

**Government of West Bengal
Finance Department
Medical Cell, Writers Building**

No. 23-F(MED)WB

Dated-16/02/2022

ORDER

**Sub: Inclusion of Covid-19 Disease/Illness in the OPD List under
Clause 7(1) of West Bengal Health Scheme**

Cost of Out-Patient Department (OPD) treatment of 16 (sixteen) disease/illness as listed in Clause 7(1) are reimbursable under West Bengal Health Scheme (WBHS).

Considering the gravity of the disease/illness named '**Covid-19**' the West Bengal Health Scheme Authority (WBHSA) has agreed to include the same as 17th (seventeenth) disease/illness in the OPD List of WBHS.

Now, after careful consideration, the Governor is pleased to enlist '**Covid-19**' as 17th (seventeenth) disease/illness in the OPD List under Clause 7(1) of WBHS with the following conditions:-

1. Where the report of the covid test (done through RT-PCR/TRUNAT/CBNAAT method) comes positive, all the cost of OPD treatment is reimbursable as per rules of WBHS.
2. If report comes negative, no other charges except the cost of such covid test is reimbursable.
3. But "**Package Based Satellite Facility (PBSF)**" or any other terminology similar PBSF is not eligible for reimbursement.

Annexure-I is required for claiming reimbursement. Modification in Annexure-I for incorporating Covid-19 is being done accordingly.

This order will come into effect from the date of issue.


MANOJ PANT, IAS
Principal Secretary, Finance Department
Government of West Bengal

GOVERNMENT OF WEST BENGAL

Finance Department

Audit Branch

Medical Cell

No: 51 -F (MED) W.B.

Date: 07 .06.2018

Memorandum

At present Cashless Admissible Reimbursement Certificate(hereinafter called CARC) is generated from Medical Cell, Finance department in terms of F.D. Memo No:811-F(MED)WB,Dated:16.07.2015 for settlement of Cashless treatment bills exceeding Rupees One Lakh under the West Bengal Health For All Employees and Pensioners Cashless Medical Treatment Scheme,2014.

2. Now, to facilitate early disposal of reimbursement cases by concerned Offices/Directorates/Secretariats it is hereby decided that CARC (Proforma enclosed in annexure-I) may be generated by respective D.D.O.s from their login of the W.B. Health Portal (wbhealthscheme.gov.in).

3) To generate CARC the respective D.D.O. will have to follow the following two steps:

Step 1: Click Download CARC option under CARC certificate Menu.

Step 2: Click generate icon to download respective CARC.

4) After issuance of sanction order on the basis of the said CARC, the same will have to be entered online with Sanction order no, Date and the Sanctioning authority in their respective login ID of the W.B. Health Portal before preparing T.R. 68 under E-Billing module of IFMS.

5) Pay & Accounts Officers and Treasury Officers will pass the respective bill on the basis of the system generated CARC issued by either from Medical Cell,Finance Department or from concerned D.D.O.s login accessing Health Portal. They may also verify the CARC using their login ID.

6) No CARC will be issued from the Medical cell, Finance department henceforth.

7) Detailed guidelines are also available on the W.B. Health Portal.

Encl: Annexure-I



**Special Secretary to the
Government of West Bengal**

ANNEXURE - I
Government of West Bengal
Finance Department, Medical cell
"Cashless Admissible Reimbursement Certificate"

Certificate No.

Date:-

1. Name of the Government Employee/ Pensioner
2. Designation :-
3. Application ID :-
4. GPF/PPO NUMBER :-
5. Name of the Patient :-
6. Relation with Govt. Employee/Pensioner :-
7. Transaction ID :-
8. Name of the HCO :-
9. Treatment Period :- TO
10. HCOs Bill Ref No. & Date ,
:-
11. Total Claim submitted by HCO :-
12. Govt. Employee/Pensioner paid directly to the HCO :-
13. Admissible amount against the HCOs claim amount :-
14. Amount paid to HCO for that treatment :-
15. HCOs claim settlement Sanction ID ,
with Sanction Order No & date :-
16. Admissible Amount to be reimbursed to Government Employee / Pensioner:-

This Certificate is valid for issuing sanction order by the competent authority in favour of Sri/Smt _____ having Application Id _____ and GPF/PPO NO _____ for drawal of Rs Rs. _____ /- from the Treasury/PAO.

Note: - 1. Head of Office/ Competent Authority is requested to verify the available amount against the aforesaid certificate on Health Scheme Portal www.wbhealthscheme.gov.in 2. This Certificate will be valid for drawal of reimbursement bill in TR 68 only one time by the concerned DDO under whom the mentioned Application ID & GPF / PPO No are available. 3. DDO of the Govt Employee / Pensioner and the Treasury/ PAO can verify the certificate using their respective login ID and password in proper menu. 4. Original Money Receipt for amount mentioned in sl 12 to be obtained from concerned Govt Employee/ Pensioner.

Sd/-
COMPETENT AUTHORITY OF MEDICAL CELL,FD

SIGNATURE OF DDO WITH OFFICIAL SEAL & DATE

Government of West Bengal
Finance (Audit) Department, Medical Cell
Writers' Building; Kolkata-700001

Memo No: **65 -F(MED)WB**

Dated: **08.08.2018**

From
Mousumi Chattaraj Chaudhuri, IAS
Joint Secretary to the Government of West Bengal
Medical Cell, Finance Department
Block-G, Writers' Building.

To
The Director/ M.D. /CEO
..... **All** Hospital

Sub : **Mandatory attachment of copy of Bed Head Ticket / Treatment Sheet along with claim under West Bengal Health for All Employees and Pensioners Cashless Medical Treatment Scheme'2014**

Sir,

While processing bills of various Health Care Organisations, for providing cashless treatment to the beneficiaries under WBHS'2008 now called as West Bengal Health for All Employees and Pensioners Cashless Medical Treatment Scheme'2014, at the Medical Cell, concerned officials are facing lot of problems regarding actual diagnosis as well as treatment done in the hospital for want of elaborate discharge summary in most of the cases.

In these circumstances, the Authority of the Medical Cell has decided to go through the "Bed Head Ticket/ Treatment Sheet" for each and every indoor treatment except a few cases eg, haemodialysis, phaco emalcpation like day care treatment to ensure more transparency towards settlement of their claims.

All the HCOs are, therefore, requested to attach the photocopy of "**Bed Head Ticket/ Treatment Sheet**" with the bills henceforth along with the discharge summary as usual.

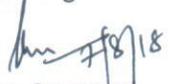

Joint Secretary
Medical Cell, Finance Department

Memo No: **-F(MED)WB**

Dated: **.08.2018**

Copy forwarded for information and taking necessary action to :

1. CA to Additional Chief Secretary, Finance Department, Government of West Bengal.
2. Parwez Ahmed Siddiqui, Secretary to the Govt. of W.B. Finance Deptt.
3. Office Copy.


Joint Secretary
Medical Cell, Finance Department

**Government of West Bengal
Finance Department
Medical Cell, Writers' Building**

No. 73-F(MED)WB

Dated-28/04/2022

MEMORANDUM

Sub: Enhancement of cashless limit for IPD treatment in private empanelled hospital under West Bengal Health Scheme.

Enrolled beneficiaries of West Bengal Health Scheme are now enjoying the benefit of cashless IPD treatment in private empanelled hospital up to the limit of Rs. 1,00,000/- (rupees one lakh) only in each case of hospitalization as per clause 5 of Finance Department Notification No.4476-F(MED) dated 28.08.2014.

Enhancement of cashless ceiling for each IPD treatment was under active consideration for some time past and after careful observations of all aspects, the Governor is now pleased to enhance the ceiling of cashless limit of each IPD treatment in private empanelled hospital up to Rs. 1,50,000/- (rupees one lakh fifty thousands) only from the existing ceiling of Rs. 1,00,000/- (rupees one lakh).

The facility of enhanced cashless limit of IPD treatment under this order will be applicable for all such IPD treatments where the date of discharge from private empanelled hospitals is 01.05.2022 and thereafter.


28/4/2022

**SRI MANOJ PANT, IAS
Principal Secretary, Finance Department
Government of West Bengal**

Government of West Bengal
Finance Department
Medical Cell

No. : 78-F(MED)WB

Dated : 22/10/2019

MEMORANDUM

Sub : Introduction of revised "Reimbursement Claim Forms" of West Bengal Health Scheme

Employees / Pensioners / Family Pensioners submit their reimbursement claim under West Bengal Health Scheme in the specified forms circulated vide order no. 6953-F(MED), dated; 11.07.2011 attaching essential documents required for such reimbursement.

West Bengal Health Scheme Portal has been upgraded and various services and process have been made online. Now various applications by employees / pensioners and family pensioners can be made online and Heads of Offices and DDOs can perform various functions, processing and approval online.

"Application Forms" have been modified to make them simpler and compatible with online mode.

After careful observation, the Governor is pleased to abolish all the existing forms and introduce **revised physical Application Forms** and also introduce **online reimbursement claim forms** of each category of the following:

- i. **Form-C1** [Reimbursement for cost of Out-Door Patient (OPD) treatment in Empanelled /Enlisted Hospital].
- ii. **Form-C2** [Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled Hospital].
- iii. **Form-C3** [Reimbursement for cost of Cashless In-Patient Department (IPD) treatment in Empanelled Hospital].
- iv. **Form-C4** [Reimbursement for cost of Non-Cashless In-Patient Department (IPD) treatment in Empanelled/Enlisted Hospital].

An Employees / Pensioner / Family Pensioner have to now submit the claim for reimbursement of expenditure incurred for treatment under WBHS in these revised forms only.

This order shall come into effect from the date of issue of this order.

Enclosures : As stated


(Parwez Ahmad Siddiqui)
Secretary
Finance Department

Manual/ Offline Reimbursement Application Form
Form -C1

Reimbursement for cost of Out-Door Patient (OPD) treatment in Empanelled /Enlisted Hospital

under West Bengal Health Scheme

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office)

Part-I[General Information]

| 1. Details of Employee/Pensioner. | | | |
|---|---|---|--|
| Full Name (in Block letters) | | HRMS ID / PPO No. | |
| Enrollment ID No. | | Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i> | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any. | | | |
| 2.1 | Name of Patient | | |
| 2.2 | Name of Empanelled/Enlisted hospital where treatment was availed. | | |
| 2.3 | Requirement of approval of delay Condonation, if any(Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> Not known <input type="checkbox"/> |
| 3. Details of Claimant (Applicable in case of death of employee or pensioner or family pensioner) | | | |
| Sl. No. | Name of claimant | Relation | |
| 3.1 | | | |
| 4. Permission Details, If any | | | |
| Sl. No. | Permission sought | Details of permission approval | |
| 4.1 | For treatment availed in enlisted hospital outside West Bengal <i>(see clause 14 of order no.7287, dated 19.09.2008).</i> | Memo No. : Date: Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal, if any: | |

Part-II [Details of Expenditure Statement of OPD treatment]

| 5. Details of OPD Treatment | | | | | |
|--|---|--------------------------------|--------------------------|--------------------------------|--------------------------|
| Sl. No. | Particulars | Details | | | |
| 5.1 | Category of OPD Claim (Tick mark in appropriate box)[<i>See list of diseases/illness mentioned in clause 7(1) and 7(2)</i>] | As per clause 7(1) of OPD List | <input type="checkbox"/> | As per clause 7(2) of OPD List | <input type="checkbox"/> |
| 5.2 | Name of OPD Disease/ Type of follow-up medical attendance and treatment | | | | |
| 5.3 | Date of OPD consultation | | | | |
| 6. Expenditure Statement of OPD treatment | | | | | |
| Sl. | Name of Components | Amount | | | |

Manual/ Offline Reimbursement Application Form

| | | | | | | |
|-----|--|------|--|----|-----------------|---------------|
| No. | | | | | | Claimed (Rs.) |
| 6.1 | Consultation Fees | | | | | |
| 6.2 | Cost of Pathological and Radiological Investigations | | | | | |
| 6.3 | Cost of Medicines | | | | | |
| | Period of medicine consumption | From | | To | | |
| 6.4 | Cost of Special Device | | | | | |
| 6.5 | Miscellaneous (specify) | | | | | |
| | | | | | Total | |
| | | | | | No. of Vouchers | |

Part-III [Medical Advance]

| 7. Details of Medical Advance, if any | | | | | |
|--|----------|--------------------|----------------------|-----------------------|--------------|
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |

Part-IV [Refund of Medical Advance]

| 8. Details of Refund of Medical Advance, if any | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |

Net Claim: [Part-II minus Part III] or [Part-II minus Part-III plus Part IV]

| | |
|-------|------------------|
| Rs. ; | In words; Rupees |
|-------|------------------|

Part-V [Declaration of Employee/Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instruments to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|---|------------------------------|-----------------------------|
| 1 | Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Enrollment Certificate of beneficiary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Money Receipts in sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of OPD Prescription | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of permission granted if any | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Original copy of Voucher/ Tax Invoice/ Challan of Implants | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of all investigation/ test reports in sequentially. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Manual/ Offline Reimbursement Application Form

| | | | |
|----|--|--|---|
| 8 | In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 9 | Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters :

Designation/Last Designation :

Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled Hospital

under **West Bengal Health Scheme**

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office)

Part-I[General Information]

| 1. Details of Employee/Pensioner. | | | |
|--|---|---|--|
| Full Name (in Block letters) | | HRMS ID / PPO No. | |
| Enrollment ID No. | | Claim Application ID <i>(To be filled at the time of online entry from end the Head of Office)</i> | |
| 2. Detail of Patient, Treating Hospital and Condonation Requirement, if any | | | |
| 2.1 | Name of Patient | | |
| 2.2 | Name of Non-Empanelled/hospital where treatment was availed. | | |
| 2.3 | Requirement of approval of delay Condonation, if Any (Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> Not known <input type="checkbox"/> |
| 3. Detail of Claimant <i>(Applicable in case of death of employee or pensioner or family pensioner)</i> | | | |
| Sl. No. | Name of claimant | Relation | |
| 3.1 | | | |

Part-II [Details and Expenditure Statement of IPD treatment]

| 4. Period of treatment | | | | | |
|---|---|------------------------------|----------------|-------------------|------------------------------|
| Admission Date | | | Discharge Date | | |
| 5. Type of Discharge | | | | | |
| Sl. No. | Type of Discharge | Tick mark in appropriate box | Sl. No. | Type of Discharge | Tick mark in appropriate box |
| 5.1 | Normal | <input type="checkbox"/> | 5.3 | Referral | <input type="checkbox"/> |
| 5.2 | Risk Bond | <input type="checkbox"/> | 5.4 | Death | <input type="checkbox"/> |
| 6. Amount Claimed for | | | | | |
| Sl. No. | Type of Treatment | | | | Tick mark in appropriate box |
| 6.1 | Only Procedural/ Package Treatment | | | | <input type="checkbox"/> |
| 6.2 | Only Non- Procedural/ Package Treatment | | | | <input type="checkbox"/> |
| 6.3 | Both Procedural/ Package and Non- Procedural/ Package Treatment | | | | <input type="checkbox"/> |
| 6.1 Details of Procedural/ Package Treatment | | | | | |
| Period of Procedural/ Package Treatment | | | From | | To |
| Sl. No | Name of Procedures/ Packages | | | | Amount Claimed (Rs.) |
| 6.1.1 | | | | | |
| 6.1.2 | | | | | |
| 6.1.3 | | | | | |
| 6.1.4 | | | | | |

Manual/ Offline Reimbursement Application Form

| | | | | | |
|---|--|------|------|----|-------------------------------------|
| 6.1.5 | | | | | |
| | | | | | Total |
| 6.2 Details of Implants Used | | | | | |
| Sl. No. | Name of Implants | | | | Amount Claimed (Rs.) |
| 6.2.1 | | | | | |
| 6.2.2 | | | | | |
| 6.2.3 | | | | | |
| 6.2.4 | | | | | |
| | | | | | Total |
| 6.3 Details of Non-Procedural/ Package Treatment | | | | | |
| Period of Non-Procedural/ Package Treatment | | | From | | To |
| Sl. No. | Name of Components | | | | Amount Claimed (Rs.) |
| 6.3.1 | Room/ Bed Rent | | | | |
| | ICCU/ITU/ICU/NICU/PICU | From | | To | |
| | HDU/SDU | From | | To | |
| | Burn Unit | From | | To | |
| | CRIB | From | | To | |
| | General/Semi-Private/Private | From | | To | |
| 6.3.2 | Consultation Fees | | | | |
| 6.3.3 | Pathological and Radiological Investigations | | | | |
| 6.3.4 | Medicines | | | | |
| 6.3.5 | Consumables | | | | |
| 6.3.6 | Special Nursing/Aya Charges | | | | |
| 6.3.7 | Miscellaneous. (If Any Specify) | | | | |
| | | | | | Total |
| | | | | | No. of Vouchers |
| | | | | | Total Treatment Cost [6.1+ 6.2+6.3] |

| | |
|----------------------------|------------------|
| Net Claim:(Part-II) | |
| Rs. ; | In words; Rupees |

Part-III [Declaration of Employee/Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instruments to substantiate my claim in sequential manner.

[List of Enclosures]

| | | |
|-----|---|-----------------|
| Sl. | Name/Particulars of enclosures to be attached | Enclosed or not |
|-----|---|-----------------|

Manual/ Offline Reimbursement Application Form

| No. | | | |
|-----|---|--|---|
| 1 | Annexure-II duly signed with proper stamp by the Medical Superintendent of a Non-Empanelled Hospital | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Enrollment Certificate of beneficiary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Bill Summary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Money Receipts in sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of Discharge Summary (Case summary in case of death) and OT note and copy of death certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Detailed Bill | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Original copy of Voucher/ Tax Invoice/ Challan of Implants | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Copy of all investigation/ test reports in sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | Copy of OT Note in case of procedural/package treatment and treatment summary or bed head ticket in case of non-procedural/package treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | In case of death of Employee, Pensioner and Family Pensioner; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 11 | Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters :

Designation/Last Designation :

Form –C3**Reimbursement for cost of Cashless In-Patient Department (IPD) treatment in Empanelled Hospital****under West Bengal Health Scheme**

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office)

Part-I[General Information]

| 1. Details of Employee/Pensioner | | | |
|--|---|---|--|
| Full Name <i>(in Block letters)</i> | | HRMS ID / PPO No. | |
| Enrollment ID No. | | Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i> | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any | | | |
| 2.1 | Name of Patient | | |
| 2.2 | Name of Empanelled/Enlisted hospital where treatment was availed | | |
| 2.3 | Requirement of approval of delay Condonation, if any (Mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> Not known <input type="checkbox"/> |
| 3. Details of Claimant <i>(applicable in case of death of employee or pensioner or family pensioner)</i> | | | |
| Sl. No. | Name of claimant | Relation | |
| 3.1 | | | |
| 4. Permission Details (If any) | | | |
| Sl. No. | Permission sought | Details of permission approval | |
| 4.1 | For treatment availed in empanelled private hospital within West Bengal[see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012] | Permission ID : Permission approved for: | |

Part-II [Expenditure Statement of IPD treatment]

| 5. Details of Treatment in Cashless Mode | | | |
|--|---|----------------|----------------|
| Sl. No. | Particulars | | Details |
| 5.1 | Transaction ID of Cashless Treatment <i>(See Form-H or D4 supplied by hospital at the time of discharge)</i> | | |
| 5.2 | Treatment Period | Admission Date | Discharge Date |
| 5.3 | Total Treatment Cost (Rs.) | | |
| 5.4 | Cashless Admissible Reimbursement Certificate (CARC)No. | | |
| 5.5 | Amount paid to hospital (Rs.) | | |
| 5.6 | Amount admissible for reimbursement against CARC(Rs.) <i>(See Row no. 16 of CARC generated through system)</i> | | |
| Total Claim of Indoor Cashless Treatment (Rs.) <i>(amount mentioned in 5.6)</i> | | | |
| Total nos. of Vouchers/Money Receipts | | | |

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

| 6. Indoor related OPD treatment | | |
|---|--|--|
| Do you want to claim Indoor related OPD treatment | | |

Manual/Offline Reimbursement Claim Form

| | | | |
|---|--|------------------------------|-----------------------------|
| cost i.e cost of OPD treatment 30 days prior to admission and 30 days after discharge? (Tick mark in appropriate box) | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Details of Indoor related OPD Consultation | | | |
| Dates | | Nos. of Consultation | |
| | | | |
| | | | |
| | | | |
| 8. Details of Indoor related OPD treatment Expenditure | | | |
| Sl. No. | Name of Components | | Amount Claimed (Rs.) |
| 8.1 | Consultation Fees | | |
| 8.2 | Cost of Pathological and Radiological Investigations | | |
| 8.3 | Cost of Medicines | | |
| | Period of medicine consumption | From To | |
| 8.4 | Cost of Special Devices | | |
| 8.5 | Miscellaneous (specify) | | |
| Total claim of indoor related OPD(Rs.) | | | |
| Nos. of Vouchers | | | |

Part-IV [Medical Advance]

| | | | | | |
|--|----------|--------------------|----------------------|-----------------------|--------------|
| 9. Details of Medical Advance, if any | | | | | |
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-V [Refund of Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 10. Details of Refund of Medical Advance, if any | | | | | |
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |

| | |
|---|------------------|
| Net Claim: <i>[Part-II plus Part-III minus Part IV] or [Part-II plus Part-III minus Part IV plus Part-V]</i> | |
| Rs. ; | In words; Rupees |

Part-VI [Declaration of Employee/Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instruments to substantiate my claim in sequential manner.

[List of Enclosures]

Manual/Offline Reimbursement Claim Form

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|--|--|---|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1 | Enrollment Certificate of beneficiary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Bill Summary of Indoor Treatment and OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Money Receipts of both Indoor and OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of related OPD Prescriptions sequentially (if claimed) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of Discharge Summary (Case summary in case of death) and OT note copy of death certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Copy of Form-H | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of Form-D4 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Copy of all investigations/ tests report of Indoor related OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 10 | Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant :
Name in Block Letters :
Designation/Last Designation :

Form –C4**Reimbursement for cost of Non-Cashless In-Patient Department (IPD) treatment in Empanelled/Enlisted Hospital****under West Bengal Health Scheme**

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office)

Part-I[General Information]

| 1. Details of Employee/Pensioner | | | |
|--|---|---|--|
| Full Name <i>(in Block letters)</i> | | HRMS ID / PPO No. | |
| Enrollment ID No. | | Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i> | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any | | | |
| 2.1 | Name of Patient | | |
| 2.2 | Name of Empanelled/Enlisted hospital where treatment was availed | | |
| 2.3 | Requirement of approval of delay Condonation, if any (Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> Not known <input type="checkbox"/> |
| 3. Details of Claimant <i>(applicable in case of death of employee or pensioner or family pensioner)</i> | | | |
| Sl. No. | Name of claimant | Relation | |
| 3.1 | | | |
| 4. Permission Details (If any) | | | |
| Sl. No. | Permission sought | Details of permission approval | |
| 4.1 | For treatment availed in empanelled private hospital within West Bengal[see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012] | Permission ID : Permission approved for: | |
| 4.2 | For treatment availed in enlisted hospital outside West Bengal (see clause 14 of Order No.7287, dated 19.09.2008). | Memo No. : Date: Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal, if any: | |

Part-II [Expenditure Statement of IPD treatment]

| 5. Details of Treatment in Reimbursement Mode (If No is selected in Sl. No 3) | | | | | |
|---|------------------------------------|--------------------------------|---------|-------------------|--------------------------------|
| Period of treatment | | Admission Date | | Discharge date | |
| 6. Type of Discharge | | | | | |
| Sl. No. | Type of Discharge | (Tick mark in appropriate box) | Sl. No. | Type of Discharge | (Tick mark in appropriate box) |
| 6.1 | Normal | <input type="checkbox"/> | 6.3 | Referral | <input type="checkbox"/> |
| 6.2 | Risk Bond | <input type="checkbox"/> | 6.4 | Death | <input type="checkbox"/> |
| 7.Amount Claimed for | | | | | |
| Sl. No. | Type of Treatment | | | | (Tick mark in appropriate box) |
| 6.1 | Only Procedural/ Package Treatment | | | | <input type="checkbox"/> |

Manual/Offline Reimbursement Claim Form

| | | | | | |
|--|---|--------------------|-------------------------|----------------------|--------------------------|
| 6.2 | Only Non- Procedural/ Non-Package Treatment | | | | <input type="checkbox"/> |
| 6.3 | Both Procedural/ Package and Non- Procedural/ Non-Package Treatment | | | | <input type="checkbox"/> |
| 7.1 Details of Procedural/ Package Treatment | | | | | |
| Period of Procedural/ Package Treatment | | | From | | To |
| Sl.No. | Name of Procedures/ Packages | | Procedure Code | Amount Claimed(Rs.) | |
| 7.1.1 | | | | | |
| 7.1.2 | | | | | |
| 7.1.3 | | | | | |
| 7.1.4 | | | | | |
| 7.1.5 | | | | | |
| Total | | | | | |
| 7.2 Details of Implants Used | | | | | |
| Sl. No. | Name of Implants | Coded or Non-coded | Implants Code, if coded | Amount Claimed (Rs.) | |
| 7.2.1 | | | | | |
| 7.2.2 | | | | | |
| 7.2.3 | | | | | |
| 7.2.4 | | | | | |
| 7.2.5 | | | | | |
| Total (Rs.) | | | | | |
| 7.3 Details of Non-Procedural/ Non-Package Treatment. | | | | | |
| Period of Non-Procedural/ Non-Package Treatment. | | | From | | To |
| Sl. No. | Name of Component | | | | Amount Claimed (Rs.) |
| 7.3.1 | Room/ Bed Rent | | | | |
| | ICCU/ITU/ICU/NICU/PICU | From | | To | |
| | HDU/SDU | From | | To | |
| | Burn Unit | From | | To | |
| | CRIB | From | | To | |
| | General/Semi-Private/Private | From | | To | |
| 7.3.2 | Consultation Fees. | | | | |
| 7.3.3 | Pathological and Radiological Investigations. | | | | |
| 7.3.4 | Medicines. | | | | |
| 7.3.5 | Consumables | | | | |
| 7.3.6 | Special Nursing/Aya Charges | | | | |
| 7.3.7 | Miscellaneous. (If any specify) | | | | |
| Total Claim of Reimbursement Mode of Treatment(Rs.) (amount mentioned in 7.1+ 7.2+7.3) | | | | | |
| No. of vouchers | | | | | |

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

8. Indoor related OPD treatment

Manual/Offline Reimbursement Claim Form

| | | | |
|---|--|------------------------------|-----------------------------|
| Do you want to claim Indoor related OPD treatment cost i.e cost of OPD treatment 30 days prior to admission and 30 days after discharge? (Tick mark in appropriate box) | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Details of Indoor related OPD Consultation | | | |
| Dates | | Nos. of Consultation | |
| | | | |
| | | | |
| | | | |
| 10. Details of Indoor related OPD treatment Expenditure | | | |
| Sl. No. | Name of Components | | Amount Claimed (Rs.) |
| 10.1 | Consultation Fees | | |
| 10.2 | Cost of Pathological and Radiological Investigations | | |
| 10.3 | Cost of Medicines | | |
| | Period of medicine consumption | From To | |
| 10.4 | Cost of Special Device | | |
| 10.5 | Miscellaneous (specify) | | |
| Total claim of indoor related OPD(Rs.) | | | |
| Nos. of vouchers | | | |

Part-IV [Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 12. Details of Medical Advance, if any | | | | | |
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-V [Refund of Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 13. Details of Refund of Medical Advance, if any | | | | | |
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |

| | |
|---|------------------|
| Net Claim: [Part-II plus Part-III minus Part IV] or [Part-II plus Part-III minus Part IV plus V] | |
| Rs. ; | In words; Rupees |

Part-VI [Declaration of Employee/Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instruments to substantiate my claim in sequential manner.

