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OUR LETTER TO JCM STAFF SIDE LEADER ON MACP ANOMALIES

To
Sri M. Raghaviah
General Secretary
NFIR
3, Chemsford Board
New Delhi 400 055.

Sir,

Sub : MACP - Anomalies.

This is in continuation of our earlier discussion on the subject.

In the Postal Department, we had two promotion schemes viz., TBOP and BCR. An official who has completed 16 years of service in basic cadre will be promoted to next higher grade of pay under TBOP Scheme. This scheme was introduced in the year 1984.

In the year 1991, BCR Scheme was introduced and in that an official who has completed 10 years of service in TBOP Scheme will be promoted to next higher grade under BCR Scheme.

Both financial upgradation under TBOP and BCR schemes were granted to promote officials as well as direct recruits without any disparity. Because it is a financial upgradation and not promotion. Further, in the recruitment rules of PA/SA Cadre, 50% of the posts were earmarked for departmental candidates and 50% for direct recruitment. Direct recruits are now chosen based on the results of the competitive examination conducted by the Department. Earlier i.e. before the year 2010, the direct recruits were selected based on the marks obtained in the school final examination among the applicants.

For the remaining 50% of posts which are reserved for the departmental candidates, the Department will conduct the limited departmental competitive examination and candidates will be selected based on marks which they scored. The departmental candidates are not selected based on their seniority. It is

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very clear that the departmental candidates were promoted based on the results of the limited competitive Examination.

The standard of the examination for the promotees is equal to that of Direct recruits. The examination comprises of papers in English, Maths and Postal Manual. Whatever the promotion granted to direct recruits, the same yardstick is applied to departmental candidates in granting promotion. Because the nature of duties are the same both to Direct recruits and promotees. Our argument is that any promotion obtained by limited competitive examination should not be counted while granting promotion under MACP scheme.

Further a great disparity in the VI pay commission is caused to promotee candidates due to merger of scales.

The following table will explain the disparity.

S. No.	V Pay Commission Scale	Corresponding VI Pay Commission scale
1.	2750-70-3800-75-4400	4860-20200 with
2.	3050-75-3950-80-45900	Various grade pay
3.	3200-85-49000	Rs. 1800, Rs. 1900, Rs. 2000
4.	4000-100-6000	Rs. 2400 & Rs. 2800
5.	4500-125-7000	

In the earlier scheme of TBOP & BCR, the officials who were promoted from Group 'D' cadre to Group 'C' cadre, their pay will be fixed in the scale of pay of Rs. 4000-100-6000. After 16 years of service, an official will be placed in the scale of pay of Rs. 4500-125-7000. After completion of 26 years of service, the official will be placed in the scale of pay of Rs. 5000-150-8000. The higher scale was granted both to direct recruits and promotee officials on the term of financial upgradation and not on promotion.

It is not out of place to mention here that MACP scheme clearly states that it is only a financial upgradation and not promotion. Therefore the financial upgradation granted under TBOP & BCR scheme to promotee officials should be continued in the MACP Scheme for the postal employees. Because they are promoted only through examination and not based on the seniority. Moreover, after introduction of MACP Scheme, the departmental candidates are not interested to write departmental examination for further promotion. For instance if a Postman/Mail Guard continued in the same cadre, after completion of 30 years, he will be placed in the grade pay of Rs. 4200/-. But if he is promoted as Group 'C' based on the examination, he will be placed only in the Grade pay of Rs. 2800/-.

Our ultimate request is that under any circumstances, promotion got by promotee candidates through limited competitive examination should not be counted while granting financial upgradation under MACP Scheme as far as Postal Department is concerned.

Further CAT, Jodhpur in its judgment dated 22-5-2012 has clearly pronounced that promotion to the Postal Assistant Cadre should not be counted as promotion and the official who was promoted from the limited competitive examination should get three promotions in the PA cadre after promotion into the cadre. Copy of the judgment is enclosed for favour of perusal.

In view of the above, my Federation requests the staff side Leader, MACP Anomaly committee to get justice from the Govt. through your valuable argument for the sake of promotee candidates of Postal Department.

Thanking you,
Yours Sincerely,
(D. THEAGARAJAN), Secretary General

ORDERS ON STAFF MATTERS

Copy of O.M. No. 11011/23/2009-CGHS D.I/Hospital Cell/Part IX Dated the 30th April, 2012 from Ministry of Health & Family Welfare, Dept. of Health & Family Welfare

Sub : Fresh empanelment of private hospitals and diagnostic centres and revision of package rates applicable under CGHS Lucknow.

The undersigned is directed to invite reference to this Ministry's Office Memoranda of even number dated the 8th December 2010, 19th January 2011 and 14.11.2011 vide which continuous empanelment scheme for private hospitals and diagnostic centres has been initiated under CGHS, LUCKNOW. The CGHS rates applicable for LUCKNOW have already been notified and are available on CGHS website. Three rates have been notified, one for super-speciality hospitals, the second for hospitals accredited with the NABH and the third for hospitals not accredited with the NABH.

2. The undersigned is further directed to enclose a list of hospitals, under the respective categories, that have conveyed their acceptance of the CGHS rates notified for CGHS, LUCKNOW and have signed the Memorandum of Agreement with CGHS and have also furnished the appropriate performance bank guarantee. These hospitals and diagnostic centres are now taken as included in the list of approved empanelled hospitals under CGHS, LUCKNOW. It has now been decided that these hospitals will be eligible to treat CGHS beneficiaries and charge at the revised rates with effect from the date of issue of this Office Memorandum. The empanelment shall be valid for a period of one year or till next empanelment, whichever is earlier.

