



दक्षिण रेलवे Southern Railway
प्रधान मुख्य कार्मिक अधिकारी का कार्यालय
Office of the Principal Chief Personnel Officer
मुख्य कार्यालय, कार्मिक विभाग, चेन्नै-600003
Headquarters, Personnel Department, Chennai-600003

सं/No: P(R) 64 / P / FMA

दिनांक/Dated:10.11.2022

All PHODs/ DRMs/ CWMs/ CEWE/ CAO/ CPM/ PDA/ Dy CPOs/ Sr DPOs/ Secy to GM,
Chairman/RRB/MAS, TVC, Addl. Registrar/RCT/MAS, Secretary/RRT/MAS,
Principal MDZTI/TPJ, SRCETC/TBM, ZETTC/AVD,
DPOs/SPOs/WPOs/APOs of HQ/Divisions /Workshops/Units.

**विषय/Sub :Grant of Fixed Medical Allowance to Railway Pensioners /
Family Pensioners – Change in option.**

**Ref :Railway Board letter No.PC-V/2016/A/Med/1(FMA)(E) Dt.
27.10.2022.**

Further to this office PBC No. 216 / 2022 circulating the above Railway Board letter, a proforma for availing either OPD or FMA by Railway Pensioners / Family Pensioners as one time exemption is enclosed herewith for guidance and further action.

Encl. 01 page


Deputy Chief Personnel Officer / R&W
For Principal Chief Personnel Officer

Copy to: The General Secretary/SRMU
The General Secretary/AISCTREA
The General Secretary/AIOBCREA
The General Secretary/NFIR
IT Section/PB/HQ - to upload in the SR website.

SOUTHERN RAILWAY

Option to avail OPD facility in place of Fixed Medical Allowance or Vice-versa
Ref. PB Circular No: 216/2022 (RBE 137/2022)

[To be submitted in DUPLICATE by pensioners to his/her Pension Disbursing Authority
[PDA] one copy to be retained by PDA and other copy to be furnished to Pension
Sanctioning Authority by PDA]

1. I, _____ a retired employee/family pensioner whose _____ [specify relation of Family pensioner with deceased Railway employee] was an employee of _____ [Office address] declare that I am residing at _____ [residential address indicated in PPO], which is beyond 2.5 Kms from the nearest Railway Hospital/Health Unit _____ [Name of the Hospital/Health Unit as contained in Annexure III to Railway Board's letter No.PCV/98/177/1/1 dated 21.04.99].

2. Accordingly, I hereby opt to

(a) Claim Fixed Medical Allowance from this date as per the prescribed rates and also undertake that after making necessary changes in my UMID card, I will not avail of OPD facilities [except in cases of chronic diseases as mentioned in Board's letter No.2006/H/DC/JCM dated 12.10.2006] at Railway hospitals /health units henceforth. I also understand that grant of Medical Allowance is subject to the terms and conditions specified in Board's letters No. PC- V/98/177/1/1 dated 21.04.99 and 1.03.2004 and latest being letter No. PC-V/2006/A/Med/1 dated 15.09.2009.

[or]

(b) To discontinue my monthly Fixed Medical Allowance which I was receiving till date and would like to avail treatment as Out Door Patient to all eligible beneficiaries in the nearest Railway Hospital/Health Unit after making necessary changes in my UMID card.

(Please strike one option either (a) or (b))

3. The above information furnished by me is correct to the best of my knowledge and belief. I also understand that, if at any stage, it is found that the undertaking submitted by me is incorrect or carries false information, my FMA is liable to be stopped with immediate effect and further suitable action could be taken to recover the excess amount paid to me.

Place:
Date:

Signature: _____

Name in Full: _____

Last designation held: _____

PPO No: _____

Mob No: _____