[List of Enclosures]

Manual/Offline Reimbursement Claim Form

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|--|--|---|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1 | Enrollment Certificate of beneficiary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Bill Summary of Indoor Treatment and OPD treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Money Receipts of both Indoor and OPD treatment in sequence manner (In chronological order) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of related OPD Prescriptions (if claimed) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of Discharge Summary (Case summary in case of death) and OT note copy of death certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of permission granted if any | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of compliance of clause (3) or (4) or (5) as per Memo No. 11253(80) F (MED), dated 16/12/2011 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Copy of Detailed Bill of Indoor Treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | Original copy of Voucher/ Tax Invoice/Challan of Implants | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11 | In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 12 | Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant :
Name in Block Letters :
Designation/Last Designation :

Form -C1**Reimbursement for cost of Out-Door Patient (OPD) treatment in Empanelled /Enlisted Hospital**

under West Bengal Health Scheme

(Generated by employee/pensioner from Health Portal)

Part-I[General Information]

| 1. Details of Employee/Pensioner. | | | |
|---|--|--|--|
| Full Name | | HRMS ID / PPO No. | |
| Enrollment ID No. | | Claim Application ID. | |
| Bed Entitlement | | Date of Enrollment | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any. | | | |
| 2.1 | Name of Patient | | |
| | Beneficiary ID | | |
| | Relationship with Employee/Pensioner | | |
| 2.2 | Name of Empanelled/Enlisted hospital where treatment was availed. | | |
| | Code of Hospital | | |
| | Class of Entitlement of Hospital | | |
| | Address of Hospital | | |
| 2.3 | Requirement of approval of delay Condonation, if any(Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> Not known <input type="checkbox"/> |
| 3. Detail of Claimant (Applicable in case of death of employee or pensioner or family pensioner) | | | |
| Sl. No. | Name of claimant | Relation | |
| 3.1 | | | |
| 4. Permission Details, if any | | | |
| Sl. No. | Permission sought | Details of permission approval | |
| 4.1 | For treatment availed in enlisted hospital outside West Bengal (see clause 14 of order no.7287, dated 19.09.2008). | Memo No. : Date : Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal, if any: | |

Part-II [Details of Expenditure Statement of OPD treatment]

| 5. Details of OPD Treatment | | | | | |
|---|---|--------------------------------|--------------------------|--------------------------------|--------------------------|
| Sl. No. | Particulars | Details | | | |
| 5.1 | Category of OPD Claim (Tick mark in appropriate box) [See list of diseases/illness mentioned in clause 7(1) and 7(2)] | As per clause 7(1) of OPD List | <input type="checkbox"/> | As per clause 7(2) of OPD List | <input type="checkbox"/> |
| 5.2 | Name of OPD Disease/ Type of follow-up medical attendance and treatment | | | | |
| 5.3 | Date of OPD consultation | | | | |
| 6. Expenditure Statement of OPD treatment | | | | | |
| Sl No. | Name of Components | | | | Amount Claimed (Rs.) |

Reimbursement Application Form

| | | | | | | |
|-----|--|------|--|----|-----------------|--|
| 6.1 | Consultation Fees | | | | | |
| 6.2 | Cost of Pathological and Radiological Investigations | | | | | |
| 6.3 | Cost of Medicines | | | | | |
| | Period of medicine consumption | From | | To | | |
| 6.4 | Cost of Special Device | | | | | |
| 6.5 | Miscellaneous (specify) | | | | | |
| | | | | | Total | |
| | | | | | No. of vouchers | |

Part-III [Medical Advance]

| 7. Details of Medical Advance, if any | | | | | |
|--|----------|--------------------|----------------------|-----------------------|--------------|
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |

Part-IV [Refund of Medical Advance]

| 8. Details of Refund of Medical Advance, if any | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |

Net Claim: [Part-II minus Part III] or [Part-II minus Part-III plus Part IV]

| | |
|-------|------------------|
| Rs. ; | In words; Rupees |
|-------|------------------|

Part-V [Declaration of Employee/Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instruments to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|---|--|---|
| 1 | Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Money Receipts in sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Copy of OPD Prescription | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of permission granted if any | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Original copy of Voucher/ Tax Invoice/ Challan of Implants | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Copy of all investigation/ test reports in sequentially. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | In case of death of Employee, Pensioner and Family Pensioner; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 8 | Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Reimbursement Application Form

| | | | |
|---|---------------------------------|------------------------------|-----------------------------|
| 9 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|---------------------------------|------------------------------|-----------------------------|

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters :

Designation/Last Designation :

Form –C2**Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled Hospital**

Under West Bengal Health Scheme
(Generated by employee/pensioner from Health Portal)

Part-I[General Information]

| 1. Details of Employee/Pensioner. | | | |
|--|---|------------------------------|--|
| Full Name | | HRMS ID / PPO No. | |
| Enrollment ID | | Claim Application ID | |
| Bed Entitlement | | Date of Enrollment | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any | | | |
| 2.1 | Name of Patient | | |
| | Beneficiary ID | | |
| | Relationship with Employee/Pensioner | | |
| 2.2 | Name of Non-Empanelled/hospital where treatment was availed. | | |
| | Bed Capacity of Hospital | | |
| | CE Licence No. | | |
| | CE Licence valid up to | | |
| | Address of Hospital | | |
| 2.3 | Requirement of approval of delay Condonation, if any (Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> Not known <input type="checkbox"/> |
| 3. Details of Claimant (Applicable in case of death of employee or pensioner or family pensioner) | | | |
| Sl. No. | Name of claimant | Relation | |
| 3.1 | | | |

Part-II [Details of Expenditure Statement of IPD treatment]

| 4. Period of treatment | | | | | |
|---|---|------------------------------|----------------|-------------------|------------------------------|
| Admission Date | | | Discharge date | | |
| 5. Type of Discharge | | | | | |
| Sl. No. | Type of Discharge | Tick mark in appropriate box | Sl. No. | Type of Discharge | Tick mark in appropriate box |
| 5.1 | Normal | <input type="checkbox"/> | 5.3 | Referral | <input type="checkbox"/> |
| 5.2 | Risk Bond | <input type="checkbox"/> | 5.4 | Death | <input type="checkbox"/> |
| 6. Amount Claimed for | | | | | |
| Sl. No. | Type of Treatment | | | | Tick mark in appropriate box |
| 6.1 | Only Procedural/ Package Treatment | | | | <input type="checkbox"/> |
| 6.2 | Only Non- Procedural/ Package Treatment | | | | <input type="checkbox"/> |
| 6.3 | Both Procedural/ Package and Non- Procedural/ Package Treatment | | | | <input type="checkbox"/> |
| 6.1 Details of Procedural/ Package Treatment | | | | | |
| Period of Procedural/ Package Treatment | | From | | To | |
| Sl. No | Name of Procedures/ Packages | | | | Amount Claimed (Rs.) |
| 6.1.1 | | | | | |
| 6.1.2 | | | | | |

Online Reimbursement Application Form

| | | | | | |
|---|--|------|------|------|----------------------|
| 6.1.3 | | | | | |
| 6.1.4 | | | | | |
| 6.1.5 | | | | | |
| Total | | | | | |
| 6.2 Details of Implants Used | | | | | |
| Sl. No. | Name of Implants | | | | Amount Claimed (Rs.) |
| 6.2.1 | | | | | |
| 6.2.2 | | | | | |
| 6.2.3 | | | | | |
| 6.2.4 | | | | | |
| Total | | | | | |
| 6.3 Details of Non-Procedural/ Package Treatment | | | | | |
| Period of Non-Procedural/ Package Treatment | | | | From | To |
| Sl. No. | Name of Components | | | | Amount Claimed (Rs.) |
| 6.3.1 | Room/ Bed Rent | | | | |
| | ICCU/ITU/ICU/NICU/PICU | | From | To | |
| | HDU/SDU | | From | To | |
| | Burn Unit | | From | To | |
| | CRIB | | From | To | |
| General/Semi-Private/Private | | From | To | | |
| 6.3.2 | Consultation Fees | | | | |
| 6.3.3 | Pathological and Radiological Investigations | | | | |
| 6.3.4 | Medicines | | | | |
| 6.3.5 | Consumables | | | | |
| 6.3.6 | Special Nursing/Aya Charges | | | | |
| 6.3.7 | Miscellaneous. (If Any Specify) | | | | |
| Total | | | | | |
| No. of Vouchers | | | | | |
| Total Treatment Cost [6.1+ 6.2+6.3] | | | | | |

| | |
|----------------------------|------------------|
| Net Claim:(Part-II) | |
| Rs. ; | In words; Rupees |

Part-III [Declaration of Employee/Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for any disciplinary action taken against me in terms of WBS (CCA) Rules

Online Reimbursement Application Form

1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instruments to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|---|--|---|
| 1 | Annexure-II duly signed with proper stamp by the Medical Superintendent of a Non-Empanelled Hospital | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Bill Summary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Money Receipts in sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of Discharge Summary (Case summary in case of death) and OT note and copy of death certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Detailed Bill | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Original copy of Voucher/ Tax Invoice/ Challan of Implants | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of all investigation/ test reports in sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Copy of OT Note in case of procedural/package treatment and treatment summary or bed head ticket in case of non-procedural/package treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | In case of death of Employee, Pensioner and Family Pensioner; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 10 | Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters :

Designation/Last Designation :

Form –C3**Reimbursement for cost of Cashless In-Patient Department (IPD) treatment in Empanelled Hospital**

Under West Bengal Health Scheme
(Generated by employee/pensioner from Health Portal)

Part-I[General Information]

| 1. Details of Employee/Pensioner | | |
|---|---|---|
| Full Name | | HRMS ID / PPO No. |
| Enrollment ID No. | | Claim Application ID. |
| Bed Entitlement | | Date of Enrollment |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any | | |
| 2.1 | Name of Patient | |
| | Beneficiary ID | |
| | Relationship with Employee/Pensioner | |
| 2.2 | Name of Empanelled/Enlisted hospital where treatment was availed. | |
| | Code of Hospital | |
| | Class of Entitlement of Hospital | |
| | Address of Hospital | |
| 2.3 | Requirement of approval of delay Condonation, if any (Mark in appropriate box) | Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> |
| 3. Details of Claimant (applicable in case of death of employee or pensioner or family pensioner) | | |
| Sl.No. | Name of claimant | Relation |
| 3.1 | | |
| 4. Permission Details (If any) | | |
| Sl. No. | Permission sought | Details of permission approval |
| 4.1 | For treatment availed in empanelled private hospital within West Bengal[see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012] | Permission ID : Permission approved for: |

Part-II [Expenditure Statement of IPD treatment]

| 5. Details of Treatment in Cashless Mode | | | | |
|--|---|----------------|--|----------------|
| Sl. No. | Particulars | | | Details |
| 5.1 | Transaction ID of Cashless Treatment | | | |
| 5.2 | Treatment Period | Admission Date | | Discharge Date |
| 5.3 | Total Treatment Cost (Rs.) | | | |
| 5.4 | Cashless Admissible Reimbursement Certificate (CARC)No. | | | |
| 7.5 | Amount paid to hospital (Rs.) | | | |
| 5.6 | Amount admissible for reimbursement against CARC (Rs.) | | | |
| Total Claim of Indoor Cashless Treatment(Rs.) | | | | |
| Total nos. of Vouchers/Money Receipts | | | | |

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

| 6. Indoor related OPD treatment | | |
|---|------------------------------|-----------------------------|
| Do you want to claim Indoor related OPD treatment cost i.e cost of OPD treatment 30 days prior to admission and 30 days after discharge? (Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Details of Indoor related OPD Consultation | | |

| Dates | | Nos. of Consultation | | |
|---|--|----------------------|----|----------------------|
| | | | | |
| | | | | |
| | | | | |
| 8. Details of Indoor related OPD treatment Expenditure | | | | |
| Sl. No. | Name of Components | | | Amount Claimed (Rs.) |
| 8.1 | Consultation Fees | | | |
| 8.2 | Cost of Pathological and Radiological Investigations | | | |
| 8.3 | Cost of Medicines | | | |
| | Period of medicine consumption | From | To | |
| 8.4 | Cost of Special Devices | | | |
| 8.5 | Miscellaneous (specify) | | | |
| Total claim of indoor related OPD (Rs.) | | | | |
| Nos. of Vouchers | | | | |

Part-IV [Medical Advance]

| 9. Details of Medical Advance, if any | | | | | |
|--|----------|--------------------|----------------------|-----------------------|--------------|
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-V [Refund of Medical Advance]

| 10. Details of Refund of Medical Advance, if any | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |

Net Claim: [Part-II plus Part-III minus Part IV] or [Part-II plus Part-III minus Part IV plus Part-V]

| | |
|-------|------------------|
| Rs. ; | In words; Rupees |
|-------|------------------|

Part-VI [Declaration of Employee/Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instruments to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of Enclosures to be attached | Enclosed or not | |
|---------|---|------------------------------|-----------------------------|
| 1 | Bill Summary of Indoor Treatment and OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Money Receipts of both Indoor and OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Online Reimbursement Claim Form

| | | | |
|----|--|--|---|
| 3 | Copy of related OPD Prescriptions sequentially (if claimed) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of Discharge Summary (Case summary in case of death) and OT note copy of death certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of Form-H | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Copy of Form-D4 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of all investigations/ tests report of Indoor related OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 9 | Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant :
Name in Block Letters :
Designation/Last Designation :

Form –C4**Reimbursement for cost of Non-Cashless In-Patient Department (IPD) treatment in Empanelled/Enlisted Hospital**

Under West Bengal Health Scheme
(Generated by employee/pensioner from Health Portal)

Part-I[General Information]

| 1. Details of Employee/Pensioner | | |
|---|---|--|
| Full Name | | HRMS ID / PPO No. |
| Enrollment ID No. | | Claim Application ID. |
| Bed Entitlement | | Date of Enrollment |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any | | |
| 2.1 | Name of Patient | |
| | Beneficiary ID | |
| | Relationship with Employee/Pensioner | |
| 2.2 | Name of Empanelled/Enlisted hospital where treatment was availed. | |
| | Code of Hospital | |
| | Class of Entitlement of Hospital | |
| | Address of Hospital | |
| 2.3 | Requirement of approval of delay Condonation, if any (Tick mark in appropriate box) | Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> |
| 3. Details of Claimant (applicable in case of death of employee or pensioner or family pensioner) | | |
| Sl. No. | Name of claimant | Relation |
| 3.1 | | |
| 4. Permission Details (If any) | | |
| Sl. No. | Permission sought | Details of permission approval |
| 4.1 | For treatment availed in empanelled private hospital within West Bengal[see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012] | Permission ID : Permission approved for: |
| 4.2 | For treatment availed in enlisted hospital outside West Bengal (see clause 14 of Order No.7287, dated 19.09.2008). | Memo No. : Date : Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal, if any: |

Part-II [Details of Expenditure Statement of IPD treatment]

| 5. Details of Treatment in Reimbursement Mode (If No is selected in Sl. No 3) | | | | | |
|---|------------------------------------|--------------------------------|----------------|-------------------|--------------------------------|
| Period of treatment | Admission Date | | Discharge date | | |
| 6. Type of Discharge | | | | | |
| Sl. No. | Type of Discharge | (Tick mark in appropriate box) | Sl. No. | Type of Discharge | (Tick mark in appropriate box) |
| 6.1 | Normal | <input type="checkbox"/> | 6.3 | Referral | <input type="checkbox"/> |
| 6.2 | Risk Bond | <input type="checkbox"/> | 6.4 | Death | <input type="checkbox"/> |
| 7. Amount Claimed for | | | | | |
| Sl. No. | Type of Treatment | | | | (Tick mark in appropriate box) |
| 7.1 | Only Procedural/ Package Treatment | | | | <input type="checkbox"/> |

| | | | | | | | |
|--|---|--------------------|-------------------------|----------------------|--|--------------------------|--|
| 7.2 | Only Non- Procedural/ Non-Package Treatment | | | | | <input type="checkbox"/> | |
| 7.3 | Both Procedural/ Package and Non- Procedural/ Non-Package Treatment | | | | | <input type="checkbox"/> | |
| 7.1 Details of Procedural/ Package Treatment | | | | | | | |
| Period of Procedural/ Package Treatment | | | From | | To | | |
| Sl. No. | Name of Procedures/ Packages | | | Procedure Code | Amount Claimed(Rs.) | | |
| 7.1.1 | | | | | | | |
| 7.1.2 | | | | | | | |
| 7.1.3 | | | | | | | |
| 7.1.4 | | | | | | | |
| 7.1.5 | | | | | | | |
| | | | | | Total | | |
| 7.2 Details of Implants Used | | | | | | | |
| Sl. No. | Name of Implants | Coded or Non-coded | Implants Code, if coded | Amount Claimed (Rs.) | | | |
| 7.2.1 | | | | | | | |
| 7.2.2 | | | | | | | |
| 7.2.3 | | | | | | | |
| 7.2.4 | | | | | | | |
| 7.2.5 | | | | | | | |
| | | | | | Total (Rs.) | | |
| 7.3 Details of Non-Procedural/ Non-Package Treatment. | | | | | | | |
| Period of Non-Procedural/ Non-Package Treatment. | | | From | | To | | |
| Sl. No. | Name of Components | | | | Amount Claimed (Rs.) | | |
| 7.3.1 | Room/ Bed Rent | | | | | | |
| | ICCU/ITU/ICU/NICU/PICU | From | | To | | | |
| | HDU/SDU | From | | To | | | |
| | Burn Unit | From | | To | | | |
| | CRIB | From | | To | | | |
| | General/Semi-Private/Private | From | | To | | | |
| 7.3.2 | Consultation Fees. | | | | | | |
| 7.3.3 | Pathological and Radiological Investigations. | | | | | | |
| 7.3.4 | Medicines. | | | | | | |
| 7.3.5 | Consumables | | | | | | |
| 7.3.6 | Special Nursing/Aya Charges | | | | | | |
| 7.3.7 | Miscellaneous. (If any specify) | | | | | | |
| | | | | | Total Claim of Reimbursement Mode of Treatment (Rs.) (amount mentioned in 7.1+ 7.2+7.3) | | |
| | | | | | No. of vouchers | | |

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

8. Indoor related OPD treatment

| | | | | | |
|---|--|------------------------------|----------------------|-----------------------------|----------------------|
| Do you want to claim Indoor related OPD treatment cost i.e cost of OPD treatment 30 days prior to admission and 30 days after discharge? (Tick mark in appropriate box) | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| 9. Details of Indoor related OPD Consultation | | | | | |
| Dates | | | Nos. of Consultation | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 10. Details of Indoor related OPD treatment Expenditure | | | | | |
| Sl. No. | Name of Components | | | | Amount Claimed (Rs.) |
| 10.1 | Consultation Fees | | | | |
| 10.2 | Cost of Pathological and Radiological Investigations | | | | |
| 10.3 | Cost of Medicines | | | | |
| | Period of medicine consumption | From | | To | |
| 10.4 | Cost of Special Device | | | | |
| 10.5 | Miscellaneous (specify) | | | | |
| Total claim of indoor related OPD (Rs.) | | | | | |
| Nos. of vouchers | | | | | |

Part-IV [Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 11. Details of Medical Advance, if any | | | | | |
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-V [Refund of Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 12. Details of Refund of Medical Advance, if any | | | | | |
| Name of Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |

Net Claim: [Part-II plus Part-III minus Part IV] or [Part-II plus Part-III minus Part IV plus V]

Rs. ; In words; Rupees

Part-VI [Declaration of Employee/Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instruments to substantiate my claim in sequential manner.

[List of Enclosures]

Online Reimbursement Claim Form

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|---|--|---|
| 1 | Bill Summary of Indoor Treatment and OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Money Receipts of both Indoor and OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Copy of related OPD Prescriptions sequentially (if claimed) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of Discharge Summary (Case summary in case of death) and OT note copy of death certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of permission granted if any. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Copy of compliance of clause (3) or (4) or (5) as per Memo No. 11253(80) F (MED), dated 16/12/2011 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of Detailed Bill of Indoor Treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Original copy of Voucher/ Tax Invoice/Challan of Implants | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment in sequence manner (In chronological order) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | In case of death of Employee, Pensioner and Family Pensioner; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 11 | Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters :

Designation/Last Designation :

Annexure-I

Certification of Treating Specialist of **Empanelled Hospital** for claiming reimbursement of **“Out Patient Department”** treatment under WBHS

1. Certified that the patient, Sri/Smt. _____ is a beneficiary of West Bengal Health Scheme having the Beneficiary ID is _____.
2. S/he has been suffering from _____ (specify name of disease) as listed in Sl. No. _____ of the OPD list as per 7(1) clause or follow-up medical attendance and treatment of _____ as per 7(2) clause of order number 7287-F, dated 19/09/2008 issued by Medical Cell, Finance Department, Government of West Bengal.

Date:

Signature of the Treating Specialist

Registration No:

Registering Authority:.....

Present Degree:

..... Hospital

Official Seal of Treating Hospital

List of OPD (Out-Patient Department) Diseases

| As per clause 7(1) of 7287-F, dated; 19-09-2008 | | | | As per clause 7(2) of 7287-F, dated; 19-09-2008 | |
|---|--|--------|--|---|--|
| Sl. No | Name of Disease | Sl. No | Name of Disease | Sl. No | Name of Disease |
| 1 | Malignant Diseases. | 10 | Injuries Caused by Accident (including Animal Bite). | 1 | Neuro Surgery. |
| 2 | Tuberculosis. | 11 | Rheumatoid Arthritis. | 2 | Cardiac Surgery (Including Coronary Angioplasty and implants). |
| 3 | Hepatitis B/C and Other Liver Diseases. | 12 | Systematic Lupus Erythematous (LUPUS). | 3 | Cancer Surgery/ Chemotherapy/ Radiotherapy. |
| 4 | Insulin Dependent Diabetes (Type-2 Diabetic Mellitus is not considered as Insulin Dependent Diabetes). | 13 | Crohn's Disease. | 4 | Renal Transplant. |
| 5 | Heart Diseases. | 14 | Endodontic Treatment (Root Canal Treatment). | 5 | Hip/ Knee replacement Surgery. |
| 6 | Neurological Disorder/ Cerebra vascular Disorders. | 15 | COPD (Chronic Obstructive Pulmonary Disease). | 6 | Accident cases. |
| 7 | Malignant Malaria. | 16 | Ankylosing Spondylitis | | |
| 8 | Renal Failure. | 17 | None of the above list [Vide para 10 of 797-F(MED), dated 31.01.2011] | | |
| 9 | Thalassaemia/ Bleeding orders/ Platelet Disorders. | | | | |

Annexure-II

Certification of Medical Superintendent/ Administrative Officer and Treating Specialist of treating in **Non-Empanelled Hospital** for claiming reimbursement of only **“Indoor”** treatment under WBHS

1. Certified that the patient, Sri/Smt. _____ is a beneficiary of West Bengal Health Scheme having the Beneficiary ID is _____ availed indoor treatment from _____ to _____.
2. Certified that the Hospital/Nursing Home/Health Care Organisation has _____ (_____) nos. of bed.
3. Certified that the Hospital/Nursing Home/Health Care Organisation obtained a License under the West Bengal Clinical Establishment Act and Rules bearing no. _____ and this License is valid up to _____.

Date:

Signature of Medical Superintendent
..... **Hospital**
Official Seal of the Hospital

**Government of West Bengal
Medical Cell, Finance Department
Writers' Building**

No.80-F (MED) WB

Dated-06/08/2020

MEMORANDUM

Sub: Guidelines in respect of In-Patient Department (IPD) treatment in the COVID pandemic situation under WBHS

All kinds of In-Patient Department (IPD) treatments are admissible for the beneficiaries under West Bengal Health Scheme. Now, with the outbreak of COVID-19, the admissible cost of some components of IPD treatment under WBHS has been felt necessary to revise in consonance with the capping of these items as determined by the Health and Family Welfare Department, Government of West Bengal vide their Order No. 189-Secy.(H&FW)/20, dated 26.06.2020

As such, now, in cancellation of Finance Department Order No. 58-F (MED) WB dated 14.05.2020 and in continuation of all other Orders of Finance Department related to IPD treatment under WBHS, the Governor is pleased to issue a fresh guidelines for reimbursement towards the cost of any IPD treatment including COVID-19 cases in the following manner for the benefit of members enrolled under West Bengal Health Scheme:-

1. Codes and rates of COVID-19 Test, PPE & Other Protective Gears and Consultation Fees for COVID-19 treatment are as follows:-

| Sl. No. | Particulars | Name of Hospital | | | |
|---------|---|-------------------------------|------------|-----------------------------------|------------|
| | | Tata Medical Center, Rajarhat | | Other Empanelled Private Hospital | |
| | | Code | Rate (Rs.) | Code | Rate (Rs.) |
| a | COVID-19 Test (Through RT-PCR, CBNAAT and TRUENAT method) | 06009674 | 2250/- | 02015224 | 2250/- |
| b | PPE & Other Protective Gears | 06007018 | 1000/- | 01001040 | 1000/- |
| c | Consultation Fees (All) per day for COVID-19 patient. | 06016015 | 600/- | 01001041 | 1000/- |

2. Admissibility of PPE & Other Protective Gears Charges and total nos. of COVID-19 Test for each IPD treatment has been fixed as hereunder:-

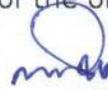
| Sl. No. | Category of Treatment | Nos. of days for which PPE & Other Protective Gears is admissible. | Maximum nos. of admissible COVID-19 test. |
|---------|---|--|---|
| a | Conservative treatment of COVID-19 Patient. | All days of hospitalization | 3 (Three). |
| b | Conservative treatment of Non-COVID-19 Patient. | First 2 (Two) days of hospitalization. | 1 (One). |
| c | Planned Surgical Package/Procedural treatment of Non-COVID-19 Patient | Nil. | Nil. |
| d | Non-Planned Surgical Package/Procedural treatment of Non-COVID-19 Patient | First 2 (Two) days of hospitalization. | 1 (One). |
| e | Conservative treatment where COVID-19 and Non-COVID-19 medication exist. | All days for COVID-19 treatment. | 3(Three). |

3. When a beneficiary under WBHS gets admitted through **Emergency** in a hospital without COVID-19 test, s/he shall be allowed **Private/Isolation Bed** for first two days of hospitalization irrespective of bed entitlement mentioned in his/her enrolment certificate. The beneficiary shall be shifted immediately to his/her entitled bed, when COVID report comes negative. And if COVID-19 report comes positive, the treatment of the beneficiary shall be continued keeping in **Private/Isolation Bed**.

Charges of **Private/Isolation Bed** for both the occasions will be admissible as per rate of WBHS.

4. But for the purpose of availing the planned surgical Package/Procedural treatment, the employee/pensioner or his/her dependent beneficiary shall produce the copy of COVID-19 Report to the hospital at the time of admission. The employee/pensioner may claim such cost of COVID-19 test as per clause 9 of WBHS for reimbursement if it is done at any Empanelled Private Hospital or Diagnostic Centre under West Bengal Health Scheme.

This will come into effect from the date of issuance of the order.


06.08.2020

(Aloke Kumar Mukherjee, WBA & AS)
OSD and Ex Officio Joint Secretary
to the Government of West Bengal
Finance Department

Government of West Bengal
Finance Department
Medical Cell, Writers' Building

No. 84-F(MED)WB

Dated-10/05/2022

Processing of OPD claim for Heart Diseases category in WBHS

All OPD treatments for Heart Disease category vide Clause-7(1)(v) under Government Order No-7287-F Dated 19.09.2008 are not admissible for reimbursement on the basis of only certification of treating doctor in **Annexure-I**. Reimbursement under this category will qualify only when a patient is diagnosed as such along with supporting clinical justification and relevant and authenticated investigation reports.

In this context, the following technical observations may be followed by the all concerned while assessing the admissibility for OPD reimbursement under Heart Diseases category as per diagnosis of a medicine specialist/cardiologist:

1. Rheumatic Heart Disease will come under Heart Diseases.
2. If patient has a history of cardiac surgery like of Bypass Surgery, AICD, Valve Replacement or Implantation of Stent through Angioplasty or Implantation of Pacemaker, will get **lifelong reimbursement of the cost of follow-up medical attendance and treatment** under **Cardiac Surgery** category of 7(2) clause of OPD.
3. Investigations those help to justify a patient suffering from Heart Diseases are CT of Heart, CT Angiography, Coronary Angiography, Myocardial Biopsy, Holter Monitoring/Analysis, Tread Mill Test (TMT), ECG and Echocardiography.
4. A clinical justification specifying vulnerable parameters from treating doctor may be sought for in addition to **Annexure-I**.

Aloke Kumar Mukherjee, WBA & AS
Joint Secretary, Finance Department
Government of West Bengal

Government of West Bengal

Finance department

Audit Branch

Medical cell

No: 101 -F (MED) WB

Date: 11 .10.2018

Notification

The existing, retired State Government employees/Family Pensioners, AIS Officers rendering their services in this State and also retired AIS Officers rendered their services in the affairs of the State have been getting the benefit of medical treatment as provided under the "West Bengal Health For All employees and Pensioners Cashless Medical Treatment Scheme,2014." In terms of Finance Department Memorandum No:28-F(MED)WB;Dated-29.03.2018,enrolment as well as uploading of Photo, Signature and Blood Group in the W.B.Health Portal was open from 01.10.2017 to 31.03.2018.The re-enrolment benefit for the employees/Pensioners who had already opted out of the Scheme was extended from 31.10.2017 to 31.03.2018 vide Finance Department Notification No:953-F(MED)WB;Dated-31.10.2017.However,on further assessment it has been found that still a substantial number of Government Employees and specially Pensioners have yet to enrol themselves under the said Scheme.