3. This Office Memorandum and the rates applicable under CGHS for hospitals and diagnostic centres can be downloaded from the website of CGHS, <http://msotransparent.nic.in/cghsnew/index.asp>

1. LIST OF HOSPITALS/DIAGNOSTIC CENTRES EMPANELLED CATEGORY WISE:

LUCKNOW

S. No.	Name of the Hospital/Diagnostic Centre	Empanelled Category	Whether NABH/NABL accredited	Whether already empanelled and services empanelled for
1.	K.K. Hospital, 87/88, Nabiullah Road, River Bank Colony, Lucknow 226018 Tel : 0522-2619048-50	General Purpose including Orthopaedic	No	Yes - for general purpose and specialised purpose (Neurology & Neurosurgery, Urology including Lithotripsy, Orthopaedic Surgery, GI Surgery, Endoscopic/Laposcopic surgery)
EYE CARE CENTRE				
2.	Lucknow Eye Hospital (A Unit of Perfect Vision Clinic Pvt. Ltd.) 82/40, Guru Govind Singh Marg Lal Kuan, Lucknow-226019 Tel : 0522-4043272	Eye Care Centre	No	Yes

Eligible for all services as empanelled earlier.

Copy of O.M. No.38/64/98-P& PW(F) dated the 13th May 2012 from Ministry of Personnel, PG & Pensions, Department of Pension & Pensioners Welfare

Sub.- Implementation of recommendations contained in Para 61 of 44th Report of Parliamentary Standing Committee on Home Affairs -following if time schedule for disbursement of pension - regarding.

In Para 61 of the 44th Report of Parliamentary Standing Committee on Ministry of Home Affairs, the Committee observed that timely payment of pension and retirement dues is not being made to the retiring employees of the Union Government. The Committee drew attention to the employees Provident Fund Scheme and the Notification issued by the Ministry of Labour on 27.10.1997 amending the Employees Pension Scheme, 1995. In terms of provisions under Employees Provident Fund and Misc. Provisions Act, 1952, the Ministry of Labour inserted a new provision 17 A Payment of Pension which inter-alia says that 'In case the Commissioner fails without sufficient cause to settle a claim complete in all respects within 30 days, the Commissioner shall be liable for the delay beyond the said period and penal interest at the rate of 12% per annum may be charged on the benefit amount and the same may be deducted from the salary of the Commissioner. On the same analogy the Committee recommended that similar provisions may be formulated and enforced to ensure timely payment of Pension and retirement dues to the retiring employees of Union Government.

2. Rule 68 CCS (Pension) Rules, 1972 provides for payment of interest on delayed payment of gratuity and recovery of interest so paid from the officers responsible for such delay. The recommendations of the Committee on delayed payment of retirement dues was examined in this Department in consultation with Department of Personnel and Training and Department of Expenditure, Ministry of Finance and it was decided to implement the recommendations as below:

- (i) All pensioners dues are to be settled by strictly following the procedure laid down in Rule 56 to 76 of CCS (Pension) Rules. 1972.
- (ii) Wherever delays are anticipated, provisional pension should be sanctioned immediately.

(iii) Any delay in processing of pension resulting in pension not being authorized on the last working day of retirement of the Government servant, should be reported by the Head of Office to the next higher authority who would watch the settlement of delayed cases.

(iv) In respect of delayed payment of gratuity wherever it results in payment of penal interest at the rate applicable to GPF deposits under Rule 68 of CCS (Pension) Rules, 1972, Secretary of the Administrative Ministry or Department would initiate action to fix responsibility at all levels to recollect the amount from the concerned Dealing Official, Supervisor and Head of Office in proportion to their salary by following the prescribed procedure for the purpose and should be strictly enforced.

(v) Once it has been decided to pay gratuity, the amount should be paid immediately, pending a decision regarding payment of interest. This would reduce the interest liability if any on payment of delayed gratuity.

(vi) In the matter of delayed payment of leave encashment, the Department of Personnel & Training in their note dated 2.8.1999 had clarified that there was no provision under CCS (Leave) Rules for payment of interest or for fixing responsibility. Moreover, encashment of leave is a benefit granted under Leave Rules and not a pensionary benefit.

(vii) In the matter of CGEGIS, the Department of Expenditure, Ministry of Finance in their UO No. 709/EV/1999 dated 6.8.1999 had clarified that payment under CGEGIS cannot be termed as terminal benefit. As payment under this Scheme are made in accordance with the Table of Benefit which takes into account interest upto the date of cessation of service, no interest is payable on account of delayed payments under the scheme. They had also clarified that CGEGIS payment cannot be withheld and no Government dues can be recovered from the accumulation except the amount claimed by the financial institution as due from the employee on account of loans taken for house building purpose .

3. The above recommendations were circulated among all Ministries/Departments vide this Departments OM No.38/64/98-P&PW(F) dated 5th Oct Qber 1999. However, it is noticed that all Ministries/Departments are not strictly following

the above instructions. The above instructions provide that wherever delays are anticipated, provisional pension should be sanctioned immediately. Thus, in case where regular pension is not authorized at the time of retirement, provisional pension should invariably be sanctioned. In spite of these instructions, there have been instances where payment of pension (regular or provisional) is not authorized at the time of retirement. In some cases, the administrative departments have been directed by the Central Administrative Tribunal/Court to pay interest for delay in payment of pension and a number of proposals for payment of interest of delayed pensionary benefits is being forwarded to Department of Pension and Pensioners Welfare. Therefore, it is reiterated that all the Ministries/Departments should strictly follow the above recommendations communicated vide this Department's OM dated 5.10.199.

4. The Ministries/Departments may circulate this OM among the concerned attached/ subordinate/ field organizations under the administrative control of the respective Ministry/ Departments for strict compliance.

Copy of O.M. No. S.14021/17/2011-MS dated the 8th May, 2012 from Ministry of Health & Family Welfare

Sub.: Recognition of Mascot Hospital & Research Centre, Gwalior (Madhya Pradesh) for treatment of Central Government employees under CS(MA) Rules, 1944.

The undersigned is directed to say that a number of representations have been received in the Ministry of Health & Family Welfare for recognition of Mascot Hospital & Research Centre, Gwalior (Madhya Pradesh) for treatment of Central Government Employees and their family members under CS(MA) Rules, 1944..

2. In view of the hardship faced by CS(MA) beneficiaries for their own treatment and the treatment of their family members at Gwalior (Madhya Pradesh), the matter has been examined in the Ministry and it has been decided to empanel Mascot Hospital & Research Centre, Gwalior (Madhya Pradesh) under Central Services (Medical Attendance) Rules, 1944.

