Calcutta Port Trust Employees' (Medical Attendance and Treatment) Regulations, 1989

संशोधन/ Amendments :-

1. जी एस आर सं. 633(ई) दिनांक 28 सितंबर, 1993
   GSR No. 633 (E) dated 28th September 1993

2. जी एस आर सं. 169(ई) दिनांक 3 अगस्त, 1998
   GSR No. 169 (E) dated 3rd August 1998

3. जी एस आर सं. 431(ई) दिनांक 13 जून, 2001
   GSR No. 431 (E) dated 13th June 2001

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इस भाग में धूम पृष्ठ कंडोला हो गई है जिसके लिए वह अलग पृष्ठ कंडोला के रूप में
रचना की गई है।
Separate Paging is given to this Part in order that it may be filed as a
separate compilation

कल-मूलक परियोजना संबंध
(सन् 1989)

धर्मसत्र

नई दिल्ली, 9 जून, 1989

वा.स.नं. 610(५)---केंद्र तर्काद, संविधान स्वतंत्र विभिन्न,
1983 (1983 का 38) की बारे 124 के कारण 38 के कारण 124 की प्रकरण (1) के लागू
करणा 124 की प्रकरण (1) के लागू करने का अधिकार व्यक्त करते
हुए, कलात्मक पत्र गतिविधि के लागू प्रकरण (१) के लागू करने का अधिकार
करने के साथ संबंधित कलात्मक पत्र गतिविधि (विभिन्नता, एवं सत्यता)
शिक्षा, 1989 का प्रभाव उत्सर्जित किया है।

कल-मूलक परियोजना संबंध
(सन् 1989)

शासन---केंद्र सरकार, संविधान स्वतंत्र विभिन्न,
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शिक्षा, 1989 का प्रभाव उत्सर्जित किया है।

1562GI/89 (1)
(b) "बोध भावना" वे प्रथम भावना या प्रथम व्यक्ति व्रत तथा भावनाएँ अभिव्यक्ति होती है।

(1) जसपत्र यथा शासन प्रमा के ले कर्मां को पढ़ाता है या लिखते हैं तथा प्रत्येक प्रत्येक व्रत हो।

(2) यह विवरण विविधताओं पर नाम ही हैं।

(3) कल्पना यथा माता वास्तव के बारे में कहते हैं।

(4) यह विवरण विविधताओं पर नाम ही हैं।

(5) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।

(6) यह विवरण विविधताओं पर नाम ही हैं।

(7) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।

(8) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।

(9) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।

(10) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।

(11) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।

(12) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।

(13) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।

(14) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।

(15) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।

(16) "बोध भावना" के प्रथम भावना या प्रवाहित भावना व्रत हो।
(iii) बैंकिस्ट ने दो पत्र भेजे, जिनमें उन्होंने कहा कि वे अपने पता लगातार बदल रहे हैं।

(iv) उन्हें पत्र भेजा, जिसमें कहा गया कि उनके पता जल्द कर दें।

(iii) काफी व्यापारी ने सभी पत्रों को हटाए और उन्हें नयी पत्रों को भेजने लगे。

(iv) काफी व्यापारी ने सभी पत्रों को हटाए और उन्हें नयी पत्रों को भेजने लगे।

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(6) बोर्ड आयोजन का समाप्त करने का नया कार्यक्रम के लिए न्यूज़ कार्यालय के लिए विबंधन के रूप में एक नई विद्यमान नृत्य का प्रयोग करने के लिए अपने कार्यक्रम का शनाक्त करने के लिए योजना की गई है।

(7) समूह के प्रवास और उनके प्रवास के लिए यह आयोजन का समाप्त करने का नया कार्यक्रम के लिए न्यूज़ कार्यालय के लिए विबंधन के रूप में एक नई विद्यमान नृत्य का प्रयोग करने के लिए अपने कार्यक्रम का शनाक्त करने के लिए योजना की गई है।

(8) समूह के प्रवास के लिए एक नया कार्यक्रम के लिए यह आयोजन का समाप्त करने का नया कार्यक्रम के लिए न्यूज़ कार्यालय के लिए विबंधन के रूप में एक नई विद्यमान नृत्य का प्रयोग करने के लिए अपने कार्यक्रम का शनाक्त करने के लिए योजना की गई है।

(9) इन विबंधनों के साथ लगाया गया विशेष ध्यान के लिए यह आयोजन का समाप्त करने का नया कार्यक्रम के लिए न्यूज़ कार्यालय के लिए विबंधन के रूप में एक नई विद्यमान नृत्य का प्रयोग करने के लिए अपने कार्यक्रम का शनाक्त करने के लिए योजना की गई है।
हामी। बोधो सत्ताधीक निर्देश से संबंधित लक्षणों की प्रतिकृति नहीं रखते। उपन्यास मालिक में है तीन तीन मालिक में लिखा उपयोग का संहें। उससे समग्र वस्त्र होने पर मुख्य निर्देश भक्तिवाणी को था बलात्कास होती।

हिंदी—

बोधो का कोई क्रिया दौर सम्पत्ति पर किसी प्रकार के वस्त्र का संबंध है निर्दिष्ट 10 में परिभाषित है, को निरन्देश से उसके पार संवेदन के बल वह गर्भाशय, जो स्वाभाविक, वनस्पतिक भविष्यवादी के समान बालक के स्वाभाविक क्रिया को था।

(क) प्रत्युत्तर उपन्यास में क्रिया का जानकारी नहीं।

(ख) शैलीकृत बालक की धारी शाही प्रत्युत्तर 10-ए, प्रति विशेष या ऐसी राजा की साथ-साथ या मूल क्रिया घट गई के, विनिर्देश 4 के एवं विनिर्देश (ii) तथा (iii) के निरन्देश प्रतिकृति को प्राप्त होती।

(ग) क्रियाधक कार्यांक द्वारा मुख्य वस्त्र का निर्देश युक्तिकरण प्रति क्रिया की गति के, यह अंतर्गत एवं क्रियाकार से एवं अंतर्गत से सम्बन्धित क्रिया का घटना प्रकाशित किया जाएगा या क्रिया की समस्त या भविष्यवादी का संबंध होता है।

(घ) संबंधित या संबंधित प्रति क्रिया का निर्देश 80-ए, वर्तमान प्रकाश के प्रति क्रिया का संबंध होता है।

(ङ) विनिर्देश 6(2) तथा 7 के युक्तिकरण के प्रकाश के, मुख्य वस्त्र से एवं विनिर्देश 100-ए, प्रति विनिर्देश से शासन विनिर्देश के प्रकाश के प्रति क्रिया का इतिहास घटो।

बालक को भविष्य के प्रति क्रिया का इतिहास घटो।

(च) क्रियाकार क्षमता निर्देश के क्रिया के, मुख्य वस्त्र क्रियाकार के निर्देश 10-ए, से शैलीकृत क्रियाकार की क्रियाकार के निर्देश 10(2) तथा 7 के प्रकाश के प्रति क्रिया का उपयोग करने वाले योग्य शब्द के समान युक्तिकरण से सम्बन्धित क्रिया का निर्देश घटी जाएगा या क्रिया की समस्त या भविष्यवादी का संबंध होता है।

(छ) युक्तिकरण 80-ए, वर्तमान प्रकाश के प्रति क्रिया का संबंध होता है।

(ज) युक्तिकरण के क्रिया क्रियाकार के, युक्तिकरण 100-ए, प्रति शैलीकृत क्रिया के प्रकाश के प्रति क्रिया का इतिहास घटी जाएगा या क्रिया की समस्त या भविष्यवादी का संबंध होता है।

(झ) क्रियाकार क्षमता 20-ए, या एवं बालक क्रिया के प्रकाश के प्रति क्रिया का उपयोग करने वाले योग्य शब्द के समान युक्तिकरण से सम्बन्धित क्रिया का उपयोग करने वाले योग्य शब्द के समान युक्तिकरण से सम्बन्धित क्रिया का संबंध होता है।

(ञ) में विनिर्देश 6(2) के प्रकाश के प्रति क्रिया का संबंध होता है।

(ञ) क्रियाकार क्षमता के क्रियाकार के, मुख्य वस्त्र क्रियाकार के क्रियाकार के क्रियाकार के प्रकाश के प्रति क्रिया का इतिहास घटो।

(ञ्च) क्रियाकार क्षमता 20-ए, या एवं बालक क्रिया के प्रकाश के प्रति क्रिया का उपयोग करने वाले योग्य शब्द के समान युक्तिकरण से सम्बन्धित क्रिया का संबंध होता है।

(ञ्झ) युक्तिकरण 80-ए, वर्तमान प्रकाश के प्रति क्रिया का संबंध होता है।

(ञ्ञ) क्रियाकार क्षमता के क्रियाकार के, मुख्य वस्त्र क्रियाकार के क्रियाकार के क्रियाकार के प्रकाश के प्रति क्रिया का इतिहास घटो।

(ञ्झ) क्रियाकार क्षमता 20-ए, या एवं बालक क्रिया के प्रकाश के प्रति क्रिया का उपयोग करने वाले योग्य शब्द के समान युक्तिकरण से सम्बन्धित क्रिया का संबंध होता है।

(ञ्ञ) क्रियाकार क्षमता के क्रियाकार के, मुख्य वस्त्र क्रियाकार के क्रियाकार के क्रियाकार के प्रकाश के प्रति क्रिया का इतिहास घटो।

(ञ्झ) क्रियाकार क्षमता 20-ए, या एवं बालक क्रिया के प्रकाश के प्रति क्रिया का उपयोग करने वाले योग्य शब्द के समान युक्तिकरण से सम्बन्धित क्रिया का संबंध होता है।
(iv) विशेषता की फ़ैसले के लिए—

(v) विनियम के तहत में एक विनियम मार्ग भविष्य की बात

(vi) विशेष विनियम की विनियम संपर्क

(vii) अन्य विनियम की विनियम संपर्क

(viii) मुख्य विनियम की विनियम संपर्क

(x) अन्य विनियम की विनियम संपर्क

(xii) अन्य विनियम की विनियम संपर्क

(v) इस्तेमाल के लिए की गई नवीन विशेषता की उपलब्धि और तत्पर

(vi) विशेष विनियम की विनियम संपर्क

(xii) अन्य विनियम की विनियम संपर्क

(xv) विनियम की विनियम संपर्क

(xvii) अन्य विनियम की विनियम संपर्क

(xviii) अन्य विनियम की विनियम संपर्क
माननीय मुख्यमंत्री जी,

मेरा स्वागत अपने प्रतिनिधियों के निवेदन के लिए है।

सभी मुख्तार स्वागत अपने प्रतिनिधियों के निवेदन के लिए है।

भारत का स्वतंत्रता के लिए निवेदन के लॉकल प्रतिनिधियों के निवेदन के लिए है।

लक्षित किया जाये।

(4) उपर्युक्त विवरण के अनुसार वर्तमान स्वागत के लिए निवेदन के लिए है।

(5) नि:शुल्क किया जाने वाला प्रतिनिधि के प्रति स्वागत के लिए है।

(6) नि:शुल्क किया जाने वाला प्रतिनिधि के प्रति स्वागत के लिए है।

(7) नि:शुल्क किया जाने वाला प्रतिनिधि के प्रति स्वागत के लिए है।
विनियम— 21—निर्दान और वनस्पति