Now, the Governor is pleased to order that:

- 1) the existing ,retired State Government employees ,Pensioners, Family Pensioners, AIS and retired AIS officers who have not enrolled their names under the W.B. Health Scheme may be allowed to enrol their names under the Scheme up to 31.03.2019.
- 2) the last date of uploading Photo, Signature and Blood Group in the W.B. health portal(<https://wbhealthscheme.gov.in>) by the already enrolled Govt. employees/Pensioners including Family Pensioners is hereby also extended till 31.03.2019.
- 3) such Employees/Pensioners including Family pensioners who have already opted out of the Scheme may also enrol their names under the W.B.H.S. within 31.03.2019 from the date of issuance of this notification.
- 4) new entrants into the Government service shall, however, be allowed to exercise option and complete enrolment under the Scheme within 2(two) years of their appointment into the Government service.
- 5) the applications for enrolment under the W.B.H.S. should be submitted online keeping adequate time in hand so that the entire process for enrolment should be completed by 31.03.2019.
- 6) the Issuing Authority of the enrolment certificate should ensure that the enrolment process could be completed within 31.03.2019.

By Order of the Governor,

(H.K.Dwivedi)

Additional chief secretary
Government of West Bengal

Copy forwarded for information and necessary action to:-

1. The Accountant General (A&E), West Bengal, Treasury Buildings, Kolkata-700001.
2. The Principal Accountant General (Audit), West Bengal, Treasury Buildings, Kolkata-01.
3. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2, Phears Lane, Kolkata- 700 012.
4. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-1, Hyde Lane, Jawahar Building, Kolkata-700073.
5. The Pay & Accounts Officer – III, I.B. Market, Salt Lake City, Kolkata-700 106.
6. The Additional Chief Secretary/ Principal Secretary/ Secretary, _____
7. The Sub-Divisional Officer, _____
8. The District Magistrate/ Judge, _____
9. The Treasury Officer, _____
10. The _____ Department/ Directorate.
11. The Commissioner, _____
12. The Principal, Industrial Training Institute, _____
13. The Superintendent of Police, _____
14. The Superintending Engineer / Ex-Engineer, _____
15. Hospital Superintendent, _____ Hospital.
16. The Secretary, Public Service Commission, 161A, S. P. Mukherjee Road, Kolkata – 700 026.
17. Director of Treasuries & Accounts, West Bengal, New India Assurance Buildings, 4, Lyons Range, Kolkata -700001.
18. The Registrar General, Calcutta High Court
19. The Secretary, Integrated Hospital Management Cell, Health & Family Welfare Department, Swasthya Bhavan, Sector-V, GN-29, Salt Lake, Kolkata-700091.
20. P. A. to Additional Chief Secretary, Health & Family Welfare Department, Swasthya Bhavan, Sector-V, GN-29, Salt Lake, Kolkata-700091.
21. _____ Branch / Group of Finance Department, Govt. of West Bengal.
22. Shri Sumit Mitra, Network Administrator, Finance (Budget) Department.
(He is requested to upload this Notification on the website of Finance Department.)



Deputy Secretary
to the Government of West Bengal

Government of West Bengal
Finance Department
Medical Cell, Writers 'Building

No. 127-F (MED) WB

Dated: 26.11.2021

ORDER

**Sub: Introduction of online reimbursement claim processing through
WBHS Portal in revised Claim Forms under West Bengal Health
Scheme.**

At present, beneficiaries under the WBHS submit their claims manually to their respective Head of Offices in the prescribed claim Forms C1, C2, C3 and C4 as per Finance Order No. 78-F (MED) WB, dated-22/10/2019, attaching necessary annexure (where applicable) and other treatment documents against each of their individual claim for reimbursing the costs incurred in connection with medical treatment under this Scheme.

Online processing of such reimbursement claims through WBHS Portal and making payments thereof under WBIFMS in integrated web mode was under active consideration for some time past. And, in order to make the **ONLINE** processing of these claim more comprehensively, the existing claim Forms mentioned herein above also required further modification and expansion to meet the need of the purpose.

Now, after careful consideration, the Governor is pleased to implement the online processing of reimbursement claim under West Bengal Health Scheme as per process flows detailed below:

| Sl. No. | Contents of Attachment | Appendix No. |
|---------|--|--------------|
| 1 | Process flow for online reimbursement claim through WBHS Portal. | I |
| 2 | Process flow for preparation of Bill to disburse reimbursement claim from Treasury/PAO through payment integration between WBHS and WBIFMS Portal. | II |

Similarly, the Governor is further pleased to introduce the following Forms and Essentiality Certificates to ensure the online claim processing more comprehensive and purposeful by replacing the existing Claim Forms and Essentiality Certificates circulated earlier vide Order No.78-F(MED)WB, dated-22/10/2019:

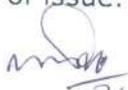
| Sl. No. | Contents of Attachment | | Appendix No. |
|-------------|--|---|--------------|
| 1 | Revised Reimbursement Claim Forms: | | III |
| | Form No. | Heading of Forms | |
| | Form-C1 | Reimbursement of cost for Out-Patient Department (OPD) treatment in Recognised / Empanelled / Enlisted Hospital. | |
| | Form-C2 | Reimbursement of cost for In-Patient Department (IPD) treatment in Non-Empanelled/Hospital. | |
| | Form-C3 | Reimbursement of cost for Cashless In-Patient Department (IPD) treatment in Empanelled Private Hospital. | |
| Form-C4 | Reimbursement of cost for Non-Cashless In-Patient Department (IPD) treatment in Recognised / Empanelled / Enlisted Hospital. | | |
| 2 | Essentiality Certificates: | | IV |
| | Annexure No. | Heading of Annexure | |
| | Annexure-I | Certification of Treating Consultant/Specialist of a Recognized /Empanelled/ Enlisted Hospital for claiming reimbursement of "Out Patient Department" treatment of all notified diseases/ illnesses except <i>Selected Investigations [Vide Clause 10 of Order No. 797-F(MED), dated 31.01.2011] and Prosthesis & Special Devices</i> under WBHS. | |
| Annexure-II | Certification of Medical Superintendent or Administrative Officer of the Non-Empanelled Hospital to claim reimbursement for "In-Patient Department" treatment only under WBHS. | | |

Online processing of reimbursement claim through the new functionality added to WBHSP is mandatory for all treatments on and from the date of effect of this order.

This has the approval of Principal Secretary, Finance Department, Government of West Bengal.

This order shall come into effect from date of issue.

Enclosures: As stated


 26.11.2021
ALOKE KUMAR MUKHERJEE, WBA & AS
Joint Secretary, Finance Department
Government of West Bengal

OSD & EO Joint Secretary
 Finance Department
 Govt. of West Bengal

Appendix-I

(As per Order No. 127-F(MED)WB, dated 26.11.2021)

(Process flow for online reimbursement claim through WBHS Portal)

1. All enrolled employees/pensioners (including family pensioners) will have to create his/her login in WBHS Portal. The followings guidelines are to be followed while creating login in WBHS Portal:
 - a) Employees, who have HRMS ID / Unique ID, shall have to use HRMS ID/Unique ID as **User ID**. For creation of user ID with HRMS ID/Unique ID, the employee has to assure that his/her HRMS/Unique ID has already been incorporated and approved by the competent authority.
 - b) Employees, who do not have HRMS ID / Unique ID (not created in HRMS of WBIFMS till now), will have to use enrollment ID (WB/EMP/XX/XXXXXXXXXX) as **User ID**.
 - c) Pensioners will have to use enrollment ID (WB/PEN/XX/XXXXXXXXXX) as **User ID**.
2. After creation of **User ID** as per option stated above, employee/pensioner has to change his/her system generated password received over mobile no. and e-mail address immediately for further login in WBHS Portal.
3. Further creation of login ID is not needed where employees/pensioners who have already created their login earlier in WBHS Portal. If anyone forgets earlier saved password, s/he can retrieve it by accessing "**Forget Password**" option available in **Government Employee/Pensioner Tab** in the home page of WBHS Portal.
4. Head of Office (HoO)/ Pension Sanctioning Authority (PSA) shall have to take appropriate measures well in advance for incorporation & subsequent approval of bank details of all enrolled employees/pensioners in Certificate Generation section in WBHS Portal for releasing admissible claim amount electronically.
5. HoO shall make necessary arrangement of tagging **Payment Head of Account** against all enrolled employees. Tagging of **Payment Head of Account** is not required for any enrolled pensioners. In case of missing **Payment Head of Account**, HoO shall inform Medical Cell, Finance Department as per instruction mentioned in Order No. 74(7500)-F(MED)WB dated 09.06.2021.
6. Mapping of all enrolled employees/pensioners with Operator (Reimbursement) is mandatory and it has to be completed immediately. Claimant can't submit claims if it is not done. Moreover, every office shall have to map his/her all sub ordinate offices with Operator (Reimbursement) for forwarding of claims of those sub ordinate offices when requires.
7. Claiming reimbursement through WBHS Portal is **purely incorporation of financial and non-financial input** against an eligible treatment availed under this scheme. There is no provision of uploading scan documents in the portal at the time incorporation of input against a treatment.
8. It is mandatory for all enrolled employees to prepare and submit his/her reimbursement claim electronically (online) using his/her personal login in WBHS Portal by providing the details of treatment availed.

9. Online claim preparation using WBHS Portal is optional for pensioner. If pensioner desires, she can claim using WBHS Portal. When a pensioner is unable to prepare and submit claim through online, s/he submits his/her reimbursement claim in **applicable Manual Application Form** attaching all enclosures mentioned in the last part of each manual reimbursement claim form. PSA shall make necessary arrangement for making online incorporation of such claim from the **Operator (Reimbursement)** to whom the concerned pensioner is mapped. This facility will run simultaneously for a limited period of time. Instruction regarding discontinuation of such facility, intimation will be made in due course by circulating a notification.
10. Scope for editing of financial and non-financial earlier incorporated information against a prepared reimbursement claim in web page is possible before final submission to the office of the HoO/PSA.
11. After online submission, employee/pensioner shall have to take a print out of system generated form of claim submitted. Then s/he signs in the appropriate space in form. After signing in form, s/he will attach all necessary enclosures chronologically mentioned in last part of the claim form. When physical copy of claim form is ready for submission, s/he will submit signed copy of such claim form physically to the office of the HoO/PSA within 15 days after online submission. If employee/pensioner fails to submit physical copy of claim, s/he has to attach an application stating the cause of such delay.
12. Clauses of delay condonation as stated in Order No. 2618-F(MED)WB dated 05.04.2011 read with Order No.1040-F(MED)WB dated 01.12.2016 and 72-F(MED)WB dated 14.08.2018 shall also be applicable in online functionality of reimbursement claim processing. Date of physical submission of a claim at the office of the HoO/PSA shall be the yardstick for assessing applicability of condonation.
13. On receiving physical copy of reimbursement claim enclosed with all essential documents, respective Operator shall carefully scrutinize the claim physically and electronically and determines the admissibility based on submitted documents and the guidelines of WBHS. After determining admissibility, **Operator** will forward the claim physically as well as electronically by selecting the level of same or immediate higher authority for further scrutiny incorporating his/her mandatory notes. If there is any discrepancy, Operator may raise objection for compliance of it from the end of the claimant.
14. After getting the claim electronically and physically from a same or subordinate level, intermediary level (i.e. Recommending Authority or Delegated Approver if created) will check and verify it again. After satisfying himself/herself, s/he will forward it with mandatory notes to another user of same or next level of user i.e. , HoO/PSA. As like Operator, user of this level may also raise objection if s/he finds any discrepancy while checking for getting necessary compliance it from the end of the claimant.
15. Registration of **Digital Signature Certificate (DSC)** is required mandatorily for the users like HoO/PSA/Delegated Approver (Reimbursement) in WBHS Portal for generation of sanction order against a claim approved by competent authority.
16. After getting a claim electronically and physically from immediate sub-ordinate user like Recommending Authority or Delegated Approver, HoO/PSA shall verify the claim again. S/he may approve/raise objection/send back or will have to forward it to

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Higher/Controlling Authority. Order No. 9-F(MED)WB, dated 25.02.2019 and 47-F(MED)WB, dated 20.03.2020 issued by Finance Department, Government of West Bengal shall be followed strictly by HoO/PSA while approving a reimbursement claim.

At final stage, the processing for a claim from the end of HoO/PSA or his/her Delegated Approver has to do in two phases i.e. approval of claim with or without registered **DSC** and generation of sanction order with registered **DSC**. Scope of use of DSC by the HoO/PSA/Delegated Approver (Reimbursement) is given below stating the occurrence/incidence.

| Sl. No. | Occurrence/Incidence | User of DSC |
|---------|---|-------------------------------------|
| 1 | Approval of reimbursement claim by the HoO/PSA without using DSC. ** | No one. |
| 2 | Generation of sanction order by any Delegated Approver (Reimbursement) in same hierarchy against a claim approved by the HoO/PSA without DSC. | Delegated Approver (Reimbursement). |
| 3 | Approval and subsequent generation of sanction order a of reimbursement claim by the HoO/PSA. | HoO/PSA |
| 4 | Approval and subsequent generation of sanction order of reimbursement claim by the Delegated Approver (Reimbursement) ***. | Delegated Approver (Reimbursement) |

****Head of the Office/ Pension Sanctioning Authority has to create user like Delegated Approver (Reimbursement) mandatorily for generation of sanction order.**

***** Applicable for Administrative Department only.**

- 17.** Delegated Approver (Reimbursement) created by the office of the HoO/PSA having HOO Code starts with other than **1** (one) can't approve any reimbursement claim. But s/he can generate sanction order using his/her registered DSC against a claim approved by the HoO/PSA without DSC.
- 18.** As like enrollment certificate, no one can approve his/her own claim except Departmental Secretary of the Administrative Department. In case of own claim of HoO other than the Departmental Secretary of Administrative Department, it has to be sent mandatorily to immediate Controlling/Higher Authority for approval.
- 19.** When admissible amount of a claim exceeds the power of ceiling as stated in Order No. 9-F(MED)WB, dated 25.02.2019 and 47-F(MED)WB, dated 20.03.2020 issued by Finance Department, Government of West Bengal, HoO/PSA other than Administrative Department shall forward the claim through WBHS Portal to next Controlling/Higher Authority for its approval. No one should forward any claim to Controlling/Higher Authority without assessing the admissibility of the claim accurately. After getting final amount of admissibility, s/he will take decision of forwarding it to next Controlling/Higher Authority for approval.
- 20.** It is not mandatory to forward physical copy of a claim by the HoO/PSA to his/her Controlling/Higher Authority. But s/he (HoO/PSA) is bound to forward it if Controlling/Higher Authority requires it. Controlling/Higher Authority shall consider treatment type & nature, duration of treatment, claim amount, treating hospital etc before requisition of hard copy of claim.

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21. Once approval of a claim is given by an authority to do so, sanction order can be generated by any user like Delegated Approver created by approving authority or Sub Ordinate HoO/PSA or Delegated Approver created by Sub Ordinate HoO/PSA using his/her registered DSC. Stamp of DSC will be enfacod on sanction order as per designation of the user who generates it.
22. Once sanction order is generated in WBHS Portal, it shall be available for **preview and print** in the login of all stakeholders like employee/pensioner, Operator (Reimbursement), HoO/PSA, Drawing and Disbursing Officer (DDO) and Pay & Accounts Officer/Treasury Officer.
23. In case of any error or discrepancy detected at any level after generation of sanction order and modification necessitates in sanction order, HoO/PSA/Delegated Approver (Reimbursement) may cancel it for further processing it in WBHS Portal.
24. Henceforth generation of Cashless Admissible Reimbursement Certificate (CARC) will not be available at the login of DDO in WBHS Portal. It will be available at the login of HoO/PSA/Delegated Approver (Reimbursement). Now it is the responsibility of signing CARC lies with the authority that generates it.
25. Old reimbursement claims submitted by employee/pensioner before issuance of this order and under processing at different level of government offices, shall be disposed as per existing office procedure. Payment of such claim to be released to claimant by presenting bill in **TR Form-68 Form** to respective Pay & Accounts Office / Treasury Office within 31.03.2023 positively.
26. DDO of respective HoO/PSA shall not present any reimbursement claim in **TR Form 68** where treatment is done on or from the date of issuance of this order. S/he presents such reimbursement claim in **TR Form-68C** for payment to respective Pay and Accounts Office/Treasury Office adopting the functionality of Payment Integration between WBHS Portal and WBIFMS.
27. When an employee/pensioner transfers from one office to another, all pending claims submitted by the concerned employee/pensioner has to be transferred to new office at the time of transferring enrollment certificate. HoO/PSA/Delegated Approver (Certificate Generation and Reimbursement) will transfer all pending reimbursement claims by selecting DDO & HoO code details and name Operator (Reimbursement) of the new office. Certification for Non-Drawl from government account shall be given by transferring authority on hard copy of submitted pending claim before dispatching to new office.


26/11/2024

SRI ALOKE KUMAR MUKHERJEE, WBA & AS
Joint Secretary, Finance Department
Government of West Bengal

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Appendix-II

(As per Order No.127-F(MED)WB dated 26.11.2021)

(Process flow for Treasury/PAO Bill preparation and disbursement of reimbursement claim through Payment Integration between WBHS Portal and WBIFMS)

Disbursement of reimbursement claim of WBHS against sanction order generated in WBHS Portal will be released in web based payment integration between WBHS and WBIFMS Portal. Newly introduced TR Form-68C shall be used for submission of bill to PAO/TO for payment. It will be prepared by any Operator (Reimbursement) in WBHS Portal. Then s/he forwards it to Drawing and Disbursing Officer (DDO) in WBHS Portal. When bill is ready for submission to PAO/TO, DDO will submit it to **E-Billing sub-module of WBIFMS** electronically. Finally DDO submits the bill to PAO/TO using his/her DSC from there for payment to claimant. Detailed process flow of such mechanism is stated below:-

1. Once a sanction order is generated by the HoO/PSA/Delegated Approver against a reimbursement claim, it will be available for **Treasury/PAO Bill** preparation at the login of Operator (Reimbursement) in WBHS Portal. A **Treasury/PAO Bill** consists of TR Form-68C and Beneficiary List.
2. First Operator (Reimbursement) will take print 2 (two) copies of DSC stamped sanction order against each claim from **Sanctioned Case** menu available in his/her Login.
3. After taking print of such sanction order, Operator (Reimbursement) will arrange both **Treasury/PAO Set** and **Office Set** of such claim and tag one sanction order at the front of each set. S/he sorts all sets according to **Payment Head of Account** for preparation of **Treasury/PAO Bill** in WBHS Portal.
4. Then s/he generates a **Treasury/PAO Bill** in TR Form-68C incorporating Bill No. & Bill Date from **Bill Transit Register (BTR)** by selecting a particular **Payment Head of Account** using **Prepare TR 68C** sub menu under **E-Billing** menu available in his/her login in WBHS Portal. A unique **15 digits Departmental Reference No. (DRN)** will be generated when a **Treasury/PAO Bill** is prepared in WBHS Portal. Operator can choose maximum 8 (Eight) sanction orders of same or different claimant of a particular **Payment Head of Account** while preparing a **Treasury/PAO Bill**. Modification like inclusion or exclusion of sanction order against a prepared **Treasury/PAO Bill** is possible before forwarding it to DDO in WBHS Portal. DRN will be used for future reference.
5. After generation of a **Treasury/PAO Bill**, Operator (Reimbursement) will forward both physical copy and soft version of **Treasury/PAO Bill** to DDO for checking. Here s/he

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- may take print out of Beneficiary List and TR Form-68C such **Treasury/PAO Bill** from WBHS Portal for scrutiny and other purposes.
6. DSC registration is not required for DDO in WBHS Portal. After getting **Treasury/PAO Bill** physically as well as electronically from Operator (Reimbursement), DDO will check it carefully. When DDO satisfies himself/herself that the **Treasury/PAO Bill** is ready for submission to PAO/TO, s/he will submit it to WBIFMS through web service from WBHS Portal.
 7. All submitted **Treasury/PAO Bills** from WBHS Portal may or may not reach to WBIFMS. On successful web service from WBHS Portal to WBIFMS, **Treasury/PAO Bill** will show at **Task List of E-Billing Module** at the login of DDO in WBIFMS with auto generated **Reference No.** Displaying of **Treasury/PAO Bill** with **Reference No.** at **Task List of E-Billing Module** of WBIFMS shall not happen in real time. It will display in WBIFMS within one hour after forwarding it from WBHS Portal and show at 11.00am, 12.00 Noon, 1.00pm, 2.00pm, 3.00pm, 4.00pm, 5.00pm and 6.00pm. In E-Billing Module of WBIFMS, DDO can't make any alteration in **TR Form-68C** and **Beneficiary List**. S/he can add only comments by selecting "**Addl. Certificate**". In case of any major mistakes detected in E-Billing Module, DDO can reject the respective **Treasury/PAO Bill** in WBIFMS for reprocessing the attached sanction orders again in WBHS Portal.
 8. On unsuccessful web service, **Treasury/PAO Bill** will not reach to WBIFMS from WBHS Portal. Use of duplicate Bill No., shortage of Allotment (if applicable), invalid Payment Head of Account etc are the cause of such unsuccessful web service. DDO shall have to take additional care while forwarding bill to WBIFMS. DDO will check the report of unsuccessful event of web service and take action for reprocessing of such sanction orders.
 9. When a **Treasury/PAO Bill** ready for submission to PAO/TO in WBIFMS, DDO will submit it using his/her registered DSC. DDO will make necessary arrangement of taking print out (if missed out earlier) of mandatory attachments that is required for before sending hard copy of such **Treasury/PAO Bill** to PAO/TO. Operator of E-Billing in WBIFMS has no obligatory role for bill preparation with TR Form-68C.
 10. As like other bills, Pay & Accounts Officer / Treasury Officer shall process the bill complying guidelines issued by Finance Department, Government of West Bengal. In **Treasury/PAO Bill**, codes and admissibility of a particular reimbursement bill shall not be shown. If Pay & Accounts Officer / Treasury Officer want to see detail, s/he has to check it using his/her login in WBHS Portal. Pass or Objection of the bill is the final outcome at PAO/TO.
 11. On successful transaction (having correct IFSC Code and Account No.) from Reserve Bank of India (RBI) against payment mandate given from PAO/TO of a passed bill, amount of the bill will be credited to tagged account of respective claimant.

West Bengal Health Scheme

Disbursement details along with UTR No. generated from RBI will be shown automatically in the login of different stakeholders in due course.

12. In case of unsuccessful transaction (having wrong IFSC Code and Account No.) from Reserve Bank of India against payment mandate given from PAO/TO of a passed bill, it will come under **Failed Transaction** and the same will show at the login of DDO in **E-Billing** module of WBIFMS. Details of such failed transaction will appear when **Integrated Type** is selected with **West Bengal Health Scheme (WBHS)** with sub type **Failed Correction/Cancellation by DDO**. S/he will make necessary communication to HoO/PSA about such failed transaction. DDO will modify wrong account after getting correct account details from HoO/PSA for making transaction successful. It is the responsibility of HoO/PSA to make correction of bank details in Certificate Generation section of that employee/pensioner for stopping further failed transaction.
13. When bill is objected from PAO/TO owing missing attachment, signature & other reasons. Gross amount and net amount does not require any modification. After generation of Return Memo from PAO/TO, the bill will show at **Task List of E-Billing Module** at the login of DDO in WBIFMS. DDO shall resubmit the bill again complying with the objection raised from PAO/TO. No action is required at WBHS Portal.
14. If any sanction order requires modification in admissibility on the basis of objection raised from PAO/TO, DDO first reject the concerned **Treasury/PAO Bill** from the **Task List of E-Billing Module** in WBIFMS. After rejection, all tagged sanction orders in rejected **Treasury/PAO Bill** will be available at the login of HoO/Delegated Approver (Reimbursement) within one hour as like mentioned above in Sl. No. 7 for cancellation and subsequent further processing. After cancellation of concerned sanction order by HoO/Delegated Approver (Reimbursement), it will reach to Operator (Reimbursement) who started processing at first level for reprocessing in WBHS Portal.
15. Validity of a sanction order generated in WBHS Portal will be expired at the end of financial year in which it is generated. Cancellation and reprocessing of expired sanction order is required for fresh **Treasury/PAO Bill** submission to respective PAO/TO.


26.11.2021

SRI ALOKE KUMAR MUKHERJEE, WBA & AS
Joint Secretary, Finance Department
Government of West Bengal

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Form -C1**Reimbursement for cost of Out-Door Patient (OPD) treatment in
Recognised/Empanelled/Enlisted Hospital under West Bengal Health Scheme***(As per Order No.-127-F(MED)WB, dated 26.11.2021)**(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office where Employee/Pensioner/Family Pensioner attached)*

To
 The (Designation of HoO)
 (Name of the Office)
 (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost of Out-Patient Department (OPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

| 1. Details of Employee/Pensioner/Family Pensioner. | | | |
|---|---|---|-----------------------------|
| Full Name (in Block letters) | | HRMS ID / PPO No. | |
| Enrolment ID No. | | Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i> | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any. | | | |
| 2.1 | Name of Patient | | |
| 2.2 | Name of recognised/empanelled/enlisted hospital where treatment was availed. | | |
| 2.3 | Requirement of approval of delay condonation, if any(Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Details of Claimant <i>(Applicable in case of death of employee or pensioner or family pensioner)</i> | | | |
| Sl.No. | Name of claimant | Relation | |
| 3.1 | | | |
| 4. Permission Details, If any | | | |
| Sl. No. | Permission sought | Details of permission approval | |
| 4.1 | For treatment availed in enlisted hospital outside West Bengal(see clause 14 of order no.7287, dated 19.09.2008). | Memo No. : Date: Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal, if any: | |

Part-II [Details of Expenditure Statement of OPD treatment]

| 5. Details of OPD Treatment | | | | |
|-----------------------------|--|--------------------------------|--------------------------|---|
| Sl. No. | Particulars | Details | | |
| 5.1 | Category of OPD Claim (Tick mark in appropriate box)[See list of diseases/illness mentioned in clause 7(1) and 7(2)] | As per clause 7(1) of OPD List | <input type="checkbox"/> | As per clause 7(2) of OPD List <input type="checkbox"/> |

| | | | | |
|--|--|---|---|------------------------|
| 5.2 | Name and Nature of OPD Disease/Illness or follow-up medical attendance and treatment | | | |
| 5.3 | Date of OPD/Follow up consultation | | | |
| 6. Expenditure Statement of OPD/Follow Up treatment | | | | |
| Sl.No. | Name of Components | | | Amount Claimed (Rs.) |
| 6.1 | Procedure Charges | | | |
| | Sl. No. | Name of Procedure | Procedure Code | Amount Admissible (Rs) |
| 6.2 | Consultation Fees | | | |
| 6.3 | Cost of Pathological and Radiological Investigations | | | |
| | Sl. No. | Name of Investigation | Coded / Non-Coded | Code of Investigation |
| 6.4 | Cost of Medicines | | | |
| | Period of post consultation medicine consumption | | From | To |
| 6.5 | Cost of Implant / Prosthesis & Special Device | | | |
| | Sl. No. | Name of Implant / Prosthesis & Special Device | Code of Implant / Prosthesis & Special Device | Amount Admissible (Rs) |
| 6.6 | Miscellaneous (specify) | | | Total |
| | | | | No. of Vouchers |

Part-III [Medical Advance]

| | | | | | |
|--|----------|--------------------|----------------------|-----------------------|--------------|
| 7. Details of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |

Part-IV [Refund of Medical Advance]

| | | | | | |
|--|----------|--------------------|----------------------|-----------------------|--------------|
| 8. Details of Refund of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |

| | |
|---|------------------|
| Net Claim: [Part-II minus Part III] or [Part-II minus Part-III plus Part IV] | |
| Rs. : | In words: Rupees |

Part-V [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|---|--|---|
| 1 | Annexure-I duly signed with proper stamp in by Treating Consultant/Specialist of a recognised/empanelled/enlisted hospital or copy of duly signed and stamped Annexure-I (See Notes of Annexure-I carefully). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Enrolment Certificate of beneficiary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Original Vouchers (Money Receipts) in chronological dates | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of OPD Prescription | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of permission granted if any | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Original copy of Voucher/ Tax Invoice of Implants purchased | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of all investigation/ test reports in sequentially. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Essentiality supported with prescription and audiometric report from treating recognised/empanelled/enlisted hospital (Applicable only for claiming reimbursement of Prosthesis and Special Devices). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 10 | Filled ECS mandate form in case of those, whose bank details is not available in WBHS Portal (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:


 26.11.2021
 OSD & EO Joint Secy.
 Finance Department
 Govt. of West Bengal

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters :

Designation/Last Designation :

Form -C1**Reimbursement for cost of Out-Door Patient (OPD) treatment in
Recognised/Empanelled/Enlisted Hospital under West Bengal Health Scheme***(As per Order No.127-F(MED)WB, dated 26.11.2021)**(Generated by Employee/Pensioner/Family Pensioner from WBHS Portal)*

To

The (Designation of HoO)

..... (Name of the Office)