3. The Schedule of charges for the treatment of Central Government Employees and the

members of their family under the CS(MA) Rules, 1944, will be the rates fixed for CGHS, Jabalpur. The approved rates are available on the website of CGHS (www.mohfw.nic.in/cghs.html) and may be downloaded/printed.

4. The undersigned is further directed to clarify as under:-

(a) "Package Rate" shall mean and include lump sum cost of in-patient treatment/day care/ diagnostic procedure for which a CS(MA) beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge, including (but not limited to)-(i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patient's diet (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor/consultant visit charges, (viii) ICU/ICCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / Surgeon's fee, (xiv) Cost of surgical disposable and all sundries used during hospitalization, (xv) Cost of medicines (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges, etc. (Xviii) Nursing care and charges for its services.

(b) Cost of Implants is reimbursable in addition to package rates as per CGHS ceiling rates for implants or as per actual, in case there is no CGHS prescribed ceiling rates.

(c) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

(d) Mascot Hospital & Research Centre, Gwalior (Madhya Pradesh) shall not charge more than the package rates fixed for CGHS, Jabalpur.

(e) Expenses on toiletries, cosmetics, telephone bills etc. are not reimbursable and are

not included in package rates.

5. Package rates envisage duration of indoor treatment as follows:

Upto 12 days: for Specialized (Super Specialities) treatment

Upto 7 days: for other Major Surgeries

Upto 3 days: for Laparoscopic surgeries/normal Deliveries

1 day: for day care/Minor (OPD) surgeries.

No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

In case, there are no CGHS prescribed rates for any test/procedure, then AIIMS rates are applicable. If there are no AIIMS rates, then reimbursement is to be arrived at by calculating admissible amount item-wise (e.g. room rent, investigations, cost of medicines, procedure charges etc) as per approved rates/actual, in case of investigations.

6. (a) CS(MA) beneficiaries are entitled to facilities of private, semi-private or entitlement is as follows:-

S.No. Pay drawn in pay band	Ward Entitlement
1. Upto Rs. 13,950/-	General Ward
2. Rs. 13,960/- to 19,530/-	Semi-Private Ward
3. Rs. 19,540/- and above	Private Ward

(b) The package rates given in rate list are for semi-private ward.

(c) The package rates prescribed are for semi-private ward. If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates; for private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test, per-se, does not require admission.

7. The hospital shall charge from the beneficiary as per the CGHS prescribed rates or its own rate list whichever is lower.

8. (a) The maximum room rent admissible for different categories would be:

General ward	Rs. 1000/- per day
Semi-private ward	Rs. 2000/- per day
Private ward	Rs. 3000/- per day
Day care (6 to 8 Hrs.)	Rs. 500/- (same for all categories)

(b) Room rent mentioned above at (a) above is applicable only for treatment procedures for which there is no CGHS prescribed package rate.

Room rent will include charges for occupation of bed, diet for the patient, charges for water and electricity, linen charges, nursing charges and routine up keeping.

(c) During the treatment in ICCU/ICU, no separate room rent will be admissible.

(d) Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, etc. as well as a bed for attendant: The room has to be air-conditioned.

(e) Semi-Private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings;

(f) General ward is defined as hall that accommodates four to ten patients.

(g) Normally the treatment in higher category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

If, on the request of the beneficiary, treatment is provided in a higher category of ward, then the expenditure over and above entitlement will have to be borne by the beneficiary.

9. In case of non-emergencies, the beneficiary shall have the option of availing specific treatment/investigation from any of the recognised hospitals of his/her choice (provided the hospital is recognised for that treatment procedure/test), after the specific treatment/investigation has been advised by Authorised Medical Attendant and on production of valid 10 card and permission letter from his/her concerned Ministry/Department. .

10. The hospital shall honour permission letter issued by competent authority and provide treatment/investigation facilities as specified in the permission letter.

11. The hospital shall also provide treatment/investigation facilities to the CGHS beneficiaries and their eligible dependent family members at their own rates or rates approved under CS(MA)

Rules as per this OM, whichever is lower. The hospital shall provide treatment to such pensioner CGHS beneficiaries after authentication through verification of valid CGHS Cards.

12. However, pensioner CGHS beneficiaries would make payment for the medical treatment at approved rates as mentioned above and submit the medical reimbursement claim to the Addl. Director, CGHS through the CMO i/c of the CGHS Wellness Centre, where the CGHS Card of the beneficiary is registered.

13. During the in-patient treatment of the CS(MA) beneficiary, the Hospital will not ask the beneficiary or his attendant to purchase separately the medicines/sundries/equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes test of all the items.

14. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only 50% of charges for minor procedure.

15. Any legal liability arising out of such services shall be the sole responsibility and shall be dealt with by the concerned empanelled hospital. Services will be provided by the Hospital as per the terms given above.

16. Ministry of Health & Family Welfare reserves the right to withdraw/cancel the above recognition without assigning any reason.

17. The order takes effect from the date of issue of the O.M.

18. The authorities of Mascot Hospital & Research Centre, Gwalior (Madhya Pradesh) will have to enter into an agreement with the Government of India to the effect that the Hospital shall charge from the Central Government employees at the rates fixed by the Government and they will have to sign a Memorandum of Understanding (MOU) (2 copies enclosed only for Hospital) within a period of 3 months from the date of issue of the above mentioned failing which the Hospital will be derecognized. Subject to above, the Hospital can start treating Central Government employees covered under CS (MA) rules, 1944.

Copy of O.M. No. S14021/51/2011-MS dated the 21st May 2012 from Ministry of Health & Family Welfare

Sub: Renewal of recognition of Charak Hospital Private Limited Indore (Madhya Pradesh) for treatment of Central Government employees under CS(MA) Rules, 1944.