(1) निर्दान और वनस्पति के मार्गदर्शन तथा हर नियम, विनियम, तंत्रज्ञान का ऐसे निर्देश पाने के लिए यहाँ निम्नलिखित विनियमों के अनुसार तैयार किया जाता है।

(2) प्रमुख निर्दान के यहाँ निर्दान के प्रशिक्षण संबंधी नियम, संरचना और संगठन के अनुसार प्रशिक्षण की प्राप्ति को प्राप्ति के आधार पर जा रहा है जो यहाँ जान सकते हैं।

[श. स. सं. बर—12016/17/80—पी एल—भार]

कैराण अधि, संयुक्त सरकार

नाम

पद नाम—______________________________

बहुतांत्रिक पद—______________________________

प्राप्त विवरण—______________________________

गति—______________________________

(1) माता धरती के नाम—______________________________

(2)______________________________

(3)______________________________

सम्बन्धित (1)______________________________

(2)______________________________

(3)______________________________


c. न.
वापस का विदेश—
(i) घर का नाम हेतु
(ii) नामांक—भागार हेतु
(iii) नागरि जगत महार हेतु
(iv) विदेश शुल्क हेतु
(v) वैदेशिक दस्तावेज के मामले के मुद्दा हेतु

नोट—

मैं उपरोक्त कथा हूँ कि 'ये' नियमों के अनुसार दोनों मामले सथापित की जायें।

मैं योग्य कथा हूँ कि रोटी/रोटियों के नाम—(1)

(2)

वहाँ से रहस्य बोले हैं और यह पर कृपया याचिका हैं। परिसरांकन/नितं समूह/ में चारी विख्यात को डिस्पेशन हेतु पुराक मिलने मांगता दास्रा निकालने की पूर्व उत्तरदायी प्रमुखता से लो तथों वी।

नागरि वार्तालाख की शीर्षक

निर्धारी—

ध्वसति का कर्मचारी के साथ सम्बन्ध के रूप से भंडारी ना निवास मुख्य निर्णय

प्रदीप्त प्रमाणित किया गया है कि रोटी/रोटियों के नाम प्राप्त के परिसर के गामन होने की कोशिषा की गयी है और निवासित रूप से निर्णय से प्रलंबित एक कार्यक्रम द्वारा लायी गई प्रक्रिया नव तथों से स्वीकृत नहीं है।

निर्धारी/निर्धारी का दास्रा

निर्धारी दशाकर्ता एवं मुख्य निदेश प्रस्ताव

इत्यादि दीक्षा हैं तथों की दास्रा नियमों के अनुसार स्थापित हैं। परिसरांकन/नितं समूह/ में चारी/विख्यात को डिस्पेशन हेतु मैंने व्यावहारिक किया था।

निर्धारी

मुख्य निवासिता बालिकार

* की लागू न हो नहीं कस्ट दें।

लेखा प्रस्ताव, किंतु नाम उप-निर्माण के अनुसार इसी प्रकार किया गया।

1562 G1/83-2
MINISTRY OF SURFACE TRANSPORT
(Ports Wing)

NOTIFICATION

New Delhi, the 9th June, 1989

G.S.R. 610 (E).—In exercise of the powers conferred by sub-section (1) of section 124, read with sub-section (1) of Section 153 of the Major Port Trusts Act, 1963 (38 of 1963), the Central Government hereby approves the Calcutta Port Trust Employees’ (Medical Attendance and Treatment) Regulations, 1989 made by the Board of Trustees for the Port of Calcutta and set out in the Schedule annexed to this notification.

2. The said regulations shall come into force on the date of publication of this notification in the Official Gazette.

SCHEDULE
Calcutta Port Trust Employees’ (Medical Attendance and Treatment) Regulations, 1989

CHAPTER I
PRELIMINARY

Preliminary.—In exercise of the powers conferred by Section 28 read with Section 124 of the Major Port Trusts Act, 1963 (Act 38 of 1963) the Board on Trustees of the Port of Calcutta hereby makes the following regulations, namely:—Calcutta Port Trust Employees’ (Medical Attendance and Treatment) Regulations, 1989.

Regulation 1—Short Title.—These regulations may be called the Calcutta Port Trust Employees’ (Medical Attendance and Treatment) Regulations, 1989.

Regulation 2—Extent of Application.—These Regulations except those contained in Chapter VI shall apply to all the employees of the Board of Trustees for the Port of Calcutta who are in whole time employment of the Board of Trustees for the Port of Calcutta when they are on duty, leave or foreign service in India or when on suspension. Regulations contained in Chapter VI (i.e. Regulations 16, 17, 18 and 19) shall apply to retired employees.

NOTE 1.—These Regulations do not apply to:

(i) Employees of the Board of Trustees for the Port of Calcutta who are on leave or deputation abroad.

(ii) These Regulations apply to:

(a) Employees of the Board of Trustees for the Port of Calcutta on their re-employment under the service of the Board of Trustees for the Port of Calcutta, irrespective of the service in which they belonged at the time of retirement.

(b) A probationer.

(c) Apprentices who are in the whole time service of the Board of Trustees for the Port of Calcutta.

NOTE 2.—In regard to medical concessions, the employees of the Board of Trustees for the Port of Calcutta while on deputation will be governed by the Regulations of the borrowing organisations. The borrowing organisations may, however, if they so desire, apply the Regulations of the Board of Trustees for the Port of Calcutta to such deputationists.

NOTE 3.—The concessions granted under these Regulations to employees of the Board of Trustees for the Port of Calcutta are applicable to their families as well, subject to such conditions or exceptions, as specified in these Regulations.

Regulation 3.—Definitions.—In these Regulations unless the context otherwise requires:

(a) “Board” shall mean the Board of Trustees for the Port of Calcutta.

(b) “Chairman” shall mean the Chairman for the time being of the Board of Trustees for the Port of Calcutta.

(c) “Deputy Chairman” shall mean the Deputy Chairman for the time being of the Board of Trustees for the Port of Calcutta.

(d) “Authorised Medical Attendant” shall mean the Chief Medical Officer or the Chief Physician, Chief Surgeon or Medical Superintendent, a Senior Medical Officer or a Medical Officer under the employment of the Board as may be nominated by the Chief Medical Officer for the purpose of attendance on and treatment of employees and their dependent family members.

(e) “Chief Medical Officer” shall mean the Board’s Chief Medical Officer or any other Medical Officer authorised in his behalf.

(f) “Board’s Hospital” shall mean the Hospitals or Dispensaries maintained by the Board.

(g) “Nurse” shall mean a qualified Nurse holding a certificate or diploma registered under the State Medical Faculty.

(h) “Private Doctor” shall mean a registered medical practitioner other than a Medical Officer in the employ of the Board qualified in the Ayurvedic or Unani or Homoeopathic and any other indigenous systems of medicine

(i) “Public Hospital” shall mean a State Hospital or a State aided Hospital.

(j) Medical Attendance in relation to an authorised medical attendant shall mean attendance in his consulting room or the Board’s Hospitals or Dispensaries to which he is attached or at the residence of the Board’s employee, including such pathological, bacteriological, radiological, or other methods
of examination for the purpose of diagnosis
as are available in the Board's Hospital or
Dispensary or consulting room and are
considered necessary by the Authorised
Medical Attendant. It also includes such
consultation with a Specialist, as the Chief
Medical Officer certifies to be necessary to
such extent and in such a manner as the
Specialist may, in consultation with the
Chief Medical Officer determine.

NOTE 1.—"Medical Attendance" includes attend-
dance at the Board's Hospital/Dispensary or at the
residence of the Board’s employees or at the consul-
ting room of the authorised medical attendant whether
maintained at the Hospital or at his own resi-
dence, by arrangement with him.

NOTE 2.—The term "consulting room maintained
by an authorised medical attendant at a Hospital"
means consulting room at his residence allotted to
him in the Hospital compound and that no authorised
medical attendant should charge any fee for attend-
dance upon or professional service rendered to any
person whether an employee of the Board or a mem-
ber of his family, at the Hospital premises during
Hospital/Dispensary hours.

NOTE 3.—Where a patient after being cured of a
particular illness develops a "fresh" illness and con-
sults the same physician, that consultation should be
regarded as a "fresh consultation" and may be charged
at full rates.

NOTE 4.—Where a patient consults the same phy-
sician in regard to super-imposition of another dis-
case during the course of treatment for one disease,
that consultation should be regarded as a "fresh con-
versation" and charged for at full rates.

(k) “Patient” shall mean a Board’s employee
to whom these Regulations apply and
who has fallen ill.

(l) “External Medical Service Unit” shall mean
the unit under the Board’s Chief Medical
Officer which is comprised of Board’s Me-
Medical Officers who attend to employees and
their dependent family members at their
residence.

(m) “Hospital Charges” shall mean actual
amount at the scheduled rates realised by a
Hospital from an employee for treatment in the in-patient ward inclusive of pathol-
ogical, bacteriological, radiological and card-
diological examinations and includes cost
of private nurses/attendants as may be en-
aged on the recommendation of the Chief
Medical Officer.

(n) “Nursing Home Charges” shall mean the
actual amount of the scheduled rates real-
ised by the Nursing Home from an em-
ployee for accommodation, medicines,
nursing, such pathological, bacteriological,
radiological and cardiological examination
as are authorised by the Trustees’ Chief
Medical Officer.

(o) “Treatment” shall mean the use of all
medical and surgical facilities available at the
Board’s Hospital in which the em-
ployee is treated and includes:

(i) The employment of such pathological, bac-
teriological, radiological or other methods
as are considered necessary by the autho-
risied medical attendant.

(ii) The supply of such medicines, vaccines,
sera or other therapeutic substances, as
are ordinarily available in the Board’s Hos-
pital.

(iii) Supply of such medicines, vaccines, sera
or other therapeutic substances not ordi-
narily so available, as the authorised me-
dical attendant may certify in writing to
be essential for the recovery of the patient
or for the prevention of serious deterio-
ration in the condition of the patient
except the items mentioned below, namely:

(a) Preparations which are not medicines but
are primarily foods, tonics, toilet pre-
parations or disinfectants, and

(b) Expensive drugs, tonics, laxatives or
other elegant and proprietary prepara-
tions for which drugs of equal therapeu-
tic value are available,

(c) Such accommodation as is ordinarily pro-
vided in the Hospital,

(d) Such nursing as is ordinarily provided to
inpatients in the Board’s Hospitals.