..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement for cost of Out-Patient Department (OPD) treatment at recognised/empanelled /enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

| 1. Details of Employee/Pensioner/Family Pensioner. | | | |
|---|---|------------------------------------|-----------------------------|
| Full Name | | HRMS ID / PPO No. | |
| Enrolment ID No. | | Claim Application ID. | |
| Bed Entitlement | | Date of Enrolment | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any. | | | |
| 2.1 | Name of Patient | | |
| | Beneficiary ID | | |
| | Relationship with Employee/Pensioner/Family Pensioner | | |
| 2.2 | Name of recognised/empanelled/enlisted hospital where treatment was availed. | | |
| | Code of hospital | | |
| | Class of entitlement of hospital | | |
| | Address of hospital | | |
| 2.3 | Requirement of approval of delay Condonation, if any(Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Detail of Claimant (Applicable in case of death of employee or pensioner or family pensioner) | | | |
| Sl.No. | Name of claimant | Relation | |
| 3.1 | | | |
| 4. Permission Details, If any | | | |
| Sl. No. | Permission sought | Details of permission approval | |
| 4.1 | For treatment availed in enlisted hospital outside West Bengal(see clause 14 of order no.7287, dated 19.09.2008). | Memo No. : | |
| | | Date : | |
| | | Designation / Authority : | |
| | | U.O. No. and date of | |
| | | Finance Deptt.West Bengal, if any: | |

Part-II [Details of Expenditure Statement of OPD treatment]

| 5. Details of OPD Treatment | | | | | |
|-----------------------------|---|--------------------------------|--------------------------|--------------------------------|--------------------------|
| Sl. No. | Particulars | Details | | | |
| 5.1 | Category of OPD Claim (Tick mark in appropriate box) [See list of | As per clause 7(1) of OPD List | <input type="checkbox"/> | As per clause 7(2) of OPD List | <input type="checkbox"/> |

| | | | | | | | | |
|--|--|---|---|------------------------|------------------------|-----------------|----------------------|--|
| | <i>diseases/illness mentioned in clause 7(1) and 7(2)]</i> | | | | | | | |
| 5.2 | Name and Nature of OPD Disease/Illness or follow-up medical attendance and treatment | | | | | | | |
| 5.3 | Date of OPD/Follow up consultation | | | | | | | |
| 6. Expenditure Statement of OPD/Follow Up treatment | | | | | | | | |
| Sl. No. | Name of Components | | | | | | Amount Claimed (Rs.) | |
| 6.1 | Procedure Charges | | | | | | | |
| | Sl. No. | Name of Procedure | Procedure Code | Amount Admissible (Rs) | | | | |
| 6.2 | Consultation Fees | | | | | | | |
| 6.3 | Cost of Pathological and Radiological Investigations | | | | | | | |
| | Sl. No. | Name of Investigation | Coded / Non-Coded | Code of Investigation | Amount Admissible (Rs) | | | |
| 6.4 | Cost of Medicines | | | | | | | |
| | Period of post consultation medicine consumption | | From | | To | | | |
| 6.5 | Cost of Implant / Prosthesis & Special Device | | | | | | | |
| | Sl. No. | Name of Implant / Prosthesis & Special Device | Code of Implant / Prosthesis & Special Device | | Amount Admissible (Rs) | | | |
| 6.6 | Miscellaneous (specify) | | | | | | | |
| | | | | | | Total | | |
| | | | | | | No. of vouchers | | |

Part-III [Medical Advance]

| | | | | | |
|--|----------|--------------------|----------------------|-----------------------|--------------|
| 7. Details of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |

Part-IV [Refund of Medical Advance]

| | | | | | |
|--|----------|--------------------|----------------------|-----------------------|--------------|
| 8. Details of Refund of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |

Net Claim: [Part-II minus Part III] or [Part-II minus Part-III plus Part IV]

Rs. ; In words; Rupees

Part-V [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary

Online Application Form

of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|---|--|---|
| 1 | Annexure-I duly signed with proper stamp by Treating Consultant/Specialist of a Recognised/Empanelled/Enlisted Hospital or copy of duly signed and stamped Annexure-I(See Note of annexure-I carefully) . | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Original Vouchers (Money Receipts) in chronological dates | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Copy of OPD Prescription | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of permission granted if any | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Original copy of Voucher/ Tax Invoice of Implants purchased | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Copy of all investigation/ test reports in sequentially. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Essentiality supported with prescription and audiometric report from treating recognised/empanelled/enlisted hospital. (Applicable only for claiming reimbursement of Prosthesis and Special Devices) . | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 9 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters :

Designation/Last Designation :


26.11.2024
OSD & EO Joint Secy
Finance Department.
Govt. of West Bengal

Form –C2**Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled Hospital/Nursing Home/Health Care Organisation under West Bengal Health Scheme***(As per Order No.127-F(MED)WB, dated 26.11.2021)**(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office where Employee/Pensioner/Family Pensioner attached)*

To

The (Designation of HoO)

..... (Name of the Office)

..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost of In-Patient Department (IPD) treatment at non-empanelled hospital/nursing home/health care organisation under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

| 1. Details of Employee/Pensioner/Family Pensioner. | | | |
|---|---|---|-----------------------------|
| Full Name (in Block letters) | | HRMS ID / PPO No. | |
| Enrolment ID No. | | Claim Application ID <i>(To be filled at the time of online entry from end the Head of Office)</i> | |
| 2. Detail of Patient, Treating Hospital and Condonation Requirement, if any | | | |
| 2.1 | Name of Patient | | |
| 2.2 | Name of hospital where treatment was availed. | | |
| 2.3 | Requirement of approval of delay Condonation, if Any (Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Detail of Claimant (Applicable in case of death of employee or pensioner or family pensioner) | | | |
| Sl.No. | Name of claimant | Relation | |
| 3.1 | | | |

Part-II [Details and Expenditure Statement of IPD treatment]

| 4. Period of treatment | | | | | |
|-------------------------------|-----------------------|------------------------------|----------------|-------------------|------------------------------|
| Admission Date | | | Discharge Date | | |
| 5. Type of Discharge | | | | | |
| Sl. No. | Type of Discharge | Tick mark in appropriate box | Sl. No. | Type of Discharge | Tick mark in appropriate box |
| 5.1 | Normal | <input type="checkbox"/> | 5.3 | Referral | <input type="checkbox"/> |
| 5.2 | Risk Bond | <input type="checkbox"/> | 5.4 | Death | <input type="checkbox"/> |
| 6. Amount Claimed for | | | | | |
| Sl. No. | Type of Treatment | | | | Tick mark in appropriate box |
| 6.1 | Package Treatment | | | | <input type="checkbox"/> |
| 6.2 | Non-Package Treatment | | | | <input type="checkbox"/> |

| | | | | | | | | |
|---|--|--|------|------|--|-------------------------------------|--------------------------|--|
| 6.3 | Both Package and Non-Package Treatment | | | | | | <input type="checkbox"/> | |
| 6.1 Details of Package Treatment | | | | | | | | |
| Period of Package Treatment | | | | From | | | To | |
| Sl. No | Name of Packages | | | | | | Amount Claimed (Rs.) | |
| 6.1.1 | | | | | | | | |
| 6.1.2 | | | | | | | | |
| 6.1.3 | | | | | | | | |
| 6.1.4 | | | | | | | | |
| 6.1.5 | Total | | | | | | | |
| 6.2 Details of Implants Used | | | | | | | | |
| Sl. No. | Name of Implants | | | | | | Amount Claimed (Rs.) | |
| 6.2.1 | | | | | | | | |
| 6.2.2 | | | | | | | | |
| 6.2.3 | | | | | | | | |
| 6.2.4 | Total | | | | | | | |
| 6.3 Details of Package Treatment | | | | | | | | |
| Period of Package Treatment | | | | From | | | To | |
| Sl. No. | Name of Components | | | | | | Amount Claimed (Rs.) | |
| 6.3.1 | Room/ Bed Rent | | From | | | To | | |
| | ICCU/ITU/ICU/NICU/PICU | | From | | | To | | |
| | HDU/SDU | | From | | | To | | |
| | Burn Unit | | From | | | To | | |
| | CRIB | | From | | | To | | |
| | General/Semi-Private/Private | | From | | | To | | |
| 6.3.2 | Consultation Fees | | | | | | | |
| 6.3.3 | Pathological and Radiological Investigations | | | | | | | |
| 6.3.4 | Medicines | | | | | | | |
| 6.3.5 | Consumables | | | | | | | |
| 6.3.6 | Special Nursing/Aya Charges | | | | | | | |
| 6.3.7 | Miscellaneous. (If Any Specify) | | | | | | | |
| | | | | | | Total | | |
| | | | | | | Total Treatment Cost [6.1+ 6.2+6.3] | | |
| | | | | | | Nos. of Vouchers | | |

Part-III [Details of Discount and Insurance Coverage]

| 11. Details of Discount and Insurance Coverage, if any | | | |
|--|--------------------|--------------|---------|
| Sl. No. | Particulars | Amount (Rs.) | Remarks |
| 1 | Discount | | |
| 2 | Insurance Coverage | | |

| | |
|---|------------------|
| Net Claim:(Part-II minus Part-III) | |
| Rs. ; | In words; Rupees |

Part-IV [Declaration of Employee / Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken againstme in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|--|--|---|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1 | Annexure-II duly signed with proper stamp by the Medical Superintendent or Administrative Officer of the Non-Empanelled Hospital/Nursing Home/Health Care Organisation where treatment availed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Enrolment Certificate of beneficiary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Bill Summary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Original Vouchers (Money Receipts) in chronological dates | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of Discharge Summary (case summary and copy of death certificate in case of death) and OT note | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Detailed Bill | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Original copy of Voucher/ Tax Invoice of Implants used | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Copy of all investigation/ test reports in sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | Copy of OT Note in case of package treatment and treatment summary or bed head ticket in case of package treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | In case of death of Employee, Pensioner and Family Pensioner; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 11 | Filled ECS mandate form in case of those, whose bank details is not available in WBHS Portal (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:


 24.11.2024

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :

OSD & EO Joint Secretar:
Finance Department
Govt. of West Bengal

Form -C2**Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled Hospital/Nursing Home/Health Care Organisation under West Bengal Health Scheme***(As per Order No.127-F(MED)WB, dated 26.11.2021)**(Generated by Employee/Pensioner/Family Pensioner from WBHS Portal)*

To
 The (Designation of HoO)
 (Name of the Office)
 (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement for cost of In-Patient Department (IPD) treatment at non-empanelled hospital/nursing home/health care organisation under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

| 1. Details of Employee/Pensioner/Family Pensioner. | | | |
|--|---|------------------------------|-----------------------------|
| Full Name | | HRMS ID / PPO No. | |
| Enrolment ID | | Claim Application ID | |
| Bed Entitlement | | Date of Enrolment | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any | | | |
| 2.1 | Name of Patient | | |
| | Beneficiary ID | | |
| | Relationship with Employee/Pensioner/Family Pensioner | | |
| 2.2 | Name of the hospital where treatment was availed. | | |
| | Bed Capacity of the hospital | | |
| | CE Licence No. | | |
| | CE Licence valid up to | | |
| 2.3 | Requirement of approval of delay Condonation, if any (Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | |
| 3. Details of Claimant (Applicable in case of death of employee or pensioner or family pensioner) | | | |
| Sl.No. | Name of claimant | Relation | |
| 3.1 | | | |

Part-II [Details of Expenditure Statement of IPD treatment]

| 4. Period of treatment | | | | | |
|-------------------------------|--|------------------------------|----------------|-------------------|------------------------------|
| Admission Date | | | Discharge date | | |
| 5. Type of Discharge | | | | | |
| Sl. No. | Type of Discharge | Tick mark in appropriate box | Sl. No. | Type of Discharge | Tick mark in appropriate box |
| 5.1 | Normal | <input type="checkbox"/> | 5.3 | Referral | <input type="checkbox"/> |
| 5.2 | Risk Bond | <input type="checkbox"/> | 5.4 | Death | <input type="checkbox"/> |
| 6. Amount Claimed for | | | | | |
| Sl. No. | Type of Treatment | | | | Tick mark in appropriate box |
| 6.1 | Package Treatment | | | | <input type="checkbox"/> |
| 6.2 | Package Treatment | | | | <input type="checkbox"/> |
| 6.3 | Both Package and Non-Package Treatment | | | | <input type="checkbox"/> |

| 6.1 Details of Package Treatment | | | | | | |
|--------------------------------------|--|--|------|------|----------------------|----------------------|
| Period of Package Treatment | | | | From | To | Amount Claimed (Rs.) |
| Sl. No | Name of Packages | | | | | |
| 6.1.1 | | | | | | |
| 6.1.2 | | | | | | |
| 6.1.3 | | | | | | |
| 6.1.4 | | | | | | |
| 6.1.5 | | | | | | |
| Total | | | | | | |
| 6.2 Details of Implants Used | | | | | | |
| Sl. No. | Name of Implants | | | | Amount Claimed (Rs.) | |
| 6.2.1 | | | | | | |
| 6.2.2 | | | | | | |
| 6.2.3 | | | | | | |
| 6.2.4 | | | | | | |
| Total | | | | | | |
| 6.3 Details of Non-Package Treatment | | | | | | |
| Period of Non- Package Treatment | | | | From | To | Amount Claimed (Rs.) |
| Sl. No. | Name of Components | | | | | |
| 6.3.1 | Room/ Bed Rent | | | From | To | |
| | ICCU/ITU/ICU/NICU/PICU | | | From | To | |
| | HDU/SDU | | | From | To | |
| | Burn Unit | | | From | To | |
| | CRIB | | | From | To | |
| General/Semi-Private/Private | | | From | To | | |
| 6.3.2 | Consultation Fees | | | | | |
| 6.3.3 | Pathological and Radiological Investigations | | | | | |
| 6.3.4 | Medicines | | | | | |
| 6.3.5 | Consumables | | | | | |
| 6.3.6 | Special Nursing/Aya Charges | | | | | |
| 6.3.7 | Miscellaneous. (If Any Specify) | | | | | |
| Total | | | | | | |
| Total Treatment Cost [6.1+ 6.2+6.3] | | | | | | |
| Nos. of Vouchers | | | | | | |

Part-III [Details of Discount and Insurance Coverage]

| 11. Details of Discount and Insurance Coverage, if any | | | |
|--|--------------------|--------------|---------|
| Sl. No. | Particulars | Amount (Rs.) | Remarks |
| 1 | Discount | | |
| 2 | Insurance Coverage | | |

Net Claim:(Part-II minus Part-III)

Rs. ;

In words; Rupees

Part-IV [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|---|------------------------------|-----------------------------|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1 | Annexure-II duly signed with proper stamp by the Medical Superintendent or Administrative Officer of the Non-Empanelled Hospital/Nursing Home/Health Care Organisation where treatment availed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Bill Summary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Original Vouchers (Money Receipts) in chronological dates | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of Discharge Summary (case summary and copy of death certificate in case of death) and OT note | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Detailed Bill | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Original copy of Voucher/ Tax Invoice of Implants used | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of all investigation/ test reports in sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Copy of OT Note in case of package treatment and treatment summary or bed head ticket in case of package treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | In case of death of Employee, Pensioner and Family Pensioner; | | |
| | a. An affidavit on stamp paper by claimant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | b. No objection from other legal heirs on stamp papers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | c. Copy of death certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :



26.11.2021

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Form –C3**Reimbursement for cost of Cashless In-Patient Department (IPD) treatment in Recognised/Empanelled/Enlisted Hospital/Nursing Home/Health Care Organisation under West Bengal Health Scheme***(As per Order No.127-F(MED)WB, dated 26.11.2021)**(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office where employee/pensioner/family pensioner attached)*

To

The (Designation of HoO)
 (Name of the Office)
 (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....)
 towards reimbursement of cost cashless of In-Patient Department (IPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

| 1. Details of Employee/Pensioner/Family Pensioner | | | |
|--|---|---|-----------------------------|
| Full Name <i>(in Block letters)</i> | | HRMS ID / PPO No. | |
| Enrolment ID No. | | Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i> | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any | | | |
| 2.1 | Name of Patient | | |
| 2.2 | Name of recognised/empanelled/enlisted hospital where treatment was availed | | |
| 2.3 | Requirement of approval of delay Condonation, if any(Mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Details of Claimant <i>(applicable in case of death of employee or pensioner or family pensioner)</i> | | | |
| Sl.No. | Name of claimant | Relation | |
| 3.1 | | | |
| 4. Permission Details (If any) | | | |
| Sl.No. | Permission sought | Details of permission approval | |
| 4.1 | For treatment availed in empanelled private hospital within West Bengal[see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012] | Permission ID : Permission approved for: | |

Part-II [Expenditure Statement of IPD treatment]

| 5. Details of Treatment in Cashless Mode | | | |
|--|---|----------------|----------------|
| Sl. No. | Particulars | | Details |
| 5.1 | Transaction ID of Cashless Treatment <i>(See Form- D4 supplied by hospital at the time of discharge)</i> | | |
| 5.2 | Treatment Period | Admission Date | Discharge Date |
| 5.3 | Total Treatment Cost (Rs.) | | |

| | | |
|--|---|--|
| 5.4 | Cashless Admissible Reimbursement Certificate (CARC)No. (Not mandatory to put at the time of online claiming. Put if CARC generated) | |
| 5.5 | Amount paid to hospital (Rs.) | |
| 5.6 | Amount admissible for reimbursement against CARC(Rs.) (Not mandatory to put at the time of claiming. Put the figure if CARC generated) | |
| Total Claim of Indoor Cashless Treatment(Rs.) (amount mentioned in 5.6) | | |
| Nos. of Vouchers | | |

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

| | | | | | |
|--|--|------|--------------------|------------------------------|-----------------------------|
| 6. Indoor related OPD treatment | | | | | |
| Do you want to claim Indoor related OPD expenditure [cost of OPD treatment of 30 days prior and post hospitalisation]? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Details of Indoor related OPD Consultation | | | | | |
| Dates | | | Name of Consultant | | |
| | | | | | |
| | | | | | |
| 8. Details Expenditure of Indoor related OPD treatment | | | | | |
| Sl. No. | Name of Components | | | | Amount Claimed (Rs.) |
| 8.1 | Consultation Fees | | | | |
| 8.2 | Cost of Pathological and Radiological Investigations | | | | |
| 8.3 | Cost of Medicines | | | | |
| | Period of post discharge medicine consumption | From | | To | |
| 8.4 | Cost of Special Devices | | | | |
| 8.5 | Miscellaneous (specify) | | | | |
| Total claim of indoor related OPD(Rs.) | | | | | |
| Nos. of Vouchers | | | | | |

Part-IV [Medical Advance]

| | | | | | |
|--|----------|--------------------|----------------------|-----------------------|--------------|
| 9. Details of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-V [Refund of Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 10. Details of Refund of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-VI [Details of Discount and Insurance Coverage]

| 11. Details of Discount and Insurance Coverage, if any | | | |
|--|--------------------|--------------|---------|
| Sl. No. | Particulars | Amount (Rs.) | Remarks |
| 1 | Discount | | |
| 2 | Insurance Coverage | | |

Net Claim: [Part-II plus Part-III minus Part IV plus Part V minus Part VI] or [Part-II plus Part-III minus Part IV plus Part-V minus Part VI]

Rs. ; In words; Rupees

Part-VII [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|--|--|---|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1 | Enrolment Certificate of beneficiary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Bill Summary of Indoor Treatment and OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Original Vouchers (Money Receipts) of both Indoor and OPD treatment in chronological dates | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of related OPD Prescriptions sequentially (if claimed) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of Discharge Summary or Case Summary (in case of death) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Signed or unsigned copy of Form-D4 supplied by the treating hospital. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of all investigations/ tests report of Indoor related OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 9 | Filled ECS mandate form in case of those, whose bank details is not available in WBHS Portal (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:


11/11/2024

**OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal**

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :

Form -C3**Reimbursement for cost of Cashless In-Patient Department (IPD) treatment in Recognised/Empanelled/Enlisted Hospital/Nursing Home/Health Care Organisation under West Bengal Health Scheme**

(As per Order No.127-F(MED)WB, dated 26.11.2021)
(Generated by employee/pensioner from WBHS Portal)

To
The (Designation of HoO)
..... (Name of the Office)
..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost of cashless In-Patient Department (IPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

| 1. Details of Employee/Pensioner/Family Pensioner | | | |
|---|---|---|-----------------------------|
| Full Name | | HRMS ID / PPO No. | |
| Enrolment ID No. | | Claim Application ID. | |
| Bed Entitlement | | Date of Enrolment | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any | | | |
| 2.1 | Name of Patient | | |
| | Beneficiary ID | | |
| | Relationship with Employee/Pensioner/Family Pensioner | | |
| 2.2 | Name of hospital where treatment was availed. | | |
| | Code of Hospital | | |
| | Class of Entitlement of Hospital | | |
| | Address of Hospital | | |
| 2.3 | Requirement of approval of delay Condonation, if any(Mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Details of Claimant (applicable in case of death of employee or pensioner or family pensioner) | | | |
| Sl. No. | Name of claimant | Relation | |
| 3.1 | | | |
| 4. Permission Details (If any) | | | |
| Sl. No. | Permission sought | Details of permission approval | |
| 4.1 | For treatment availed in empanelled private hospital within West Bengal[see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012] | Permission ID : Permission approved for: | |

Part-II [Expenditure Statement of IPD treatment]

| 5. Details of Treatment in Cashless Mode | | | |
|--|---|----------------|----------------|
| Sl. No. | Particulars | | Details |
| 5.1 | Transaction ID of Cashless Treatment | | |
| 5.2 | Treatment Period | Admission Date | Discharge Date |
| 5.3 | Total Treatment Cost (Rs.) | | |
| 5.4 | Cashless Admissible Reimbursement Certificate (CARC)No. | | |

| | | |
|--|---|--|
| | (Not mandatory to put at the time of online claiming. Put if CARC generated) | |
| 5.5 | Amount paid to hospital (Rs.) | |
| 5.6 | Amount admissible for reimbursement against CARC (Rs.) (Not mandatory to put at the time of online claiming. Put the figure if CARC generated) | |
| Total Claim of Indoor Cashless Treatment(Rs.) | | |
| Nos. of Vouchers | | |

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

| | | | |
|--|--|--------------------|------------------------------|
| 6. Indoor related OPD treatment | | | |
| Do you want to claim Indoor related OPD expenditure [cost of OPD treatment of 30 days prior and post hospitalisation]? | | | Yes <input type="checkbox"/> |
| | | | No <input type="checkbox"/> |
| 7. Details of Indoor related OPD Consultation | | | |
| Dates | | Name of Consultant | |
| | | | |
| | | | |
| | | | |
| 8. Details Expenditure of Indoor related OPD treatment | | | |
| Sl. No. | Name of Components | | Amount Claimed (Rs.) |
| 8.1 | Consultation Fees | | |
| 8.2 | Cost of Pathological and Radiological Investigations | | |
| 8.3 | Cost of Medicines | | |
| | Period of post discharge medicine consumption | From | To |
| 8.4 | Cost of Special Devices | | |
| 8.5 | Miscellaneous (specify) | | |
| Total claim of indoor related OPD(Rs.) | | | |
| Nos. of Vouchers | | | |

Part-IV [Medical Advance]

| | | | | | |
|--|----------|--------------------|----------------------|-----------------------|--------------|
| 9. Details of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-V [Refund of Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 10. Details of Refund of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |

Part-VI [Details of Discount and Insurance Coverage]

| 11. Details of Discount and Insurance Coverage, if any | | | |
|--|--------------------|--------------|---------|
| Sl. No. | Particulars | Amount (Rs.) | Remarks |
| 1 | Discount | | |
| 2 | Insurance Coverage | | |

| | |
|--|------------------|
| Net Claim: [Part-II plus Part-III minus Part IV plus Part V minus Part VI] or [Part-II plus Part-III minus Part IV plus Part-V minus Part VI] | |
| Rs. ; | In words; Rupees |

Part-VII [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of Enclosures to be attached | Enclosed or not | |
|---------|--|------------------------------|-----------------------------|
| 1 | Bill Summary of Indoor Treatment and OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Original Vouchers (Money Receipts) of both Indoor and OPD treatment in chronological dates | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Copy of related OPD Prescriptions sequentially (if claimed) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of Discharge Summary or Case Summary (in case of death) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of all investigations/ tests report of Indoor related OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :


 26.11.2024
OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Form -C4**Reimbursement for cost of Non-Cashless In-Patient Department (IPD) treatment in Recognised/Empanelled/Enlisted Hospital under West Bengal Health Scheme***(As per Order No.127 -F(MED)WB, dated 26.11.2021)**(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office where Employee/Pensioner/Family Pensioner attached)*

To
 The (Designation of HoO)
 (Name of the Office)
 (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....)
 towards reimbursement of cost of non-cashless In-Patient Department (IPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

| 1. Details of Employee/Pensioner/Family Pensioner | | | |
|--|---|---|-----------------------------|
| Full Name <i>(in Block letters)</i> | | HRMS ID / PPO No. | |
| Enrolment ID No. | | Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i> | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any | | | |
| 2.1 | Name of Patient | | |
| 2.2 | Name of the hospital where treatment was availed | | |
| 2.3 | Requirement of approval of delay Condonation, if any(Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Details of Claimant <i>(applicable in case of death of employee or pensioner or family pensioner)</i> | | | |
| Sl.No. | Name of claimant | Relation | |
| 3.1 | | | |
| 4. Permission Details (If any) | | | |
| Sl.No. | Permission sought | Details of permission approval | |
| 4.1 | For treatment availed in empanelled private hospital within West Bengal[see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012] | Permission ID : Permission approved for: | |
| 4.2 | For treatment availed in enlisted hospital outside West Bengal(see clause 14 of Order No.7287, dated 19.09.2008). | Memo No. : Date: Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal, if any: | |

Part-II [Expenditure Statement of IPD treatment]

| 5. Details of Treatment in Reimbursement Mode (If No is selected in Sl. No 3) | | | |
|---|----------------|--|----------------|
| Period of treatment | Admission Date | | Discharge date |
| 6. Type of Discharge | | | |

| Sl. No. | Type of Discharge | (Tick mark in appropriate box) | Sl. No. | Type of Discharge | (Tick mark in appropriate box) |
|--|---|--------------------------------|-------------------------|----------------------|--------------------------------|
| 6.1 | Normal | <input type="checkbox"/> | 6.3 | Referral | <input type="checkbox"/> |
| 6.2 | Risk Bond | <input type="checkbox"/> | 6.4 | Death | <input type="checkbox"/> |
| 7.Amount Claimed for | | | | | |
| Sl. No. | Type of Treatment | | | | (Tick mark in appropriate box) |
| 7.1 | Package Treatment | | | | <input type="checkbox"/> |
| 7.2 | Non-Package Treatment | | | | <input type="checkbox"/> |
| 7.3 | Both Package and Non-Package Treatment | | | | <input type="checkbox"/> |
| 7.1 Details of Package Treatment | | | | | |
| Period of Package Treatment | | | From | To | Amount Claimed (Rs.) |
| Sl.No. | Name of Procedures/ Packages | | Procedure Code | | |
| 7.1.1 | | | | | |
| 7.1.2 | | | | | |
| 7.1.3 | | | | | |
| 7.1.4 | | | | | |
| 7.1.5 | | | | | |
| Total | | | | | |
| 7.2 Details of Implants Used | | | | | |
| Sl.No. | Name of Implants | Coded or Non-coded | Implants Code, if coded | Amount Claimed (Rs.) | |
| 7.2.1 | | | | | |
| 7.2.2 | | | | | |
| 7.2.3 | | | | | |
| 7.2.4 | | | | | |
| 7.2.5 | | | | | |
| Total (Rs.) | | | | | |
| 7.3 Details of Non-Package Treatment. | | | | | |
| Period of Non -Package Treatment. | | | From | To | Amount Claimed (Rs.) |
| Sl. No. | Name of Component | | | | |
| 7.3.1 | Room/ Bed Rent | | From | To | |
| | ICCU/ITU/ICU/NICU/PICU | | From | To | |
| | HDU/SDU | | From | To | |
| | Burn Unit | | From | To | |
| | CRIB | | From | To | |
| | General/Semi-Private/Private | | From | To | |
| 7.3.2 | Consultation Fees. | | | | |
| 7.3.3 | Pathological and Radiological Investigations. | | | | |
| 7.3.4 | Medicines. | | | | |
| 7.3.5 | Consumables | | | | |
| 7.3.6 | Special Nursing/Aya Charges | | | | |
| 7.3.7 | Miscellaneous. (If any specify) | | | | |

| | |
|--|--|
| Total Claim of Reimbursement Mode of Treatment(Rs.) (amount mentioned in 7.1+ 7.2+7.3) | |
| Nos. of vouchers | |

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

| | | | | | |
|--|--|------|--------------------|------------------------------|-----------------------------|
| 8. Indoor related OPD treatment | | | | | |
| Do you want to claim Indoor related OPD expenditure [cost of OPD treatment of 30 days prior and post hospitalisation]? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Details of Indoor related OPD Consultation | | | | | |
| Dates | | | Name of Consultant | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 10. Details Expenditure of Indoor related OPD treatment | | | | | |
| Sl. No. | Name of Components | | | | Amount Claimed (Rs.) |
| 10.1 | Consultation Fees | | | | |
| 10.2 | Cost of Pathological and Radiological Investigations | | | | |
| 10.3 | Cost of Medicines | | | | |
| | Period of post discharge medicine consumption | From | | To | |
| 10.4 | Cost of Special Device | | | | |
| 10.5 | Miscellaneous (specify) | | | | |
| Total claim of indoor related OPD(Rs.) | | | | | |
| Nos. of vouchers | | | | | |