The undersigned is directed to say that in view of the hardship faced by CS(MA) beneficiaries for their own medical treatment and the treatment of their family members at Indore (Madhya Pradesh), it has been decided to renew the recognition of Charak Hospital Private Limited Indore (Madhya Pradesh) under Central Services (Medical Attendance) Rules, 1944.

2. The Schedule of charges for the treatment of Central Government Employees and the members of their family under the CS(MA) Rules 1944, will be the rates fixed for CGHS, Jabalpur. The approved rates are available on the website of CGHS (www.mohfw.nic.in//cghs:html) and may be downloaded/printed .

3. The undersigned is further directed to clarify as under:-

(a) "Package Rate" shall mean and include lump sum cost of in-patient treatment/day care/diagnostic procedure for which a CS(MA) beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge" including (but not limited to) - (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor/consultant visit charges, (viii) ICU/CCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / Surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges etc, (xviii) Nursing care and charges for its services.

(b) Cost of Implants is reimbursable in addition to package rates as per CGHS ceiling rates for implants or as per actual, in case there is no CGHS prescribed ceiling rates.

(c) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

(d) Charak Hospital Private Limited Indore (Madhya Pradesh) shall not charge more than the package rates fixed for CGHS, Jabalpur.

(e) Expenses on toiletries, cosmetics, telephone bills etc. are not reimbursable and are not included in package rates.

4. Package rates envisage duration of indoor treatment as follows:

Upto 12 days : for Specialized (Super Specialities) treatment

Upto 7 days : for other Major Surgeries

Upto 3 days : for Laparoscopic surgeries/ normal Deliveries

1 day : for day care/inor (OPD) surgeries.

No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

In case there are no CGHS prescribed rates for any test/procedure, then AIIMS rates are applicable. If there are no AIIMS rates, then reimbursement is to be arrived at by calculating admissible amount item-wise (e.g. room rent, investigations, cost of medicines, procedure charges etc) as per approved rates/actual, in case of investigations.

5. (a) CS(MA) beneficiaries are entitled to facilities of private, semi-private or general ward depending on their basic ay. The entitlement is as follows:- .

S.No. Pay drawn in pay band	Ward Entitlement
1. Upto Rs. 13,950/-	General Ward
2. Rs. 13,960/- to 19,530/-	Semi-Private Ward
3. Rs. 19,540/- and above	Private Ward

(b) The package rates given in rate list are for semi-private ward,

(c) The package rates prescribed are for semi-private ward. If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates; for private ward, entitlement .. there will be an increase of 15%. However, the rates shall be same for investigation :respective of entitlement, whether the patient is admitted or not and he test, perse, does not require admission.

6. The hospital shall charge from the beneficiary as per the CGHS prescribed rates or its own rate list whichever is lower.

7. (a) The maximum room rent admissible for different categories would be:

General ward	Rs. 1000/- per day
Semi-private ward	Rs. 2000/- per day
Private ward	Rs. 3000/- per day
Day care (6 to 8 Hrs.)	Rs. 500/- (same for all categories)

(b) Room rent mentioned above at (a) above is applicable only for treatment procedures for which there is no CGHS prescribed package rate.

Room rent will include charges for occupation of bed. diet for the patient, charges for. water and electricity, linen charges, nursing charges and routine up keeping.

(c) During the treatment in ICCU/ICU, no separate room rent will be admissible.

(d) Private ward! is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, etc. as well as a bed for attendant. The room has to be air-conditioned.

(e) Semi Private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.

(f) General ward is defined as hall that accommodates four to ten patients.

(g) Normally the treatment in higher category of accommodation than the entitled Category; is, not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

If, on the request of the beneficiary, treatment is provided-in a higher-category of Ward: then the

expenditure over and above entitlement will have to be borne by the beneficiary .

8. In case of non-emergencies, the beneficiary shall have the option of availing specific treatment/investigation from any of the recognised hospitals of his/her choice (provided the hospital is recognised for that treatment procedure/test), after the specific treatment/investigation has been advised by Authorised Medical Attendant and on production of valid ill card and permission letter from his/her concerned Ministry/Department.

9. The hospital shall honour permission letter issued by competent authority and provide treatment/investigation facilities as specified in the permission letter.

10. The hospital shall also provide treatment/investigation facilities to the CGHS, beneficiaries and their eligible dependent family members at their own rates or rates approved under CS(MA) Rules as per this OM, whichever is lower. The hospital shall provide treatment to such pensioner CGHS beneficiaries after authentication through verification of valid CGHS Cards.

11. However, pensioner CGHS beneficiaries would make payment for the medical treatment at approved rates as mentioned above and submit the medical reimbursement claim to the, Addl. Director, CGHS through the CMO i/c of the CGHS Wellness Centre, where the CGHS Card of the beneficiary is registered.

12. During the in-patient treatment of the CS(MA) beneficiary, the Hospital will not ask the beneficiary or his attendant to purchase separately the medicines/sundries/equipment or accessories from outside and 'will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items.

13. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only 50% of charges for minor procedure.

14. Any legal liability arising out of such services shall be the sole responsibility and shall be dealt with by the concerned empanelled hospital. Services will be provided by the Hospital as per the terms given above.

15. Ministry of Health & Family Welfare reserves the right to withdraw/cancel the above recognition without assigning any reason.

16. The order takes effect from the date of issue of the O.M.

17. The authorities of Charak Hospital Private Limited Indore (Madhya Pradesh) will have to enter into an agreement with the Government of India to the effect that the Hospital- shall charge from the Central Government employees at the rates fixed by the Government and they will have to sign a Memorandum of Understanding (MOU) (2 copies enclosed only for Hospital) within a period of 3 months from the date of issue of the above mentioned OM failing which the Hospital will be derecognized. Subject to above, the Hospital can start treating Central Government employees Covered under CS(MA) Rules, 1944.

Copy of O.M. No: F.No.1/3/2011-P&PW(E) Dated: the 25th May, 2012 from Ministry of Personnel, P.G. & pensions; Department of Pension & Pensions Welfare.

Sub : Fixation of enhanced family pension - pre - 2006 pensioners / family pensioners - clarification regarding.