NOTE—1.—Charges for an attendant (including an
Ayah) are not reimbursable under these Regu-
lations.

NOTE—2.—In serious cases private nurses/attend-
ants may be engaged in hospitals or nursing homes
with the prior approval of the Chief Medical Officer. It is,
however, open to the Chief Medical Officer, if he is
satisfied, to give his approval subsequent to engage-
tment in emergent cases. The cost of engagement of
private nurses/attendants will be borne by the Board
to the extent as provided for in Regulation 11 (c) (d)
provided such engagement is certified by the Chief
Medical Officer.

Chapter—II—Extent of Medical Facilities

Regulation—4.—Facilities of Medical Attend-
ance.—(i) An employee shall be entitled, free of
charge to medical attendance by the authorised
medical attendant.

(ii) Employees living in such Board’s quarters or
other areas as may be notified from time to time
shall be eligible for medical attendance at their
residence by the Board’s medical officers when the
illness is so severe that the patient cannot attend
at any of the Board’s hospitals or dispensaries.

In emergent cases until one of the Board’s medi-
cal officers has taken charge of the case, a private
doctor may be called in but the reimbursement of
expenditure incurred for medical attendance shall be
subject to the condition that the case has been reported to the External Medical Service Unit at the earliest possible opportunity and in any case not later than 24 hours from the time the private doctor has been called in. Half the fee of the private doctor subject to a maximum of Rs. 10 per day or such amount as may be sanctioned by the Board. From time to time shall, on certification by the Chief Medical Officer be reimbursed by the Board.

(iii) Employees not living in the Board’s quarters or areas as referred to in Sub-regulation (ii) above shall be entitled to receive medical attendance at their residences from the private doctor of their choice if the illness is so severe that the patient cannot go to any of the Board’s hospitals or dispensaries. In case of any doubt as regards severity of the illness, the decision of the Chief Medical Officer shall be final. In such cases, half the fee of a private doctor subject to a maximum of Rs. 10 per day or as may be revised from time to time by the Chairman shall, on certification by the Chief Medical Officer, be reimbursed by the Board.

(iv) Where an employee himself is suffering from an illness which does not necessitate absence from duty he shall attend at the out-patients’ ward of the Board’s hospitals or dispensaries for treatment.

Regulation—5.—Facilities of Medical Treatment.—An employee of the Board shall be entitled to free of charge, to treatment—

(i) At any of the Board’s Hospitals/Dispensaries. Admission to the in-patient ward shall be restricted to the employees but members of their families may also be admitted, subject to the availability of beds. The testing and treatment of ambulatory eye cases, treatment of ambulatory dental cases and the treatment of ambulatory ear, nose and throat cases shall be done at the Board’s Hospitals.

(ii) Employees living in Board’s quarters or other areas as referred to in Sub-regulation (ii) of Regulation 4 shall be eligible for treatment at their residences by the Board’s medical officers when the illness is so severe that the patient cannot attend at any of the Board’s hospitals/Dispensaries. In emergency cases until one of the Board’s Medical Officers has taken the charge of the case, a private doctor may be called in, but the reimbursement of medical expenses incurred for the treatment shall be subject to the condition that the case has been reported to the External Medical Service Unit at the earliest possible opportunity and in any case not later than 24 hours from the time the private doctor had been called in.

(iii) Employees not living in Board’s quarters or areas as referred to in Sub-regulation (ii) of the Regulation 4 shall be entitled to receive medical treatment at their residence from the private doctors of their choice if the illness is so severe that the patient cannot go to any of the Board’s hospitals or dispensaries. In case of any doubt of severity of the illness the decision of the Chief Medical Officer shall be final. The cost of medicines and any pathological, bacteriological, cardiological and radiological examinations as may be required will be reimbursed in full on the certification of the Chief Medical Officer.

(iv) Where an employee himself is suffering from an illness which does not necessitate absence from duty he shall attend at the out-patients’ ward of the Board’s hospitals or dispensaries for treatment.

Regulation—6.—Facilities of medical attendance and treatment during official tour etc.—(1) An employee who falls sick while on leave shall be entitled to medical attendance and medical treatment to the same extent as he would have been entitled to had he fallen sick while on duty provided the employee continues to live at the place from where he attends office.

(2) An employee while on official tour or while on leave for availing of leave travel concession shall be entitled to full reimbursement of medical expenses including the cost of hospitalisation, nursing home or other boarding of engagement of a private nurse/attendant subject to the limit laid down in Regulation 11(c)(d) and cost of medicines and other diagnostic examinations subject to production of appropriate certificate from a doctor not below the rank of Civil Surgeon or from a Government Hospital. In such cases, it will be necessary to obtain the certification of the Chief Medical Officer that such medical attendance, treatment, hospitalisation etc. was necessary to save the life of the employee.

Regulation—7.—Admission to a Nursing Home or Cabin in Public Hospital.—An employee may be admitted to a nursing home or a paying bed or a cabin in a public hospital in emergent cases with the prior approval of the Chief Medical Officer. The cost of treatment in a nursing home or public hospital including medicines, accommodation, fees, nursing expenses subject to the ceiling laid down Regulation 11(c) and other diagnostic expenses, viz., pathological, bacteriological, cardiological and radiological tests and other expenses, viz., cost of blood, saline or other drips, dressing etc. as may be necessary shall be borne by the Board on the certification of the Chief Medical Officer in the following cases:

(a) Where the admission of an employee into a Nursing Home or into paying bed or into a cabin in a public hospital is arranged by the Chief Medical Officer in view of lack of adequate facilities in Board’s Hospitals.

(b) Where such admission is initiated by the employee himself or his family members but with the prior approval of the Chief Medical Officer.

(c) Where such admission is initiated by the employee or his family members in an emergency and the Chief Medical Officer subsequently certifies that such admission was necessary in order to save the life of the patient.
Regulation—8.—Reference to Specialists.—With the prior approval in writing of the Chief Medical Officer, a patient may be referred to a Specialist if in his opinion the disease is so serious or of such a special nature that consultation and/or treatment by a Specialist is necessary. If the patient is too ill to travel, the Specialist may be called in to attend the patient at his residence. A memo will be issued by the Chief Medical Officer which should be countersigned by the Head of the Department when claiming remuneration of the Specialist fees. The Chief Medical Officer may require the patient to appear before him during the course of the treatment under the Specialist and if he/ she fails to do so except on valid grounds, reimbursement of the expenses incurred shall not be made.

The decision of the Chief Medical Officer as regards the selection of Specialist shall be final.

Chapter—III—Concession of Medical attendance and treatment for families of the Board's employees.

Regulation—9.—Medical Attendance and Treatment for families of the Board's employees.

Families of the Board's employees are entitled to medical attendance and/or treatment on the scale and conditions allowed to the Board's employee himself as enumerated in Chapter—II.

NOTE—1.—The provision of this Regulation apply mutatis mutandis for female employees of the Board also.

NOTE—2.—The authorised medical attendant of the family of an employee is the same as the authorised medical attendant of an employee.

Regulation—10.—Definition of the term 'Family'.

The term 'Family' for the purpose of the Calcutta Port Trust Employees' (Medical Attendance and Treatment) Regulations, 1989 shall mean an employee's wife or husband, as the case may be, and residing with him/her and parents, children and step children not over 28 years of age and unmarried daughters wholly dependent upon the employee and residing with him/her.

Explanation:

(i) The term 'Family' does not include any other dependent relations, such as brother, sister, widowed sister etc. The term 'parents' does not include 'step parents'.

(ii) The term 'children' shall include children adopted legally.

(iii) The term 'wife' includes more than one wife.

(iv) A family member shall be regarded as 'wholly dependent' on an employee if his/her total recurring monthly income from all sources does not exceed Rs. 250 per month subject to revision of the same by the Chairman from time to time. The declaration regarding the income of wholly dependent family members shall be furnished by the employee concerned once in the beginning of each calendar year.

Regulation—11.—Reimbursement—Reimbursement (A): All medicines including salines or any kind of drips, blood, oxygen and other life saving appliances including pulse-maker, pulse generator prescribed by the Board's Medical Officer or by specialists consulted on the advice of the Chief Medical Officer, shall be supplied free of cost from the Board’s dispensaries, but any such item not available at the Board’s dispensaries or medicines prescribed by a private doctor under Sub-regulations (ii) and (iii) of Regulation 3 and medicines prescribed by the nursing home or the hospital authorities, where a patient has been admitted with the approval of the Chief Medical Officer, may be purchased and the Board shall, on certification by the Chief Medical Officer, reimburse the cost. The Board shall not reimburse the cost of appliances including those in respect of deformity of the body. In case of doubts or difference of opinion arising in respect of any of the above matters, the opinion of the Chief Medical Officer shall be final.

NOTE.—An employee of the Board and his/her dependant members of family as defined in regulation 10 may be provided with pulse-maker and replacement of its pulse generator as required on certification.
by the Chief Medical Officer. But the payment of initial supply of heart Pace-maker as well as replacement of the pulse generator shall in all cases be made direct to the supplying agency and not direct to the employee concerned.

(B) : Half the fee of the private doctor subject to the maximum of Rs. 10 per day or such amount as may be sanctioned by the Board from time to time will be reimbursed under sub-regulation (ii) and (iii) of Regulation 4.

(C) : Extent to which the Board shall bear the expenditure incurred by employees ;

All employees will be reimbursed to the extent as shown below in respect of the following expenditure provided the same was incurred with the approval of the Chief Medical Officer and provided further the claim to such reimbursement is supported by requisite vouchers :—

(a) Hospital charges at the rates charged by a Government Hospital or a Government aided Hospital.

(b) Nursing Home charges as admissible in cases falling under Regulation 6(2) and 7 subject to a ceiling of Rs. 100 per day, provided, however, where Nursing Home Charge has to be paid in excess of Rs. 100 per day, 2/3rd of such charge in excess of Rs. 100 shall also be reimbursable. Provided, further, that Nursing Home charges shall be reimbursable in full in case of an employee injured on duty for undergoing treatment in a Nursing Home.

(c) Specialist’s fees subject to a ceiling of Rs. 50 per visit. In case of injury on duty however, specialist’s fees shall be reimbursible in full.

NOTE.—Where the employee, who is entitled to receive treatment from a private doctor of his choice under the regulations, calls in a specialist without the prior approval of the Chief Medical Officer, the Specialist shall be treated as a general physician and the reimbursement of the cost of fees of the Specialist will be reimbursed to the extent as provided for under Regulation 11(B).