Part-IV [Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 11. Details of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-V [Refund of Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 12. Details of Refund of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-VI [Details of Discount and Insurance Coverage]

| | | | |
|---|--------------------|--------------|---------|
| 13. Details of Discount and Insurance Coverage, if any | | | |
| Sl. No. | Particulars | Amount (Rs.) | Remarks |
| 1 | Discount | | |
| 2 | Insurance Coverage | | |

| | |
|---|------------------|
| Net Claim: [Part-II plus Part-III minus Part IV minus Part VI] or [Part-II plus Part-III minus Part IV plus V minus Part VI] | |
| Rs. ; | In words; Rupees |

Part-VII [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|--|--|---|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1 | Enrolment Certificate of beneficiary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Bill Summary of Indoor Treatment and OPD treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Original Vouchers (Money Receipts) of both Indoor and OPD treatment in chronological dates | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of related OPD Prescriptions (if claimed) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of Discharge Summary (Case Summary and copy of death certificate in case of death) and OT note | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of permission granted, if any | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of compliance of clause (3) and or (4) or (5) as per Order No. 11253(80)-F(MED), dated 16/12/2011, from treating hospital (If required). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Copy of Detailed Bill of Indoor Treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | Original copy of Voucher/ Tax Invoice of Implants used | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11 | In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 12 | Filled ECS mandate form in case of those, whose bank details is not available in WBHS Portal (in case of first claim only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :


26.11.2021

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Form -C4**Reimbursement for cost of Non-Cashless In-Patient Department (IPD) treatment in Recognised/Empanelled/Enlisted Hospital under West Bengal Health Scheme***(As per Order No.127-F(MED)WB, dated 26.11.2021)**(Generated by Employee/Pensioner/Family Pensioner from WBHS Portal)*

To
 The (Designation of HoO)
 (Name of the Office)
 (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....)
 towards reimbursement for cost of non-cashless In-Patient Department (IPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

| 1. Details of Employee/Pensioner/Family Pensioner | | | |
|--|---|--|-----------------------------|
| Full Name | | HRMS ID / PPO No. | |
| Enrolment ID No. | | Claim Application ID. | |
| Bed Entitlement | | Date of Enrolment | |
| 2. Details of Patient, Treating Hospital and Condonation Requirement, if any | | | |
| 2.1 | Name of Patient | | |
| | Beneficiary ID | | |
| | Relationship with Employee/Pensioner/Family Pensioner | | |
| 2.2 | Name of the hospital where treatment was availed. | | |
| | Code of the hospital | | |
| | Class of entitlement of the hospital | | |
| | Address of Hospital | | |
| 2.3 | Requirement of approval of delay Condonation, if any(Tick mark in appropriate box) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Details of Claimant (applicable in case of death of employee or pensioner or family pensioner) | | | |
| Sl. No. | Name of claimant | Relation | |
| 3.1 | | | |
| 4. Permission Details (If any) | | | |
| Sl. No. | Permission sought | Details of permission approval | |
| 4.1 | For treatment availed in empanelled private hospital within West Bengal[see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012] | Permission ID : Permission approved for: | |
| 4.2 | For treatment availed in enlisted hospital outside West Bengal (see clause 14 of Order No.7287, dated 19.09.2008). | Memo No. : Date : Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal, if any: | |

Part-II [Details of Expenditure Statement of IPD treatment]

| 5. Details of Treatment in Reimbursement Mode | | | | | |
|---|---|--------------------------------|-------------------------|----------------------|--------------------------------|
| Period of treatment | | Admission Date | | Discharge date | |
| 6. Type of Discharge | | | | | |
| Sl. No. | Type of Discharge | (Tick mark in appropriate box) | Sl. No. | Type of Discharge | (Tick mark in appropriate box) |
| 6.1 | Normal | <input type="checkbox"/> | 6.3 | Referral | <input type="checkbox"/> |
| 6.2 | Risk Bond | <input type="checkbox"/> | 6.4 | Death | <input type="checkbox"/> |
| 7. Amount Claimed for | | | | | |
| Sl. No. | Type of Treatment | | | | (Tick mark in appropriate box) |
| 7.1 | Package Treatment | | | | <input type="checkbox"/> |
| 7.2 | Non-Package Treatment | | | | <input type="checkbox"/> |
| 7.3 | Both Package and Non-Package Treatment | | | | <input type="checkbox"/> |
| 7.1 Details of Package Treatment | | | | | |
| Period of Package Treatment | | | From | To | |
| Sl. No. | Name of Procedures/ Packages | | Procedure Code | Amount Claimed(Rs.) | |
| 7.1.1 | | | | | |
| 7.1.2 | | | | | |
| 7.1.3 | | | | | |
| 7.1.4 | | | | | |
| 7.1.5 | | | | | |
| | | | | Total | |
| 7.2 Details of Implants Used | | | | | |
| Sl. No. | Name of Implants | Coded or Non-coded | Implants Code, if coded | Amount Claimed (Rs.) | |
| 7.2.1 | | | | | |
| 7.2.2 | | | | | |
| 7.2.3 | | | | | |
| 7.2.4 | | | | | |
| 7.2.5 | | | | | |
| | | | | Total (Rs.) | |
| 7.3 Details of Non-Package Treatment. | | | | | |
| Period of Non-Package Treatment. | | | From | To | |
| Sl. No. | Name of Components | | | | Amount Claimed (Rs.) |
| 7.3.1 | Room/ Bed Rent | | | | |
| | ICCU/ITU/ICU/NICU/PICU | | From | To | |
| | HDU/SDU | | From | To | |
| | Burn Unit | | From | To | |
| | CRIB | | From | To | |
| | General/Semi-Private/Private | | From | To | |
| 7.3.2 | Consultation Fees. | | | | |
| 7.3.3 | Pathological and Radiological Investigations. | | | | |
| 7.3.4 | Medicines. | | | | |

| | | |
|---|---------------------------------|--|
| 7.3.5 | Consumables | |
| 7.3.6 | Special Nursing/Aya Charges | |
| 7.3.7 | Miscellaneous. (If any specify) | |
| Total Claim of Reimbursement Mode of Treatment(Rs.) (amount mentioned in 7.1+ 7.2+7.3) | | |
| Nos. of vouchers | | |

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

| | | | | | |
|--|--|------|--------------------|------------------------------|-----------------------------|
| 8. Indoor related OPD treatment | | | | | |
| Do you want to claim Indoor related OPD expenditure [cost of OPD treatment of 30 days prior and post hospitalisation]? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Details of Indoor related OPD Consultation | | | | | |
| Dates | | | Name of Consultant | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 10. Details Expenditure of Indoor related OPD treatment | | | | | |
| Sl. No. | Name of Components | | | | Amount Claimed (Rs.) |
| 10.1 | Consultation Fees | | | | |
| 10.2 | Cost of Pathological and Radiological Investigations | | | | |
| 10.3 | Cost of Medicines | | | | |
| | Period of post discharge medicine consumption | From | | To | |
| 10.4 | Cost of Special Device | | | | |
| 10.5 | Miscellaneous (specify) | | | | |
| Total claim of indoor related OPD(Rs.) | | | | | |
| Nos. of vouchers | | | | | |

Part-IV [Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 11. Details of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Voucher No. | Treasury Voucher Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-V [Refund of Medical Advance]

| | | | | | |
|---|----------|--------------------|----------------------|-----------------------|--------------|
| 12. Details of Refund of Medical Advance, if any | | | | | |
| Name of PAO/Treasury from where it was drawn | DDO Code | Designation of DDO | Treasury Challan No. | Treasury Challan Date | Amount (Rs.) |
| | | | | | |
| | | | | | |

Part-VI [Details of Discount and Insurance Coverage]

| | | | | | |
|---|--|--|--|--|--|
| 13. Details of Discount and Insurance Coverage, if any | | | | | |
|---|--|--|--|--|--|

| Sl. No. | Particulars | Amount (Rs.) | Remarks |
|---------|--------------------|--------------|---------|
| 1 | Discount | | |
| 2 | Insurance Coverage | | |

| | |
|---|------------------|
| Net Claim: [Part-II plus Part-III minus Part IV minus Part VI] or [Part-II plus Part-III minus Part IV plus V minus Part VI] | |
| Rs. ; | In words; Rupees |

Part-VII [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

| Sl. No. | Name/Particulars of enclosures to be attached | Enclosed or not | |
|---------|---|--|---|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1 | Bill Summary of Indoor Treatment and OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Money Receipts of both Indoor and OPD treatment sequentially | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Original Vouchers (Money Receipts) of both Indoor and OPD treatment in chronological dates | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Copy of Discharge Summary (Case Summary and copy of death certificate in case of death) and OT note | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Copy of permission granted if any. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Copy of compliance of clause (3) and or (4) or (5) as per Order No. 11253(80)-F(MED), dated 16/12/2011, from treating hospital (If required). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Copy of Detailed Bill of Indoor Treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Original copy of Voucher/ Tax Invoice of Implants used | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment in sequence manner (In chronological order) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | In case of death of Employee, Pensioner and Family Pensioner; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> |
| 11 | Any other instruments (Specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Date:

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :


26.11.2021
OSD & EO Joint Secy:
Finance Department
Govt. of West Bengal

Annexure-I

(As per Order No. 127-F(MED)W, dated 26.11.2021)

Certification of Treating Consultant/Specialist of a Recognised/Empanelled/Enlisted Hospital for claiming reimbursement of "Out Patient Department" treatment for all notified diseases/illnesses except Selected Investigations [Vide Clause 10 of Order No. 797-F(MED), dated 31.01.2011] and Prosthesis & Special Devices under WBHS.

1. Certified that the Patient, Sri/Smt. _____, having Beneficiary ID _____, is a beneficiary of West Bengal Health Scheme.
2. S/he has been suffering from/undergoing follow up _____ (specify name of disease) as listed in Sl. No. _____ of the OPD list as per 7(1) / 7(2) clause as mentioned below*.
3. Date of consultation is _____.

Date:

Signature of the Treating Consultant/Specialist :
Name of the Hospital :
Official Seal of the Hospital :

***List of Out-Patient Department (OPD) diseases and Follow-up Medical Attendance under West Bengal Health Scheme.**

| As per Clause 7(1) of Order No. 7287-F, dated 19-09-2008 | | | | As per Clause 7(2) of Order No. 7287-F, dated 19-09-2008 | |
|--|--|---------|--|--|--|
| Sl. No. | Name of Disease | Sl. No. | Name of Disease | Sl. No. | Name of Disease |
| 1 | Malignant Diseases. | 2 | Tuberculosis. | 1 | Neuro Surgery. |
| 3 | Hepatitis B/C and Other Liver Diseases. | 4 | Type 1 Insulin Dependent Diabetes | 2 | Cardiac Surgery (Including Coronary Angioplasty and implants). |
| 5 | Heart Diseases. | 6 | Neurological Disorder/ Cerebra Vascular Disorders. | 3 | Cancer Surgery/ Chemotherapy/ Radiotherapy. |
| 7 | Malignant Malaria. | 8 | Renal Failure. | 4 | Renal Transplant. |
| 9 | Thallasaemia/ Bleeding disorders/ Platelet Disorders. | 10 | Injuries Caused by Accident (including Animal Bite). | 5 | Hip/ Knee replacement Surgery. |
| 11 | Rheumatoid Arthritis. | 12 | Systematic Lupus Erythematous (LUPUS). | 6 | Accident cases. |
| 13 | Crohn's Disease. | 14 | Endodontic Treatment (Root Canal Treatment). | | |
| 15 | COPD (Chronic Obstructive Pulmonary Disease). | 16 | Ankylosing Spondylitis | | |
| 17 | Selected Investigations [Vide Clause 10 of Order No. 797-F(MED), dated 31.01.2011] | 18 | Prosthesis and Special Devices. | | |

Note:

1. In case of **occasional OPD consultation**, employee/pensioner/family pensioner can claim reimbursement under WBHS **only once** with original copy of Annexure-I.
2. In case of **continuous OPD consultation**, employee/pensioner/family pensioner can claim maximum 2 (Two) times reimbursement under WBHS. S/he can submit his/her successive reimbursement claim with photo copy of signed Annexure-I **only once**. Consultation with treating specialist is mandatory after every six months from the date of previous consultation for getting further reimbursement under WBHS.


26.11.2021

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Annexure-II

(As per Order No.127-F(MED)WB, dated 26.11.2021)

Certification of Medical Superintendent(MS) or Administrative Officer (AO)of the Non-Empanelled Hospital for claiming reimbursement of only "In-Patient Department" treatment under WBHS.

1. Certified that the patient, Sri/Smt. _____, having the Beneficiary ID _____, is a beneficiary of West Bengal Health Scheme.
2. S/he availed an indoor treatment in our institution from _____ to _____.
3. Certified that our institution obtained a Clinical Establishment Licence from Health and Family Welfare Department, Govt. of West Bengal bearing No. _____ and the Licence is valid up to _____.
4. Certified that the Nos. of Beds in our institution is _____ (_____) as per processed CE Licence issued by Health and Family Welfare Department, Govt. of West Bengal.

Date:

Signature of MS/AO :

Name of Hospital :

Official Seal of the Hospital :


26.11.2021
OSD & EO Joint Secy.
Finance Department
Govt. of West Bengal

Note:Medical Superintendent or Administrative Officer of concerned treating hospital shall certify the above in official letter head of the organization.

**Government of West Bengal
Finance Department
Medical Cell, Writers' Building**

No. 129-F(MED)WB

Dated-30/06/2022

MEMORANDUM

As per Finance Department Order No. 24-F(MED)WB dated 16.02.2022, the last date for inclusion of Aadhaar No. of the enrolled beneficiary under WBHS is 30.06.2022. On assessment of the progress in this respect, it has been found that, still, a substantial number of enrolled employees/pensioners along with their beneficiaries above the age of five years, have not yet incorporate their Aadhaar No. in the database of WBHS.

As such, the Governor is now pleased to extend the last date for incorporation of the Aadhaar No. for the employees/pensioners along with their beneficiaries above the age of five years up to 31.03.2023 failing which, they may face inconvenience to avail uninterrupted benefits under the WBHS.

Alope Kumar Mukherjee, WBA & AS
Joint Secretary, Finance Department
Government of West Bengal

Government Of West Bengal
Finance [Audit] Department
"NABANNA"

325, S.Chatterjee Road, Howrah – 711 102.

No. 672-F[P2]/FA/O/2M/21/17(N.B.).

Dated, Howrah the 24th January, 2019.

NOTIFICATION

Consequent upon enhancement of retirement age from 62 years to 65 years in respect of all full-time regular Teachers, Principals as well as Librarians and Graduate Laboratory Instructors of all State-aided Universities and government-aided Colleges, holding a substantive post and enjoying Government-approved notified scale of pay, the question of raising retirement age of the full-time regular Teachers, Principals, Librarians and Physical Instructors of Government Colleges of all categories in a similar manner has been under active consideration of the State Government.

Now, considering all aspects of the matter, the Governor is hereby pleased to direct that notwithstanding anything contained in rule 75 of the West Bengal Service rules Part-I and the West Bengal Services (Death-cum-Retirement Benefits) Rules, 1971, the retirement age of all full-time regular Teachers, Principals, Librarians and Physical Instructors of Government Colleges (Government General Degree Colleges, Government Teachers' Training Degree Colleges, Government Physical Education Degree Colleges, Government Art & Craft College, Kolkata and Government Degree Level Engineering Colleges) enjoying teaching status and equivalent scale of pay and holding substantive posts and in service on 1st January, 2019, shall be enhanced from sixty-two to sixty-five years, with immediate effect.

The Governor, in this regard, is also pleased to direct that all other rules/orders/notifications regulating service terms and conditions of such Teachers, Principals, Librarians and Physical Instructors including the rules regarding Death-cum-Retirement Benefits and the rules regarding Voluntary retirement shall remain unaltered, except to the above extent.

Necessary amendments in the West Bengal Services rules Part-I shall be made in due course.

By Order of the Governor,

Sd/- H.K. Dwivedi

Additional Chief Secretary to the
Government of West Bengal.

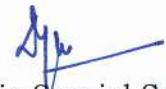
Contd...p/2...

No. 672/1(500)-F[P2]

Dated, Howrah the 24th January, 2019.

Copy forwarded to :-

1. The Principal Accountant General (A&E), West Bengal, Treasury Buildings, 2, Govt. Place(West), Kolkata-700001.
2. The Principal Accountant General (General & Social Sector Audit), West Bengal, Treasury Buildings, 2, Govt. Place(West), Kolkata-700001.
3. The Accountant General (Economic and Revenue Sector Audit), West Bengal, 3rd MSO Building, CGO Complex, DF Block, 5th Floor, Sector-I, Salt Lake, Kolkata-700064.
4. The Chief Secretary to the Government of West Bengal.
5. The Residential Commissioner, Government of West Bengal, A/2, State Emporia Buildings, Baba Kharak Singh Marg, New Delhi- 110 001.
6. The Governor's Secretariat, Governor House, Raj Bhavan, Kolkata- 700 062.
7. The Additional Chief Secretary to the Government of West Bengal.
8. The Additional Chief Secretary/Principal Secretary/Secretary,
9. The Divisional Commissioner.....
10. The Commissioner/Additional Secretary/Special Secretary/Joint Secretary/Deputy Secretary of Finance Department.
11. The Director of Treasuries & Accounts, West Bengal, 8, Lyons Range, Mitra N Building, 2nd & 3rd floor, Kolkata- 700 001.
12. The District Magistrate.....
13. The District Judge.....
14. The Department/Directorate for necessary circulation.
15. The Director..... for The Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, Subhanna, CGO Complex, 5th & 6th floor, Plot No. 9, DF Block, Salt Lake, Sector-I, Kolkata-700 064.necessary circulation.
16. The Deputy Secretary & D.D.O., Finance Department, Accounts Branch, Nabanna, Howrah.
17. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2, Phears Lane, Kolkata-700012.
18. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-1, Hyde Lane, Jawahar Building, Kolkata-700012.
19. Building, Kolkata-700012.
20. The Sub-Divisional Officer,
21. The Superintendent of Police,
22. The Treasury Officer,
23. Shri Sumit Mitra, Network Administrator, Finance Department for uploading this Memorandum in the website of Finance Department.
24. Office Copy.


O.S.D. & Ex-Officio Special Secretary to the
Government of West Bengal.

GOVERNMENT OF WEST BENGAL
FINANCE DEPARTMENT
AUDIT BRANCH

No.-1873-F(J)-W.B.

Date : 21/05/2019

MEMORANDUM

SUBJECT : State Government Employees Group Insurance Scheme, 1987-Table of Benefits under Savings Fund for the year of cessation of Membership 2019.

In continuation of this Department's Memo No 4112-F(J)WB dated 01.11.2018, the undersigned is directed to say that a new table of benefits showing accumulation of savings fund under the above-mentioned scheme corresponding to a unit subscription of Rs. 10/- (Rupees Ten) only per month has drawn up for the period from 01.05.2019 to 31.10.2019 matching with the Central Government Employees Group Insurance Scheme, 1980 circulated under GOI's OM No. 7(2)/EV/2016 dated 10.12.2018.

2. A copy of the said table is enclosed herewith as ready reckoner. The figures have been worked out on the basis of the rate of interests as follows :-

| From | To | Interest p.a. (compounded quarterly) | From | To | Interest p.a. (compounded quarterly) |
|------------|------------|---|------------|------------|---|
| 01.11.1987 | 31.10.2001 | 12.0% | 01.11.2014 | 31.10.2017 | 8.7% |
| 01.11.2001 | 31.10.2002 | 11.0% | 01.11.2017 | 31.01.2018 | 8.0% |
| 01.11.2002 | 31.10.2003 | 9.5% | 01.02.2018 | 30.04.2018 | 7.9% |
| 01.11.2003 | 31.10.2004 | 9.0% | 01.05.2018 | 31.10.2018 | 7.8% |
| 01.11.2004 | 31.10.2012 | 8.0% | 01.11.2018 | 30.04.2019 | 7.6% |
| 01.11.2012 | 31.10.2013 | 8.6% | 01.05.2019 | 31.07.2019 | 7.6% |
| 01.11.2013 | 31.10.2014 | 8.8% | 01.08.2019 | 31.10.2019 | 8.0% |

The mortality rate continues to remain unchanged.

3. The amounts shown in the table are applicable (with the fractions) for one unit and to be rounded off after calculating the final amount payable.

4. The amounts shown in the table are applicable to a member of Group-D category. Corresponding amounts for the member of higher groups may be calculated proportionately.

5. It is assumed that subscriptions have fully been realised from salary up to the month in which a member ceases to be in service, failing which the same shall be deducted with interest from his/her entitlement.

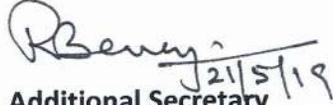
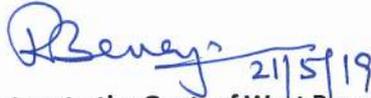

21/5/19
Additional Secretary
to the Govt. of West Bengal

TABLE OF BENEFITS SHOWING SAVINGS FUND ACCUMULATIONS UNDER THE GROUP INSURANCE
SCHEME, 1987 FOR SUBSCRIPTION @ RS. 10/- PER MONTH; MONTH OF CESSATION: 2019

Amount in Rupees

| Year of Entry | May'19 | June'19 | July'19 | August'19 | September'19 | October'19 |
|---------------|----------|----------|----------|-----------|--------------|------------|
| 1987 | 16406.76 | 16517.02 | 16627.97 | 16745.09 | 16862.99 | 16981.67 |
| 1988 | 14629.25 | 14728.32 | 14828.01 | 14933.21 | 15039.11 | 15145.71 |
| 1989 | 13021.37 | 13110.32 | 13199.83 | 13294.25 | 13389.29 | 13484.96 |
| 1990 | 11590.28 | 11670.22 | 11750.67 | 11835.49 | 11920.87 | 12006.82 |
| 1991 | 10318.07 | 10390.00 | 10462.39 | 10538.68 | 10615.48 | 10692.78 |
| 1992 | 9189.20 | 9254.04 | 9319.28 | 9388.00 | 9457.17 | 9526.80 |
| 1993 | 8189.35 | 8247.89 | 8306.80 | 8368.82 | 8431.24 | 8494.08 |
| 1994 | 7297.01 | 7349.94 | 7403.20 | 7459.23 | 7515.63 | 7572.40 |
| 1995 | 6505.02 | 6552.96 | 6601.20 | 6651.92 | 6702.97 | 6754.36 |
| 1996 | 5802.61 | 5846.13 | 5889.93 | 5935.93 | 5982.25 | 6028.87 |
| 1997 | 5179.05 | 5218.65 | 5258.49 | 5300.32 | 5342.42 | 5384.80 |
| 1998 | 4623.58 | 4659.68 | 4696.01 | 4734.11 | 4772.46 | 4811.06 |
| 1999 | 4129.03 | 4162.02 | 4195.21 | 4229.99 | 4265.01 | 4300.25 |
| 2000 | 3695.88 | 3726.14 | 3756.59 | 3788.47 | 3820.56 | 3852.87 |
| 2001 | 3308.37 | 3336.19 | 3364.18 | 3393.46 | 3422.94 | 3452.61 |
| 2002 | 2959.76 | 2985.39 | 3011.18 | 3038.12 | 3065.24 | 3092.54 |
| 2003 | 2645.38 | 2669.03 | 2692.83 | 2717.66 | 2742.66 | 2767.83 |
| 2004 | 2358.43 | 2380.27 | 2402.25 | 2425.16 | 2448.22 | 2471.43 |
| 2005 | 2094.53 | 2114.71 | 2135.02 | 2156.16 | 2177.44 | 2198.86 |
| 2006 | 1850.73 | 1869.38 | 1888.14 | 1907.65 | 1927.28 | 1947.04 |
| 2007 | 1625.49 | 1642.72 | 1660.06 | 1678.06 | 1696.17 | 1714.40 |
| 2008 | 1417.41 | 1433.33 | 1449.35 | 1465.95 | 1482.66 | 1499.48 |
| 2009 | 1225.18 | 1239.89 | 1254.69 | 1270.00 | 1285.41 | 1300.92 |
| 2010 | 1047.58 | 1061.17 | 1074.85 | 1088.97 | 1103.18 | 1117.49 |
| 2011 | 883.51 | 896.07 | 908.71 | 921.73 | 934.83 | 948.02 |
| 2012 | 731.81 | 743.42 | 755.10 | 767.10 | 779.18 | 791.34 |
| 2013 | 592.42 | 603.15 | 613.95 | 625.02 | 636.15 | 647.37 |
| 2014 | 464.54 | 474.46 | 484.45 | 494.66 | 504.93 | 515.28 |
| 2015 | 347.25 | 356.44 | 365.68 | 375.11 | 384.59 | 394.14 |
| 2016 | 239.64 | 248.15 | 256.71 | 265.41 | 274.17 | 282.99 |
| 2017 | 140.90 | 148.79 | 156.73 | 164.76 | 172.86 | 181.00 |
| 2018 | 49.93 | 57.25 | 64.61 | 72.04 | 79.51 | 87.04 |

 21/5/19

Additional Secretary to the Govt. of West Bengal
Finance Department

Copy forwarded for information to:

1. The Principal Accountant General (A&E), W.B , Treasury Buildings, Kolkata-700001.
2. The Commissioner, _____ (All Divisions).
3. The Additional Chief Secretary/Principal Secretary / Secretary,
_____ Department.
4. The Director _____ (All Directorates).
5. The District Magistrate/Judges _____ (All Districts).
6. The Commissioner / Superintendent of Police, _____ (All)
7. The S.D.O. _____ (All).

She/He is requested to circulate the Memo along with the enclosure to all offices under her/his jurisdiction.

8. The Deputy Secretary, Finance Department, Accounts Branch, Nabanna, Howrah-711102.
9. The Assistant Secretary, Finance Department, Bikas Bhawan, Salt Lake, Kolkata-700091.
10. The Assistant Secretary, Finance Department, Group-H, Writers' Buildings.
11. The Pay and Accounts Officer, Kolkata Pay and Accounts Office-I,II &III.
12. The D.T.A., W. B, Mitra Building, Lyons Range, Kol-700001.
13. Sri Sumit Mitra, Network Administrator, Finance Department, Nabanna, Howrah-711102 with request to upload this Memo in F.D's Website.
14. Office copy.


Additional Secretary
to the Govt. of West Bengal,
Finance Department

**GOVERNMENT OF WEST BENGAL
FINANCE DEPARTMENT, AUDIT BRANCH
325, SARAT CHATTERJEE ROAD
N A B A N N A
HOWRAH-711 102**

Memo. No. 3992-F(Y).

Dated, Howrah, the 15th July, 2019.

**Sub : Drawal of T.A. / D.A. bill for official tour undertaken by
a Government employee – clarification thereof.**

Under the existing rules, the travelling expenses for undertaking an official tour by an employee is, irrespective of his duty assignment, debited to the same head as his pay, except where the Government employee is made to travel on duty connected with an outside body or fund.

Owing to this fact several offices are facing difficulties in allowing such T.A. / D.A. bills in favour of the employee for tour undertaken by him on behalf of another office where he is not substantially posted.

In view of the position stated above, the procedure for drawal of T.A. / D.A. bill for tour undertaken by an employee on behalf of the Office where he holds additional charge, has been under consideration of the Government for some time past.

After careful consideration of the matter in all its aspects the Governor is now pleased to lay down the following clarification;

| Holding Original Charge in | With Additional Charge in | Tour undertaken in connection with the official affairs of Original Charge | Tour undertaken in connection with the official affairs of Additional Charge |
|----------------------------|---------------------------|---|--|
| Purely Government Office | Purely Government Office | T.A. / D.A. shall be drawn by the D.D.O. of the Government Office from where his / her salary is drawn. | T.A. / D.A. shall be drawn by the D.D.O. of the Government Office from where his / her salary is drawn. |
| Purely Government Office | Parastatal | T.A. / D.A. shall be drawn by the D.D.O. of the Government Office from where his / her salary is drawn. | T.A. / D.A. shall be drawn from the fund of Parastatal where he is holding additional charge. |
| Parastatal | Purely Government Office | T.A. / D.A. shall be drawn from the fund of Parastatal where he is holding original charge. | T.A. / D.A. bills for tour undertaken by the employee on behalf of the Government office where he is holding additional charge, shall be drawn from the Parastatal where from his salary is drawn. The Parastatal concerned may prefer claim for reimbursement to the Government office on behalf of which he has undertaken tour. |
| Parastatal | Parastatal | T.A. / D.A. shall be drawn from the fund of Parastatal where he is holding original charge. | T.A. / D.A. shall be drawn from the fund of Parastatal where he is holding additional charge. |

This has the concurrence of Finance Department, Group-T vide U.O. No.Group-T/2018-2019/1554, dated 09.03.2019.