The orders of the Government on implementation of the recommendations of the 6th Central Pay commission were issued by this-Department in September, 2008. The family-pension in respect of pre 2006 pensioners/family pensioners was consolidated w.e.f. 01.01.06 as provided for in this Department's O.M.No.38/37/08- P&PW(A), dated 01.9.08 and clarified vide OM no. 38/37/08-P & PW(A), PLI, Dated 3-10-08 and 14-10-08.

2. The fixation of family pension at ordinary rates is subject to the provision that the revised family pension in no case shall be lower than 30% of the minimum of the pay in the pay band plus the grade pay corresponding to the pre-revised pay scale from which the pensioner had retired. In case of HAG and above scales it is 30% of the minimum of the revised pay scale. In the cases of such employees who retired/died on or before 31.12.2005, the family pension at enhanced rates 'was also 'required to be revised.

3. It is clarified that the revised enhanced family pension, under sub-rule 3(a) of Rule 54 of the CCS (Pension) Rules, 1972. during the applicable period, shall also be determined as per para 4.1 of

O.M. No.3at37/08.-P&PW(A), dated 01.9.08. Further, it shall not be less than 50% of the sum of minimum of the pay in the pay band plus the grade pay or 50% of minimum-of pay scales in case of HAG and above, corresponding to the pre-revised pay scale in which the pensioner/deceased employee had last worked.

4. In cases where the pension authorized on retirement was less than 50% of the last pay drawn and amount of pension revised after 1.1.2006 is also less than 50% of the sum of minimum of the pay in the pay band plus grade pay or 50% of minimum of (revised pay scales in case of HAG and above, the revised enhanced family pension may be less than 50% and shall be restricted to that amount.

5. In the case of a pensioner who died prior to 1.01.2006, the notional revised pension as on 01.01.2006 shall be taken into account for the purpose of calculation as above in all cases, the amount of revised enhanced family pension shall not be less than 30% of the sum of minimum of the pay in the pay band plus the grade pay or 30% of minimum of pay scales in case of HAG and above.

6. As regards pensioners/family pensioners belonging to the Indian Audit and Accounts Departments. these Orders issue after consultation with the Comptroller and Auditor General of India

7. This issues with the concurrence of Ministry of Finance. Department of Expenditure vide their U.O. No.253/E.V/2012, dated 26.4.2012.

Copy of O.M. No.S.14021/20/2007-MS Dated 31 May 2012 from Ministry of Health & Family Welfare

Sub.: Recognition of P.V.S.Hospital, Chitradurga (Karnataka) for treatment of Central Government employees under CS(MA) Rules. 1944.

The undersigned is directed to say that with a view to provide better medical services to the Central Government employees and their family members at Chitradurga (Karnataka), it has been decided to renew the recognition of P.V.S.hospital, Chitradurga (Karnataka) under Central Services (Medical Attendance) Rules, 1944.

2. The Schedule of charges for the treatment of Central Government Employees and the member of their family under the CS(MA) Rules, 1944, will

be the rates fixed for CGHS, Bangalore. The approved rates are available on the website of CGHS (www.mohfw.nic.in//cghs.html) and may be downloaded/printed.

3. The undersigned is further directed to clarify as under:-

(a) "Package Rate" shall mean and include lump sum cost of in-patient treatment/day care/diagnostic procedure for which a CGHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge, including (but not limited to)- (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor/consultant visit charges, (viii) ICU/ICCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / Surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges etc, (xviii) Nursing care and charges for its services.

(b) Cost of Implants/stents/grafts is reimbursable in addition to package rates as per CGHS ceiling rates for implants/stents/grafts or as per actual, in case there is no CGHS prescribed ceiling rates.

(c) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

(d) of P.V.S. Hospital, Chitradurga (Karnataka) shall not charge more than the package rates fixed for CGHS, Bangalore.

(e) Expenses on toiletries, cosmetics, telephone bills etc. are not reimbursable and are not included in package rates.

4. Package rates envisage duration of indoor treatment as follows:

Upto 12 days :	for Specialized (Super Specialities) treatment
Upto 7 days :	for other Major Surgeries
Upto 3 days :	for Laparoscopic surgeries/ normal Deliveries
1 day :	for day care/Minor (OPO) surgeries.

No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

In case, there are no CGHS prescribed rates for any test/procedure, then AIIMS rates are applicable. If there are no AIIMS rates, then reimbursement is to be arrived at by calculating admissible amount item-wise (e.g. room rent, investigations, cost of medicines, procedure charges etc) as per approved rates/actually, in case of investigations.

5. (a) CS (MA) beneficiaries are entitled to facilities of private, semi-private or general ward depending on their basic pay. The entitlement is as follows:-

S.No.	Pay drawn in pay band	Ward Entitlement
1.	Upto Rs. 13,950/-	General Ward
2.	Rs. 13,960/- to 19,530/-	Semi-Private Ward
3.	Rs. 19,540/- and above	Private Ward

(b) The package rates given in rate list are for semi-private ward.

(c) The package rates prescribed are for semi-private ward. If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates; for private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test, per se, does not require admission.

6. A hospital/diagnostic centre empanelled under C.S(MA) Rules, 1944, whose rates for treatment procedure/test are lower than the CGHS prescribed rates shall charge as per actual. 7. (a) The maximum room rent for different categories would be:

General ward	Rs. 1000/- per day
Semi-private ward	Rs. 2000/- per day
Private ward	Rs. 3000/- per day
Day care (6 to 8 Hrs.)	Rs. 500/- (same for all categories)

(b) Room rent mentioned above at (a) above is applicable only for treatment procedures for which there is no CGHS prescribed package rate. Room rent will include charges for occupation of Bed, diet for the patient, charges for water and

electricity supply, linen charges, nursing charges and routine up keeping.

(c) During the treatment in ICCU/ICU, no separate room rent will be admissible.

(d) Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, etc. as well as a bed for attendant. The room has to be air-conditioned.

(e) Semi Private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.

(f) General ward is defined as halls that accommodate four to ten patients.

