Other Private Empanelled HCOs: Private Room/ Private Cabin /Private Bed.
2	II	Rs. 75,000/- & more but less than Rs. 1,50,000/-	i) Pay Bed in Govt. Hospitals: Single Occupancy Small Cabin ii) Tata Medical Center, Rajarhat: General Bed iii) Other Private Empanelled HCOs: Private Room/ Private Cabin /Private Bed
3	III	Rs. 45,000/- & more but less than Rs. 75,000/-	i) Pay Bed in Govt. Hospitals: Double Occupancy Large Cabin ii) Tata Medical Center, Rajarhat: General Bed iii) Other Private Empanelled HCOs: Semi-Private Bed

10. Financial Power of sanctioning claim:

Financial power for sanctioning the cost of medical attendance and treatment for IPD and OPD treatment is given below :

Approving Authority	Financial Power	
	Indoor Treatment	OPD
Head of the Administrative Department (Addi. Chief Secretary/ Principal Secretary/Secretary) for both College & University.	Full Power	
Delegated Approver of the Head of the Administrative Department up to the rank of Joint Secretary.	Rs. 1.00 Lakh	Rs. 10,000/-

11. Settlement of Reimbursement Claims:

- (i) Enrolled Teacher/Officer will submit reimbursement claim using his/her individual login through West Bengal Health Scheme Portal. After online submission, s/he has to take a print out of submitted form and it has to be submitted physically to Head of Institution attaching all necessary documents like money receipts, annexure, all treatment documents and any other instruments that is required to substantiate the claim.
- (ii) After receiving both hard and soft copy (attached with other instruments), Operator will check it carefully. If s/he detects any error, s/he will modify it. Then Operator will forward it to Recommending Authority. The Recommending Authority will check it again. S/he can modify mistakes or can return it to Operators. The Recommending Authority will forward the correct application to the Head of Institution. Head of Institution will forward the claim to Administrative Department for necessary approval.
- (iii) On receiving both soft and hard copy of reimbursement claim. The Verifying Authority of the Administrative Department will check it again. Once s/he finds the claim in correct way, s/he will forward it to the Delegated Approver of the Administrative Department (in the rank of Joint Secretary and above).
- (iv) On checking the claim, if the admissible amount is within the ceiling of Delegated Approver of the Administrative Department, s/he will approve it and generate sanction order with his/her registered Digital Signature Certificate (DSC). Delegated Approver of the Administrative Department will forward the claim to Head of the Department (Addi. Chief Secretary/Principal Secretary/Secretary) for approval if the admissible amount exceeds the ceiling delegated to him/her.

- (v) Head of the Department will approve the claims those are forwarded by Delegated Approver of the Administrative Department. Registration of DSC by Head of the Department is not mandatory. S/he can approve and generate sanction order against a claim with his/her registered DSC. When Head of the Department approves claim without DSC, Delegated Approver needs to generate sanction order with his/her registered DSC mandatorily.
- (vi) In all sanctioned claims, Administrative Department shall make necessary arrangement of stamping of "**Paid and Cancelled**" and signature by competent authority in all vouchers of such claim. The Administrative Department shall allocate necessary allotment to DDO of Head of the Institution for submission of claim to linked Pay and Accounts Officer/Treasury.
- (vii) After getting, DSC enabled sanction order and vouchers from competent authority, Operator of University/ Department will prepare **Treasury Bill** in TR-31A in WBHS Portal and forwards it to DDO for subsequent submission WBIFMS CE-Billing module). Again DDO has to submit the said **Treasury Bill** using his registered DSC to linked Pay & Accounts office/ Treasury accessing his/her login in WBIFMS Portal without attaching any vouchers and beneficiary list.
- (viii) No physical voucher is required to be attached at the time of submission of bill to Treasury as per existing provision. All vouchers shall be preserved in College/ University for the purpose of future audit. Only DSC enable sanction order shall be attached with **Treasury Bill** in TR Form 31A at the time of drawal of claim to Pay and Accounts Officer/Treasury.
- (ix) Moreover, for settling a claim, notification no. 3474-F dt. 11.05.2009, 796-F(MED) dated 31.01.2011, 797-F(MED) dated 31.01.2011, 11253-F(MED) dated 16.11.2011, 796-F(MED) dated 19.09.2013 and other related order issued by Finance Department, Govt. of West Bengal shall be adhered strictly.
- (x) List in inadmissible items, viz. Foods, Tonics, Medicines etc shall be guided as per Finance Department (Medical Cell) Memorandum No. 6586-F(MED) dated 29.06.2011.

The Forms of enrollment & reimbursement of claims along with the prescribed format for approval, recommendation and sanctioned of claim are annexed hereto.

SI. No.	Form No.	Subject
1	Form -A	Application of Enrollment
2	Form-B	Certificate of Enrollment
3	Claim Forms	MAME GIA Form C1 to C5
4	Form-R	Format of Sanction Order
5	Annexure-I	Essentiality Certificate for claiming OPD Reimbursement
6	Annexure-II	Essentiality Certificate for claiming IPD Reimbursement for availing treatment on Non-Empanelled Hospital or Institution
7		

12. Treatment in a hospital or institution outside the State:–

- (i) Notwithstanding anything contained elsewhere in this scheme, the Government may recognize specialized hospitals and institute outside the State for treatment of specific diseases. All hospitals, situated outside West Bengal and notified by Finance Department, Govt. of West Bengal shall have to consider in this case. Treatment cost in case of availing treatment in a hospital outside West Bengal other than enlisted shall not be eligible for reimbursement.
- (ii) Prior approval from Addl. Chief Secretary/Principal Secretary/Secretary of Minority Affairs and Madrasah Education shall be obtained for receiving medical attendance and treatment in these enlisted hospitals outside West Bengal. In case of technical opinion from doctor, Administrative Department may consult with West Bengal Health Scheme Authority (WBHSA) before final approval.

- (iii) Claim for reimbursement of the cost of medical attendance and treatment in these hospitals shall be allowed on actual basis of various services provided by and investigations and procedures carried out by these hospitals only in the course of treatment.
- (iv) Cost of inadmissible items mentioned in different notifications issued by Finance Department, Govt. of West Bengal is not allowed for reimbursement.

13. **Operational Guidelines clarifications, etc.** – (1) Minority Affairs and Madrasah Education Department in consultations with the Finance department (Medical Cell), wherever necessary, shall issue operational guidelines clarifications, etc. for implementation of the scheme.

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

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

14. The Head of Account for allotment of fund for medical reimbursement will be notified later.

15. The Annexure prescribing the Forms of Enrolment and Reimbursement of Claims will be available in the Website.

16 This Order is issued with the concurrence of Finance Department vide their U.O. No.E-97-F(MED) dt.17.02.2021 & U.O. No.E 128-F(Med) dated 11.04.2020.

All concerned are being informed.

By Order of the Governor,

MD. GHULAM ALI ANSARI
Secretary to the Government of West Bengal

Annexure-I

Certification of Treating Specialist/Consultant of **Recognised/Empanelled/Enlisted** Hospital for claiming reimbursement of "**Out Patient Department (OPD)**" treatment under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal.