Sd/- S. K. De.

**Joint Secretary to the
Government of West Bengal.**

Contd....P/2

No. 3992/1(400)–F(Y).

Dated, Howrah, the 15th July, 2019.

Copy forwarded for information and necessary action to :—

- 1) The Principal Accountant General (A & E), West Bengal,
Treasury Buildings, 2, Government Place West, Kolkata–700 001.
- 2) The Principal Accountant General (Audit), West Bengal,
Treasury Buildings, 2, Government Place West, Kolkata–700 001.
- 3) The Accountant General (Receipt, Works and Local Bodies Audit), West Bengal, C.G.O. Complex,
3rd M.S.O. Building, 5th Floor, Block–DF, Sector–I, Salt Lake, Kolkata–700 064.
- 4) The Additional Chief Secretary / Principal Secretary / Secretary, _____

- 5) The Special Secretary / Additional Secretary / Commissioner / Joint Secretary / Deputy Secretary,
Finance Department.
- 6) The _____ Department,

- 7) The Commissioner, _____ Division, _____

- 8) The Director, _____

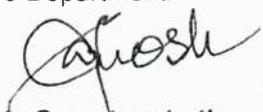
- 9) The Director of Treasuries and Accounts, West Bengal,
Mitra Building, 8, Lyons Range, 3rd Floor, Kolkata–700 001.
- 10) The District Magistrate / District Judge / Superintendent of Police, _____

- 11) The Sub–Divisional Officer, _____

- 12) The Block Development Officer, _____

- 13) The Pay and Accounts Officer, Kolkata Pay and Accounts Office–I,
81/2/2, Phears Lane, Kolkata–700 012.
- 14) The Pay and Accounts Officer, Kolkata Pay and Accounts Office–II,
P–1, Hyde Lane, Jawahar Building, Kolkata–700 073.
- 15) The Pay and Accounts Officer, Kolkata Pay and Accounts Office–III,
Subhanna, DF–9, Sector–I, 5th & 6th Floor, Salt Lake, Kolkata–700 064.
- 16) The Treasury Officer, _____

- 17) The Group _____ / _____ Branch, Finance Department.
- 18) Shri Sumit Mitra, Network Administrator, Finance (Budget) Department.
— He is requested to upload copy of this order in the Website of Finance Department.


Deputy Secretary to the
Government of West Bengal.

GOVERNMENT OF WEST BENGAL
FINANCE DEPARTMENT
Audit Branch
WRITERS' BUILDINGS, KOLKATA – 700 001

No. 4140-F(J)-W.B.

Dated : Kolkata, the 2nd November, 2018.

CORRIGENDUM

Please read the issue number as **4111-F(J)WB** dated **01.11.2018** instead of 4011F(J)WB uploaded on 01.11.2018 in this departmental website regarding the rate of interest on GP Fund and other similar funds for the period from 01.10.2018 to 31.12.2018.

By order of the Governor
sd/-K.K.Banerjee

Deputy Secretary to the
Government of West Bengal

No.4140 /1(20)-F(J)-W.B.

Dated : Kolkata, the 2nd November, 2018

Copy (20 copies) of the resolution forwarded to the Senior Deputy Accountant General (Fund Misc.), Office of the Pr, A.G (A&E), West Bengal, G.I Press Buildings, 8- K.S.Roy Road, Kolkata-700001.

sd/-K.K.Banerjee
Dy. Secretary to the Government of West Bengal

No. 4140/2(200)-F(J)-W.B.

Dated : Kolkata, the 2nd November, 2018.

1. The Joint Secretary, E-Governance Cell, Finance Department, Nabanna, Howrah-71102

2. The Commissioner

3. The Secretary,.....

4. The Director,.....

5. The District Magistrate/Judges,.....

6. The Sub- Divisional Officer---

He is requested to circulate this Memo to all the office under his jurisdiction.

7. The Treasury Officer.....

8. The Director of Treasuries and Accounts, West Bengal, New India Assurance Buildings, 4, Lyons Range, Kolkata – 700 001.

9. The Pay &Accounts Officer,Kolkata Pay & Accounts Office-I, 81/2/2 Phears Lane, Kol-

12.

10. The Pay &Accounts Officer,Kolkata Pay & Accounts Office-II ,P-1, Hyde Lane, Kolkata-73.

11. The Pay &Accounts Officer,Kolkata Pay & Accounts Office-III, I.B. Market, Sector-III I.B.Block, Bidhannagar, Kolkata – 91.

12. The Superintendent of Police,.....

13. Shree Sumit Mitra, Network Administrator, Finance Department, Nabanna.

He is requested to upload this Memo in F.D's Website.

14. The Assitant Secy. & D.D.O., Finance Department, Accounts Branch, Nabanna,

15. The Section Officer, Group-H Finance Department Govt. of West Bengal, Writers'Buildings/Nabanna.

16. Office copy.


Deputy Secretary to the
Government of West Bengal

MEMORANDUM

Sub:Some important points related with User Creation and User Management for efficient implementation of IFMS and HRMS in Departments and Sub Ordinate Offices

Since IFMS/HRMS has become integral to many functions of administrative domain in addition to financial matters, **the roles and responsibilities for implementation and usage of various modules in IFMS and HRMS needs to be assigned amongst the Officers of Administrative Departments and sub-ordinate offices by the Head of the Departments(HoD) and Head of the Offices (HoO).**

Accordingly some important points related with **“User Creation”** and **“User Management”** for efficient implementation of IFMS and HRMS in Departments and Sub-Ordinate Offices are mentioned below.

1. There should be **only one (1) “Admin User” in a Department, preferably not below the rank of Joint Secretary** who will create various users and **assign Roles & Access** in different Modules to other Officers and Staffs (operator) of the Department as per delegation of work approved by the Head of the Departments.
2. The **“Admin User”** of the Department shall also **create User ID & Password of another Admin User for the Offices below the line i.e. Directorates /Sub Ordinate Offices.** Admin User of Directorates /Sub Ordinate Offices shall create users under his/her office based on the delegation of work prevails in such office.
3. **HoD and HoO may ensure these “Admin User’s Credentials” are not accessible to other Officers/Staffs. For the sake of security, it is suggested that the Admin Users may change their passwords once, now, and every 6 months thereafter.**
4. **User Credential (User ID & Password) :**

The **User Credentials** issued to the existing Officers and Staff under concerned Department/Office should be **deactivated** by the Admin User of the Department/Office **as and when Officer/Staff leaves the office on the ground of transfer, retirement, and long leaves, etc.** New user credentials to the new officers/ staff should be issued afresh and it must be ensured that these credentials are available to the concerned officer/staff only.

5. Assigning Role and Access to a User :

Admin User of the Department / Office may assign the users different Roles (power and functions) based on the workflow/ work distribution followed in the Department / Office and approved by the Head of the Department / Head of the Office. There is no need to create different user IDs and passwords for each Role or function.

Example: In **HRMS Module**, the available **Roles** in IFMS are as follows:

1. HOO Operator/Approver
2. Appointing Authority Operator/Approver

3. Delegated Appointing Authority Operator/Approver
4. Workflow Nodal Officer Operator/Approver
5. Training Institution Operator/Approver
6. SAR Nodal Officer Operator/Approver
7. SAR Custodian Operator/Approver

In **AAFS Module**, the available **Roles** in IFMS are as follow:

1. FD Group Admin
2. Department Authority Operator/Approver
3. Financial Adviser Operator/Approver
4. Finance Department Operator/Approver

Here, '**Operator**' means staffs who shall do the primary task of data entry/ verification or checking of online application/request sent by the employees/offices, generating or taking print out of Sanction Orders after approval by the Approver and similar tasks.

'**Approver**' means officer who shall finally verify the application request sent by the employees/offices and approve the same. However, all functions that an Operator performs may be executed by the Approver if require.

6. For one Officer there should be only one User ID and Password

- A. In IFMS, an officer can be authorised to access modules like HRMS and/or SBMS and/or AAFS through single user ID and password.
- B. An officer can be authorised to access modules like e-Bantan and/or CBMS and/or MIS & Dashboard modules through single user ID and password.
- C. However, if one person is required to be authorised to access any module out of para A and para B above, separate user ID & password have to be issued by the Admin User of the Department or the Office at present.

However, functionality is being developed to ensure single login ID and password to make it possible to have access and role across all modules (single sign-on).

7. Procedure to send request for user credentials:

- (i) The request for issuing "**User Credentials**" for the "**Admin User of the Department**" needs to be sent to the Special Secretary, (Group-N), Finance Department through a letter signed by the HoD/existing Admin User or email from the official email ID of the HoD / or existing Admin User. In the said letter, **the name of the new/relieving officer, department, designation, mobile no., HRMS ID, official email (preferably in @gov.in or @nic.in domain)** should be mentioned.
- (ii) In case, the "**Admin User**" of the Department has left the office on the ground of transfer, retirement, and leave, etc. **fresh User Credentials to the new officer is to be issued from Finance Department. The credentials to the new officer shall be issued after deactivating the pervious credentials.**
- (iii) If the communication is sent through email instead of a physical letter, the request must be sent using **.gov/.nic mail only**.
- (iv) The official email of the Special Secretary, (Group-N), Finance Department is **js.buwb.fb@wb.gov.in**.
- (v) In case of change of the "**Admin User of the Directorate and Subordinate/field offices**", the request for issuing new credentials for "**Admin User**" of that office is to be made to the higher level office where from the credentials have been

issued previously. The request and action shall be following the procedure and protocol as mentioned in Para 7(i)(ii) & (iii) above. On receipt of application from the subordinate Office, Admin User at higher level office will deactivate the previous User and issue a fresh User credentials in favour of the new officer.

Example:

The Directorate Office will send request to the Department and similarly the District Office will send request to the Regional Office/Directorate and so on. In this case letter or email is to be sent to the Admin User or any authority higher than Admin User in the higher level office as authorised by the HoD / HoO.

8. Creation of User ID and password for DDOs & Administrators of LF/PL Deposit A/c:

User ID & password for a DDO / Administrators of LF/PL Deposit A/c is issued from the PAO/Treasury. DDO can access eBilling, e-Pradan & HRMS modules from that single user ID. Similarly Administrators of LF/PL Deposit A/c can access Online LF/PL Module from that User ID.

DDO/ Administrators of LF/PL Deposit A/c can himself/herself create users (as Operator) under his/her office.

9. Creation of Offices in HRMS :

In HRMS, "**Office**" can be created following the administrative hierarchy prevailing in the concerned Department. Once created, such office can function as "**Head of the Office**" and /or "**Appointing Authority**".

Example:

Directorate Office should be created by Department as Department is the immediate higher office in the administrative hierarchy.

10. Management and implementation of various Modules of IFMS in the offices:

Separate "**Nodal officers**" from Administrative Cadre who are normally heading and discharging responsibilities as officers at different levels / hierarchy within a department and office, may be assigned for implementation of various modules of IFMS and HRMS. Since FAs/ DFAs have their own assigned duties and functions, they may only be assigned role limited only to the duties and responsibilities they normally discharge and not be assigned any role in modules of IFMS and HRMS which they are not discharging as FA/DFAs. They may also not be assigned duties of Nodal Officers of various modules of IFMS for implementation and coordination in the department and other offices.

These Nodal Officers may be advised and encouraged to mandatorily learn the domain and functionalities of those respective Modules and make necessary arrangements for training of officers & staff down the line in Department / Directorate / Sub-ordinate offices for those Modules. It may be emphasized **that it is the responsibility of the Nodal officers to train themselves and to undergo training and further impart training down the line and ensure time bound implementation of those Modules.**

Example:

For AAFS Module, FA of concerned Department is responsible for the U.O generation (Administrative Approval and Fund Release). The concerned Nodal Officer of the Department in charge of implementation of AAFS should take care about the other

modalities like project creation, phasing of project, budget distribution, generation of G.O. for Administrative Approval, entry of legacy projects(if any), training, etc.

11. Training Materials and Manuals:

Latest versions of Training Materials and Manuals for all modules of IFMS/HRMS are available on the IFMS website under link '**Guidelines**'. **All the officers and staff may be advised to regularly go through these training materials for upgrading their familiarity with the latest procedures and functionalities being made available in various modules.**

12. Unauthorised users and access to any functionality :

HoD / HoO shall review the user status regularly so that there are no unauthorised users active in the Department/Office. A report to view the **User Details** is also available in the login of the Admin User. The Admin User can verify the nos. of users from such report and accordingly deactivate the users who have been transferred or retired from that office. It may be noted that the responsibility of any possibility of unauthorised access and approvals by any unauthorised officer / staff and any loss to the Government or any resultant irregularaction performed shall be the responsibility of the Admin User.

It shall be the responsibility of the officer/staff to get himself deactivated as an user from the office immediately after the superannuation/transfer. They shall be personally responsible for any unauthorised access or use of such credentials after they have demitted the office on transfer / superannuation.

13. Access to IFMS as an individual employee using eSE (eServices for Employees):

All government employees drawing pay using HRMS Module of IFMS have been provided with an HRMS ID which is the key identification no. of the employee through which he/she can access all information online starting from entry into the government service till his/her exit from the service when HRMS module becomes fully functional. To access all these information it is the duty of the employees to register themselves in '**eSE**' available in the Portal with his/her HRMS ID and Mobile No., if not done already.

At present, using '**eSE**' login and password, an employee can access/perform the following major functions:

- i. Submission of online request for leave, station leave, joining report, loan, GPF Advance transfer TA/tour/HTC/TC/TC application.
- ii. Submission of SAR as Officer reported upon
- iii. Evaluation of SAR as Reporting/Reviewing/Accepting Officer.
- iv. Submission of pension application/GPF Final payment application for Group-D employee.
- v. Declaration of Family/ Nominee details
- vi. To view leave balance, loan list etc
- vii. To view the status of online applications made through eSE
- viii. To view GPF Account Statement
- ix. And other upcoming features like viewing of e Service book, etc.

The HRMS ID printed on the Pay Slip of the Govt Employees may be used for self registration. Alternatively, they may contact to their Drawing and Disbursing Officer for the same.

Government employees deputed in Non-Govt Organisation can also access the 'eSE' with all existing features. Such employees, if not provided with the HRMS ID may contact his/her Cadre Controlling Authority for the same.

'eSE' Account of the employee can also be accessed after retirement and may be used to perform SAR functions as Reporting/Reviewing/Accepting Officer or to see records relating to the period prior to his/her retirement.

14. MIS reports on IFMS/HRMS:

Various MIS reports on IFMS/HRMS may also be viewed/downloaded by logging into the portal with the user ID & password of the users who have been given access of viewing MIS Reports by the AdminUser of the concerned Department / Office. A MIS matrix containing list of such MIS reports is available in IFMS website under link 'Guideline'.

15. Assistance:

For any technical issues related to any modules of IFMS/HRMS, the 'IFMS Call Logging' facility available in the portal should be used for booking of issues faced in IFMS.

In case, delay in resolution of issues through the 'IFMS Call Logging', officials of e-Governance Group, Finance Department may be contacted at the following Contact Nos. of Nabanna, Howrah.

| Name of the Modules | ContactNos. | Email IDs |
|--|---------------------|---|
| User Administration/ e-Bantan/e-Billing/ Online PL/CTS | 2253-5417/5571 | osdegov5.fd-wb@gov.in/ asegov2.fd-wb@gov.in |
| e-Pradan/DSC | 2253-5526 | co9egov.fd-wb@gov.in |
| HRMS | 2253-5527/5420/5445 | co4egov.fd-wb@gov.in/ co5egov.fd-wb@gov.in |
| AAFS/SBMS | 5523-5470 | osdegov2.fd-wb@gov.in/ co14egov.fd-wb@gov.in |
| GPF | 2321-6677 | dppggpf@gmail.com |
| GRIPS/CBMS | 2253-5469 | asegov3.fd-wb@gov.in/ osdegov3.fd-wb@gov.in |
| WBiFMS Mobile App | 2253-5568/2253-5576 | asegov3.fd-wb@gov.in/ co10egov.fd-wb@gov.in |



(P.A. Siddiqui)
Secretary
Finance Department

No. 4218/1(200) -F(Y)

Date: 25/07/2019

Copy forwarded for information and necessary action to:

1. Principal Accountant General (A&E), West Bengal, Treasury Buildings, 2, Government Place West, Kolkata – 700001.
2. Principal Accountant General (Audit), West Bengal, Treasury Buildings, 2, Government Place West, Kolkata – 700001.
3. Accountant General (Receipt Works & Local Bodies Audit), West Bengal, CGO Complex, 3rd MSO Building, 5th Floor, Block DF, Sector I, Salt Lake, Kolkata – 700064.
4. Special Secretary/Additional Secretary/Commissioner/Joint Secretary/Deputy Secretary, Finance Department.
5. Director of Treasuries & Accounts, West Bengal, Mitra Building, 8, Lyons Range, 3rd Floor, Kolkata – 700001.
6. Director, Directorate of Pension, Provident Fund and Group Insurance, West Bengal, Purta Bhavan, 2nd Floor, Salt Lake, Kolkata-700091
7. District Magistrate, _____
8. Sub-Divisional Officer, _____.
9. Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2, Phears Lane, Kolkata – 700012.
10. Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-1, Hyde Lane, Kolkata – 700073.
11. Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, IB Market, 1st Floor, Block IB, Sector III, Salt Lake, Kolkata – 700106.
12. Treasury Officer, _____
13. Group ____ / _____ Branch, Finance Department.
14. Sri Sumit Mitra, Network Administrator, Finance (Budget) Department. He is requested to upload copy of this order in the website of Finance Department.



Assistant Secretary to the
Government of West Bengal

**Government of West Bengal
Finance Department
Audit Branch**

No. 4892 –F(Y)

Dated, 29th August, 2019

Memorandum

Subject: Seamless integration between IFMS-AIKYASHREE (WBMDFC) for scholarship payment to minority students, IFMS-Lokprasar Prakalpa (I&CA) for payment to Lokprasar Shilpi and IFMS-Pre-Matric OBC (BCW&TD) for scholarship payment to OBC students.

Direct Beneficiary Transfers (DBT) through Portal to Portal seamless integration has already been introduced for beneficiaries of **Kanyashree Prakalpa, Rupashree Prakalpa, Zilla Parisads, Panchayat Samities, Primary Schools, Urban Local Bodies, Yuvashree, Swami Vivekananda Merit-cum-Means Scholarship (SVMCMS), Secondary Education, Gram Panchayat and Scholarship Payment to the Minority and OBC Students of West Bengal** vide Finance Department Memorandum Nos. 5334-F(Y) dated 20/08/2018, 5521-F(Y) dated 27/08/2018, 7081-F(Y) dated 26/11/2018, 1486-F(Y) dated 06/03/2019, 2152-F(Y) dated 05/04/2019 and 3098-F(Y) dated 03/06/2019.

In continuation of these initiatives, now, the Governor is pleased to extend Portal-to-Portal seamless integration facility between **IFMS-AIKYASHREE (WBMDFC), IFMS-Lokprasar Prakalpa (I&CA)** and **IFMS-Pre-Matric OBC (BCW&TD)** for making smooth payment/disbursement to beneficiaries under Backward Class Welfare & Tribal Development Department, Minority Affairs & Madrasah Education Department and Information and Cultural Affairs Department respectively.

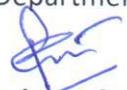


(P.A. Siddiqui)
Secretary

to the Government of West Bengal

Copy forwarded for information and necessary action to:-

1. The Principal Accountant General (A&E), West Bengal, Treasury Buildings, 2, Govt. Place (West), Kol-1.
2. The Principal Accountant General (Audit), West Bengal, Treasury Buildings, 2, Govt. Place (West), Kol-1.
3. The Accountant General (Receipts, Works and Local Bodies Audit), West Bengal, C.G.O. Complex, 'C' East Wing, 5th Floor, Sector-1, Salt Lake, Kolkata-700064.
4. The Chief Secretary to the Government of West Bengal.
5. The General Manager, Reserve Bank of India, Banking Department, 15 N.S. Road, Kolkata-1.
6. The General Manager, Reserve Bank of India, PAD, 15 N.S. Road, Kolkata-1.
7. The Resident Commissioner, Government of West Bengal, A/2, State Emporia Buildings, Baba Kharak Singh Marg, New Delhi-110001.
8. The Additional Chief Secretary/Principal Secretary/Secretary ,
..... Department, Government of West Bengal.
9. The Secretary, Finance(Audit) Department, Government of West Bengal.
10. The Commissioner,..... Division,
.....
11. The Special Secretary / Additional Secretary /Joint Secretary /Deputy Secretary, Finance Department, Government of West Bengal.
12. Shri Sumit Mitra, Network Administrator, Finance (Budget) Department.
----- He is requested to upload this order in the Finance Department's website.
13. The Department / Directorate
.....
14. The Director of Treasuries & Accounts, West Bengal, 3rd Floor, Mitra Buildings, 8, Lyons Range, Kol-1.
15. The Director.....
16. The District Magistrate / District Judge / Superintendent of Police,.....
.....
17. The Sub-Divisional Officer,
18. The Pay & Accounts Officer, Kolkata Pay & Accounts Office – I, 81/2/2, Phears Lane, Kol-12.
19. The Pay & Accounts Officer, Kolkata Pay & Accounts Office – II, P-1, Hyde Lane, Kol- 12.
20. The Pay & Accounts Officer, Kolkata Pay & Accounts Office – III, SUVANNA, SGO Complex, 5th & 6th Floor, Plot No-9, Block- DF, Sector-I, Bidhannagar, Kol-64.
21. The Treasury Officer,
22. The Group...../.....Branch, Finance Department


Assistant Secretary
to the Government of West Bengal

**GOVERNMENT OF WEST BENGAL
FINANCE (AUDIT) DEPARTMENT
325, SARAT CHATTERJEE ROAD, NABANNA
HOWRAH-711 102.**

No.5152- F(P)

Howrah, the 6th September , 2019

MEMORANDUM

Sub : Additional instructions for availing Leave Travel Concession in respect of State Government Employees

It has come to the notice of the Government that some government employees are often availing Leave Travel Concession (LTC), particularly, in the neighbouring foreign countries through some private tour operators/package tour agencies in violation of the provisions of para 2E(e) of Memo No. 9924-F dated 07-12-2005.

Keeping in view of the above position, the undersigned is directed by order of the Governor to lay down the following instructions in addition to all previous instructions/guidelines/clarifications issued from time to time.

1) Every government employee intending to avail LTC in foreign countries or within the country for himself/herself or any member of his/her family, shall, at the time of submission of application either for station leave permission or for drawal of advance, furnish a declaration in the following manner :

‘The estimated cost claimed by me is only Air Fare/Train Fare/Bus Fare as admissible as per rule. I will not directly or indirectly built-in/avail any package including cost of food and lodging in my claim.’

2) Such an employee shall also furnish another declaration at the time of submitting claim for reimbursement/adjustment of advance drawn in the following manner :

‘The travel cost claimed by me is only Air Fare/Train Fare/Bus Fare as admissible as per rule. I have not directly or indirectly built-in/availed any package including cost of food and lodging in my claim.’

3) In the case of travelling by air, the tickets should be booked directly from the Booking Counter of the Airlines or from the Website of the Airlines.

In case, any violation of the declaration or booking of tickets is detected subsequently, it will be seriously dealt with in terms of provisions of the West Bengal Services (Clarification, Control and Appeal) Rules, 1971.

The undersigned is further directed to say, in partial modification of Memo No. 3430-F dated 02-05-1981, that the government employees will avail LTC while on Earned Leave or on half pay leave without commutation or on Casual leave if total absence does not exceed 7(Seven) days at a stretch or on holidays declared by Government.

This instruction shall take effect immediately.

Sd/- H. K. Dwivedi
Additional Chief Secretary to the
Government of West Bengal

Contd....P/2.

No. 5152/1(500)–F(P).

Howrah, the 6th September, 2019.

Copy forwarded for information and necessary action to :-

- 1) The Principal Accountant General (A & E), West Bengal, Treasury Buildings, Kolkata–700 001.
- 2) The Principal Accountant General (Audit), West Bengal, Treasury Buildings, Kolkata–700 001.
- 3) The Accountant General (Receipt, Works and Local Bodies Audit), West Bengal, C.G.O. Complex, 3rd M.S.O. Building, 5th Floor, Block DF, Sector–I, Salt Lake, Kolkata–700 064.
- 4) The Additional Chief Secretary / Principal Secretary / Secretary, _____
_____ Department.
- 5) The Special Secretary / Additional Secretary(s) / Commissioner / Joint Secretary / Deputy Secretary, Finance Department.
- 6) The Financial Advisor, _____ Department.
- 7) The Commissioner, _____ Division, _____

- 8) The Director, _____

- 9) The Director of Treasuries and Accounts, West Bengal, Mitra Building, 8, Lyons Range, Kolkata–700 001.
- 10) The District Magistrate / District Judge / Superintendent of Police _____

- 11) The Sub–Divisional Officer, _____

- 12) The Block Development Officer, _____

- 13) The Pay and Accounts Officer, Kolkata Pay and Accounts Office–I, 81/2/2, Phears Lane, Kolkata–700 012.
- 14) The Pay and Accounts Officer, Kolkata Pay and Accounts Office–II, P–1, Hyde Lane, Kolkata–700 073.
- 15) The Pay and Accounts Officer, Kolkata Pay and Accounts Office–III, Subhanna, DF–9, Sector–I, 5th & 6th Floor, Salt Lake, Kolkata–700 064.
- 16) The Treasury Officer, _____

- 17) The Group _____ / _____ Branch, Finance Department.
- 18) ✓ Shri Sumit Mitra, Network Administrator, Finance (Budget) Department.
— He is requested to upload copy of this order in the website of Finance Department.


Deputy Secretary to the
Government of West Bengal.

Government of West Bengal
Finance Department
Audit Branch
Nabanna, Howrah.

No.5561-F(P)

Dated : 25.09.2019

MEMORANDUM

Subject: Submission of declaration in respect of Leave Travel Concession (LTC) already availed by government employees since 01.11.2015 or in the process of availing of the same.

In continuation of this Department Memo. No. 5152-F(P), dated 06.09.2019, the undersigned is directed by order of the Governor to lay down the following instructions in respect of such an employee, (i) who has already availed Leave Travel Concession (LTC) in foreign country for self and or for any member of the family during the period from 01.11.2015 to till date and (ii) who has booked ticket(s) for availing LTC prior to 06.09.2019 but the journey has not been undertaken after 06.09.2019.

The employees falling under the above mentioned first category are required to submit declaration in the attached Format-I or Format-II, as the case may be, to their present Drawing and Disbursing Officer (DDO) through the Controlling Authority within 30.11.2019 or before the date of retirement, whichever is earlier. In case, any such employee after availing LTC, has been transferred elsewhere by this time, the present DDO will forward a copy of such declaration to the earlier D.D.O. The employees submitting declaration in Format-II are required to refund the excess amount to the present D.D.O. in 12 (twelve) equal monthly instalments or before the date of retirement, whichever is earlier.

The employees belonging to above-mentioned second category: a) If the employee has booked tickets not as per the Memo. No. 5152-F(P), dated 06.09.2019 and intends to avail the advance, he may apply to the Head of Office intimating such situation and request for an advance not exceeding 50% of estimated cost of fare which will be adjusted as per sub-para 2 of 2nd para of Memo. No. 5152-F(P), dated 06.09.2019. b) If the employee does not intend to avail advance, he may prefer his claim for reimbursement as per the sub-para 2 of 2nd para of Memo. No. 5152-F(P), dated 06.09.2019.

The employees, who will submit declaration in either of the above mentioned format to the entire satisfaction of the concerned D.D.O./Controlling Authority and refund the excess amount, where applicable, within the stipulated time will be exempted from the application of the provisions of the West Bengal Services (Classification, Control and Appeal) Rules, 1971 as envisaged in the third para of in Memo. No. 5152-F(P), dated 06.09.2019.

Sd/- H. K. Dwivedi
Additional Chief Secretary to
the Government of West Bengal.

Declaration Format-I

When the final claim of LTC received contains only Air Fare/Train Fare/Bus Fare as admissible as per Rules:

"I have availed LTC to
(destination) in (Name of the foreign country) during
the period from (Journey start date) to (Journey end date). I have
received Rs..... (Rupees)
as reimbursement of final claim for LTC. The travel cost claimed by me is only Air Fare/Train
Fare/Bus Fare as admissible as per Rules. I have not directly or indirectly built-in/availed any
package including cost of food and lodging in my claim for LTC".