(g) Normally the treatment in higher category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

If, on the request of the beneficiary, treatment is provided in a higher category of ward, then the expenditure over and above entitlement will have to be borne by the beneficiary.

8. In case of non-emergencies, the beneficiary shall have the option of availing specific treatment/investigation from any of the recognised hospitals of his/her choice (provided the hospital is recognised for that treatment procedure/test), after the specific treatment/investigation has been advised by Authorised Medical Attendant and on production of valid ill card and permission letter from his/her concerned Ministry/Department.

9. The recognised hospitals shall honour permission letter issued by competent authority and provide treatment/investigation facilities as specified in the permission letter.

10. The recognized hospitals shall also provide treatment/investigation facilities to the

Pensioner CGHS beneficiaries and their dependent and eligible family members at their own rates or rates approved under CS(MA) Rules, whichever is lower. The hospitals shall provide treatment to such pensioner CGHS beneficiaries after authentication through verification of valid CGHS Cards.

11. However, pensioner CGHS beneficiaries would make payment for the medical treatment at approved rates as mentioned above and submit the medical reimbursement claim to the Addl. Director, CGHS through the CMO i/c of the CGHS Wellness Centre, where the CGHS Card of the beneficiary is registered.

12. In case of emergencies, the beneficiary shall have the option of availing specific treatment/investigation from any of the recognised hospitals of his/her choice (provided the hospital is recognised for that treatment procedure/test), on production of valid ID card, issued by competent authority.

13. During the in-patient treatment of the CS(MA) beneficiary, the Hospital will not ask the beneficiary or this attendant to purchase separately the medicines/sundries/equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items.

14. In case of treatment taken in emergency in any non-recognised private hospitals, reimbursement shall be considered by competent authority at CGHS prescribed Package/ rates only.

15. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only 50% of charges for minor procedure.

16. Any legal liability arising out of such services shall be the sole responsibility and shall be dealt with by the concerned empanelled hospital. Services will be provided by the Hospitals as per the terms given above.

17. Ministry of Health & Family Welfare reserves the right to withdraw/cancel the above O.M. without assigning any reason.

18. The order takes effect from the date of issue of the O.M.

19. The authorities of P.V.S. Hospital, Chitradurga (Karnataka) will have to enter into an agreement with the Government of India to the effect that the Hospital will charge from the Central Government

employees at the rates fixed by the Government and they will have to sign a Memorandum of Understanding (MOU) (2 copies enclosed only for Hospital) within a period of 3 months from the date of issue of the above mentioned OM failing which the Hospital will be derecognized. Subject to above, the Hospital can start treating Central Government employees covered under CS(MA) Rules, 1944.

Copy of O.M. F.No. 31011/2/2003-Estt.A-IV dated 15th June, 2012 from Ministry of Personnel, Public Grievances & Pensions; Department of Personnel & Training

Sub.: CCS (LTC) Rules; 1988 -. Relaxation for travel by air to visit J&K.

The undersigned is directed to refer to this Department's O.M. of even No. dated 18th June, 2010 on the subject mentioned above and to say that the relaxation for LTC travel to visit J & K, under CCS.(LTC)-Rules, 1988 is extended for a further period of two years w.e.f. 1st June, 2012 subject to the following conditions:

(a) Travel by Air to continue to be in Economy Class only, irrespective of the entitlement of the officer.

(b) The condition that air tickets can be purchased either directly from the Airlines (booking counters/website) or through authorized agents only viz., M/s Balmer Lawrie and Co. Ltd.; or M/s Ashok Travels and Tours Ltd./ IRCTC (to the extent IRCTC is authorized as per Dopr's G.M.No.31011/6/2002-Estt.(A) dated 02.12.2009), would necessarily apply.

(c) All other conditions prescribed in this Department's O.M. dated 18.6.2010, read with O.M. dated 05.8.2010 and 25.8.2011 would continue to apply.

Copy of O.M. 21012/02/2008-Estt. (Allowance) Dated the 18th June, 2012 from Ministry of Personnel, P.G. & Pensions, Department of Personnel & Training

Sub: Extension of Risk Allowance till 31-12-2012

The undersigned is directed to refer to this Department's OM No. 21012/01/2008-Estt. (AL) dated 28-12-2011 vide which payment of Risk Allowance was extended till 30-6-2012. Extension of Risk Allowance for a further period of six months beyond 30-6-2012 has been considered and it has been decided that Risk Allowance may be continued at the existing rates for a further period of six months upto 31-12-2012 or till further communication whichever is earlier.

HEALTH INSURANCE SCHEME FOR THE CG EMPLOYEES

• Health Insurance Scheme for the Central Government Employees waits for Approval of Planning Commission

New Delhi, May 18, 2012(PIB): There is a proposal for introduction of a health insurance scheme for the central government employees and pensioners on pan-India basis, with special focus on pensioners living in non-CGHS areas.

The proposal is to make this scheme voluntary cum contributory for serving employees & pensioners.

However, it is proposed to be made compulsory for the new entrants in Government service.

The salient features of the proposed Health Insurance Scheme are as under;

- ❖ Optional for serving Central Government employees and pensioners including future pensioners.
- ❖ Compulsory for new recruits,
- ❖ Covers all the members of family as per CGHS norms,
- ❖ Sum insured - As. 5 lakh per year on a family floater basis,
- ❖ Corporate buffer of Rs 25 Crore to take care of cases exceeding Rs. 5 lakh,
- ❖ All pre existing diseases covered from the day one,
- ❖ Pre and post hospitalisation benefits available,
- ❖ Domiciliary Hospitalisation benefit,
- ❖ Maternity benefit upto two living children,
- ❖ OPD not covered however OPD consultations will be free,
- ❖ Payment of FMA for meeting OPD needs,
- ❖ Cashless treatment facility,
- ❖ Govt. to subsidise significantly the payment of premium,
- ❖ Employees / pensioners to contribute 20 to 30 percent of the premium,

❖ Identification of beneficiaries through a Smart Card. The proposed scheme will be an alternative to the CGHS and it will provide an option to the serving employees and pensioners to choose a scheme as per his/her convenience.