1. Certified that the Patient, Sri/Smt. _____, having Beneficiary ID _____ is a beneficiary of the scheme stated above.
2. S/he has been suffering from _____ (specify name of disease) as listed in Sl. No. _____ of the OPD list as per 6(1) clause or follow-up medical attendance and treatment of _____ as per 6(2) clause of Order No. _____ dated issued by Minority Affairs and Madrasah Education Department, Govt. of West Bengal.
3. Date of consultation is _____.

Date: **Signature of Treating Specialist/ Consultant** :
Registration No. and Authority :
Name of Hospital :
Official Seal of the Hospital :

List of OPD (Out Patient Department) Diseases

As per clause 6(1) of Notification No. 402-MD-11018/69/2017			As per clause 6 (2) of Notification No. 402-MD/11018/69/2017 dt. 25.02.2021		
Sl. No.	Name of the Disease	Sl. No.	Name of Disease	Sl. No.	Name of the Disease
1	Malignant Diseases.	10	Injuries Caused by Accident (including Animal Bite).	1	Neuro Surgery.
2	Tuberculosis.	11	Rheumatoid Arthritis.	2	Cardiac Surgery (Including Coronary Angioplasty and implants).
3	Hepatitis B/C and Other Liver Diseases.	12	Systematic Lupus Erythematous (LUPUS).	3	Cancer Surgery/ Chemotherapy/ Radiotherapy.
4	Insulin Dependent Diabetes (Type-2 Diabetic Mellitus is not considered as Insulin Dependent Diabetes).	13	Crohn's Disease.	4	Renal Transplant.
5	Heart Diseases.	14	Endodontic Treatment (Root Canal Treatment).	5	Hip/Knee replacement Surgery.
6	Neurological Disorder/Cerebra Vascular Disorders.	15	COPD (Chronic Obstructive Pulmonary Disease).	6	Accident cases.
7	Malignant Malaria.	16	Ankylosing Spondylitis		
8	Renal Failure.	17	None of the above list [Vide para 10 of 797-F(MED), dated 31.01.2011]		
9	Thalassaemia/ Bleeding orders/ Platelet Disorders.				

**** In case of OPD treatment, where medicine is prescribed for indefinite period, Employee/Pensioner/Family Pensioner can submit his/ her successive reimbursement claim with copy of this annexure only once**

Annexure-II

Certification of Medical Superintendent/ Administrative Officer of treating **Non-Empanelled** Hospital for claiming reimbursement of only "**Indoor**" treatment under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal.

1. Certified that the Patient, Sri/Smt. _____, having Beneficiary ID _____ is a beneficiary of the scheme stated above and s/he availed an indoor treatment for period from _____ to _____.
2. Certified that the Hospital/Nursing Home/Health Care Organisation has _____ () nos. of bed.
3. Certified that the Hospital/Nursing Home/Health Care Organisation obtained a License under the West Bengal Clinical Establishment Act and Rules bearing no. _____ and this License is valid up to _____.

Date: _____

**Signature of Superintendent/
Administrative Officer** _____ :

Name of Hospital _____ :

Official Seal of the Hospital _____ :

MAME GIA Form-C1

Reimbursement for cost of Out-Door Patient (OPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid College and Universities under Minorit Affairs and Madrasah Education Department, Govt. of West Bengal

(As per Order No. 402-MD-11018/69/2021, Dated 25.02.2021)

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Institution where Teacher/ Officer is attached)

To

The (Designation of Hol)
 (Name of the Institution)
 (Office Address of Hol)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost of Out-Patient Department (OPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Teacher/Officer.			
Full Name (in Block letters)		HRMS ID (If available)	
Enrollment ID No.		Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i>	
2. Details of Patient, Treating Hospital and Condonation Requirement, if any.			
2.1	Name of Patient		
2.2	Name of Empanelled/Enlisted hospital where treatment was availed.		
2.3	Requirement of approval of delay Condonation, if any (Tick mark in appropriate box)	Yes	No Not known
3. Details of Claimant <i>(Applicable in case of death of employee or pensioner or family pensioner)</i>			
Sl. No.	Name of claimant	Relation	
3.1			
4. Permission Details, If any			
Sl. No.	Permission sought	Details of permission approval	
4.1	For treatment availed in enlisted hospital outside West Bengal <i>(see clause 12 of Order No. 402-MD-11018/69/2017, Dated 25.02.2021).</i>	Memo No. : Date: Designation I Authority : U.O. No. and date of Finance Deptt. West Bengal, if any:	

Part-I [Details of Expenditure Statement of OPD treatment]

5. Details of OPD Treatment			
Sl. No.	Perticulars	Details	
5.1	Category of OPD Claim (Tick mark in appropriate box) <i>[See list of</i>	As per clause 6(1) of OPD List	As per clause 6(2) of OPD List

	<i>diseases/illness mentioned in clause 6(1) and 6(2)]</i>				
5.2	Name of OPD Disease/ Type of follow-up medical attendance and treatment				
5.3	Date of OPD consultation				
6. Expenditure Statement of OPD treatment					
Sl. No.	Name of Components				Amount Claimed (Rs.)
6.1	Procedure Charges				
Sl. No.	Name of Procedure	Procedure Code	Amount Admissible (Rs.)		
6.2	Consulation Fees				
6.3	Cost of Pathological and Radiological Investigations				
Sl. No.	Name of Investigation	Coded / Non-Coded	Code of Investigation	Amount Admissible (Rs.)	
6.4	Cost of Medicines				
	Period of Medicine consumption	From	To		
6.5	Cost of Implant / Special Device				
Sl. No.	Name of Implant / Special Device	Code of Implant / Special Device	Amount Admissible (Rs.)		
6.6	Miscellaneous (specify)				
	Total				
	No. of Vouchers				

Part-III [Medical Advance]

7. Details of Medical Advance, if any					
Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-IV [Refund of Medical Advance]

8. Details of Refund of Medical Advance, if any					
Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Net Claim: [Part-II minus Part III] or [Part-II minus Part-III plus Part IV]

Rs. :	In words: Rupees
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Manual Application Form

Part-V [Declaration of Teacher/Officer]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of the stated scheme and possessed a valid enrolment certificate at the time treatment. I will be responsible and liable for any disciplinary action taken against me in terms of Rules if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1.	Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital (<i>see notes of annexure-I carefully</i>).	Yes	No
2.	Enrolment Certificate of beneficiary	Yes	No
3.	Original Money Receipts in sequentially	Yes	No
4.	Copy of OPD Prescription	Yes	No
5.	Copy of permission granted if any	Yes	No
6.	Original copy of Voucher/Tax Invoice of Implants purchased	Yes	No
7.	Copy of all investigation/test reports in sequentially.	Yes	No
8.	Essentiality supported with prescription and audiometric report from treating empanelled hospital/diagnostic centre (<i>Applicable only for claiming reimbursement of Digital Hearing Aid</i>).	Yes	No
9.	In case of death of Teacher/Officer; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes Yes Yes	No No No
10.	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only)	Yes	No
11.	Any other instruments (Specify)	Yes	No

Date:

Signature of the Teacher/Officer/Claimant :

Name in Block Letters :

Designation :

MAME GIA Form-C1

Reimbursement for cost of Out-Door Patient (OPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid College and Universities under Minorit Affairs and Madrasah Education Department, Govt. of West Bengal