Signature of the Employee:

Name of the Employee:

HRMS ID:

Designation:

Office:

Declaration Format-II

When the final claim of LTC received contains over and above admissible Air Fare/Train
Fare/Bus Fare:

"I have availed LTC to
(destination) in (Name of the foreign country) during
the period from (Journey start date) to (Journey end date). I have
received Rs..... (Rupees)
as reimbursement of final claim for LTC. I have inadvertently drawn Rs.....
(Rupees) over and above Air Fare/Train
Fare/Bus Fare as admissible as per Rules. I shall refund the overdrawn amount in 12 (twelve) equal
monthly instalments or before my retirement whichever is earlier".

Signature of the Employee:

Name of the Employee:

HRMS ID:

Designation:

Office:

Copy forwarded for information and necessary action to :-

1. The Principal Accountant General (A&E), West Bengal, Treasury Buildings, 2, Govt. Place(West), Kolkata-700001.
2. The Principal Accountant General (Audit), West Bengal, Treasury Buildings, 2, Govt. Place(West), Kolkata-700001.
3. The Accountant General (Receipt, Work and Local Bodies Audit) West Bengal, 3rd MSO Building, CGO Complex, DF Block, 5th Floor, Sector-I, Salt Lake, Kolkata-700064.
4. The Additional Chief Secretary to the Governor of West Bengal.
5. The Additional Chief Secretary to the Hon'ble Chief Minister, West Bengal.
6. The Additional Chief Secretary/Principal Secretary/Secretary
..... Department.
7. The Special Secretary/Additional Secretary(s)/Commissioner/Joint Secretary/Deputy Secretary, Finance Department.
8. The Financial Advisor, Department.
9. The Commissioner, Division,
.....
10. The Director,
.....
11. The Director of Treasuries & Accounts, West Bengal, 8, Lyons Range, Mitra Building, 2nd & 3rd floor, Kolkata- 700 001.
12. The District Magistrate/District Judge/Superintendent of Police
.....
13. The Sub-Division Officer,
.....
14. The Block Development Officer,
.....
15. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2, Phears Lance, Kolkata- 700 012.
16. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-1, Hyde Lane, Jawahar Building, Kolkata-700012.
17. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, Sbhanna, DF- 9, Sector- I, 5th & 6th floor, Salt Lake, Kolkata- 700 064.
18. The Treasury Officer,
.....
19. The Group/..... Branch, Finance Department.
20. Shri Sumit Mitra, Network Administrator, Finance (Budget) Department.
--He is requested to upload copy of this Order in the website of Finance Department.
21. Office Copy.


Deputy Secretary to the
Government of West Bengal.

Government of West Bengal
Finance Department
Audit Branch

No.5951-F(Y)

Dated 14th September, 2018

NOTIFICATION

Sub: Online Entry and acceptance of Nomination and Family Details in HRMS

The State Government has successfully implemented Human Resource Management System (HRMS) in a phased manner to digitize the entire process starting from entry of Government employee into Government Service to exit there from. Exit Management Sub-Module of HRMS has already been introduced. This Sub-Module contains all the process relating to:

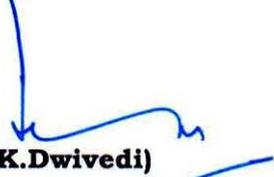
- i. Online sanction of Pension on superannuation, death, termination, resignation, voluntary retirement, etc. by a Pension Sanctioning Authority.
 - ii. Facility for entering Nomination and Family Details of a Government employee through e-Services for Employees (eSE) in IFMS.
2. As proper records of Nomination and Family Details are at times not readily available, ascertaining the family pensioner(s) and settlement of claims in case of death of an employee takes a long time. The State Government was considering since some time past to digitize all Nomination and Family Details submitted by an employee and enable the employee to update such information in HRMS in a hassle-free manner.
3. Now, the Governor is pleased to decide the introduction of an online facility in HRMS for capturing (i) Family Members details; and (ii) Nomination for the purposes of Final Payment of (a) GPF (b) Death Gratuity (c) Arrears of Pension (d)GISS for all State Government Employees.
4. The following procedures are required to be followed to incorporate the entry of Nomination in HRMS:
- i. Nominations shall be entered online by the employees using their own user credentials i.e. the HRMS Login ID (Unique ID) and password created by them for e-Services for Employee (eSE) in IFMS Portal. In case the employee himself/herself cannot enter his/her Nomination in HRMS, the Head of Office (HOO) Approver/Operator can enter the Nomination on behalf of the employee in HRMS.
 - ii. Nominations submitted through e-Services for Employee (eSE) by the employee or entered in HRMS by the HOO Approver/Operator on behalf of the employee shall have to be approved by the Head of Office in HRMS after proper verification.
 - iii. Nominations which have been submitted before issuance of this Order in hard copy shall also have to be entered by the employee himself/herself or Head of Office Approver/Operator on his/her behalf and approved by Head of Office in HRMS. If there is no change in Nomination, physical submission date of such nomination shall also be recorded. If there is change in Nomination, that should be treated as new Nomination.
 - iv. Approval of Nomination by Head of Office in HRMS is to be treated as Acceptance of Nomination by Head of Office.
 - v. Every Nomination and change in Nomination shall take effect from the date on which it is approved by the Head of Office in HRMS. However, if the employee dies before the Nomination is accepted by the Head of Office, the date of Nomination shall take effect from the date on which the application has been made by the employee.
 - vi. Any Nomination, after acceptance by the Head of Office may be downloaded by the employee and kept for his/her personal record.

vii. Nomination in HRMS can be accepted by Head of Office using Digital Signature Certificate Only.

5. This order shall take immediate effect and will be applicable for the State Government employees having valid HRMS Unique ID at present. Henceforth, copies of Nomination Form generated from HRMS shall be forwarded to the Accountant General, West Bengal or any other authority, as applicable.

6. Necessary amendments in respective Rules shall be made in due course.

This has concurrence of Gr.J of this Department vide File No. FIN-11011(15)/11/2018-EGOV GROUP-Dept. of FIN



(H.K.Dwivedi)
Additional Chief Secretary to the
Government of West Bengal

Copy forwarded for information and necessary action to:

1. Principal Accountant General (A&E), West Bengal, Treasury Buildings, 2, Government Place West, Kolkata - 700001.
2. Principal Accountant General (Audit), West Bengal, Treasury Buildings, 2, Government Place West, Kolkata - 700001.
3. Accountant General (Receipt Works & Local Bodies Audit), West Bengal, CGO Complex, 3rd MSO Building, 5th Floor, Block DF, Sector I, Salt Lake, Kolkata - 700064.
4. Additional Chief Secretary / Principal Secretary / Secretary, _____ Department. He is requested to circulate this order to all the Offices/local bodies/Parastatals under the Department.
5. Financial Advisor, _____, Department.
6. Commissioner of Police, Kolkata, Lalbazar, Kolkata-700001.
7. Special Secretary/Additional Secretary/Commissioner/Joint Secretary/ Deputy Secretary, Finance Department.
8. _____ Department.
9. Commissioner, _____ Division.
10. Director, _____
11. Director of Treasuries & Accounts, West Bengal, Mitra Building, 8, Lyons Range, 3rd Floor, Kolkata - 700001.
12. Director, Directorate of Pension, Provident Fund and Group Insurance, West Bengal, Purta Bhavan, 2nd Floor, Salt Lake, Kolkata-700091
13. District Magistrate / District Judge / Superintendent of Police, _____
14. Sub-Divisional Officer, _____.
15. Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2, Phears Lane, Kolkata - 700012.
16. Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-1, Hyde Lane, Kolkata - 700073.
17. Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, SUBHANNA, SGO Complex, 5th & 6th Floor, Block-DF, Sector-I, Bidhannagar, Kolkata-700064.
18. Treasury Officer, _____
19. Group ____ / _____ Branch, Finance Department.
20. Regional Director, RBI, N.S. Road, Kolkata - 700001.
21. Sri Sumit Mitra, Network Administrator, Finance (Budget) Department. He is requested to upload copy of this order in the website of Finance Department.


**Deputy Secretary to the
Government of West Bengal**

H.K. Dwivedi, IAS

অতিরিক্ত মুখ্য সচিব
অর্থ দপ্তর, পশ্চিমবঙ্গ সরকার

Additional Chief Secretary
Finance Department
Government of West Bengal



পশ্চিমবঙ্গ সরকার
নবান্ন
হাওড়া-৭১১ ১০২

GOVERNMENT OF WEST BENGAL
NABANNA
325, Sarat Chatterjee Road
Howrah-711 102
☎ : 2214 3695, Fax : 2214 1391
e-mail : fs-wb@nic.in

No. FS-57/2018

Dated 4th June, 2018

To,
The Additional Chief Secretary/ Principal Secretary/ Secretary,
_____ Department (All).

Sub: Introduction of Online Self Appraisal Reports (SARs) for Group-A employees in HRMS – immediate actions for Cadre Controlling Authorities.

Madam/Sir,

As you are aware, the State Government vide Chief Secretary's Memo No. 2748-F(P₂) dated 27.04.2018 of the Finance Department has introduced the online system of management of SARs of Group-A employees in a uniform format starting from the Appraisal Year 2017-18. Detailed guidelines relating to submission and grading of SARs have been issued vide FD Memo. No. 2861-F(Y) dated 06.05.2018.

2. The online SAR for the Appraisal Year 2017-18 for all Group-A employees of the State Government has become available for submission in Performance Appraisal Sub-Module of HRMS Module of IFMS from 1st June, 2018 onwards and the **period of online submission of the SAR to respective Reporting Officers is up to 31st July, 2018.**
3. In this respect, an order issued by the Cadre Controlling Authority (CCA) of the WBA&AS is enclosed for reference. I request you to ensure that **all CCAs under your control have issued necessary orders for the Cadres controlled by them** in the line with the FD Memo. No. 2748-F(P₂) dated 27.04.2018 and FD Memo. No. 2861-F(Y) dated 06.05.2018 stating the modalities of the new system for submission of SARs online in the Performance Appraisal Sub-Module of HRMS and **designating suitable Group-A Officers as 'Custodian(s)' of SARs and 'Nodal Officer(s)' for the Cadres** controlled by them. The functions of 'Custodian' and 'Nodal Officer' are mentioned at Schedule III and Schedule IV of FD Memo. No. 2861-F(Y) dated 06.05.2018.

Contd...page - 2

অতিরিক্ত মুখ্য সচিব
অর্থ দপ্তর, পশ্চিমবঙ্গ সরকার
Additional Chief Secretary
Finance Department
Government of West Bengal



Page – 2

পশ্চিমবঙ্গ সরকার
নবান্ন
হাওড়া-৭১১ ১০২
GOVERNMENT OF WEST BENGAL
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325, Sarat Chatterjee Road
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4. Key officials of all Departments and District Authorities have been provided necessary training at ATI in May, 2018. Thereafter, further training to all concerned employees under your Department and its subordinate offices were required to be completed immediately thereafter. Along with training, the **mapping of reporting hierarchies for all Officers Reported Upon also needs to be completed at the earliest.**
5. It may kindly be noted that the timeline for filling up SARs online for the Assessment Year 2017-18 by Officers Reported Upon is the 31st July, 2018 and the activities mentioned hereinabove are prerequisites for the same. I request you to kindly assign this high priority.

Thanking you,

Yours faithfully,

(H.K. Dwivedi)

Enclosed: The CCA Order in respect of the WBA&AS.

**Government of West Bengal
Finance Department
Audit Branch, WBA&AS Cell
Writers' Buildings, Kolkata-700001.**

No. 1811-F(Y)/WB

Dated: 24.05.2018

State Government has decided to adopt uniform format of '**Self Appraisal cum Annual Confidential Report**' for all Group-A employees of the State Government w.e.f 1st June, 2018 vide Finance Department Memorandum No. 2748-F(P₂) dated 27th April, 2018:

Guidelines detailing the modalities for submission of online Self Appraisal Report has been issued vide Finance Department Memorandum No. 2861-F (Y) dated 6th May, 2018:

Now accordingly, the Governor is pleased to adopt the following procedure for Self Appraisal Report mechanism of WBA&AS officers in partial modification of Memorandum No. 5683-F(Y)/WB, dated 18.11.2015 readwith Notification No. 921-F(Y)/WB dated 04.03.2016 and Order No.4578-F(Y)/WB dated 08.11.2017 :-

- a) **Mandatory submission of 'Self Appraisal Report' through HRMS** : It shall be mandatory w.e.f. Appraisal Year 2017-2018 onwards to make submission of Self Appraisal Report through **Self Appraisal Sub-Module of HRMS** in terms of Memorandum No. 2861-F (Y) dated 6th May, 2018.
- b) **Introductory provision** : The WBA&AS officers, who have already submitted '**Self Appraisal Report**' for the full period of the Appraisal year 2017-18, have to resubmit the same online through **Self Appraisal Sub-Module of HRMS**. The online SAR for the Appraisal Year 2017-18 in respect of WBA&AS officers shall be available for submission in HRMS from 1st June, 2018 onwards. The period of online submission of the SAR to respective Reporting Officers shall be up to 31st July, 2018.
- c) **Transitory provision** : The Annual Confidential Reports/Self Appraisal Reports pertaining to the period up to Appraisal Year 2016-17 shall be continued to be accepted in the existing manner. In case the ACR/SAR for a part of the Appraisal Year 2017-18 has already been submitted by the Officer Reported Upon then that ACR/SAR shall be accepted by the Accepting Authority and a copy of the ACR/SAR thereafter shall be scanned & uploaded online in the **Self Appraisal Sub-Module of HRMS** by the Custodian in due course of time.
- d) **Submission of SAR i.r.o the WBA&AS officers posted on Deputation** : It shall be continued to be accepted in the existing manner. After acceptance of the same, a copy of the ACR/SAR thereafter shall be scanned & uploaded online in the **Self Appraisal Sub-Module of HRMS** by the Custodian in due course of time.
- e) **Custodian** : Joint/Deputy/Assistant Secretary in charge of WBA&AS Cell, Group-T, Finance(Audit) Department shall be the Custodian in terms of Memorandum No. 2861-F (Y) dated 6th May, 2018.
- f) **Nodal Officer** : Deputy/Assistant Secretary in charge of Service Records Cell, Group-T, Finance(Audit) Department shall be the Nodal Officer in terms of Memorandum No. 2861-F (Y) dated 6th May, 2018.

This order will take immediate effect.

All concerned are hereby informed accordingly.

Sd/- **P.A.Siddiqui**
Secretary to the Govt. of West Bengal.

No. 1811/1(500)-F(Y)/WB.

Dated:24.05.2018

Copy forwarded for information and necessary action to:

- 1) The Accountant General (A&E), West Bengal, Treasury Buildings, Kolkata - 700 001.
- 2) The Director of Treasuries & Accounts, West Bengal, 8, Lyons Range, Kolkata - 01.
- 3) The Pr. Secretary/Secretary, _____ Department.
- 4) The District Magistrate/Judge, _____
- 5) The Director, _____
- 6) The Commissioner, _____
- 7) The Sub-Divisional Officer, _____
- 8) The Chairman, _____
- 9) The Principal, _____
- 10) The Superintendent, _____
- 11) The Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2, Phears Lane, Kolkata-12
- 12) The Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-1, Hyde Lane, Kolkata-73
- 13) The Treasury Officer, _____
- 14) The Service Record Cell of Group - 'T', Finance Department, Govt. of W.B.
- 15) The _____


OSD & Ex-officio Assistant Secretary
to the Government of West Bengal

**Government of West Bengal
Finance Department
Audit Branch**

NOTIFICATION

No. 5562–F the 25th September, 2019–In exercise of the power conferred by the proviso to article 309 of the Constitution of India, the Governor is pleased hereby to make the following rules, namely :-

1. Short title and commencement - (1) These rules may be called the West Bengal Services (Revision of Pay and Allowance) Rules, 2019.

(2) They shall be deemed to have come into force on the first day of January, 2016.

2. Application - (1) Save as otherwise provided by or under these rules, these rules shall apply to persons appointed to civil services and posts under the rule making control of the Government of West Bengal except members of All India Services, the West Bengal Judicial Service and members of the services to whom the University Grants Commission, the All India Council of Technical Education and Indian Council of Agricultural Research scales of pay apply.

(2) Unless specifically extended under express order of the State Government, these rules shall not apply to -

- (a) Subordinate executive staff of the Police Forces in West Bengal,
 - (b) Officers and staff of the West Bengal National Volunteer Force,
 - (c) Officers and staff of the West Bengal Legislative Assembly Secretariat,
 - (d) Officers and staff of the Public Service Commission, West Bengal,
 - (e) Officers and staff of the High Court at Kolkata
- (3) These rules shall not also apply to :
- (a) Government employees appointed on contract,
 - (b) Government employees not in whole time employment,
 - (c) Government employees paid otherwise than on a monthly basis, including those paid at piece-rates,
 - (d) Government employees who have retired in the afternoon of the 31st December, 2015, and
 - (e) Government employees re-employed after retirement.

3. **Definitions** - (1) In these rules, unless the context otherwise requires,-
- (a) **“existing basic pay”** means the pay drawn in the prescribed existing Pay Band and Grade Pay but does not include any other type of pay;
- (b) **“existing Pay Band and Grade Pay”** means the running Pay Band and the Grade Pay applicable to the post held by the Government employee or, as the case may be, the personal scale applicable to such Government employee on account of his advancement to a higher Pay Band/Grade Pay under specific or general orders of the Government as on 1st day of January, 2016, whether in a substantive or officiating or temporary capacity, and
- (c) **“existing pay structure”** means the present system of Pay Band and Grade Pay applicable to the post held by the Government employee as on the 1st day of January, 2016 whether in a substantive or officiating capacity or the Pay Band and Grade Pay as personal scale applicable to him on account of advancement to higher Pay Band /Grade Pay.;
- Explanation.-** the expressions “existing basic pay” and “existing Pay Band and Grade Pay” in respect of a Government employee, who was on the 1st day of January, 2016, on deputation or on foreign service or on leave or who would have on that date officiated in one or more lower posts but for his officiating in a higher post, shall mean such basic pay ,Pay band and Grade pay applicable to the post which he would have held but for his being on deputation or on foreign service or on leave or officiating in a higher post;
- (d) **“existing emoluments”** means the sum of existing basic pay and existing dearness allowance allowed to the basic pay as on 1st day of January ,2016.
- (e) **“Pay Matrix”** means Matrix specified in Schedule-I and Schedule-II, with levels of pay arranged in vertical cells as assigned to corresponding existing Pay Band and Grade Pay ;
- (f) **“Level”** in the Pay Matrix shall mean the Level corresponding to the existing Pay Band and Grade Pay as specified in Schedule-III;
- (g) **“pay in the Level”** means pay drawn in the appropriate Cell of the Level as specified in Schedule-I and Schedule-II;
- (h) **“revised pay structure”** means the Pay Matrix and the Level specified therein corresponding to the existing Pay Band and Grade Pay of the post unless a different revised level is notified separately for the post ;
- (i) **“basic pay”** in the revised pay structure means the pay drawn in the prescribed Level in the Pay Matrix ;

(j) **“revised emoluments”** means the pay in the Level of a Government employee in the revised pay structure and includes the revised non-practicing allowance, if any, admissible to him.;

(k) **“Schedule”** means a schedule appended to these rules.

(2) Words and expressions used but not defined in these rules shall have the same meanings as respectively assigned to them in the West Bengal Service Rules, Part-I.

4. **Level of posts** - From the date of commencement of these rules, the Level of posts shall be determined in accordance with the various Levels as assigned to the corresponding existing Pay Band and Grade Pay as specified in the Pay Matrix.

5. **Drawal of pay in the revised pay structure** - Save as otherwise provided in these rules, a Government employee shall draw pay in the Level in the revised pay structure applicable to the post which he is holding as on 01.01.2016 or to which he is appointed on or after 1st day of January ,2016 :

Provided that a Government employee may elect to continue to draw pay in the existing pay structure until the date on which he earns his next increment in the existing pay structure or until he vacates his post or ceases to draw pay in the existing pay structure:

Provided further that in cases where a Government employee has been placed in a higher Grade Pay between 1st day of January, 2016 and the date of notification of these rules on account of promotion or upgradation, the Government employee may elect to switch over to the revised pay structure from the date of such promotion or upgradation as the case may be.

Explanation 1 - The option to retain the existing pay structure under the proviso to this rule shall be admissible only in respect of one existing Pay Band or Grade Pay.

Explanation 2 - The aforesaid option shall not be admissible to any person appointed to a post on or after the 1st day of January, 2016, whether for the first time in Government service or by transfer from another post and he shall be allowed pay only in the revised pay structure.

Explanation 3 – Where the Government employee exercises the option under the proviso to this rule to retain the existing pay structure in respect of a post held by him in an officiating capacity on a regular basis for the purpose of regulation of pay in that pay structure under the existing rule or order applicable to the post , his substantive pay shall be substantive pay which he would have drawn had he retained the existing pay structure in respect of the permanent post on which he holds a lien or would have held a lien had his lien not been suspended or the pay of the officiating post which has acquired the character of substantive pay in accordance with any order for the time being in force, whichever is higher.

6. Exercise of option - (1) The option under the provisos to rule 5 shall be exercised in writing in the form appended to Schedule IV so as to reach the authority mentioned in sub-rule (2) within three months of the date of notification of these rules in *Official Gazette*:

Provided that-(i) in the case of a Government employee, who on the date of notification of these rules, is on leave or on deputation or on foreign service, the said option shall be exercised in writing so as to reach the said authority within three months of his return from such leave or deputation or foreign service, as the case may be; and

(ii) where a Government employee is under suspension on the date of publication of these rules in the *Official Gazette*, the option may be exercised by him within three months of the date of his return to his duty or within three months of the date of notification of these rules, whichever is later.

- (2) The option shall be submitted by the Government employee to the Head of his Office.
- (3) If the option is not received by the Head of his Office within the time specified in sub-rule (1), the Government employee shall be deemed to have elected to be governed by the revised pay structure with effect from the 1st day of January, 2016.
- (4) The option once exercised shall be final.

Note 1- A Government employee, who died on or after the 1st day of January, 2016 and could not exercise the option within the prescribed time limit, shall be deemed to have opted for the revised pay structure on and from the 1st day of January, 2016 or from such subsequent date as is considered most beneficial to him, if he was alive.

Note 2- A Government employee who was on earned leave or any other leave on 1st day of January, 2016 which entitled him to leave salary shall be entitled to exercise option under this rule.

Note 3- A Government employee whose existing pay structure of the post was revised with effect from any date before publication of these rules, may be allowed the benefits of exercising option under this rule on the basis of notional basic pay in the related scale.

7. Fixation of initial pay in the revised pay structure.- (1) The initial pay of a Government employee who elects, or is deemed to have elected under rule 6 to be governed by the revised pay structure on and from the 1st day of January, 2016, shall, unless in any case the Governor by special order otherwise directs, be fixed separately in respect of his substantive pay in the permanent post on which he holds a lien or would have held a lien if such lien had not been suspended, and in respect of his pay in the officiating post held by him, in the following manner, namely:-

- (a) in the case of all employees,-
 - (i) the pay in the applicable level in the Pay Matrix shall be the pay obtained by multiplying the existing basic pay by a factor of 2.57, rounded off to

the nearest rupee and the figure so arrived at will be located in that level in the Pay Matrix and if such an identical figure corresponds to any Cell in the applicable level in the pay matrix , the same shall be the pay , and if no such cell is available in the applicable level , the pay shall be fixed at the immediate next higher Cell in that applicable Level of the Pay Matrix, as per schedule V .

Illustration -1

| | | | | |
|----|---|-----------|------------------|--------------|
| 1. | Existing Pay Band : P.B.1 | Pay Band | P.B I 4900-16200 | |
| | | Grade Pay | 1700 | 1800 |
| 2. | Existing Grade Pay : 1800 | Level | 1 | 2 |
| | | 1 | 17000 | 17600 |
| | | 2 | 17500 | 18100 |
| 3. | Existing Pay in the Pay Band : 7410 | 3 | 18000 | 18600 |
| | | 4 | 18500 | 19200 |
| | | 5 | 19100 | 19800 |
| 4. | Existing Basic Pay : 9210 (=7410+1800) | 6 | 19700 | 20400 |
| | | 7 | 20300 | 21000 |
| | | 8 | 20900 | 21600 |
| 5. | Pay after multiplication by a fitment factor of 2.57 : $9210 \times 2.57 = 23669.70$ (rounded off to 23670) | 9 | 21500 | 22200 |
| | | 10 | 22100 | 22900 |
| | | 11 | 22800 | 23600 |
| 6. | Level corresponding to Grade Pay 1800 : Level 2 | 12 | 23500 | 24300 |
| | | 13 | 24200 | 25000 |
| 7. | Revised Pay in the Pay Matrix (either equal to or next higher to 23670 in Level 2) : 24300 | 14 | 24900 | 25800 |
| | | 15 | 25600 | 26600 |

Illustration -2

| | | | | | | |
|----|---|-----------|------------------|-------|-------|-------|
| 1. | Existing Pay Band : P.B.3 | Pay Band | P.B.3 7100-37600 | | | |
| | | Grade Pay | 3200 | 3600 | 3900 | 4100 |
| 2. | Existing Grade Pay : 4100 | Level | 8 | 9 | 10 | 11 |
| | | 1 | 27000 | 28900 | 32100 | 33400 |
| | | 2 | 27800 | 29800 | 33100 | 34400 |
| 3. | Existing Pay in the Pay Band : 14000 | 3 | 28600 | 30700 | 34100 | 35400 |
| | | 4 | 29500 | 31600 | 35100 | 36500 |
| | | 5 | 30400 | 32500 | 36200 | 37600 |
| 4. | Existing Basic Pay : 18100 (=14000+4100) | 6 | 31300 | 33500 | 37300 | 38700 |
| | | 7 | 32200 | 34500 | 38400 | 39900 |

| | | | | | | |
|----|---|----|-------|-------|-------|--------------|
| 5. | Pay after multiplication by a fitment factor of 2.57 : 46517 | 8 | 33200 | 35500 | 39600 | 41100 |
| | | 9 | 34200 | 36600 | 40800 | 42300 |
| | | 10 | 35200 | 37700 | 42000 | 43600 |
| 6. | Level corresponding to Grade Pay 4100 : Level 11 | 11 | 36300 | 38800 | 43300 | 44900 |
| | | 12 | 37400 | 40000 | 44600 | 46200 |
| 7. | Revised Pay in the Pay Matrix (either equal to or next higher to 46517 in Level 11) : 47600 | 13 | 38500 | 41200 | 45900 | 47600 |
| | | 14 | 39700 | 42400 | 47300 | 49000 |

(ii) if the minimum pay or the first cell in the applicable Level is more than the amount arrived at as per sub-clause (i) above, the pay shall be fixed at minimum pay or the first Cell of that applicable Level.

(b) In the case of Medical Officers and Veterinary Doctors who are in receipt of Non-Practising Allowance, the pay in the revised pay structure shall be fixed in the following manner:

The existing basic pay shall be multiplied by a factor of 2.57 and the figure so arrived at shall be added to by an amount equivalent to Dearness Allowance on the pre-revised Non-Practising Allowance admissible as on 1st day of January, 2016. The figure so arrived at will be located in the applicable Level in the Pay Matrix and if such an identical figure corresponds to any Cell in the applicable Level, the same shall be the pay. If, no such Cell is available in the applicable Level, the pay shall be fixed at the immediate next higher Cell in that applicable Level in the Pay Matrix.

Illustration

| | | | | | |
|----|--|-----------|----------------------|-------|-------|
| 1. | Existing Pay Band : PB-4A | Pay Band | P.B.4A 15600 - 42000 | | |
| 2. | Existing Grade Pay : 5400 | Grade Pay | 5400 | 6600 | 7000 |
| 3. | Existing Pay in the Pay Band : 15910 | Level | 16 | 17 | 18 |
| | | 1 | 56100 | 67300 | 68400 |
| 4. | Existing Basic Pay : 21310 (= 15910+ 5400) | 2 | 57800 | 69300 | 70500 |
| | | 3 | 59500 | 71400 | 72600 |
| 5. | 30% NPA on Basic Pay : 6393 | 4 | 61300 | 73500 | 74800 |
| 6. | DA on NPA @75% : 4795 | 5 | 63100 | 75700 | 77000 |
| 7. | Pay after multiplication by a fitment factor of 2.57 : 21310 x 2.57 =54766.70 (rounded off to 54767) | 6 | 65000 | 78000 | 79300 |
| | | 7 | 67000 | 80300 | 81700 |
| 8. | Sum of serial number 6 and 7 = 54767+4795 =59562 | 8 | 69000 | 82700 | 84200 |
| | | 9 | 71100 | 85200 | 86700 |

| | | | | | |
|-----|--|----|-------|-------|-------|
| 9. | Level corresponding to G.P 5400 : Level 16 | 10 | 73200 | 87800 | 89300 |
| 10. | Revised Pay in the Pay Matrix (either equal to or next higher to 59562 in Level 16): 61300 | 11 | 75400 | 90400 | 92000 |
| | | 12 | 77700 | 93100 | 94800 |

(2) A Government employee who is on leave on the 1st day of January, 2016 and is entitled to leave salary shall be entitled to pay in the revised pay structure from the date of actual effect of the revised emoluments.

