

**JAMIA HAMDARD**  
**(REGISTRAR'S SECRETARIAT)**

JH/RO/UO/2014/70

Dated : 27.10.2014

**UNIVERSITY ORDER**

The Finance Committee of Jamia Hamdard in its 148<sup>th</sup> Meeting reviewed the eligibility criteria for dependency of family members for purpose of Leave Travel Concession Scheme and Medical Reimbursement (Health) scheme and resolved that the eligibility of dependent family members for purpose of these two schemes would be determined as per following norms.

**A For Leave Travel Concession Scheme**

**1. Dependency of Family Members:**

- a) The employee's wife or husband as the case may be and two surviving unmarried children, who are unemployed and are wholly dependent on the employee. The restriction of the concession to only two surviving children shall not be applicable in respect of (i) those employees who already have more than two children prior to 20.10.1998; (ii) where the number of children exceeds two as a result of second child birth resulting in multiple births.
- b) Parents who are wholly dependent on the employee.
- c) Children of the employees getting scholarship for higher studies would not be entitled for LTC as a dependent child.
- d) A member of the family, whose income from all sources including an employment in a private organization or firm or from own profession or business does not exceed the amount of minimum family pension i.e. at present Rs.3500/- p.m. and Dearness Relief thereon is deemed to be wholly dependent on the employee.
- e) When the spouse is employed in Central Govt./ State Govt./Autonomous body /Local Body/University, PSU and Private Organization which provides LTC facility shall avail such a facility therefrom. A letter of confirmation would be issued by Jamia Hamdard.
- f) A spouse who is running his/her own business shall not be entitled for LTC.

2. Any amendment in the facility announced by Govt. of India shall not be automatically applicable in Jamia Hamdard, however, may be adopted after it is approved by Competent Authority based on availability of funds under that head in the approved budget.

**B. For Medical Reimbursement (Health) Scheme**

**1. Dependency of Family Members**

- a) The employee's wife or husband as the case may be and un-married children, who are unemployed and are wholly dependent on the employee. The son would be dependent till he attains the age of 25 years or till he starts earning, whichever is earlier. However, there would not be age limit for son suffering from permanent disability of any kind.
  - b) Parents who are wholly dependent on the employee.
  - c) A member of the family whose income from all sources including an employment in a private organization or firm or from own profession or business does not exceed the amount of minimum family pension i.e. at present Rs.3500/- p.m. and Dearness Relief thereon is deemed to be wholly dependent on the employee.
  - d) When the spouse is employed in Central Govt./State Govt./Autonomous Body/Local Body/PSU and Private Organization, which provides medical facilities or medical allowance or medical insurance shall avail such a facility therefrom. A letter of confirmation would be issued by Jamia Hamdard.
  - e) A spouse who is engaged in his/her own business/professional private service shall not be entitled for medical reimbursement.
2. The financial limit for reimbursement of expenses for OPD medical treatment shall be restricted to one month's salary (Basic Pay plus Grade Pay plus Dearness Allowance) in a Calendar year. Salary for this purpose would be as of 31<sup>st</sup> December of preceding Calendar year. However, employees in Group 'B' and 'C' Pay Bands would be allowed up to Rs.30,000/- in a year or one month's salary, whichever limit is more. The competent Authority can relax the financial limit in exceptional ailments.
  3. Reimbursement of expenses for IPD medical treatment shall continue as existing.

4. The reimbursement of medical expenses for IPD and OPD treatment would continue as per CGHS rules.
5. Other norms and rules would remain same as existing till further guidelines.

C. It is mandatory to furnish the Family Declaration details in the prescribed form. Those who have not furnished the declaration in the prescribed form are given final opportunity to submit it by 20<sup>th</sup> November 2014. The declaration shall be updated and furnished afresh after every two Calender years. However, if there is any change in the dependency details due to occurance of any event, it is responsibility of the employee to intimate the change immediately to Registrar.

D. Sanction of LTC and reimbursement of medical claims would be subject to furnishing of family declaration.

REGISTRAR

Copy to:

1. Finance Officer
2. All Deans/HODs
3. A.R. (Estab)
4. A.R. (Fin)
5. PRO
6. SPA to Vice Chancellor
7. P.A. to Registrar
8. Notice Boards

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JH/RO/UO/2014/71  
Dated : 27.10.2014

**UNIVERSITY ORDER**

In modification to earlier orders, the following guidelines for reimbursement of medical expenses would be applicable with immediate effect.

1. The permanent employees of Jamia Hamdard and their dependent family members except as provided otherwise would be admissible for reimbursement of medical expenses for indoor and outdoor treatment, if
2. such treatment is taken in University Hospitals or from the Government/CSMA approved hospitals for direct treatment or from any CGHS empanelled hospital referred by HAHCH for further treatment/investigation. The reimbursement of outdoor treatment would be within the financial limit in a calender year.
3. The employees & their family members shall make the payment at University Hospitals and can claim the same from University under medical reimbursement scheme rules. The claim shall be made in prescribed Form.
4. The medicines shall be purchased normally for a period of 10 days at a time except in case of chronic ailments requiring prolonged medication.
5. The medicines purchased from Hospital Pharmacy, Radio diagnosis procedures held in Hamdard Imaging Centre and Pathological investigations undertaken in HAHCH shall be reimbursable. However, if some medicines are not available in Hospital Pharmacy, those can be purchased from outside source against clear non-availability certificate issued by the Pharmacy. Similarly, the investigations etc. which are not available in HAHCH can be undertaken from referral diagnosis centres/hospitals. The reimbursement would be restricted as per CGHS rates.
6. The medical claims are required to be verified in the office of Medical Supdt., HAHCH before these are submitted in Finance Division.
7. The existing Health Books shall be valid till 30<sup>th</sup> November 2014 and thereafter would be replaced by a 'Health Card'. All eligible employees shall apply for obtaining 'Health Card' for self and dependent family members. The proforma of the application is available on the University website.

REGISTRAR

Copy to:

1. Finance Officer
2. All Deans/HODs

3. A.R. (Estb.)
4. A.R. (Fin.)
5. SPA to Vice Chancellor
6. Notice Board

Jamia Hamdard  
(Deemed University)  
Hamdard Nagar, New Delhi

No.:.....  
Date:.....

Application for issue of Health Card

Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Department \_\_\_\_\_

Pay Band & Grade Pay \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Date of appointment in Jamia Hamdard (Regular Service): \_\_\_\_\_

Particulars of Dependent Family Members as per University rates requiring "Health Card"

<u>Sl. No.</u>	<u>Name</u>	<u>Gender</u>	<u>D.O.B</u>	<u>Marital Status</u>	<u>Occupation/ employment</u>
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Declaration: The information given above is true and correct. In case any of the information is found incorrect, I shall be responsible. I also declare that the above family members are fully dependent on me as per university rules.

Forwarded by:

Dean of Faculty/HOD

Signature \_\_\_\_\_

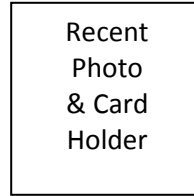
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Two passport size photos of each member and self duly attested by the employee shall be attached.

**Medical Card**

No.....  
Date:.....



A. Name of Card Holder.....  
(Capital letters)

D.O.B..... Gender .....

Marital status ..... Occupation .....

Blood Group .....Allergic to .....

Address:

.....  
.....

Relationship with the employee .....

B. Name of Employee .....  
(Capital letter)

Designation ..... Department.....

Pay Band ..... Grade Pay .....

Attested by HoD

(Signature of Employee)

Registrar  
(Sign & Seal)