(As per Order No. 402-MD-11018/69/2017, Dated 25.02.2021)

(Generated by Teacher/Officer from WBHS Portal)

To

The (Designation of Hol)
 (Name of the Institution)
 (Office Address of Hol)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost of Out-Patient Department (OPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Teacher/Officer.			
Full Name		HRMS ID (If available)	
Enrollment ID No.		Claim Application ID.	
Bed Entitlement		Date of Enrolment	
2. Details of Patient, Treating Hospital and Condonation Requirement, if any.			
2.1	Name of Patient		
	Beneficiary ID		
	Relationship with Employee/Pensioner		
2.2	Name of Empanelled/Enlisted hospital where treatment was availed.		
	Code of Hospital		
	Class of Entitlement of Hospital		
	Address of Hospital		
2.3	Requirement of approval of delay Condonation, if any (Tick mark in appropriate box)	Yes	No Not known
3. Details of Claimant (Applicable in case of death of employee or pensioner or family pensioner)			
Sl. No.	Name of claimant	Relation	
3.1			
4. Permission Details, If any			
Sl. No.	Permission sought	Details of permission approval	
4.1	For treatment availed in enlisted hospital outside West Bengal (see clause 10 of Order No. 402-MD-11018/69/2017, Dated 25.02.2021).	Memo No. : Date: Designation I Authority : U.O. No. and date of Finance Deptt. West Bengal, if any:	

Part-II [Details of Expenditure Statement of OPD treatment]

5. Details of OPD Treatment						
Sl. No.	Particulars		Details			
5.1	Category of OPD Claim (Tick mark in appropriate box) [See list of diseases/illness mentioned in clause 6(1) and 6(2)]		As per clause 6(1) of OPD List		As per clause 6(2) of OPD List	
5.2	Name of OPD Disease/ Type of follow-up medical attendance and treatment					
5.3	Date of OPD consultation					
6. Expenditure Statement of OPD treatment						
Sl. No.	Name of Components					Amount Claimed (Rs.)
6.1	Procedure Charges					
	Sl. No.	Name of Procedure	Procedure Code	Amount Admissible (Rs.)		
6.2	Consulation Fees					
6.3	Cost of Pathological and Radiological Investigations					
	Sl. No.	Name of Investigation	Coded / Non-Coded	Code of Investigation	Amount Admissible (Rs.)	
6.4	Cost of Medicines					
	Period of Medicine consumption		From		To	
6.5	Cost of Implant / Special Device					
	Sl. No.	Name of Implant / Special Device	Code of Implant / Special Device	Amount Admissible (Rs.)		
6.6	Miscellaneous (specify)					
					Total	
					No. of Vouchers	

Part-III [Medical Advance]

7. Details of Medical Advance, if any					
Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-IV [Refund of Medical Advance]

8. Details of Refund of Medical Advance, if any					
Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Net Claim: [Part-II minus Part III] or [Part-II minus Part-III plus Part IV]

Rs. :	In words: Rupees
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Online Application Form

Part-V [Declaration of Teacher/Officer]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of the stated scheme and possessed a valid enrolment certificate at the time treatment. I will be responsible and liable for any disciplinary action taken against me in terms of Rules if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1.	Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital (<i>see notes of annexure-I carefully</i>).	Yes	No
2.	Original Money Receipts in chronological dates	Yes	No
3.	Copy of OPD Prescription	Yes	No
4.	Copy of permission granted if any	Yes	No
5.	Original copy of Voucher/Tax Invoice of Implants purchased	Yes	No
6.	Copy of all investigation/test reports in sequentially.	Yes	No
7.	Essentiality supported with prescription and audiometric report from treating empanelled hospital/diagnostic centre (<i>Applicable only for claiming reimbursement of Digital Hearing Aid</i>).	Yes	No
8.	In case of death of Teacher/Officer; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes Yes Yes	No No No
9.	Any other instruments (Specify)	Yes	No

Date:

Signature of the Teacher/Officer/Claimant :

Name in Block Letters :

Designation :

Manual Application Form**MAME GIA Form -C2**

Reimbursement for cost of In-Patient Department (IPD) treatment in non- empanelled hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid College and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal

(As per Order No. 402-MD-11018/69/2017, Dated 25.02.2021)

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Institution where Teacher/Officer is attached)

To

The (Designation of Hol)

..... (Name of the Institution)

..... (Office Address of Hol)

Sir/ Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost of In-Patient Department (IPD) treatment at non-empanelled hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Teacher/Officer.			
Full Name (in Block letters)		HRMS I D (If avai lable)	
Enrollment ID No.		Claim Application ID <i>(To be filled at the time of online entry from end the Head of Office)</i>	
2. Detail of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
2.2	Name of Non-Empanelled/hospital where treatment was availed.		
2.3	Requirement of approval of delay Condonation, if Any (Tick mark in appropriate box)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not known <input type="checkbox"/>
3. Detail of Claimant <i>(Applicable in case of death of employee or pensioner or family pensioner)</i>			
Sl. No.	Name of claimant	Relation	
3.1			

Part-II [Details and Expenditure Statement of IPD treatment]

4. Period of treatment					
Admission Date		Discharge Date			
5. Type of Discharge					
SI. No.	Type of Discharge	Tick mark in appropriate box	SI. No.	Type of Discharge	Tick mark in appropriate box
5.1	Normal	<input type="checkbox"/>	5.3	Referral	<input type="checkbox"/>
5.2	Risk Bond	<input type="checkbox"/>	5.4	Death	<input type="checkbox"/>

Manual Application Form

6. Amount Claimed for						
SI. No.	Type of Treatment				Tick mark in appropriate box	
6.1	Only Procedural/ Package Treatment				<input type="checkbox"/>	
6.2	Only Non- Procedural/ Package Treatment				<input type="checkbox"/>	
6.3	Both Procedural/ Package and Non- Procedural/ Package Treatment				<input type="checkbox"/>	
6.1 Details of Procedural/Package Treatment						
Period of Procedural/ Package Treatment			From		To	
SI. No.	Name of Procedures/ Packages				Amount Claimed (Rs.)	
6.1.1						
6.1.2						
6.1.3						
6.1.4						
6.1.5						
	Total					
6.2 Details of Implants Used						
SI. No.	Name of Implants				Amount Claimed (Rs.)	
6.2.1						
6.2.2						
6.2.3						
6.2.4						
	Total					
6.3 Details of Non-Procedural/ Package Treatment						
Period of Non-Procedural/ Package Treatment			From		To	
SI. No.	Name of Components				Amount Claimed (Rs.)	
6.3.1	Room/ Bed Rent					
	ICCU/ITU/ICU/NICU/PICU	From		To		
	HDU/SDU	From		To		
	Burn Unit	From		To		
	CRIB	From		To		
	General/Semi-Private/Private	From		To		
6.3.2	Consultation Fees					
6.3.3	Pathological and Radiological Investigations					
6.3.4	Medicines					
6.3.5	Consumables					
6.3.6	Special Nursing/Aya Charges					
6.3.7	Miscellaneous. (If Any Specify)					
	Total					
	No. of Vouchers					
	Total Treatment Cost [6.1+6.2+6.3]					