(d) Private nurse’s/Attendant’s fee/charges not exceeding Rs. 20 per shift for engagement of a private nurse and Rs. 10 per shift for engagement of a private attendant or such amount as may be fixed by the Board may be reimbursed as recommended by the Chief Medical Officer. If a private Nurse/Attendant is engaged for a period exceeding one week, the special sanction of the Chairman or Deputy Chairman will be required to the reimbursement of the expenses.

(e) Charges for X-Ray examination or for pathological and similar tests carried out by the outside doctors and institution, the amount of reimbursement will be limited to the amount charged by Government Hospitals had such examinations and tests been carried out in Government Hospitals.

(D) : Extension of time limit for submission of medical bills.

Claims for reimbursement of medical expenses will be preferred by an employee within 6 months from the date of completion of treatment. The Chairman or the Deputy Chairman may extend this time-limit in individual cases depending on the merits of the case.

(E) : All medicines should be purchased latest by one week from the date of purchase order issued by the authorised medical attendant. This time-limit may be extended by the Chairman or Deputy Chairman depending on the merits of the case.

Regulation-12—Ambulance facility.—The Board’s ambulances may be supplied free to convey non-ambulatory and emergent cases from the residences of employees where such employees reside in the area or Board’s quarters as mentioned in regulation 4(ii) or places of work of the employees to the nearest public hospital or to any of the Board’s hospitals or dispensaries, as the case may be.

Ambulance will not be supplied to convey any patient from the hospital to his/her residence or to convey any patient to and from the Hospital as a part of routine treatment.

Regulation-13—Reimbursement of bills relating to injury on duty. —In the case of employees injured on duty all expenses incurred in connection with the medical treatment of such employees inclusive of the cost of false denture, spectacles, artificial limbs and allied appliances may be reimbursed on the recommendation of the Chief Medical Officer.

Regulation-14—Procedure to be adopted by an employee for obtaining reimbursement of medical expenditure.—(1) Claims for reimbursement shall be submitted by the employees in the prescribed form to their Sectional Officers duly supported by the following vouchers within six months from the date of completion of treatment:

(i) Vouchers for purchase of medicines —

(a) Original prescriptions,

(b) Cash vouchers,

(c) Purchase orders endorsed on prescriptions by the Board’s Medical Officer.

NOTE.—(a) Purchase of proprietary medicines and injections must be vouch safed by submission of printed cash memo or bill in proper form.

(b) Each prescription for mixture and/or powder should contain the number as recorded in the prescription register of the dispensary from where supplies have been obtained.

(c) Cross-reference of prescriptions of private physicians or purchase orders given on the prescriptions of the Board’s Medical Officers should be given in the relative cash memo, i.e., each item of a cash
The memo should be linked up with the relative prescription or purchase order.

(ii) For hospital charges:
(a) Hospital bill and receipt for payment.
(b) Hospital admission and discharge certificates.
(c) The Chief Medical Officer's written permission for admission.

(iii) For Nursing Home charges:
(a) Nursing Home bill and receipt.
(b) The Chief Medical Officer's written permission for admission in a Nursing Home.
(c) Bill and receipt for pathological, bacteriological and radiological examination and cost of medicines.

(iv) For Specialist's fees:
(a) The Chief Medical Officer's memo for reference to a Specialist.
(b) Bill and receipt.

(v) For private Doctor's fees:
(a) Bill on the Doctor's letterhead showing dates of visit.
(b) Certificate of severity of illness stating particulars of disease.
(c) Receipt for fee for injections, and
(d) Bill for receipt for pathological, bacteriological and radiological examinations.
(e) The written instructions of the Board's Medical Officer.

(vi) For private nurse/attendant's fees:
(a) Private Nurse/Attendant's bill and receipt.
(b) Written instruction of the Chief Medical Officer.

On receipt of a claim, the Sectional Officer concerned will note down the relevant details in the medical bill register maintained in his section and thereafter forward the claims to the Chief Medical Officer excepting the cases where treatment has been done by Board's Medical Officer with an endorsement indicating whether the employee was on leave or not, during the period of treatment. The Chief Medical Officer will, after necessary scrutiny, certify whether the treatment is in order and also whether the medicines prescribed are admissible. He will then pass the claim on to the Financial Adviser & Chief Accounts Officer. In the latter's office, the claims will be further checked with relevant vouchers and seen whether they are in accordance with the provisions of the Regulations. The amount to be reimbursed to the employee will then be calculated and a bill will be passed by the Financial Adviser & Chief Accounts Officer with due intimation to the Section concerned for the issue of a pay order in favour of the employee. Appropriate medical bill registers will be maintained in the offices of the Chief Medical Officer and the Financial Adviser & Chief Accounts Officer.

NOTE.—In the case of treatment of an employee or his dependent family members by Board's Medical Officers, claims for reimbursement of medical expenses will be submitted by the concerned employee to his department with supporting prescriptions and vouchers etc. The concerned department will thereafter raise G-20 bill which will be paid to the employees by the Financial Adviser & Chief Accounts Officer after necessary processing.

(2) If a bill is lost in transit.

(i) The Sectional Officer shall certify the amount of the bill, when the bill was actually forwarded to the Chief Medical Officer, whether any pay order has been issued in favour of the applicant in respect of that bill and other relevant particulars for the purpose.

(ii) The Chief Medical Officer shall certify whether the bill was received by his department, whether the bill was examined by any of his Officers and whether any adverse or otherwise remarks were given on the bill, and

(iii) The Financial Adviser & Chief Accounts Officer shall certify whether such a bill was passed for payment by his department or not. After the necessary certificates are received from the Chief Medical Officer and the Financial Adviser & Chief Accounts Officer, a duplicate bill with or without duplicate vouchers shall be sent by the Sectional Officer along with those certificates to the Secretary through the Financial Adviser & Chief Accounts Officer for obtaining the sanction of Chairman or Deputy Chairman to the payment in part or full, as the case may be.
CHAPTER V—Exclusion of certain diseases and treatment

Regulation-15—Exclusion of certain diseases and treatment.—The following diseases and treatment are excluded from the scope of these regulations.

(i) Childbirth and conditions arising out of or directly attributable to pregnancy and childbirth.

(ii) Lunacy—provided that other mental diseases may be treated if in the opinion of the Chief Medical Officer the diseases may be cured by medicine only within a reasonable time.

(iii) Leprosy—provided that the cost of specified drugs prescribed by the Premananda Leprosy Dispensary or the School of Tropical Medicine, Calcutta may be reimbursed on the written recommendation of the Chief Medical Officer.

(iv) Acute infectious diseases requiring segregation viz. cholera, small-pox, plague, typhus, rabies, acute anterior polymyelitves, cerebrospinal meningitis etc. Cases of diphteria may be treated only if hospitalisation in the relevant wards or any of the public hospital cannot be arranged.

(v) Malignant diseases like carcinoma, sarcoma etc.

Provided that if in the option of the Chief Medical Officer there is a reasonable chance of the patient's recovery within a short period, treatment may be undertaken.

(vi) Diseases which are attributable to intemperate habits and conduct of the patient.

(vii) Venereal diseases (acute).

NOTE.—(1) The employees are entitled to antituberculosis treatment at Board's hospitals and dispensaries as earmarked by the Chief Medical Officer. There are provisions of indoor treatment of the employees at K. S. Roy Hospital, Tuberculosis Relief Association and Netaji Subhas Chandra Sanatorium, Kalyani or at any other institution where a number of beds are being maintained by the Board.

For the eligible dependent family members, antituberculosis treatment is only provided at CPT Hospital Outdoor and Dock Hospital Chest Clinic (Outdoor).

(2) In case of any doubt or difference of opinion in respect of any of the above matters, the opinion of the Chief Medical Officer shall be final.

(3) The facilities for treatment of ailments requiring the following operations are not yet widely established in India—

(i) Cadaver kidney transplant.

(ii) Old operated by-pass surgery cases (in which the initial operation was done abroad) needing re-vascularisation.

(iii) Bone-marrow transplant.

(iv) Operative correction of high myopia cases.

(v) Congenital cyanotic i.e. heart disease.

Expenditure incurred for overseas treatment of the ailments of an employee requiring the above operations may be reimbursed to the extent as may be recommended by a Medical Board constituted for the purpose of making such recommendations. The Board shall consider whether the operations are required to be undergone. In cases where facilities for such operations are not available in India, the Medical Board shall assess the expenditure that might have been necessary to incur had such facilities been established fully in India and the expenditure that may be reimbursed shall be restricted to such amount of expenditure as assessed by the Medical Board. The composition of the Medical Board shall be such as may be decided by the Chief Medical Officer and may include, besides the Chief Medical Officer, a specialist in the concerned field. The medical Board shall also record its opinion as to whether facilities for undergoing the above operations exist in India or not.

NOTE.—For removal of doubt it is expressly provided that the cost of passage to any foreign country in case the employee chooses to avail of facilities in a foreign country for undergoing the operation shall not be reimbursed.

Chapter VI—Medical Facilities to retired employees

Regulation-16—Medical facilities to retired employees who have proceeded on leave preparatory to retirement.—(1) The employees who have retired or proceeded on leave preparatory to retirement after rendering service under the Board for at least five years will be entitled to avail of certain restricted contributory medical benefits on their own option and on payment of the prescribed fees. Such medical benefits will cover only the individual retired employee himself/herself, the employee on leave preparatory to retirement and his wife/husband (hereinafter called the patient).

(2) The patient will have to make a declaration in writing that he/she and his/her wife/husband propose to avail of the benefits on voluntary basis and will
be willing to pay such monthly amount as may be prescribed from time to time. It will be open to the patient to declare that he/she alone and not his/her wife/husband will avail of the benefits. If at any time such patient wishes to withdraw subsequently, he/she may do so only from the end of that current financial year. In the event of death of the patient, his wife/his husband may at his/her option continue to avail of the facilities on payment of the prescribed contribution. Widows of employees dying in harness may also be permitted to avail of these medical benefits on payment of the prescribed charges.

(3) The benefits will be limited to treatment at the Out-patients' Departments of the Board's Hospitals and Dispensaries in the same manner as regular employees of the Port are treated there. Usually and patent medicines will not be supplied to the patients, nor will the cost of medicines which may have to be purchased by them on the Board's Medical Officers' prescription be reimbursed by the Board.

(4) Specialised treatment including laboratory and X-ray facilities in Board's Hospitals and Dispensaries may also be provided to the extent possible on payment of specific charges as may be prescribed from time to time.

Contribution will have to be made for the benefits on the following basis:

(i) Retired Class IV employees—Rs. 2 per month.
(ii) Retired Class III employees—Rs. 4 per month.
(iii) Retired Class II employees—Rs. 6 per month.
(iv) Retired Class I employees—Rs. 8 per month.

Only half the above amounts will be payable if the patient avails of the facilities for himself/herself and not for his/her wife/husband.

These rates may be modified by the Board at their discretion from time to time. The modified rates will ordinarily be brought into effect from 1st April next following modification.