The Scheme will have special focus on the pensioners living in non-CGHS areas who are getting Fixed Medical Allowance at the rate of Rs.300/- only per month to take care of their medical needs and have been demanding extension of CGHS or CS (MA) Rules to cover their OPD and Inpatient medical needs which is not feasible due to resource constraints.

The Health Insurance Scheme seems to be a viable alternative. It will have additional implications, due to coverage of pensioners living in non-CGHS areas and not covered under any Government Scheme.

The proposal for inclusion of the Health Insurance Scheme for the Central Government employees and pensioners in the 12th Plan has been moved by the Ministry for consideration of the Steering Committee on Health in the Planning Commission.

On receipt of approval of Planning Commission, the proposal would be placed before the Expenditure Finance Committee and finally before the Cabinet for approval of the scheme. No strict time frame can be given in this regard.

This information was given by the Union Minister for Health & Family Welfare Shri Ghulam Nabi Azad in reply to a Starred question in Lok Sabha on Friday, ie. May 18, 2012.

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डाक सेवाओं पर घातक हमला

भारत सरकार ने डाक सेवाओं को वाणिज्य व्यापार में बदलने का निर्णय लिया है। इसलिए उन्होंने एक राष्ट्रीय नीति २०१२ का सविन्यास किया है।

अगर हम मसौदे को देखें, तो ये दिखाई देता है कि सरकार डाक विभाग को आई.ओ.सी. और बी.एस.एन.एल. की तरह निजी सैक्टर बनाना चाहती है। इससे ये स्पष्ट है कि मौजूदा डाक कर्मचारी, सरकारी कर्मचारी नहीं रहेंगे।

राष्ट्रीय डाक नीति २०१२ मसौदे के कुछ मुख्य पहलू इस प्रकार हैं :-

१. पोस्टल सैक्टर को चलाने के लिए व उन्नति के लिए एक 'पोस्टल डेवलपमेंट बोर्ड' को स्थापित करना। इसके अतिरिक्त बोर्ड कार्यों के विस्तार पर एक नक्शा तैयार करेगा, जिसमें कार्य का चलाना, संचालन करना और समय निर्धारण में डाक सैक्टर में नीति निर्धारण करना है ताकि भारत में एक संगठित, प्रतियोगित, प्रभावशाली अच्छे तरीके से संचालित और वाणिज्यिक बाजार तैयार किया जा सके।

२. एक डाक सलाहकार परिषद् को बनाना, नीति बनाने वालों को सम्मिलित करना, डाक प्रवर्तक और दूसरे काम करने वालों को स्थापित करना शामिल है। परिषद् एक सलाहकार बाँडी होगी जो नीतियों को असरदार ढंग से लागू करवाएगी।

३. सभी डाक प्रवर्तकों से लगातार आंकड़े इकट्ठा करने के लिए, संस्था संबंधी निर्धारित कार्य को पैदा करना। इकट्ठा किये गए आंकड़ों को डाक इंडीकेटर और क्वालिटी मैनेजमेंट सिस्टम को इस्तेमाल करना।

४. सभी डाक प्रवर्तकों के लिए कम से कम व साफ स्टैंडर्ड और क्वालिटी मैनेजमेंट सिस्टम को तैयार करना। सैक्टर में काम को बढ़ावा देने के लिए व अच्छी सर्विस देने के लिए सरकार को छोटे व मध्यम डाक प्रवर्तकों को बढ़ावा देना।

५. पोस्टल आर एवं डी में विनियोग किये गए धन का ठीक से उपयोग करने के लिए एक "पोस्टल आईसीटी व आर एवं डी फंड" लागू करना, ताकि सैक्टर में आईसीटी के इस्तेमाल को बढ़ावा मिले।

६. सैक्टर में विकास के लिए प्राइवेट पब्लिक की भागीदारी को प्रमोट करना।

७. सरकार द्वारा राष्ट्रीय डाक इन्फ्रास्ट्रक्चर को विकसित करना (ट्रांसपोर्ट सिस्टम, अंडररैसिंग डाटाबेस और स्टैंडर्डस ऑटोमेटिड मेल सार्टिंग, डाटाबेस मैनेजमेंट सिस्टम आदि) जो सभी डाक प्रवर्तकों के लिए सांझा होगा।

८. पोस्टल और दूसरे सैक्टरों के बीच और पोस्टल सैक्टर और शिक्षण संस्थान के बीच शैक्षणिक लिंगेज द्वारा पोस्टल सैक्टर के लिए वोकेशनल ट्रेनिंग फेमवर्क डेवलप करना।

९. यूएसओ को मैनेज करने के लिए प्रोमैटिक और इक्विटेबल एप्रोच को मानना।

१०. ई-कॉमर्स, ई-गवर्नेंस और फाइनेशियल इन्क्लूजन की सेवाओं के लिए डाकखानों को पब्लिक डिलिवरी चैनल में बदलना। इन सेवाओं के लिए डाक घरों को प्राइमरी पब्लिक एक्सेस पॉइंट्स (पी.पी.ए.पी) निर्धारित करना।

११. पर्याप्त ऑटोनामी, डिजिलाईजिंग और सभी डाकघरों को एक-दूसरे से मिलाना एवं भारतीय पोस्ट बैंकों की स्थापना के लिए भारतीय डाक के बिजनस स्ट्रक्चर का पुर्ननिर्माण करके ताकतवर बनाना।

१२. पोस्टल सैक्टर की कार्बन फुटप्रिंट को कम करने के लिए, जिसमें सोलर, बायोमास और विंड जैसे ऊर्जा स्रोत शामिल हैं, नए तरीकों को लागू करना है।

१३. पिछड़े हुए व अनडिजर्व क्षेत्रों में राष्ट्रीय डाक इन्फ्रास्ट्रक्चर को बढ़ावा देने के लिए धन का लगाना।

१४. सैक्टर के विकास व जनता में जागरूकता लाने के लिए स्टूडियोज और कैम्पेन ऑर्गनाइज करना।