Manual Application Form**Part-III [Details of Discount and Insurance Coverage]**

11. Details of Discount and Insurance Coverage, if any			
SI. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		

Net Claim: (Part-II minus Part-III)

Rs. ;	in words; Rupees
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Part-IV [Declaration of Teacher/Officer]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of the stated scheme and possessed a valid enrolment certificate at the time treatment. I will be responsible and liable for any disciplinary action taken against me in terms ofRupees if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

SI. No.	Name/ Particulars of enclosures to be attached	Enclosed or not	
1	Annexure-II duly signed with proper stamp by the Medical Superintendent / Administrative Officer of a Non-Empanelled Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Enrolment Certificate of beneficiary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Bill Summary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Original Money Receipts in chronological dates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Copy of Discharge Summary {case summary and copy of death certificate in case of death) and OT note	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Detailed Bill	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Original copy of Voucher/ Tax Invoice of Implants used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Copy of all investigation/ test reports in sequentially	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Copy of OT Note in case of procedural/package treatment and treatment summary or bed head ticket in case of non- procedural/package treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	In case of death of Teacher/Officer ;		
	a. An affidavit on stamp paper by claimant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. No objection from other legal heirs on stamp papers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Copy of death certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Filled ECS mandate form in case of those, whose bank details is not available in IFMS {in case of first claim only}	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the Teacher/Officer/Claimant :

Name in Block Letters :

Designation :

Manual Application Form**MAME GIA Form -C2**

Reimbursement for cost of In-Patient Department (IPD) treatment in non-empanelled hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid College and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal

(As per Order No. 402-MD-11018/69/2017, Dated 25.02.2021)

(Generated by Teacher/Officer from WBHS Portal)

To

The (Designation of Hol)

..... (Name of the Institution)

..... (Office Address of Hol)

Sir/ Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost of In-Patient Department (IPD) treatment at non-empanelled hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Teacher/Officer.			
Fu ll Name		HRM S I D (Ifavailable)	
Enrollment ID No.		Claim Application ID	
Bed Entit lement		Date of Enrolment	
2. Detail of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
	Beneficiary ID		
	Relationship with Teacher/Officer		
2.2	Name of Non-Empanelled/hospital where treatment was availed.		
	Bed Capacity of Hospital		
	CE Licence No.		
	CE Licence valid up to		
	Address of Hospital		
2.3	Requirement of approval of delay Condonation, if any (Tick mark in appropriate box)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not known <input type="checkbox"/>
3. Detail of Claimant (Applicable in case of death of employee or pensioner or family pensioner)			
Sl. No.	Name of claimant	Relation	
3.1			

Part-II [Details of Expenditure Statement of IPD treatment]

4. Period of treatment			
Admission Date		Discharge Date	

Manual Application Form

5. Type of Discharge					
SI. No.	Type of Discharge	Tick mark in appropriate box	SI. No.	Type of Discharge	Tick mark in appropriate box
5.1	Normal	<input type="checkbox"/>	5.3	Referral	<input type="checkbox"/>
5.2	Risk Bond	<input type="checkbox"/>	5.4	Death	<input type="checkbox"/>
6. Amount Claimed for					
SI. No.	Type of Treatment				Tick mark in appropriate box
6.1	Only Procedural/ Package Treatment				<input type="checkbox"/>
6.2	Only Non- Proced ural/ Package Treatment				<input type="checkbox"/>
6.3	Both Procedural/ Package and Non- Procedural/ Package Treatment				<input type="checkbox"/>
6.1 Details of Procedural/Package Treatment					
Period of Proced u ral/ Packaee Treatment			From	To	
SI. No	Name of Procedures/ Packages				Amount Claimed (Rs.)
6.1.1					
6.1.2					
6. 1.3					
6.1.4					
6.1.5					
Total					
6.2 Details of Implants Used					
SI. No.	Name of Implants				Amount Claimed (Rs.)
6.2.1					
6.2.2					
6.2.3					
6.2.4					
Total					
6.3 Details of Non-Procedural/ Package Treatment					
Period of Non-Procedural/ Package Treatment			From	To	
SI. No.	Name of Components				Amount Claimed (Rs.)
6.3.1	Room/ Bed Rent				
	ICCU/ITU/ICU/NICU/PICU	From		To	
	HDU/SDU	From		To	
	Burn Unit	From		To	
	CRIB	From		To	
	General/Semi-Private/Private	From		To	
6.3.2	Consultation Fees				
6.3.3	Pathological and Radiological Investigations				
6.3.4	Medicines				

Manual Application Form

SI. No.	Name of Components	Amount Claimed (Rs.)
6.3.5	Consumables	
6.3.6	Special Nursing/Aya Charges	
6.3.7	Miscellaneous. (If Any Specify)	
Total		
No. of Vouchers		
Total Treatment Cost [6.1+6.2+6.3]		

Part-III [Details of Discount and Insurance Coverage]

11. Details of Discount and Insurance Coverage, if any			
SI. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		

Net Claim: (Part-II minus Part-III)	
Rs. ;	in words; Rupees

Part-IV [Declaration of Teacher/Officer]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of the stated scheme and possessed a valid enrolment certificate at the time treatment. I will be responsible and liable for any disciplinary action taken against me in terms ofRules if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

SI. No.	Name/ Particulars of enclosures to be attached	Enclosed or not	
1	Annexure-II duly signed with proper stamp by the Medical Superintendent / Administrative Officer of a Non-Empanelled Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Bill Summary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Original Money Receipts in chronological dates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Copy of Discharge Summary {case summary and copy of death certificate in case of death) and OT note	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Detailed Bill	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Original copy of Voucher/ Tax Invoice of Implants used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Copy of all investigation/ test reports in sequentially	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Copy of OT Note in case of procedural/package treatment and treatment summary or bed head ticket in case of non- procedural/package treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Manual Application Form

SI. No .	Name/ Particulars of enclosures to be attached	Enclosed or not	
9	In case of death of Teacher/Officer;		
	a. An affidavit on stamp paper by claimant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. No objection from other legal heirs on stamp papers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Copy of death certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the Teacher/Officer/Claimant :

Name in Block Letters :

Designation :

MAME GIA Form -C3

Reimbursement for cost of In-Patient Department (IPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid College and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal

(As per Order No. 402-MD-11018/69/2017, Dated 25.02.2021)

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Institution where Teacher/Officer is attached)

To

The (Designation of Hol)

..... (Name of the Institution)

..... (Office Address of Hol)

Sir/Madam,

I am submitting a claim of Rs. (Rupees.....) towards reimbursement of cost of non-cashless In-Patient Department (IPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal as per details stated below :

Part-I [General Information]

1. Details of Teacher/Officer.			
Full Name <i>(in Block letters)</i>		HRMS ID (If available)	
Enrollment ID No.		Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i>	
2. Details of Patient, Treating : Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
2.2	Name of Empanelled/Enlisted hospital where treatment was availed		
2.3	Requirement of approval of delay Condonation, if any (Tick mark in appropriate box)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not Known <input type="checkbox"/>
3. Details of Claimant <i>(applicable in case of death of employee or pensioner or family pensioner)</i>			
SI. No.	Name of claimant	Relation	
3.1			
4. Permission Details (If any)			
SI. No.	Permission sought	Details of permission approval	
4.1	For treatment availed in empanelled private hospital within West Bengal [see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012]	Permission ID : Permission approved for :	
4.2	For treatment availed in enlisted hospital outside West Bengal (see clause 10 of Order No. 402-MD-11018/69 /2017, Dated 25.02.2021).	Memo No. : Date : Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal, if any :	