Regulation-17—Procedure.—The persons opting for medical facilities under Regulation 16 shall apply to the Chairman through their respective Heads of Departments in which they were employed before retirement, before they proceeded on leave preparatory to retirement.

The Board may prescribe a form of application for the purpose.

The persons concerned may be required to take a suitable identity card from the Board for which a charge of Rs. 2 or such rate as prescribed by the Chairman will be recoverable. The identity card will have to be surrendered to the Board when any of the persons availing of these benefits wishes to withdraw from it. If the identity card is lost, duplicate will be issued only on payment of Rs. 5 or such amount as may be prescribed by the Chairman.

The persons concerned will have to make payment of their contribution in advance for six months at a time.

The Board will have the discretion to suspend or discontinue or modify the benefits at any time.

If any question arises about the scope of these benefits or interpretation of any of the above clauses, the decision of the Chairman shall be final.

Regulation-19—Facilities for extending medical benefits to retired employees on leave preparatory to retirement (Indoor Treatment).—The facilities for providing indoor medical benefits to the retired employees should be contributory and that employees opting for it should make a monthly contribution at a rate to be decided upon by the Board throughout their entire service, i.e. from the date of appointment till their retirement or for 25 years, whichever is higher. Employees who are already in service and are on the verge of retirement may also be allowed to opt for the facilities provided they are willing to make a lump sum contribution at the rate as may be decided upon by the Board for their entire service period or for 25 years whichever is higher.

Regulation-19—Continuance of medical treatment beyond the date of superannuation of an employee.—The Chief Medical Officer may continue the treatment of an employee up to three months beyond the date of superannuation or the date on which an employee proceeds on leave preparatory to retirement without approval of the Chairman or Deputy Chairman and he shall take the approval of the Chairman or Deputy Chairman within the said period of three months if he finds it necessary to continue the treatment beyond that period.

Chapter-VII—Miscellaneous

Regulation-20—Decision of the Chairman shall be final.—Except where specifically provided for otherwise, the decision of the Chairman on all questions arising out of these regulations shall be final. He may disallow payment of any claim for reimbursement of medical expenses under these regulations if he considers that there is an element of doubt regarding the genuineness of the claim. Notwithstanding anything contained hereinbefore, the Board may, at its discretion, relax any of the regulations mentioned in deserving cases.
Regulation-21—Repeal and Savings.—(1) On the commencement of these regulations, every rule, regulation, resolution or order in force immediately before such commencement shall, in so far as it provides for any of the matters contained in these regulations, cease to operate.

(2) Notwithstanding such cessation of operation, anything done or any action taken under the old rule, resolution or order shall be deemed to have been done or taken under the corresponding provisions of these regulations.

[F. No. PR-120161786-PE-l]
YOGENDRA NARAIN, Jr. Secy.

CALCUTTA PORT TRUST

FORM OF CLAIM UNDER REGULATION 14 (1) OF THE CALCUTTA PORT TRUST EMPLOYEES'
(Medical Attendance & Treatment)
Regulations, 1986.

The Financial Adviser and Chief Accounts Officer,
(Through the Head of Department, Section and the Chief Medical Officer)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Designation:</th>
<th>Scale of pay:</th>
<th>Identity Card No:</th>
<th>Name of Department:</th>
<th>Local Address:</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name(s) of patient(s)</th>
<th>Relation(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
<td>(3)</td>
</tr>
</tbody>
</table>

Details of Claims:

(i) for purchase of Medicine
(ii) for Hospital charges
(iii) for Nursing Home charges
(iv) for Specialists’ fees
(v) for Private Doctor’s fee for visits for injections authorized by CMO

Total Rs.

I request that I may be reimbursed with the amount admissible under the Rules.
I declare that the patient/patients (Name) (1) ____________________________
(2) ____________________________ (Relationship) (1) ____________________________ (2) ____________________________
I share residing with and wholly dependent on me. The admission into Hospital/Nursing Home/Reference to Specialists was made
with the C.M.O.'s prior/subsequent approval.

Number of vouchers enclosed ____________________________

Date ____________________________ Signature or Left Thumb Impression of Employee

C.M.O.

Forwarded Certified that the patient/patients named in the claim have been declared to be members of the applicant's family
and registered accordingly in the identity Card issued by this office under the Medical Attendance Rules.

Signature of Head of Department/Section ____________________________

F.A. & C.A.O.

Treatment is in order. Medicines prescribed are admissible under the Rules. Admission into Hospital/Nursing Home/Reference
to Specialists was authorised by me.

Date ____________________________ Chief Medical Officer ____________________________

*Score out whichever is inapplicable.

Recovery bill passed for Rs. ____________________________ under Accounts Officer, Fringe Benefits Sub-section.
भारत का संसाधन

EXTRAORDINARY

भारत का संसाधन

PART II—Section 3—Sub-section (i)

PUBLISHED BY AUTHORITY

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ब्रह्मभूत परिवहन संगठन (पत्रिका) विभाग

उत्तर प्रदेश, 28 नवंबर, 1993

स. खा. वि. 633 (ब)—महादेश राजस्थान विभाग, 1993 (1963 का 38) की वार्षिक 132 की अगस्त (१) के बाद अवधि तथा ठारी 124 की तिरह प्रति अवधि का प्राप्ति करने हेतु केंद्रीय सरकार कल्पक रत्न मंडल के कर्मचारियों के लिए (विभागिता प्रश्नों व उत्तरों) विभाग, 1989 में संरक्षित विवरण निम्नलिखित विवरण मान्य है:

1. विवरण नाम—

इस विवरण में कर्तव्य राजस्थान कर्मचारी (विभागिता प्रश्नों व उत्तरों) प्रश्न संस्थान विभाग, 1993 कहा का श्रेणी।

(1) संस्थान स्थान प्रकाशन की विवरण के यह लागू होते हैं।

2. कल्पना फ़्लाक कर्मचारी (विभागिता प्रश्नों व उत्तरों) विभाग, 1989 में—

(1) (क) विवरण (१) (ii) (५) के नीचे विवरण 2 को निम्नलिखित विवरण मान्य बात करें:

प्रश्न १(१) (क) विवरण (१) (ii) (५) के नीचे विवरण 2 के निम्नलिखित विवरण मान्य बात करें:

(१) विवरण—भविष्य के तहत वर्तमान कि संस्थान का कर्मचारी संरक्षित विवरण पर है, यह तब अवधि प्रतिवर्षता के नियमों के तहत एवं विवरण के तहत संरक्षित नहीं होता है।
(ii) विनिमय 3(्र) को निम्नलिखित तौर पर पालिकरित किया जा सकता है—

“मुख्य विनिमय पालिका” से दलाल सहित के मुख्य विनिमय पालिका में भेजने के प्रस्ताव समेत पालिका में भेजने के प्रस्ताव के समान "विनिमय 3(्र)" को समाधानित किया जा सकता है।

(iii) विनिमय 3(्र) को निम्नलिखित तौर पर पालिकरित किया जा सकता है—

“पालिका विनिमय” से दलाल दूरपीड़ित के भेजने के पालिका में भेजने के प्रस्ताव के समान "विनिमय 3(्र)" को समाधानित किया जा सकता है।

(iv) विनिमय 3(्र) को निम्नलिखित तौर पर पालिकरित किया जा सकता है—

“पालिका विनिमय” से दलाल दूरपीड़ित के भेजने के पालिका में भेजने के प्रस्ताव के समान "विनिमय 3(्र)" को समाधानित किया जा सकता है।

(v) विनिमय 3(्र) के माध्यम से "दलाल सहित के मुख्य विनिमय" से जो "पालिका विनिमय" को समाधानित किया जा सकता है।

(vi) विनिमय 3(्र) के माध्यम से "दलाल सहित के मुख्य विनिमय" से जो "पालिका विनिमय" को समाधानित किया जा सकता है।

(vii) विनिमय 3(्र) को निम्नलिखित तौर पर पालिकरित किया जा सकता है—

“पालिका विनिमय” से दलाल सहित के मुख्य विनिमय पालिका में भेजने के प्रस्ताव समेत पालिका में भेजने के प्रस्ताव के समान "विनिमय 3(्र)" को समाधानित किया जा सकता है।

(viii) विनिमय 4(अ) के अंत में "स्वास्थ्य के पक्षी देखि" में भेजने "दलाल सहित के मुख्य विनिमय" को समाधानित किया जा सकता है।

(iii) उक्त समान "विनिमय पालिका" नाम के भेजने "दलाल सहित के मुख्य विनिमय" को समाधानित किया जा सकता है।

(iii) उक्त समान "विनिमय पालिका" नाम के भेजने "दलाल सहित के मुख्य विनिमय" को समाधानित किया जा सकता है।

(iv) विनिमय 4(अ) के अंत में "स्वास्थ्य के पक्षी देखि" में निम्नलिखित को समाधानित किया जा सकता है—

“धर्म” के गोदाम "पालिका विनिमय" द्वारा दलाल सहित के मुख्य विनिमय के "दलाल सहित के मुख्य विनिमय" पालिका में भेजने के प्रस्ताव के समान "विनिमय 4(अ)" को समाधानित किया जा सकता है।

(v) विनिमय 4(अ) के अंत में "स्वास्थ्य के पक्षी देखि" में निम्नलिखित को समाधानित किया जा सकता है—

“धर्म” के गोदाम "पालिका विनिमय" द्वारा दलाल सहित के मुख्य विनिमय के "दलाल सहित के मुख्य विनिमय" पालिका में भेजने के प्रस्ताव के समान "विनिमय 4(अ)" को समाधानित किया जा सकता है।
(12) विनिमय 6 (2) को निर्धारित दे निर्धारित किया जा सकता है:—

ब) एक फलकी बस्ती बाहर पर या बस्ती की यात्रा पर हो। इसके बाद मुख्य निर्धारित बस्ती बाहर प्राप्त किया. इसके बाद पर विनिमय 11 के अनुसार निर्धारित गर्मी के साथ, गिरे तरीके निर्धारित निर्धारित में लिखाए जाए, जिसमें निर्धारित बस्ती की दिशा में निर्धारित गर्मी का नाम दिया गया हो।

(13) विनिमय 7 को निर्धारित किया जा सकता है:—

क) निकट होलीकाल, बिस्तर या सोकाल में एक जोड़ी में सभी—तथा-निर्धारित गर्मी में एक लगभग निर्धारित गर्मी का पानी की दिशा में निर्धारित उत्तर या एक नाम निर्धारित बस्ती या लाल प्राप्त किया।

(14) इस निर्धारित के साथ जीवन को हाल तथा निर्धारित बस्ती बाहर या उसके परिक्षण के कारण इतनी बाहर के लिए निर्धारित गर्मी का पानी।

(15) इस निर्धारित के साथ पहले स्थान में मुख्य निर्धारित की दिशा की है, ऐसे निर्धारित बस्ती बाहर प्राप्त किया।

(16) विनिमय 11 (1) में पछत निर्धारित कि "10" की "30" के निर्धारित किया जाए।

(17) विनिमय 11 (1) में पछत निर्धारित "एक निर्धारित गर्मी या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बस्ती के साथ या बाहर के लिए निर्धारित गर्मी किया जाए।

(18) विनिमय 11 (1) (क) को निर्धारित दे निर्धारित किया जाए।

(1) निर्धारित हवा प्रामाणी की हुए ही निर्धारित किया जाए, यदि निर्धारित की दिशा में निर्धारित गर्मी का पानी की दिशा में निर्धारित उपहार या निर्धारित बस्ती के लिए निर्धारित गर्मी का पानी।

(2) बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए बाहर के पूरे हुए
MINISTRY OF SURFACE TRANSPORT  
(Ports Wing)  
NOTIFICATION  
New Delhi, the 28th September, 1993  

G.S.R. 633(E).—In exercise of the powers conferred by sub-section (i) of section 124, read with sub-section (i) of section 132 of the Major Ports Act, 1963 (38 of 1963), the Central Government hereby approves the Calcutta Port Trust Employees (Medical Attendance & Treatment) 1st Amendment, Regulations, 1993 made by the Board of Trustees for the Port of Madras and set out in the Schedule annexed to this Notification.

