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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			
SI. 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
------	------------------

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]

SI. 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 :

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 :
-----	--	--

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

SI. 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					
SI. 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
------	------------------

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="checkbox"/> () 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"/>	Bitu 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 HoI)

..... (Name of the Institution)

..... (Office Address of HoI)

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.