१५. सरकार और प्राइवेट सैक्टर में वाणिज्य संबंध बढ़ाने के लिए स्पेशल पर्यज व्हीकल (डब्लूटी) और जाइंट वेंचर्स (गती) को लांच करना।

१६. राष्ट्रीय डाक नीति २०१२ के उद्देश्यों का प्राप्त करने के लिए, भारतीय डाक ऑफिस एक्ट १८९८ को संशोधित करना।

कृपया उपरोक्त मुख्य पहलुओं राष्ट्रीय डाक नीति २०१२ के मसौदे के उपरोक्त मुख्य पहलुओं को पढ़ें व हमारे सीएचक्यू / फेडरेशन को जल्द से जल्द अपने विचारों स अवगत कराएं।

meeting was presided over by Chief PMG, M.P. Circle. Our Federation was represented by the SG FNPO. The details of the meeting as follows :

1. Future of Post offices : The FNPO explained the views through power point presentation.

2. Response of FNPO to the terms of reference of the meeting.

TOR-(1) Re-vising the norms for creations of new Postal Division and Regions as well as upgradation of class II Division into class I Division.

RESPONSE OF FNPO :

Status quo should be maintained. TOR-(2) study the feasibility of organizational restructuring of field formations (Circle and below) keeping in view of the emerging needs for India Post in the New Socio economic environment.

Response of FNPO : Under any circumstances the FNPO will not accept the organizational restructuring (Indirect corporate model like Telecom)

TOR – (3) Review of norms for upgradation of post offices.

Response of FNPO : FNPO agreed the proposal of Department but before finalizing the norms, staff side should be consulted.

TOR-(4) To study the feasibility of strengthening creation of Postal Assistant/Sorting Assistant posts in view of the increased need of system administrators.

Response of FNPO : FNPO agreed the views of the Department. The officials may be selected keeping in view the emerging need of Post offices/Sorting offices by suitably amending the recruitment rules.

ADDITIONAL SUGGESTIONS GIVEN BY FNPO

1. Regional offices should be merged with Circle offices.

2. Under any circumstances Postal operations should not be divided as three groups such as mail business/banking/insurance.

R IV CIRCLE CONFERENCE TN CIRCLE

Tamilnadu Circle R IV Circle Conference was held in Coimbatore on 12-7-2012 and 13-7-2012. The SG FNPO addressed the Conference on 12-7-2012.

MEETING WITH PRIVATE SECRETARY OF MOC

The SG FNPO met the private Secretary of Honourable MOC alongwith the General Secretary, NUGDS. On 10-7-2012 and discussed various issues of GDS and submitted a Memorandum, The Private Secretary assured that Memorandum would be forwarded to the Department for disposal.

NUGDS AP CIRCLE CONFERENCE

22nd NUGDS AP Circle Conference was held in Narasaraopet on 15th and 16th July 2012. The SG FNPO, GS NAPE 'C' and GS NUGDS addressed the Conference.

VISIT TO MUMBAI

On 28-7-2012, the SG FNPO met Chief PMG, Maharashtra Circle, Sri A.K. Sharma alongwith the Circle Secretaries of FNPO affiliated unions and discussed various issues of Maharashtra Circle. Sri A.K. Sharma promised the he would settle the issues based on the merits.

OUR NOTE ON MACP ANOMALIES

Our Federation addressed a letter to JCM Staff side leader on MACP anomalies. Details have been published as Editorial.

DA

Increase of DA w.e.f. 1-7-2012 will be 7%.

Yours fraternally,
(D.THEAGARAJAN),
General Secretary

GENERAL SECRETARY'S LETTER

Reached Delhi on 1-7-2012.

FEDERAL WORKING COMMITTEE

The FWC was held under the Chairmanship of Shri T.N. Rahate on 2-7-2012 at Federation office.

All the members and General Secretaries of FNPO affiliated unions participated. SG FNPO submitted a report on the activities. FWC decided on number of delegates to ensuring Federal Congress. The FWC authorized SG FNPO to send protest letter to the Directorate on the following.

1. Non-implementation of the MOS assurance on the issue of protection of TRCA.

2. Failure of MNOP Project.

3. FWC decided to sent letter to all MPs explaining the GDS issues and to highlight the same in Parliament.

In the afternoon, Sri M. Raghaviah, leader JCM Staff side and General Secretary NFIR addressed the FWC. He assured that he would take up MACP anomalies in the National Council. He also spoke on the need of the VII Pay Commission.

MEETING WITH THE CHAIRPERSON, DEPT. OF POSTS

SG FNPO and President FNPO met the Secretary Dept. of Posts along with FWC members on 4-7-2012 and discussed the following.

1. Finalisation of norms for Postmen.

2. Implementation of MOs assurance on GDS TRCA protection.

3. Irregularities in U.P. Circle.

The team met Member (O) incharge and GM (MB). He assured that there will be no transfer of staff L-2 office to L-1 office under any circumstances. Orders issued by Chief PMG, A.P. Circle will be cancelled. The item met DDG (Trg), DDG (petition) and DDG (Technology).

OUT COME OF DDG MEETINGS

DDG (TRAINING)

Tamilnadu Circle Secretaries explained unruly activities on the apt of the Principal, PTC Madurai. DDG (Trg) replied that the Directorate could issue only instructions on the mode of training and other matters should be looked after by Heads of Circle concerned. However, DDG (Trg) assured he would call for report from the Chief PMG, Tamilnadu circle.

DDG (Petition): He has informed that he has cleared 75% of the petitions received by the Directorate and further he has advised Circle Secretaries to give petition to the Head of Circle within six months to avoid delay in disposal on the part of the Directorate.

DDG (Tech.) : He explained the recent development in the Postal Department.

R/3 CIRCLE CONFERENCE OF GUJARAT

R III Circle Conference in Vadodara in grand manner on 5-7-2012. All the FNPO affiliated Circle Secretaries attended and addressed the function. Sri K.B. Desai has been re-elected as Circle Secretary.

ORGANISATIONAL RE-STRUCTURING

On 9-7-2012, the Directorate called a meeting on organizational Re-structuring. The

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