Manual Application Form

Part-II [Expenditure Statement of IPD treatment]

5. Details of Treatment in Reimbursement Mode					
Period of treatment		Admission Date		Discharge date	
6. Type of Discharge					
SI. No.	Type of Discharge	(Tick mark in appropriate box)	SI. No.	Type of Discharge	(Tick mark in appropriate box)
6.1	Normal	<input type="checkbox"/>	6.3	Referral	<input type="checkbox"/>
6.2	Risk Bond	<input type="checkbox"/>	6.4	Death	<input type="checkbox"/>
7. Amount Claimed for					
SI. No.	Type of Treatment				(Tick mark in appropriate box)
7.1	Only Procedural / Package Treatment				<input type="checkbox"/>
7.2	Only Non-Procedural / Non-Package Treatment				<input type="checkbox"/>
7.3	Both Procedural / Package and Non-Procedural / Non-Package Treatment				<input type="checkbox"/>
7.1 Details of Procedural / Package Treatment					
Period of Procedural/Package Treatment			From	To	
SI. No.	Name of Procedures / Packages		Procedure Code	Amount Claimed (Rs.)	
7.1.1					
7.1.2					
7.1.3					
7.1.4					
7.1.5					
			Total		
7.2 Details of Implants Used					
SI. No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount Claimed (Rs.)	
7.2.1					
7.2.2					
7.2.3					
7.2.4					
7.2.5					
			Total (Rs.)		
7.3 Details of Non-Procedural / Non-Package Treatment.					
Period of Non-Procedural / Non-Package Treatment.			From	To	
SI. No.	Name of Component				Amount Claimed (Rs.)
7.3.1	Room / Bed Rent				
	ICCU/ITU/ICU/N ICU/PICU		From	To	
	HDU/SDU		From	To	
	Burn Unit		From	To	
	CRIB		From	To	
	General/Semi-Private/Private		From	To	
7.3.2	Consultation Fees.				

Manual Application Form

Sl. No.	Name of Component	Amount Claimed (Rs.)
7.3.3	Pathological and Radiological Investigations.	
7.3.4	Medicines.	
7.3.5	Consumables	
7.3.6	Special Nursing/Aya Charges	
7.3.7	Miscellaneous. (If any specify)	
Total Claim of Reimbursement Mode of Treatment(Rs.) (amount mentioned in 7.1+ 7.2+7.3)		
No. of vouchers		

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

8. Indoor related OPD treatment					
Do you want to claim Indoor related OPD treatment cost i.e. cost of OPD treatment 30 days prior to admission and 30 days after discharge? (Tick mark in appropriate box)			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9. Details of Indoor related OPD Consultation					
Dates			Nos. of Consultation		
10. Details Expenditure of Indoor related OPD treatment					
Sl. No.	Name of Components				Amount Claimed (Rs.)
10.1	Consultation Fees				
10.2	Cost of Pathological and Radiological Investigations				
10.3	Cost of Medicines				
	Period of medicine consumption		From	To	
10.4	Cost of Special Device				
10.5	Miscellaneous (specify)				
Total claim of indoor related OPD (Rs.)					
Nos. of vouchers					

Part-IV [Medical Advance]

11. Details of Medical Advance, if any					
Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-V [Refund of Medical Advance]

12. Details of Refund of Medical Advance, if any					
Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Manual Application Form

Part-VI [Details of Discount and Insurance Coverage]

13. Details of Discount and Insurance Coverage, if any			
Sl. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		

Net Claim : [Part-II plus Part-III minus Part IV minus Part VI] or [Part-II plus Part-III minus Part IV plus V minus Part VI]

Rs.;	In words; Rupees
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Part-VII [Declaration of Teacher/Officer]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of the stated scheme and possessed a valid enrolment certificate at the time treatment. I will be responsible and liable for any disciplinary action taken against me in terms of Rules if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Enrolment Certificate of beneficiary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Bill Summary of Indoor Treatment and OPD treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Original Money Receipts of both Indoor and OPD treatment in chronological dates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Copy of related OPD Prescriptions (if claimed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Copy of Discharge Summary (case summary and copy of death certificate in case of death) and OT note	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Copy of permission granted, if any	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Copy of compliance of clause (3) or (4) or (5) as per Memo No. 11253(80) F (MED), dated 16/12/2011, if any	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Copy of Detailed Bill of Indoor Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Original copy of Voucher / Tax Invoice of Implants used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Copy of all investigations / tests report of Indoor and Indoor related OPD treatment sequentially	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	In case of death of Teacher/Officer; a. An,affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
12	Filled ECS mandate form in case of those,whose bank details is not available in IFMS (in case of first claim only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date :

Signature of the Teacher/Officer/Claimant :

Name in Block Letters :

Designation :

Online Application Form

MAME GIA Form -C3

Reimbursement for cost of In-Patient Department (IPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid College and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal

(As per Order No. 402-MD-11018/69/2017, Dated 25.02.2021)

(Generated by Teacher/Officer from WBHS Portal)

To

The (Designation of Hol)

..... (Name of the Institution)

..... (Office Address of Hol)

Sir/Madam,

I am submitting a claim of Rs. (Rupees.....) towards reimbursement for cost of non-cashless In-Patient Department (IPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal as per details stated below :

Part-I [General Information]

1. Details of Teacher/Officer.			
Full Name		HRMS ID (If available)	
Enrollment ID No.		Claim Application ID.	
Bed Entitlement		Date of Enrolment	
2. Details of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
	Beneficiary ID		
	Relationship with Teacher/Officer		
2.2	Name of Empanelled/Enlisted hospital where treatment was availed.		
	Code of Hospital		
	Class of Entitlement of Hospital		
	Address of Hospital		
2.3	Requirement of approval of delay Condonation, if any (Tick mark in appropriate box)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not Known <input type="checkbox"/>
3. Details of Claimant (applicable in case of death of employee or pensioner or family pensioner)			
SI. No.	Name of claimant	Relation	
3. 1			
4. Permission Details (If any)			
SI. No.	Permission sought	Details of permission approval	
4.1	For treatment availed in empanelled private hospital within West Bengal [see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012]	Permission ID : Permission approved for :	

Online Application Form

4.2	For treatment availed in enlisted hospital outside West Bengal (<i>see clause 10 of Order No. 402-MD-11018/69/2017, Dated 25.02.2021</i>).	Memo No. : Date : Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal), if any :
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Part-II [Expenditure Statement of IPD treatment]