2. The said regulations shall come into force on the date of publication of this notification in the official Gazette.
CALCUTTA PORT TRUST EMPLOYEES
(Medical Attendance & Treatment)
1st Amendment Regulations, 1993

In exercise of the powers conferred by Section 28 of Major Port Trusts Act, 1963 (38 of 1963) and with the sanction of Central Government under Sub-section (I) of Section 124 of that Act, the Board of Trustees for the Port of Calcutta hereby makes the following Regulations to amend the Calcutta Port Trust Employees' (Medical Attendance & Treatment) Regulations, 1989.

1. Short Title : These Regulations may be called the Calcutta Port Trust Employees' (Medical Attendance & Treatment) 1st Amendment Regulations, 1993.

(i) This will come into force from the date of publication in the Official Gazette.

2. In the Calcutta Port Trust Employees' (Medical Attendance & Treatment) Regulations, 1989 :

(i) (a) Note 1(ii) (c) below Regulation 2 may be substituted by the following :

Note : Apprentices/Trainees, but the coverage will be available only to the Apprentices/Trainees and not to the family.

(b) Note 1(ii) (d) below Regulation 2 may be added as follows :

Note : An employee of other organisation while on deputation under the Board unless otherwise contained in the terms of deputation.

(ii) Regulation 3(c) may be substituted by the following :

"Chief Medical Officer" shall mean the Board's Chief Medical Officer/Medical Officer-in-charge of Board's Hospital at Haldia/any other Medical Officer authorised in this behalf.

(ii) Regulations 3(e) may be substituted by the following :

"Private Doctor" shall mean a registered medical practitioner in the Allopathic/Ayurvedic/Homeopathic Unani and any other indigenous systems of medicine.

(iv) Regulation 3(i) shall be substituted by the following :

"Public Hospital" shall mean a Govt. Hospital or a Govt. aided Hospital or Hospital of Public Sector Undertaking.

(v) (a) In Regulation 3(j) the words "in his consulting room or" and "or consulting room" may be deleted.

(b) Notes 1 & 2 below Regulation 3(j) shall be deleted.

(c) Note 3 and Note 4 below Regulation 3(j) shall be renumbered as Note 1 and Note 2 respectively.

(vi) Regulation 3(m) shall be replaced by the following :

"Hospital Charges" shall mean the actual amount of charges realised by a Public Hospital from an employee for treatment in the in-patient ward including accommodation charge/nursing charges/attendance fees, Doctor's fees/Specialist's fees and nursing charges/attendant and charges for various medical investigations, cost of life saving appliances, cost of oxygen, blood, saline or other drips as may be necessary.

(vii) Regulation 3(n) shall be substituted by the following :

"Nursing Home Charges" shall mean the actual amount of charges realised by the Nursing Home from an employee for accommodation, Doctor's fees/Specialist's fees and nursing charges/attendant fees, operation charges, charges for various medical investigations, cost of life saving appliances and cost of oxygen, blood, saline or other drips as may be necessary.

(viii) (a)(i) The words "or other areas" appearing in the first sentence of first para of Regulation 4(ii) may be deleted.

(ii) The words "and treatment" may be added after "Medical Attendance" of the same sentence.

(iii) The word "Rs. 30" may be substituted for "Rs. 10" in para 2 of the same Regulation.

(iv) At the end of Regulation 4(ii), the following sentences may be added :

"Cost of treatment including the cost of medical investigations will be reimbursed subject to the ceilings under Regulation 11 on certification by the Chief Medical Officer. Cost of medicines shall be reimbursed in full."

(b) The following Note below regulation 4(ii) may be incorporated :

Note : Since external medical service does not exist at Haldia Dock Complex for employees living in Board's quarters in emergency cases a private doctor may be called in, but the reimbursement
of expenditure incurred for medical attendance and treatment shall be subject to the condition that the case has been reported to the Medical Officer-in-Charge of Board's Hospital at Haldia Dock Complex at the earliest possible opportunity and in any case not later than 48 hours from the time the private doctor has been called in. Half the fee of the private doctor subject to a maximum of Rs. 30 per day or such amount as may be sanctioned by the Board from time to time shall, on certification by the Medical Officer-in-Charge, Port Hospital, Haldia Dock Complex be reimbursed by the Board. Cost of treatment including the cost of medical investigations will be reimbursed subject to the ceilings under Regulation 11 on certification by the Medical Officer-in-Charge, Port Hospital, Haldia Dock Complex. Cost of medicines shall be reimbursed in full.

(ix) Regulation 4(iii) may be substituted by the following:

"Employees not living in the Board's quarters, either at Calcutta or at Haldia, as referred to in sub-regulation (ii) above shall be entitled to receive medical attendance and treatment at their residence from the private doctor of their choice if the illness is so severe that the patient cannot go to any of Board's Hospitals or dispensaries. In case of any doubt as regards severity of the illness, the decision of the Chief Medical Officer/Medical Officer in Charge, Port Hospital, Haldia Dock Complex shall be final. In such cases half the fee of the private doctor subject to a maximum of Rs. 30 per day or as may be revised from time to time by the Board shall, on certification by the Chief Medical Officer/Medical Officer-in-Charge, Port Hospital, Haldia Dock Complex, be reimbursed by the Board. Cost of treatment including the cost of medical investigations will be reimbursed subject to the ceilings under Regulation 11 on certification by the Chief Medical Officer/Medical Officer-in-Charge, Port Hospital, Haldia Dock Complex. Cost of medicines shall be reimbursed in full."

(x) The following Note below Regulation 5(i) may be incorporated:

Note: Where Specialist Doctor's services are not available, on certification from the Chief Medical Officer reimbursement of the cost of treatment and that of medical investigations will be admissible subject to the ceilings under Regulation 11. The cost of medicines will be reimbursed in full.

(xi) (a) Regulation 5(ii) may be deleted.
    (b) Regulation 5(iii) may be deleted.
    (c) Regulation 5(iv) may be remembered as 5(ii).

(xii) Regulation 6(2) shall be substituted by the following:

"An employee while on official tour or while on leave for availing of Leave Travel Concession shall be entitled to reimbursement of expenses for treatment in a Nursing Home/Private Hospital including the cost of medical investigations subject to the limits as laid down under Regulation 11 and on certification by the Chief Medical Officer. The cost of medicines in such cases shall be reimbursed in full. If the employee is admitted to a Public Hospital, reimbursement of medical expenses for treatment shall also be made in full."

(xiii) Regulation 7 may be substituted by the following:

Admission to a Nursing Home/Paying Bed or a Cabin in a Public Hospital—An employee may be admitted to a Nursing Home or a Paying Bed or a Cabin in a Public Hospital in following cases:

(a) Where the admission of an employee into a Nursing Home or into paying bed or a Cabin in a Public Hospital is initiated by the Chief Medical Officer in view of lack of adequate facilities in Board's Hospitals.

(b) Where such admission is initiated by the employee himself or his family members but with the prior approval of the Chief Medical Officer.

(c) Where such admission is initiated by the employee or his family members in an emergency and the Chief Medical Officer subsequently certifies that such admission was necessary in order to save the life of the patient.

The cost of treatment including that of medical investigations in such cases shall be reimbursed subject to the ceilings laid down under Regulation 11 and on certification by the Chief Medical Officer. The cost of medicines shall be reimbursed in full.

(xiv) Regulation 10(d) shall be incorporated in the Regulation 10 as follows:

The condition of the family of the employee residing with him/her may be relaxed by the Chairman depending on the merit and circumstances of the case.
Regulation 11(A) shall be substituted by the following:

All medicines including saline or any kind of drip, blood, oxygen and life saving appliances including pace-maker, pulse generator prescribed by the Board's Medical Officer or by Specialists consulted on the advice of the Chief Medical Officer, shall be supplied free of cost by the Board. But any such item not supplied by the Board and prescribed by a private Doctor under sub-regulation (ii) & (iii) of Regulation 4 and by the Nursing Home or the Public Hospital authorities, where patient has been admitted with the approval of the Chief Medical Officer, may be purchased and the Board shall, on certification by the Chief Medical Officer, reimburse the cost provided the Board shall reimburse 2/3rd of the cost of life saving appliances. Cost of appliances in respect of deformity of the body shall not be reimbursed by the Board. In case of doubts, disputes or difference of opinion arising in respect of any of the above matters, the opinion by the Chief Medical Officer shall be final.

The words “Rs. 30” may be substituted for “Rs. 10” appearing in Regulation 11(B).

The words “a Government Hospital or a Government aided Hospital” appearing in Regulation 11(C)(a) shall be replaced by the words “a Public Hospital”.

Regulation 11(C)(b) shall be substituted by the following:

(i) Reimbursement of Nursing Home charges would be made in full in cases where there is no facility for such treatment in CPT Hospital and/or cases are of so emergent nature that shifting of the patient to CPT Hospital may endanger the life of the patient. Full reimbursement will also be allowed in case of an employee injured on duty. In all these cases reimbursement will be made on the certification by the Chief Medical Officer.

(ii) In other eligible cases the reimbursement of Nursing Home charges would be made as shown below:

1. Accommodation charge—Upto Rs. 150 per day in full and for amount exceeding Rs. 150 per day, 2/3rd of the excess amount.

2. Cost of medicines supplied by the Nursing Home including those purchased from outside—Full reimbursement as per certification by the Chief Medical Officer.