5. Details of Treatment in Reimbursement Mode					
Period of treatment	Admission Date		Discharge date		
6. Type of Discharge					
Sl. No.	Type of Discharge	(Tick mark in appropriate box)	Sl. No.	Type of Discharge	(Tick mark in appropriate box)
6.1	Normal	<input type="checkbox"/>	6.3	Referral	<input type="checkbox"/>
6.2	Risk Bond	<input type="checkbox"/>	6.4	Death	<input type="checkbox"/>
7. Amount Claimed for					
Sl. No.	Type of Treatment				(Tick mark in appropriate box)
7.1	Only Procedural / Package Treatment				<input type="checkbox"/>
7.2	Only Non-Procedural / Non-Package Treatment				<input type="checkbox"/>
7.3	Both Procedural / Package and Non-Procedural / Non-Package Treatment				<input type="checkbox"/>
7.1 Details of Procedural / Package Treatment					
Period of Procedural/Package Treatment			From	To	
Sl. No.	Name of Procedures / Packages		Procedure Code	Amount Claimed (Rs.)	
7.1.1					
7.1.2					
7.1.3					
7.1.4					
7.1.5					
			Total		
7.2 Details of Implants Used					
Sl. No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount Claimed (Rs.)	
7.2.1					
7.2.2					
7.2.3					
7.2.4					
7.2.5					
			Total (Rs.)		
7.3 Details of Non-Procedural / Non-Package Treatment.					
Period of Non-Procedural / Non-Package Treatment.			From	To	
Sl. No.	Name of Component				Amount Claimed (Rs.)
7.3.1	Room / Bed Rent				
	ICCU/ITU/ICU/N ICU/PICU		From	To	
	HDU/SDU		From	To	

Online Application Form

Sl. No.	Name of Component					Amount Claimed (Rs.)
	Burn Unit	From		To		
	CRIB	From		To		
	General/Semi-Private/Private	From		To		
7.3.2	Consultation Fees.					
7.3.3	Pathological and Radiological Investigations.					
7.3.4	Medicines.					
7.3.5	Consumables					
7.3.6	Special Nursing/Aya Charges					
7.3.7	Miscellaneous. (If any specify)					
	Total Claim of Reimbursement Mode of Treatment(Rs.) (amount mentioned in 7.1+ 7.2+7.3)					
	No. of vouchers					

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

8. Indoor related OPD treatment					
Do you want to claim Indoor related OPD treatment cost i.e. cost of OPD treatment 30 days prior to admission and 30 days after discharge? (Tick mark in appropriate box)		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
9. Details of Indoor related OPD Consultation					
Dates			Nos. of Consultation		
10. Details Expenditure of Indoor related OPD treatment					
Sl. No.	Name of Components				Amount Claimed (Rs.)
10.1	Consultation Fees				
10.2	Cost of Pathological and Radiological Investigations				
10.3	Cost of Medicines				
	Period of medicine consumption	From		To	
10.4	Cost of Special Device				
10.5	Miscellaneous (specify)				
	Total claim of indoor related OPD (Rs.)				
	Nos. of vouchers				

Part-IV [Medical Advance]

11. Details of Medical Advance, if any					
Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Online Application Form

Part-V [Refund of Medical Advance]**12. Details of Refund of Medical Advance, if any**

Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Part-VI [Details of Discount and Insurance Coverage]**13. Details of Discount and Insurance Coverage, if any**

Sl. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		

Net Claim : [Part-II plus Part-III minus Part IV minus Part VI] or [Part-II plus Part-III minus Part IV plus V minus Part VI]

Rs.;	In words; Rupees
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Part-VII [Declaration of Teacher/Officer]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of the stated scheme and possessed a valid enrolment certificate at the time treatment. I will be responsible and liable for any disciplinary action taken against me in terms of Rules if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Bill Summary of Indoor Treatment and OPD treatment sequentially	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Money Receipts of both Indoor and OPD treatment sequentially	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Original Money Receipts of both Indoor and OPD treatment in chronological dates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Copy of Discharge Summary (case summary and copy of death certificate in case of death) and OT note	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Copy of permission granted if any.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Copy of compliance of clause (3) or (4) or (5) as per Memo No. 11253(80) F (MED), dated 16/12/2011, if any	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Copy of Detailed Bill of Indoor Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Original copy of Voucher / Tax Invoice of Implants used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Copy of all investigations / tests report of Indoor and Indoor related OPD treatment in sequence manner (In chronological order)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	In case of death of Teacher/Officer; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
11	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date :

Signature of the Teacher/Officer/Claimant :

Name in Block Letters :

Designation :

Manual Advance Application Form**MAME GIA Form -C4**

Out-Patient Department (OPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme Hospital for the Beneficiaries of Grant-in-Aid College and Universities under Minorit Affairs and Madrasah Education Department, Govt. of West Bengal

(As per Order No. 402-MD-11018/69/2017, Dated 25.02.2021)

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Institution where Teacher/Officer is attached)

To

The (Designation of Hol)

..... (Name of the Institution)

..... (Office Address of Hol)

Sir/Madam,

I am submitting a prayer of Rs..... (Rupees.....) towards **Advance** of cost of Out-Patient Department (OPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal as per details stated below :

Part-I[General Information]

1. Details of Teacher/Officer.			
Full Name (in Block letters)		HRMS ID (If available)	
Enrollment ID No.		Claim Application ID. (To be filled at the time of online entry from the end of Head of Office)	
2. Details of Patient, Treating: Hospital.			
2.1	Name of Patient		
2.2	Name of Empanelled/Enlisted hospital from where estimate is received.		

Part-II [Details of Cost Component of Estimate]

3. Estimate of Hospital							
3.1 No. of days for which hospital produced Estimated Expenditure		<input type="text"/> () Days					
3.2 Details of OPD Diseases for which advance is sought							
Sl. No.	Particulars	Name of diseases					
3.2.1.	Name of OPD Diseases for which advance is required (Tick mark in appropriate box)	<input type="checkbox"/>	Bit a Thallsaemia	<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	Carcinoma including Multiple Myelomais

Manual Advance Application Form

4. Cost Component of OPD treatment as per estimate submitted by Empanelled/Enlisted hospital					
Sl. No.	Name of Component	Nos.	Period		Amount (Rs.)
			From	To	
4.1	Consultation Fees				
4.2	Cost of Pathological and Radiological Investigations				
4.3	Cost of Medicines				
4.4	Cost of Implant / Special Device				
4.5	Miscellaneous (specify)				
				Total	

Part-III [Advance Amount Selection Clause]

Sl. No.	Particulars	Amount (Rs.)
1	Maximum admissible amount for Advance (80 % of total of sl. no.4)	
2	Amount of Advance Applied for	

Amount of Advance Claim : [Lowest amount of Sl. No. 1 and 2 of Part-III]

Rs.	
In words :	Rupees

Part-IV [Details of Advance Claimant]

Sl. No.	Name of Claimant	Relation
1		

Part-V [Declaration of Teacher/Officer]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of the stated scheme and possessed a valid enrollment certificate at the time treatment. I will be responsible and liable for any disciplinary action taken against me in terms of Rules if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed not
1	Enrolment Certificate of patient	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Original Estimate issued by Empanelled/Enlisted hospital for seeking advance	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Prognosis Report of patient issued by Treating Specialist	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Filled ECS mandate form in case of those, whose available in IFMS (In case of first claim only)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Any other instruments (Specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Date :

Signature of the Teacher/Officer/Claimant :

Name in Block Letters :

Designation :

Online Advance Application Form**MAME GIA Form - C4**

Out-Patient Department (OPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme Hospital for the Beneficiaries of Grant-in-Aid College and Universities under Minorit Affairs and Madrasah Education Department, Govt. of West Bengal

(As per Order No. 402-MD-11018/69/2017, Dated 25.02.2021)

(Generated by Teacher/Officer from WBHS Portal)

To

The (Designation of Hol)

..... (Name of the Institution)

..... (Office Address of Hol)

Sir/Madam,

I am submitting a prayer of Rs (Rupees) towards advance for cost of Out-Patient Department (OPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal as per details stated below :

Part-I [General Information]

1. Details of Teacher/Officer.			
Full Name		HRMS ID (If available)	
Enrollment ID No.		Claim Application ID.	
Bed Entitlement		Date of Enrolment	
2. Details of Patient, Treating Hospital			
2.1	Name of Patient		
	Beneficiary ID		
	Relationship with Teacher/Officer		
2.2	Name of Empanelled/Enlisted hospital where treatment is availed.		
	Code of Hospital		
	Class of Entitlement of Hospital		
	Address of Hospital		

Part-II [Details of Cost Component of Estimate]

3. Estimate of Hospital							
3.1	No. of days for which hospital produced Estimated Expenditure	<input type="text"/>	() Days				
3.2 Details of OPD Diseases for which advance is sought							
Sl. No.	Particulars	Name of diseases					
3.2.1	Name of OPD Diseases for which advance is required (Tick mark in appropriate box)	<input type="checkbox"/>	<i>Bita Thallsaemia</i>	<input type="checkbox"/>	<i>Hepatitis C</i>	<input type="checkbox"/>	<i>Carcinoma including Multiple Myeomais</i>

4. Cost Component of OPD treatment as per Estimate submitted by Empanelled/Enlisted hospital					
Sl. No.	Name of Component	Nos.	Period		Amount (Rs.)
			From	To	
4.1	Consultation Fees				
4.2	Cost of Pathological and Radiological Investigations				
4.3	Cost of Medicines				
4.4	Cost of Implant / Special Device				
4.5	Miscellaneous (specify)				
Total					

Part-III [Advance Amount Selection Clause]

Sl. No.	Particulars	Amount (Rs.)
1	Maximum admissible amount for Advance (80 % of total of sl. no. 4)	
2	Amount of Advance Applied for	

Amount of Advance Claim : [Lowest amount of Sl. No. 1 and 2 of Part-III]

Rs.	
In words:	Rupees

Part-IV [Details of Advance Claimant]

Sl. No.	Name of Claimant	Relation
1		

Part-V [Declaration of Teacher/Officer]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of the stated scheme and possessed a valid enrolment certificate at the time treatment. I will be responsible and liable for any disciplinary action taken against me in terms of Rules if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Original Estimate issued by empanelled hospital for seeking advance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Prognosis Report of patient issued by Treating Specialist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date : _____ Signature of the Teacher/Officer/Claimant : _____
 Name in Block Letters : _____
 Designation : _____

MAME GIA Form –C5

In-Patient Department (IPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in- Aid College and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal

(As per Order No. 402-MD-11018/69/2017, Dated 25.02.2021)

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Institution where Teacher/ Officer is attached)

To

The (Designation of HoI)
 (Name of the Institution)
 (Office Address of HoI)

Sir/Madam,

I am submitting a prayer of Rs..... (Rupees.....) towards **Advance** of cost of In-Patient Department (IPD) treatment at recognised/empanelled / enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Teacher/Officer.			
Full Name <i>(in Block letters)</i>		HRMS ID (If available)	
Enrollment ID No.		Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i>	

2. Details of Patient, Treating Hospital		
2.1	Name of Patient	
2.2	Name of Empanelled/Enlisted hospital where treatment availed	

Part-II [Details of Cost Component of Estimatel

3. Estimate of Hospital	
3.1 No. of days for which hospital produced Estimated Expenditure	<input type="text"/> () days

3.2 Estimate cost of Procedural/ Package Treatment			
Sl. No.	Name of Procedures/ Packages	Procedure Code	Amount (Rs.)
3.2.1			
3.2.2			
3.2.3			
3.2.4			
3.2.5			
Total			

3.3 Estimate cost of Implants Used				
Sl. No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount (Rs.)
3.3.1				
3.3.2				
3.3.3				
3.3.4				
3.3.5				
Total (Rs.)				

Manual Advance Claim Form

3.4 Estimate cost of Non-Procedural/ Non-Packaee Treatment.						
Sl. No.	Name of Component					Amount (Rs.)
3.4.1	Room / Bed Rent					
	ICCU/ITU/ICU/NICU/PICU	From		To		
	HDU/SDU	From		To		
	Burn Unit	From		To		
	CRIB	From		To		
	General/Semi-Private/Private	From		To		
3.4.2	Consultation Fees.					
3.4.3	Pathological and Radiological Investigations.					
3.4.4	Medicines.					
3.4.5	Consumables.					
3.4.6	Special Nursing/Aya Charges					
3.4.7	Miscellaneous. (If any specify)					
Amount of Total Estimate submitted by Hospital (Rs.) (amount mentioned in 3.2+3.3+3.4)						

Part-III [Advance Amount Selection Clause]

Sl. No.	Particulars	Amount (Rs.)
1	Maximum admissible amount for Advance 80 % of (3.2+ 3.3+3.4)	
2	Amount of Advance Applied for	

Amount of Advance Claim:[Lowest amount of Sl. No. 1 and 2 of Part-III]

Rs.	
In words:	Rupees

Part-IV [Details of Advance Claimant]

Sl. No.	Name of Claimant	Relation
1		

Part-V [Declaration of Teacher/Officer]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of the stated scheme and possessed a valid enrolment certificate at the time treatment. I will be responsible and liable for any disciplinary action taken against me in terms ofRules if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Enrolment Certificate of patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Original Estimate issued by empanelled hospital for seeking advance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Prognosis Report of patient issued by Treating Specialist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (In case of first claim only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Any other instruments (Specify)	Yes <input type="checkbox"/>	D <input type="checkbox"/>

Date:

Signature of the Teacher/Officer/Claimant :

Name in Block Letters :

Designation :

MAME GIA Form –C5

In-Patient Department (IPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in- Aid College and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal

(As per Order No. 402-MD-11018/69/2017, Dated 25.02.2021)

(Generated by Teacher/Officer from WBHS Portal)

To

The (Designation of HoI)
 (Name of the Institution)
 (Office Address of HoI)

Sir/Madam,

I am submitting a prayer of Rs..... (Rupees.....) towards **Advance** of cost of In-Patient Department (IPD) treatment at recognised/empanelled / enlisted hospital under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Teacher/Officer.			
Full Name <i>(in Block letters)</i>		HRMS ID (If available)	
Enrollment ID No.		Claim Application ID.	
Bed Entitlement		Date of Enrolment	
2. Details of Patient, Treatin2 Hospital			
2.1	Name of Patient		
	Beneficiary ID		
	Relationship with Teacher/Officer		
2.2	Name of Empanelled/Enlisted hospital where treatment availed		
	Code of Hospital		
	Class of Entitlement of Hospital		
	Address of Hospital		
Part-II [Details of Cost Component of Estimate]			
3. Estimate of Hospital			
3.1 No.of days for which hospital produced Estimated Expenditure		<input type="text"/>	() days
3.2 Estimate cost of Procedural/ Package Treatment			
Sl. No.	Name of Procedures/ Packages	Procedure Code	Amount (Rs.)
3.2.1			
3.2.2			
3.2.3			
3.2.4			
3.2.5			
Total			