3. Operation cost—2/3rd of the total cost.

4. Operation Theatre Charge—Full cost.

5. Medical investigation charge (including professional fees for Cardiac Catheterisation)—Full cost.


7. Doctor’s fees/Specialist’s fees—As admissible under Regulations 11(B) and 11(C)(c).

8. Nursing charges/Attendant’s fees—As admissible under Regulation 11(C)(d).

9. Cost of Blood, Saline or other drips—As admissible Regulation 11(A).

Regulation 11(C)(e) may be substituted by the following Specialist’s fees subject to a ceiling of Rs. 150 per visit. In case of injury on duty, Specialist’s fees shall be reimbursed in full.

The words “Rs. 20 per shift”, “Rs. 10 per shift” and “one week” in Regulation 11(C)(d) shall be substituted by the words “Rs. 30 per shift”, “Rs. 15 per shift” and “two weeks” respectively.

Regulation 11(C)(e) shall be substituted by the following:

Charges for medical investigations carried out by the outside Doctors and Institutions shall be reimbursed on the certification by the Chief Medical Officer.

Regulation 11(E) shall be deleted.

For treatment of the employees in cases of serious diseases like Cadaver kidney transplant, by-pass surgery, bone marrow transplant, operative correction of high myopia cases, etc., which involve substantial expenditure, advances up to 2/3rd of the expenditure as estimated by the Chief Medical Officer may
be granted with the approval of the Chairman/Deputy Chairman. The advance so granted will be adjusted against the claim for reimbursement, which has to be submitted within one month after the treatment is over, failing which the advance will be recovered in suitable instalments as may be decided by the Chairman/Deputy Chairman.

(xxiv) Note below Regulation 14 shall be modified as follows:

In the case of treatment of an employee or his dependant family members by Board's Medical Officer, claims for reimbursement of medical expenses will be submitted by the concerned employee in the prescribed form to his Sectional Officer with supporting prescriptions and vouchers, etc. After recording the relevant details in the Medical Bill Register maintained in the section, the concerned officer will forward the claim along with supporting documents to the Financial Adviser & Chief Accounts Officer with supporting prescriptions and the employee after necessary processing. For the purpose of this Regulation, “Financial Adviser & Chief Accounts Officer” shall mean the Manager (Finance) so far as Haldia Dock Complex is concerned.

(xxv) (a) Regulation 5(i) shall be substituted by the following:

Child birth and conditions arising out of or directly attributable to pregnancy and child birth, excepting for the employees posted at Haldia and having upto two children.

(b) Regulation 15(6v) may be substituted by the following:

Acute infectious diseases requiring segregation viz., Cholera, Small Fox, Plague, Tetanus, Rabies, Acute Anterior Polymyllities and cases of Diphtheria may be treated only if hospitalisation in the relevant words of any of the Public Hospitals cannot be arranged.

(c) Regulation 15(v) may be deleted.

(d) Note (1) below Regulation 15 may be substituted by the following:

Note 1—The employees are entitled to anti-tuberculosis treatment at Board’s Hospital and Dispensaries as earmarked by the Chief Medical Officer and they may also avail of provisions of indoor treatment at K.S. Roy Hospital, Tuberculosis Relief Association or at any other Institution where a number of beds are being maintained by the Board.

For the eligible dependant family members, anti-tuberculosis treatment is normally provided at CPT Hospital (Outdoor) and Dock Hospital Chest Clinic (Outdoor). But the Chief Medical Officer may also refer those cases to Government Institutions/Hospitals/Clinics for treatment.

(xxvi) (a) Regulation 15(3) may be deleted.

(b) Note below Regulation 15(3) may be deleted.

(xxvii) 1st Para of Regulation 17 may be substituted by the following:

Procedure—The persons opting for medical facilities under Regulation 16 shall apply to the Chairman/Deputy Chairman through their respective Heads of Departments/Heads of Divisions in which they were employed before retirement/before they proceeded on leave preparatory to retirement.

Note: The Calcutta Port Trust Employees’ (Medical Attendance and Treatment) Regulations, 1989 were sanctioned by the Government vide G.S.R. 610(E) dated the 9th June, 1989 and published in the Gazette of India (Extra-ordinary) dated the 9th June, 1989.
महापत्तन न्याय अधिनियम, 1963 (1963 का 38) की धारा 124 की उप-धारा (1) के अंतर्गत केंद्रीय सरकार की स्थीति के फलस्वरूप कलकत्ता पत्रकारिता (विभिन्न परिचालन व उपयोग) विधियाँ, 1998 का अनुमोदन करती है।

2. व्यापक विनियम इस अधिनियम के संरक्षक राांग में प्रकाशन की उद्योग को शामिल होगी।

अनुसूची
कलकत्ता पत्रकारिता (विभिन्न परिचालन व उपयोग) विधियाँ, 1998

1. संस्करण—
इस विनियम को कलकत्ता पत्रकारिता (विभिन्न परिचालन व उपयोग) विधियां संरक्षण विधियाँ, 1998 कहा जाता है।
(1) यह संसारी सरकार में प्रकाशन की शिक्षा से सापेक्ष होगा।

2. कलकत्ता पत्रकारिता (विभिन्न परिचालन व उपयोग) विधियां 1989 में—
(1) विनियम II के उप-विनियम (री) के शासन विनियमित एक (एक) दोहा जारी करेगा—
कलकत्ता पत्रकारिता के कार्यालय द्वारा इसके उपर अधिकतम कठिनाई से उपादेय प्रकाश के लिए शासक की प्रतिष्ठित।—यदि विभिन्न सरकारी सरकारों व माध्यमों के कोई हो, तो इतना ऑफिस करें इस्तेमाल कर उसी संस्थान उपयोग की कार्यान्वयन
MINISTRY OF SURFACE TRANSPORT  
(Ports Wing)  
NOTIFICATION  
New Delhi, the 3rd April, 1998  

G. S. R 169 (E).—In exercise of the powers conferred by Sub-section (1) of Section 124, read with sub-section (1) of section 132 of the Major Port Trust Act, 1963 (38 of 1963), the Central Government hereby approves the Calcutta Port Trust Employees (Medical Attendance and Treatment) Regulations, 1998, made by the Board of Trustees for the Port of Calcutta and set out in the schedule annexed to this notification.

2. The said regulations shall come into force on the date of publication of this notification in the Official Gazette.

SCHEDULE

Calcutta Port Trust Employees'  
(Medical Attendance and Treatment)  

2nd Amendment Regulations, 1998  

In exercise of the powers conferred by Section 28 of the Major Port Trust Act, 1963 (38 of 1963) and with the sanction of the Central Government under Sub-Section (1) of Section 124 of that Act, the Board of Trustees for the Port of Calcutta hereby makes the following regulations to amend the Calcutta Port Trust Employees' (Medical Attendance and Treatment) Regulations, 1989.

1. Short Title—

These Regulations may be called the Calcutta Port Trust Employees' (Medical Attendance and Treatment) 2nd Amendment Regulations, 1998.

(i) It shall come into force from the date of publication in the Official Gazette.

2. In the Calcutta Port Trust Employees' (Medical Attendance and Treatment) Regulation, 1989 —

(i) The following clause (f) under Sub-regulation (c) of Regulation 11 shall be incorporated:

Re-imbursement of the cost of Intra Ocular lens implantation charges to the employees and their dependent eligible family members—

The actual cost of Intra Ocular lens implantation and treatment thereto will be re-imburged in full if undertaken in Government Hospital and the actual cost or Rs. 6,500.00 whichever is less will be re-imburged if the treatment is undertaken at private recognised hospitals where such facilities are available. The cost of spectacles if any, will not be re-imburged in such cases.
(i) The Note below Regulation 11 may be substituted by the following:

Note—For treatment of the employees in cases of serious diseases like cadaver kidney transplantation, by-pass surgery, bone-marrow transplant, operative correction of high myopia cases, etc. which involve substantial expenditure, advance upto 80% of the expenditure as estimated by the Chief Medical Officer may be granted with the approval of the Chairman/Dy. Chairman. The advance so granted will be adjusted against the claim for re-imbursement which has to be submitted within one month after the treatment is over, failing which the advance will be recovered in suitable instalments as may be decided by the Chairman/Deputy Chairman.

[F. No. PR.-12016/39/97/PE-1]
K.V. RAO, Jt. Secy.

Note:—The Calcutta Port Trust Employees’ (Medical Attendance and Treatment) Regulations, 1989 were notified vide G.S.R. No. 610 (E) dated 9th June, 1989 and published in the Gazette of India (Extra ordinary) subsequently amended vide G.S.R. No. 633 (E) dated 28th September, 1993.
भारत का राजपत्र

The Gazette of India

सं. 302]
नई दिल्ली, सुबहबार, जून 13, 2001/व्या.अस्वा. 23, 1923

No. 302]
NEW DELHI, WEDNESDAY, JUNE 13, 2001/JYAISTHA 23, 1923

पोत परिवहन पंजंगबंध
(पतन वक्र)
अधिकृत

नई दिल्ली, 13 जून, 2001

म. का. न. 431(31)।—केन्द्रीय सरकार, महापरिसंह अधिनियम, 1963 (1963 का 38) की धारा 132 की उपधारा (१) के साथ वित्त व्यावसायिक द्वारा उपभोक्ता को प्रयोग करते हुए, कलकत्ता पट्टन के क्षेत्र में तिथांत्रित व्यावसायिक पट्टन को पन्ना पट्टन के कलकत्ता पट्टन न्यास की अधिकृत (विनियम नियमांक ४ व उपनियम) संपर्क में, 2001 का अनुमोदन जताया है।

अनुसूची
कलकत्ता पट्टन के कलकत्ता क्षेत्र के लिए व्यापक प्रबंधन का अधिकृत (विनियम नियमांक ४ व उपनियम) संस्करण, 1996

1. महापरिसंह अधिनियम, 1963 (1963 का 38) की धारा 28 द्वारा प्रयोग करते हुए अधिनियम की धारा 124 की उपधारा (१) के अंतर्गत, केन्द्रीय सरकार की स्थिरता से कलकत्ता पट्टन न्यास के कलकत्ता पट्टन के क्षेत्र में कलकत्ता पट्टन न्यास को पन्ना पट्टन के कर्मचारियों के लिए (विनियम नियमांक ४ व उपनियम) विनियम, 1989 में संस्करण विनियम नियमांक 4 व उपनियम बनाया है।

1. संकेतक नाम

इन विनियमों को कलकत्ता पट्टन न्यास कर्मचारियों (विनियम नियमांक ४ व उपनियम) पर अधिकृत (४) विनियम, 2001 कहाँ जा सकेगा।

(i) सरकारी रावण में प्रकाशन की दिशा से यह शासन का आदेश है।

2. कलकत्ता पट्टन न्यास कर्मचारियों (विनियम नियमांक ४ व उपनियम) विनियम 1989 में:—

(i) विनियम 3 के उप-विनियम (४) को विनियमित किया गया है।

(ii) विनियम 3 के उप विनियम (४) के (१) विनियम 3 का उप विनियम (४) के (४) तथा विनियम 3 का उप विनियम (४) के (६) को (७) से युक्त किया गया है।