Online Advance Claim Form

3.3 Estimate cost of Implants Used					
Sl. No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount (Rs.)	
3.3.1					
3.3.2					
3.3.3					
3.3.4					
3.3.5					
Total (Rs.)					
3.4 Estimate cost of Non-Procedural/ Non-Package Treatment.					
Sl. No.	Name of Component				Amount (Rs.)
3.4.1	Room / Bed Rent				
	ICCU/ITU/ICU/NICU/PICU	From		To	
	HDU/SDU	From		To	
	Burn Unit	From		To	
	CRIB	From		To	
	General/Semi-Private/Private	From		To	
3.4.2	Consultation Fees.				
3.4.3	Pathological and Radiological Investigations.				
3.4.4	Medicines.				
3.4.5	Consumables.				
3.4.6	Special Nursing/Aya Charges				
3.4.7	Miscellaneous. (If any specify)				
Amount of Total Estimate submitted by Hospital (Rs.) (amount mentioned in 3.2+3.3+3.4)					

Part-III [Advance Amount Selection Clause]

Sl. No.	Particulars	Amount (Rs.)
1	Maximum admissible amount for Advance 80 % of (3.2+ 3.3+3.4)	
2	Amount of Advance Applied for	

Amount of Advance Claim: [Lowest amount of Sl. No. 1 and 2 of Part-III]

Rs.	
In words:	Rupees

Part-IV [Details of Advance Claimant]

Sl. No.	Name of Claimant	Relation
1		

Part-V [Declaration of Teacher/Officer]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of the stated scheme and possessed a valid enrolment certificate at the time of treatment. I will be responsible and liable for any disciplinary action taken against me in terms ofRules if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

Online Advance Claim Form

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Original Estimate issued by empanelled hospital for seeking advance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Prognosis Report of patient issued by Treating Specialist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the Teacher/Officer/Claimant :

Name in Block Letters :

Designation :

CLAIM ID: AU20201000004

Government of West Bengal
Minority Affairs and Madrasah Education Department
Address of Department
325, Sarat Chatterjee Road, Howrah-711102

No : HED2020U000006

Dated : 12/06/2020

To

1. The Principal Account General (A & E),
West Bengal, Treasury Building, Kol-1.
2. Pay and Accounts Officer/Treasury Officer, (Name of PAO/Treasury),
Address of Name of PAO/Treasury

Sub:- Sanction order for Reimbursement of Medical Expenditure of (Name of Teacher/Officer) (Designation) under West Bengal Health Scheme for the Beneficiaries of Grant-In-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal.

Sl. No.	Particulars	Details
1	Enrollment ID. of Teacher/Officer	
2	Name of Teacher/Officer	
3	Name of Patient	
4	Beneficiary ID of Patient	
5	Relationship with the Teacher/Officer	
6	Designation of Head of Institution	
7	ODO Code of Drawing & Disbursing Officer	
8	Designation of Drawing & Disbursing Officer	
9	Head of Account	
10	Type of Treatment	
11	Name of Hospital where treatment availed	
12	Type of Hospital	
13	Amount Claimed (Rs.)	
14	Amount Sanctioned in figure (Rs.)	
15	Amount Sanctioned in words (Rupees)	
16	Name of Claimant (In case of death) and Relation	NA

All others concerned are being requested to access WBHS portal using your login for verification and necessary action.

Space of
DSC
Stamping

Digitally Signed. Does not require any Ink Signature.

FORM A
Application for Enrollment

To

The (Designation of Head of Institution)

..... (Name of the Institution)

..... (Office Address of Head of Institution)

I, Sri/Smt/Miss (Name of Teacher/Officer) (Designation) do hereby opt for coming under West Bengal Health Scheme for the Beneficiaries of Grant-in-Aid Colleges and Universities under Minority Affairs and Madrasah Education Department, Govt. of West Bengal with effect from

The particulars of me are stated here in under :

Sl. No.	Particulars	Details
1	Name of Teacher/Officer	
2	Application ID	
3	Designation	
4	Gender	
5	Marital Status	
6	Residential Address	
7	Date of Birth	
8	Date of Entry into University	
9	Date of Superannuation	
10	Basic Pay/Basic Salary (As per ROPA 2009 or 2019)	
11	DDO Code of Head of Institution	
12	Mobile No.	
13	E-Mail Address	
14	Voter Card/PAN/Aadhar No.	
15	Bank details for claim disbursement	

Details of eligible family members including me are given below :

Sl. No.	Name	Date of Birth	Relation	Beneficiary ID	Blood Group	Photo	Signature

I do hereby declare that upon enrollment under the above scheme, I shall forgo the regular Medical Allowance drawn by me as a part of salary and abide by the provision of the scheme issued by competent authority.

Encls: Copy of Payslip, copy Identity & blood group proof of all beneficiaries and declaration of income of all eligible beneficiaries.

Signature of Teacher/Officer
Designation



**MINORITY AFFAIRS AND MADRASH EDUCATION DEPARTMENT
ALIAH UNIVERSITY**

HIA/27, New Town, Kolkata-700160, West Bengal

**Certificate for Enrollment under (Name of Scheme)
Reimbursement Only**

Memo No.

Date:

Information of Teacher/Officer					
1.	Name (In Block Letter)		2.	Enrollment ID.	
3.	Designation of Teacher/Officer		4.	Date of Entry into College/University	
5.	Address of Teacher/Officer		6.	Date of Superannuation	
Hospital Accommodation Entitlement					
1.	Pay Bed in Government Hospital run by Govt. of West Bengal				
2.	Tata Medical Center, Rajarhat				
3.	Other Private Empanelled HCOs				
Information of Beneficiaries (Including Teacher/Officer)					
1.	Name of Beneficiary	Beneficiary ID : Relation With Academician/Officer : Date of Birth : Blood Group :	Space for Photo	Enrollment w.e.f. : Mobile No. : Email : Aadhaar No. :	Space for Signature
2.	Name of Beneficiary	Beneficiary ID : Relation With Academician/Officer : Date of Birth : Blood Group :	Space for Photo	Enrollment w.e.f. : Mobile No. : Email : Aadhaar No. :	Space for Signature
3.	Name of Beneficiary	Beneficiary ID : Relation With Academician/Officer : Date of Birth : Blood Group :	Space for Photo	Enrollment w.e.f. : Mobile No. : Email : Aadhaar No. :	Space for Signature
4.	Name of Beneficiary	Beneficiary ID : Relation With Academician/Officer : Date of Birth : Blood Group :	Space for Photo	Enrollment w.e.f. : Mobile No. : Email : Aadhaar No. :	Space for Signature
List of Beneficiary with Critical Diseases (If Any)					
Beneficiary Name	Beneficiary ID	Valid Upto	Certificate valid for Disease		

Certified that above mentioned Academician/Officer been enrolled under the “Name of the Scheme” along with above mentioned family members to get medical treatment under the scheme.

Name (Block Letter) :	
Designation :	

**Space Digital
Signature**

Digitally Signed. Does not require any Ink Signature.