(iii) उप विनियम 4 (२) है, तथा 4 (३) को विनियमित विनियम 4 (२) के द्वारा प्रस्तुत किया जाएगा:—

कलकत्ता व हदीद के कर्मचारी, पहिले वह बाग के अधिकार में हो या नहीं, ऐसी मात्राओं में परिवहन विनियम 3, उपनियम 4 तथा उपनियम 4 का आदेश सकता है।

संयोजन की संदेह के संदर्भ में, यह विनियम विनियम का अंतिम होगा। ऐसे मामलों में विनियम का अंतिम
गुप्त 50/1- 3. प्रति दिन या बोल्ड द्वारा सम्पूर्ण अपार-प्रभाव के प्रमाण पर बोल्ड द्वारा भुगतान किया जाएगा।

(4) विनियम 4 के उपरिवर्तन (4) के (iii) के रूप में जाना जाएगा।

(4) विनियम 7 के संस्कारित विनियम संबंधित रूप से जाना जाएगा।

(5) जाने असंतुलन द्वारा संयुक्त रूप से (संग्रह) प्रभाव दिया जाता है, जिससे (1) अनुपालन (2) अधिक (3) संयुक्त रूप से (4) विनियम 7 अधिकतम मंडल लेने वाले संयुक्त प्रभाव का 20% अनुपालन-प्रभाव का रूप में जाना जाएगा।

(6) जाने असंतुलन द्वारा प्रभाव को संयुक्त (संग्रह) प्रभाव 1 अनुपालन (2) अधिक (3) संयुक्त रूप से (4) विनियम 7 प्रभाव का 50% अनुपालन-प्रभाव का रूप में जाना जाएगा।

(6) विनियम 10 में "और उनके साथ धरति की हिल तथा अंधकार जिस्म पर निर्यात किया जाएगा।

(7) विनियम 10("द") को नियंत्रित किया जा सकता है।

(8) विनियम 11(अ) को नियंत्रित किया जनान जाएगा।

(9) मुख्य विनियम अधिकारी को कर्तव्य पर वक्तव्य के विनियम अधिकारी या नियंत्रित करने देने वालों सभी दायियों, जिसमें जाना या नियंत्रित किया जाना होगा, जिसमें विनियम 7, अथवा 10, अथवा 11(अ) का उपरिवर्तन (4) के उपरिवर्तन (4) के रूप में जाना जाएगा।

(10) विनियम 11 (ब) को नियंत्रित से संस्कारित रूप से जाना जाएगा जिसी विनियमकरण की दी जाने वालों विनियमकरण रेखा या 50 रूपए की या अधिकतम रेखा की बताई तथा उस प्रकार की, जो भी बने, जिसका आधार में संयुक्त प्रभाव का अनुपालन 7 रुपये अधिक, अथवा 10(7) के अनुपालन को जा सकता है, तबकी विनियम 4 के उपरिवर्तन (4) के अनुपालन को जा सकता है।

(11) विनियम 11 (रु) में "संयुक्त प्रभाव में 30 प्रति पासून तथा 50 प्रति पासून" रूप से जाना जाएगा।

(12) यदि विनियम 11(अ) के अनुपालन को जा सकता है।

(13) यदि विनियम 11(सी) के अनुपालन को जा सकता है।

(14) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(15) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(16) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(17) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(18) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(19) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(20) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(21) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(22) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(23) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(24) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(25) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(26) यदि विनियम 11(की) के अनुपालन को जा सकता है।

(27) यदि विनियम 11(की) के अनुपालन को जा सकता है।
MINISTRY OF SHIPPING
(Port Wing)

NOTIFICATION

New Delhi, the 15th June, 2001

G. S. R. 431(E).—In exercise of the powers conferred by Sub-section (i) of Section 124 read with Sub-section (i) of Section 132 of the Major Ports Trust Act, 1963 (38 of 1963) the Central Government hereby approves the Calcutta Port Trust Employees’ (Medical Attendance & Treatment) Amendment Regulations, 2001 made by the Board of Trustees of the Port of Calcutta Port Trust as set out in the Schedule annexed to this Notification.

2. The said Regulations shall come into force on the date of publication of this Notification in the Official Gazette.

SCHEDULE

Calcutta Port Trust Employees Medical Attendance and Treatment (3rd Amendment) Regulations, 1996

In exercise of the powers conferred by Section 28 of the Major Port Trusts Act, 1963 (38 of 1963) and with the sanction of the Central Government under Sub-section (l) of Section 124 of that Act, the Board of Trustees for the Port of Calcutta hereby makes the following regulations to amend the Calcutta Port Trust Employees' (Medical Attendance & Treatment) Regulations, 1989 :-

1. **Short Title**

These Regulations may be called the Calcutta Port Trust Employees’ (Medical Attendance & Treatment) 3rd Amendment Regulations, 2001.

i) It shall come into force from the date of publication in the Official Gazette.

2. In the Calcutta Port Trust Employees' (Medical Attendance & Treatment) Regulations, 1989 :-

   i) Sub-Regulation (l) of Regulation 3 may be deleted.

   ii) Sub-Regulation (m) of Regulation 3 shall be renumbered as (1) and sub-regulation (n) of Regulation 3 shall be renumbered as (m) and sub-regulation (o) of Regulation 3 shall be renumbered as (n).

   iii) Sub-Regulations 4(ii) and 4(iii) shall be deleted and be substituted by the following Sub-regulation 4(ii) :-
Employees, irrespective of whether they have in Board's quarters or not, either at Calcutta or Haldia shall be entitled to receive medical attendance and treatment at their residence from private doctor of their choice if the illness is so severe that the patient cannot go to any of the Board's hospitals or dispensaries. In case of any doubt as regards severity of the illness, the decision of the Chief Medical Officer shall be final. The actual fee of a private doctor subject to a maximum of Rs. 50/- per day or as may be revised from time to time by the Board shall on certification by the Chief Medical Officer be reimbursed by the Board. Cost of treatment including cost of medical investigation will be reimbursed subject to ceilings under Regulation 11 on certification by the Chief Medical Officer. Cost of medicines shall be reimbursed in full.

iv) Sub-regulation (iv) of Regulation 4 shall be renumbered as (iii).

v) The following sub-regulation (d) under Regulation 7 may be incorporated:

Diet charges paid to hospitals and TB Sanatoria etc. by the employees and members of their families during the course of their indoor treatment should be reimbursed in full where the basic pay of the employee is not more than Rs. 3230/- per month. Diet charges should be regulated as follows:

(a) Where the flat charge made by the hospital includes (1) diet, (2) accommodation, (3) ordinary nursing, and (4) medical and surgical services, 20% of the flat charges will be reckoned as diet charges; and

(b) Where the flat charge made by the hospital includes (1) diet, (2) accommodation, (3) ordinary nursing only, but not, charges for
medical and surgical services, 50% of the flat charge will be reckoned as diet charges.

vi) In Regulation 10 the words "and residing with him/her" shall be deleted from 3rd and 5th line.

vii) Regulation 10(d) may be deleted.

(viii) Regulation 11(A) shall be substituted by the following:

All medicines including saline or any kind of drip, blood, oxygen and life-saving appliances including pacemaker and pulse generator, items like blood transfusion set, artificial hearing aids, artificial electronic larynx, Orthopaedic implants, dressing material, cradle bandage, disposable syringe and ancillary charges prescribed by the Board's Medical Officer or by Specialists consulted on the advice of the Chief Medical Officer, shall be supplied free of cost by the Board. Any such item not supplied by the Board and prescribed by a private doctor under Sub-regulation (ii) of Regulation 4 and by the Nursing Home or the Public Hospital authorities, where patient has been admitted with the approval of the Chief Medical Officer may be purchased and the Board shall, on certification by the Chief Medical Officer reimburse the cost in full. Cost of boots and artificial appliances for patients suffering from Polio may be reimbursed for a maximum of limit of three times in respect of an individual during the entire service period of an employee. Similarly, on certification of the Chief Medical Officer all types of artificial appliances require in deserving cases including those required for persons physically handicapped shall also be reimbursed. Cost of artificial hearing aids may be reimbursed. In case of artificial hearing aids, payment should be made...
direct to supply agency and not to employee concerned. Medical expenses incurred for the
treatment of correction of Squint (eye) shall be
reimbursed. In case of doubts, disputes or
differences of opinion arising out of any of the
above matters, the opinion of Chief Medical Officer
shall be final.

ix) Regulation 11(b) may be substituted by the following:

The actual fees of the private doctor subject to
maximum of ₹.50/- per day or such amount as may be
sanctioned by the Board from time to time will be
reimbursed under Sub-Regulation (ii) of Regulation 11.

x) The words "₹.50/- per shift and ₹.30/- per shift"
shall replace the words "₹.15/- per shift and ₹.15/-
per shift" respectively in Regulation 11(c)(d).

xi) The following Sub-regulation (f) under Regulation
11(c) may be incorporated:

"Expenses incurred for surgery and post-operative
treatment of the donor of the kidney to the employees
or their family members will be reimbursed subject to
certification of the treatment by the Chief Medical
Officer. TA of the donor may be admissible in case of
accompanying person at the rates applicable to the
recipient employee of the Trustees.

xii) Sub-Regulation (ii) of Regulation 15 may be deleted.

xiii) Sub-Regulation (iii) of Regulation 15 may be deleted.

xiv) Sub-Regulation (iv) of Regulation 15 may be
renumbered as (ii) and substituted by the following:

"Acute infectious diseases requiring segregation
viz., Cholera, Small Pox, Plague, Tetanus. Expenses
incurred for treatment of infectious diseases at ID
Hospital may be reimbursed subject to approval of the
Chief Medical Officer. Acute Anterior Polyomyelities and cases of Diptheria may be treated only if hospitalisation in the relevant wards of any of the Public Hospitals cannot be arranged.

xv) Sub-Regulation (vi) and (vii) of Regulation 15 may be renumbered as (iii) and (iv) respectively.

[F.No.PR-12016/20/96-PE-I]
K. V. RAO, J. Secy.

NOTE: The Calcutta Port Trust Employees’ (Medical Attendance & Treatment) Regulations, 1989 were sanctioned by the Government vide GSR 610(E) dated 9th June, 1989 and published in the Gazette of India (Extraordinary) dated 9th June, 1989. The 1st Amendment Regulations have been sanctioned by the Government and published in the Gazette of India vide G.S.R. No.633(E) dated 28th September, 1993. The Second Amendment Regulations have been sanctioned by the Government and published in the Gazette of India vide G.S.R. No.169(E) dated 3rd April, 1998.