(3) A Government employee who is on study leave on the 1st day of January, 2016 shall be entitled to pay in the revised pay structure from the date of actual effect of the revised emoluments.

(4) A Government employee under suspension, shall continue to draw subsistence allowance based on existing pay structure and his pay in the revised pay structure shall be subject to the final order on the pending disciplinary proceedings.

(5) Where the existing emoluments exceed the revised emoluments in the case of any Government employee, the difference shall be allowed as personal pay to be absorbed in future increases in pay.

(6) Where in the fixation of pay under sub-rule (1) the pay of a Government employee, who, in the existing pay structure was drawing more pay than another Government employee junior to him in the same grade in the cadre immediately before the 1st day of January, 2016, gets fixed in the revised pay structure in a Cell lower than that of such junior, his pay shall be stepped up to the same Cell in the revised pay structure as that of the junior.

(7) In the case where a senior Government employee promoted to a higher post before the 1st day of January, 2016 draws less pay in the revised pay structure than his junior who is promoted to the higher post on or after the 1st day of January, 2016, the pay of senior Government employee in the revised pay structure shall be stepped up to an amount equal to the pay as fixed for his junior in that higher post and such stepping up shall be done with the approval of the Government with effect from the date of promotion of the junior Government employee subject to the fulfilment of the following conditions, namely :-

- (a) both the junior and the senior Government employees belong to the same cadre and the posts in which they have been promoted are identical in the same cadre ;
- (b) the existing pay structure and the revised pay structure of the lower and higher posts in which they are entitled to draw pay should be identical ;
- (c) the senior Government employee at the time of promotion was drawing equal or more pay than the junior ;

- (d) the anomaly should arise directly as a result of the applications of the provisions of normal rule or any other rule or order regulating fixation of pay on such promotion in the revised pay structure :

Provided that if the junior officer was drawing more pay in the existing pay structure than the senior by virtue of any advance increment(s) granted to him , the provisions of this sub-rule shall not be applicable to step up the pay of the senior Government employee.

Provided further that the order relating to stepping up of the pay of the senior employee in accordance with the provision of these sub-rule shall be issued under rule 55(4) of the West Bengal Service Rule, Part I and the senior employee shall be entitled to the next increment on completion of his required qualifying service with reference to the date of such stepping up of pay.

- (8) Where a Government employee is in receipt of personal pay on the 1st day of January, 2016, which together with his existing emoluments exceeds the revised emoluments, the difference representing such excess shall be allowed to such Government employee as personal pay to be absorbed in future increases of the pay.
- (9) Subject to provisions of rule 5, if the pay as fixed in the officiating post under sub-rule (1) is lower than the pay fixed in the substantive post, the former shall be fixed at the same stage as the substantive pay.

8. Fixation of pay in the revised pay structure in respect of an employee appointed as fresh recruits on or after 01.01.2016 - The pay of employees appointed by direct recruitment on or after the 1st day of January, 2016 shall be fixed at the minimum pay or the first Cell in the Level, applicable to the post to which such employees are appointed subject to the higher initials, where applicable, as indicated in Schedule-III.

Provided that where the existing pay of such employee appointed on or after the 1st day of January, 2016 and before the notification of these rules, has already been fixed in the existing pay structure and if his existing emoluments happen to exceed the minimum pay in the revised pay structure as applicable to the post to which he is appointed on or after the first day of January, 2016, such difference shall be treated to be personal pay to be absorbed in future increments in pay.

Provided further that the pay of a Government employee , while holding a post under the Government, is appointed to another post on or after the 1st day of January, 2016 , through direct recruitment after applying with due permission of the appointing authority , shall be fixed in the level applicable to the new post at the Cell , which is equal to his last pay of the old post and if there exists no such Cell in the applicable level of the new post , the pay shall be fixed (i) at the immediate higher Cell of that Level if the new post carries higher Level than that of the old post and (ii) at the immediate lower Cell of that Level if the new post is in the lower Level (up to the second lower Level) in relation to the old post when the difference shall be treated as personal pay to be absorbed in future increment.

Illustrations

(a) An employee drawing pay of Rs.34500 in Level 9 is directly appointed to a post carrying Pay in Level 9, his pay shall be fixed at Rs. 34500 in Level 9.

(b) (i) An employee drawing pay of Rs.33200 in Level 7 is directly appointed to a post carrying pay in Level 8 , his pay shall be fixed at Rs.33200 as available in a Cell in Level 8.

(ii) An employee drawing pay of Rs. 30500 in Level 6 is directly appointed to a post carrying pay in Level 9, his pay shall be fixed at the immediate higher Cell i.e., at Rs.30700 as available in a Cell in Level 9.

(c) (i) An employee drawing pay of Rs.34200 in Level 8 is directly appointed to a post carrying pay in Level 7, his pay shall be fixed at Rs.34200 as available in a Cell in Level 7.

(ii) An employee drawing pay of Rs.34200 in Level 8 is directly appointed to a post carrying pay in Level 6, his pay shall be fixed at the immediate lower Cell i.e., at Rs.33300 in Level 6 and the difference of Rs.900 (=34200-33300) shall be treated as personal pay to be absorbed in future increment in Level 6.

(d) An employee drawing pay of Rs.33500 in Level 9 is directly appointed to a post carrying pay in Level 6, his pay shall be fixed at the lowest Cell of Level 6 i.e., at Rs.22700 as Level 6 is more than second Level lower in relation to his Pay Level of the former post.

In all the above cases the next increment will fall due on the 1st July after completing 6 months or more qualifying service in the new post.

9. Increments in Pay Matrix - After fixation of pay in the appropriate Level in the Pay Matrix, the subsequent increment in the Level shall be at the immediate next higher Cell vertically arranged in that Level.

Illustration

| | Pay Band | P.B. 2 5400-25200 | | | | |
|--|-----------|-------------------|-------|-------|--------------|--------------|
| | Grade Pay | 1900 | 2100 | 2300 | 2600 | 2900 |
| | Level | 3 | 4 | 5 | 6 | 7 |
| An employee in the basic pay of Rs.29000 in Level 5 will move vertically downwards in the same level to Rs.29900 on grant of increment | 1 | 18800 | 19700 | 21000 | 22700 | 24700 |
| | 2 | 19400 | 20300 | 21600 | 23400 | 25400 |
| | 3 | 20000 | 20900 | 22200 | 24100 | 26200 |
| | 4 | 20600 | 21500 | 22900 | 24800 | 27000 |
| | 5 | 21200 | 22100 | 23600 | 25500 | 27800 |
| | 6 | 21800 | 22800 | 24300 | 26300 | 28600 |
| | 7 | 22500 | 23500 | 25000 | 27100 | 29500 |
| | 8 | 23200 | 24200 | 25800 | 27900 | 30400 |
| | 9 | 23900 | 24900 | 26600 | 28700 | 31300 |
| | 10 | 24600 | 25600 | 27400 | 29600 | 32200 |
| | 11 | 25300 | 26400 | 28200 | 30500 | 33200 |
| | 12 | 26100 | 27200 | 29000 | 31400 | 34200 |
| | | | | ↓ | | |
| | 13 | 26900 | 28000 | 29900 | 32300 | 35200 |
| | 14 | 27700 | 28800 | 30800 | 33300 | 36300 |
| | 15 | 28500 | 29700 | 31700 | 34300 | 37400 |
| | 16 | 29400 | 30600 | 32700 | 35300 | 38500 |
| 17 | 30300 | 31500 | 33700 | 36400 | 39700 | |

10. **Date of next increment in revised pay structure.** – In respect of all Government employees, there shall be a uniform date of annual increment, as existing and such date of annual increment shall be the 1st day of July of every year.

Note. – In the case of Government employees completing 6 (six) months and above in the revised pay structure as on 1st day of July, shall be eligible to be granted increment.

11. **Fixation of pay on promotion on or after the 1st day of January, 2016.**- The fixation of pay in case of promotion from one level to another in the revised pay structure shall be made in the following manner, namely;-

- (i) One increment shall be given in the Level from which the Government employee is promoted and he shall be placed at a Cell equal to the figure so arrived at in the Level of the post to which promoted and if no such Cell is available in the Level to which promoted, he shall be placed at the next higher Cell in that Level.

Illustration

| | | | | | | |
|---|-----------|-------------------|-------|-------|--------------|--------------|
| An employee is drawing basic pay of Rs. 31400 in Level 6. He is promoted to Level 7. His pay will be fixed in the following manner. | Pay Band | P.B. 2 5400-25200 | | | | |
| | Grade Pay | 1900 | 2100 | 2300 | 2600 | 2900 |
| | Level | 3 | 4 | 5 | 6 | 7 |
| (1) Pay after giving one increment in Level 6 is to be determined which will be Rs. 32300 (2) Pay will be fixed in Level 7 at Rs.33200 (either equal to or next higher in Level 7) | 1 | 18800 | 19700 | 21000 | 22700 | 24700 |
| | 2 | 19400 | 20300 | 21600 | 23400 | 25400 |
| | 3 | 20000 | 20900 | 22200 | 24100 | 26200 |
| | 4 | 20600 | 21500 | 22900 | 24800 | 27000 |
| | 5 | 21200 | 22100 | 23600 | 25500 | 27800 |
| | 6 | 21800 | 22800 | 24300 | 26300 | 28600 |
| | 7 | 22500 | 23500 | 25000 | 27100 | 29500 |
| | 8 | 23200 | 24200 | 25800 | 27900 | 30400 |
| | 9 | 23900 | 24900 | 26600 | 28700 | 31300 |
| | 10 | 24600 | 25600 | 27400 | 29600 | 32200 |
| | 11 | 25300 | 26400 | 28200 | 30500 | 33200 |
| | 12 | 26100 | 27200 | 29000 | 31400 | 34200 |
| | 13 | 26900 | 28000 | 29900 | 32300 | 35200 |
| | 14 | 27700 | 28800 | 30800 | 33300 | 36300 |
| | 15 | 28500 | 29700 | 31700 | 34300 | 37400 |
| | 16 | 29400 | 30600 | 32700 | 35300 | 38500 |
| | 17 | 30300 | 31500 | 33700 | 36400 | 39700 |

Note 1.- An employee may have option to get his pay fixed either from the date of promotion or from the date of next increment.

- (a) In case the employee opts to get his pay fixed from the date of promotion, his pay in the promotion post shall be fixed under the provisions of this rule and his next increment will fall due on the 1st July on completion of six months from the date of such promotion.

(b) In case the employee opts to get his pay fixed from the date of increment, then on the date of promotion his pay shall initially be fitted in the applicable level of the promotion post at the same Cell as that of his existing pay and in absence of such Cell, it shall be fitted at the next higher Cell and such pay shall finally be re-fixed under the provisions of this rule after accrual of increment in the lower post. The next increment shall, however, fall due on the next 1st July.

Note 2.- In the case of non functional movement under MCAS, 2001 / Promotion Policy Circular,1981 the provisions as were prescribed for CAS/MCAS shall be followed.

(ii) In case of Government employees receiving Non Practicing Allowance, their basic pay plus Non Practicing Allowance shall not exceed Rs. 2,01,000 .

12. **Payment of arrears.-** Notwithstanding anything contained elsewhere in these rules, or in any other rules for the time being in force , no arrears of pay to which a Government employee may be entitled in respect of the period from the 1st day of January,2016 to the 31st day of December, 2019, shall be paid to the Government employee.

Note.- For the purpose of this rule, “arrears of pay” , in relation to a Government employee, means the difference between the aggregate of pay and allowances to which he is entitled on account of revision of pay and allowances under these rules for the period in question and the aggregate of pay and allowances to which he would have been entitled for that period had his pay and allowances not been so revised.

13. **Classification of Government employees.-** From the date of commencement of these rules, Government employees shall be classified as Group A, Group B, Group C and Group D in the following manner :-

(i) Group A - Government employees holding all posts in the Pay Level 12 and above.

(ii) Group B - Government employees holding all posts in the Pay Levels 8 to 11

(iii) Group C - Government employees holding all posts in the Pay Levels 3 to 7.

(iv) Group D - Government employees holding all posts in the Pay Levels 1 and 2.

14. **Overriding effect of rules.-** The provisions of these rules shall have effect notwithstanding anything contrary contained in any other rules, orders or notifications for the time being in force , and all such rules, orders and notifications including the West Bengal Service Rules, Part I, shall have effect subject to the provisions of these rules.

15. **Relaxation of rules,-** Where the Governor is satisfied that the operation of all or any of the provisions of these rules causes undue hardship in any particular case, he may, by order dispense with or relax the requirements of that rule to such extent and subject to such conditions as he may consider necessary for dealing with the case in a just and equitable manner.

16. **Interpretation** - If any question arises relating to the interpretation of any of the provisions of these rules, it shall be referred to the Finance Department for decision.

Schedule – I**[see rule 3(e) and 3(g)]**

| Pay Band | P.B I 4900-16200 | | P.B. 2 5400-25200 | | | | | P.B.3 7100-37600 | | | |
|---------------|---------------------|-------|-------------------|-------|-------|-------|-------|------------------|-------|-------|-------|
| Grade Pay | 1700 | 1800 | 1900 | 2100 | 2300 | 2600 | 2900 | 3200 | 3600 | 3900 | 4100 |
| Old Entry Pay | 6600 | 6830 | 7300 | 7680 | 8160 | 8840 | 9600 | 10300 | 11040 | 12270 | 12750 |
| Level | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 1 | 17000 | 17600 | 18800 | 19700 | 21000 | 22700 | 24700 | 27000 | 28900 | 32100 | 33400 |
| 2 | 17500 | 18100 | 19400 | 20300 | 21600 | 23400 | 25400 | 27800 | 29800 | 33100 | 34400 |
| 3 | 18000 | 18600 | 20000 | 20900 | 22200 | 24100 | 26200 | 28600 | 30700 | 34100 | 35400 |
| 4 | 18500 | 19200 | 20600 | 21500 | 22900 | 24800 | 27000 | 29500 | 31600 | 35100 | 36500 |
| 5 | 19100 | 19800 | 21200 | 22100 | 23600 | 25500 | 27800 | 30400 | 32500 | 36200 | 37600 |
| 6 | 19700 | 20400 | 21800 | 22800 | 24300 | 26300 | 28600 | 31300 | 33500 | 37300 | 38700 |
| 7 | 20300 | 21000 | 22500 | 23500 | 25000 | 27100 | 29500 | 32200 | 34500 | 38400 | 39900 |
| 8 | 20900 | 21600 | 23200 | 24200 | 25800 | 27900 | 30400 | 33200 | 35500 | 39600 | 41100 |
| 9 | 21500 | 22200 | 23900 | 24900 | 26600 | 28700 | 31300 | 34200 | 36600 | 40800 | 42300 |
| 10 | 22100 | 22900 | 24600 | 25600 | 27400 | 29600 | 32200 | 35200 | 37700 | 42000 | 43600 |
| 11 | 22800 | 23600 | 25300 | 26400 | 28200 | 30500 | 33200 | 36300 | 38800 | 43300 | 44900 |
| 12 | 23500 | 24300 | 26100 | 27200 | 29000 | 31400 | 34200 | 37400 | 40000 | 44600 | 46200 |
| 13 | 24200 | 25000 | 26900 | 28000 | 29900 | 32300 | 35200 | 38500 | 41200 | 45900 | 47600 |
| 14 | 24900 | 25800 | 27700 | 28800 | 30800 | 33300 | 36300 | 39700 | 42400 | 47300 | 49000 |
| 15 | 25600 | 26600 | 28500 | 29700 | 31700 | 34300 | 37400 | 40900 | 43700 | 48700 | 50500 |
| 16 | 26400 | 27400 | 29400 | 30600 | 32700 | 35300 | 38500 | 42100 | 45000 | 50200 | 52000 |
| 17 | 27200 | 28200 | 30300 | 31500 | 33700 | 36400 | 39700 | 43400 | 46400 | 51700 | 53600 |
| 18 | 28000 | 29000 | 31200 | 32400 | 34700 | 37500 | 40900 | 44700 | 47800 | 53300 | 55200 |
| 19 | 28800 | 29900 | 32100 | 33400 | 35700 | 38600 | 42100 | 46000 | 49200 | 54900 | 56900 |
| 20 | 29700 | 30800 | 33100 | 34400 | 36800 | 39800 | 43400 | 47400 | 50700 | 56500 | 58600 |
| 21 | 30600 | 31700 | 34100 | 35400 | 37900 | 41000 | 44700 | 48800 | 52200 | 58200 | 60400 |
| 22 | 31500 | 32700 | 35100 | 36500 | 39000 | 42200 | 46000 | 50300 | 53800 | 59900 | 62200 |
| 23 | 32400 | 33700 | 36200 | 37600 | 40200 | 43500 | 47400 | 51800 | 55400 | 61700 | 64100 |
| 24 | 33400 | 34700 | 37300 | 38700 | 41400 | 44800 | 48800 | 53400 | 57100 | 63600 | 66000 |
| 25 | 34400 | 35700 | 38400 | 39900 | 42600 | 46100 | 50300 | 55000 | 58800 | 65500 | 68000 |
| 26 | 35400 | 36800 | 39600 | 41100 | 43900 | 47500 | 51800 | 56700 | 60600 | 67500 | 70000 |
| 27 | 36500 | 37900 | 40800 | 42300 | 45200 | 48900 | 53400 | 58400 | 62400 | 69500 | 72100 |
| 28 | 37600 | 39000 | 42000 | 43600 | 46600 | 50400 | 55000 | 60200 | 64300 | 71600 | 74300 |
| 29 | 38700 | 40200 | 43300 | 44900 | 48000 | 51900 | 56700 | 62000 | 66200 | 73700 | 76500 |
| 30 | 39900 | 41400 | 44600 | 46200 | 49400 | 53500 | 58400 | 63900 | 68200 | 75900 | 78800 |
| 31 | 41100 | 42600 | 45900 | 47600 | 50900 | 55100 | 60200 | 65800 | 70200 | 78200 | 81200 |
| 32 | 42300 | 43900 | 47300 | 49000 | 52400 | 56800 | 62000 | 67800 | 72300 | 80500 | 83600 |
| 33 | 43600 | 45200 | 48700 | 50500 | 54000 | 58500 | 63900 | 69800 | 74500 | 82900 | 86100 |

Schedule – I (Continued)

| Pay Band | P.B.4 9000 - 40500 | | | | P.B.4A 15600 - 42000 | | | P.B. 4B 28000 - 52000 | | P.B.5 37400 - 60000 | | | |
|---------------|--------------------|-------|--------|--------|----------------------|--------|--------|-----------------------|--------|---------------------|--------|--------|--------|
| Grade Pay | 4400 | 4600 | 4700 | 4800 | 5400 | 6600 | 7000 | 7600 | 8000 | 8700 | 8900 | 9500 | 10000 |
| Old Entry Pay | 13400 | 13900 | 14930 | 15960 | 21000 | 25200 | 25600 | 35600 | 36000 | 46100 | 46300 | 46900 | 47400 |
| Level | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 1 | 35800 | 37100 | 39900 | 42600 | 56100 | 67300 | 68400 | 95100 | 96100 | 123100 | 123600 | 125200 | 128900 |
| 2 | 36900 | 38200 | 41100 | 43900 | 57800 | 69300 | 70500 | 98000 | 99000 | 126800 | 127300 | 129000 | 132800 |
| 3 | 38000 | 39300 | 42300 | 45200 | 59500 | 71400 | 72600 | 100900 | 102000 | 130600 | 131100 | 132900 | 136800 |
| 4 | 39100 | 40500 | 43600 | 46600 | 61300 | 73500 | 74800 | 103900 | 105100 | 134500 | 135000 | 136900 | 140900 |
| 5 | 40300 | 41700 | 44900 | 48000 | 63100 | 75700 | 77000 | 107000 | 108300 | 138500 | 139100 | 141000 | 145100 |
| 6 | 41500 | 43000 | 46200 | 49400 | 65000 | 78000 | 79300 | 110200 | 111500 | 142700 | 143300 | 145200 | 149500 |
| 7 | 42700 | 44300 | 47600 | 50900 | 67000 | 80300 | 81700 | 113500 | 114800 | 147000 | 147600 | 149600 | 154000 |
| 8 | 44000 | 45600 | 49000 | 52400 | 69000 | 82700 | 84200 | 116900 | 118200 | 151400 | 152000 | 154100 | 158600 |
| 9 | 45300 | 47000 | 50500 | 54000 | 71100 | 85200 | 86700 | 120400 | 121700 | 155900 | 156600 | 158700 | 163400 |
| 10 | 46700 | 48400 | 52000 | 55600 | 73200 | 87800 | 89300 | 124000 | 125400 | 160600 | 161300 | 163500 | 168300 |
| 11 | 48100 | 49900 | 53600 | 57300 | 75400 | 90400 | 92000 | 127700 | 129200 | 165400 | 166100 | 168400 | 173300 |
| 12 | 49500 | 51400 | 55200 | 59000 | 77700 | 93100 | 94800 | 131500 | 133100 | 170400 | 171100 | 173500 | 178500 |
| 13 | 51000 | 52900 | 56900 | 60800 | 80000 | 95900 | 97600 | 135400 | 137100 | 175500 | 176200 | 178700 | 183900 |
| 14 | 52500 | 54500 | 58600 | 62600 | 82400 | 98800 | 100500 | 139500 | 141200 | 180800 | 181500 | 184100 | 189400 |
| 15 | 54100 | 56100 | 60400 | 64500 | 84900 | 101800 | 103500 | 143700 | 145400 | 186200 | 186900 | 189600 | 195100 |
| 16 | 55700 | 57800 | 62200 | 66400 | 87400 | 104900 | 106600 | 148000 | 149800 | 191800 | 192500 | 195300 | 201000 |
| 17 | 57400 | 59500 | 64100 | 68400 | 90000 | 108000 | 109800 | | | | | | |
| 18 | 59100 | 61300 | 66000 | 70500 | 92700 | 111200 | 113100 | | | | | | |
| 19 | 60900 | 63100 | 68000 | 72600 | 95500 | 114500 | 116500 | | | | | | |
| 20 | 62700 | 65000 | 70000 | 74800 | 98400 | 117900 | 120000 | | | | | | |
| 21 | 64600 | 67000 | 72100 | 77000 | 101400 | 121400 | 123600 | | | | | | |
| 22 | 66500 | 69000 | 74300 | 79300 | 104400 | 125000 | 127300 | | | | | | |
| 23 | 68500 | 71100 | 76500 | 81700 | 107500 | 128800 | 131100 | | | | | | |
| 24 | 70600 | 73200 | 78800 | 84200 | 110700 | 132700 | 135000 | | | | | | |
| 25 | 72700 | 75400 | 81200 | 86700 | 114000 | 136700 | 139100 | | | | | | |
| 26 | 74900 | 77700 | 83600 | 89300 | 117400 | 140800 | 143300 | | | | | | |
| 27 | 77100 | 80000 | 86100 | 92000 | 120900 | 145000 | 147600 | | | | | | |
| 28 | 79400 | 82400 | 88700 | 94800 | 124500 | 149400 | 152000 | | | | | | |
| 29 | 81800 | 84900 | 91400 | 97600 | 128200 | 153900 | 156600 | | | | | | |
| 30 | 84300 | 87400 | 94100 | 100500 | 132000 | 158500 | 161300 | | | | | | |
| 31 | 86800 | 90000 | 96900 | 103500 | 136000 | 163300 | 166100 | | | | | | |
| 32 | 89400 | 92700 | 99800 | 106600 | 140100 | 168200 | 171100 | | | | | | |
| 33 | 92100 | 95500 | 102800 | 109800 | 144300 | 173200 | 176200 | | | | | | |

Schedule – II**[see rule 3(e) and 3(g)]**

| Band Pay | P.B.2 5400- 25200 | P.B.3 7100-37600 | | | | P.B.4 9000-40500 | | | | P.B.4B 28000- 52000 |
|------------------|-------------------------|------------------|-------|-------|--------|------------------|--------|--------|--------|---------------------------|
| Grade Pay | 2680 | 3650 | 3950 | 3960 | 4220 | 4580 | 4780 | 5040 | 5640 | 7740 |
| Old Entry Pay | 9250 | 12120 | 12600 | 13170 | 15940 | 14810 | 16780 | 19550 | 22570 | 35740 |
| Level | 6A | 9A | 10A | 10B | 10C | 12A | 12B | 15A | 16A | 19A |
| 1 | 23800 | 31800 | 33000 | 34500 | 41800 | 39500 | 44800 | 52200 | 60300 | 95400 |
| 2 | 24500 | 32800 | 34000 | 35500 | 43100 | 40700 | 46100 | 53800 | 62100 | 98300 |
| 3 | 25200 | 33800 | 35000 | 36600 | 44400 | 41900 | 47500 | 55400 | 64000 | 101200 |
| 4 | 26000 | 34800 | 36100 | 37700 | 45700 | 43200 | 48900 | 57100 | 65900 | 104200 |
| 5 | 26800 | 35800 | 37200 | 38800 | 47100 | 44500 | 50400 | 58800 | 67900 | 107300 |
| 6 | 27600 | 36900 | 38300 | 40000 | 48500 | 45800 | 51900 | 60600 | 69900 | 110500 |
| 7 | 28400 | 38000 | 39400 | 41200 | 50000 | 47200 | 53500 | 62400 | 72000 | 113800 |
| 8 | 29300 | 39100 | 40600 | 42400 | 51500 | 48600 | 55100 | 64300 | 74200 | 117200 |
| 9 | 30200 | 40300 | 41800 | 43700 | 53000 | 50100 | 56800 | 66200 | 76400 | 120700 |
| 10 | 31100 | 41500 | 43100 | 45000 | 54600 | 51600 | 58500 | 68200 | 78700 | 124300 |
| 11 | 32000 | 42700 | 44400 | 46400 | 56200 | 53100 | 60300 | 70200 | 81100 | 128000 |
| 12 | 33000 | 44000 | 45700 | 47800 | 57900 | 54700 | 62100 | 72300 | 83500 | 131800 |
| 13 | 34000 | 45300 | 47100 | 49200 | 59600 | 56300 | 64000 | 74500 | 86000 | |
| 14 | 35000 | 46700 | 48500 | 50700 | 61400 | 58000 | 65900 | 76700 | 88600 | |
| 15 | 36100 | 48100 | 50000 | 52200 | 63200 | 59700 | 67900 | 79000 | 91300 | |
| 16 | 37200 | 49500 | 51500 | 53800 | 65100 | 61500 | 69900 | 81400 | 94000 | |
| 17 | 38300 | 51000 | 53000 | 55400 | 67100 | 63300 | 72000 | 83800 | 96800 | |
| 18 | 39400 | 52500 | 54600 | 57100 | 69100 | 65200 | 74200 | 86300 | 99700 | |
| 19 | 40600 | 54100 | 56200 | 58800 | 71200 | 67200 | 76400 | 88900 | 102700 | |
| 20 | 41800 | 55700 | 57900 | 60600 | 73300 | 69200 | 78700 | 91600 | 105800 | |
| 21 | 43100 | 57400 | 59600 | 62400 | 75500 | 71300 | 81100 | 94300 | 109000 | |
| 22 | 44400 | 59100 | 61400 | 64300 | 77800 | 73400 | 83500 | 97100 | 112300 | |
| 23 | 45700 | 60900 | 63200 | 66200 | 80100 | 75600 | 86000 | 100000 | 115700 | |
| 24 | 47100 | 62700 | 65100 | 68200 | 82500 | 77900 | 88600 | 103000 | 119200 | |
| 25 | 48500 | 64600 | 67100 | 70200 | 85000 | 80200 | 91300 | 106100 | 122800 | |
| 26 | 50000 | 66500 | 69100 | 72300 | 87600 | 82600 | 94000 | 109300 | 126500 | |
| 27 | 51500 | 68500 | 71200 | 74500 | 90200 | 85100 | 96800 | 112600 | 130300 | |
| 28 | 53000 | 70600 | 73300 | 76700 | 92900 | 87700 | 99700 | 116000 | 134200 | |
| 29 | 54600 | 72700 | 75500 | 79000 | 95700 | 90300 | 102700 | 119500 | 138200 | |
| 30 | 56200 | 74900 | 77800 | 81400 | 98600 | 93000 | 105800 | 123100 | 142300 | |
| 31 | 57900 | 77100 | 80100 | 83800 | 101600 | 95800 | 109000 | 126800 | 146600 | |
| 32 | 59600 | 79400 | 82500 | 86300 | 104600 | 98700 | 112300 | 130600 | 151000 | |
| 33 | 61400 | 81800 | 85000 | 88900 | 107700 | 101700 | 115700 | 134500 | 155500 | |

Schedule – III**[see Rule 3(f)]****Corresponding Levels of existing Pay Band and Grade Pay**

| Sl. No. | Existing Pay Band | Pay Band Scale | Existing Grade Pay | Level in Pay Matrix with indication of higher initials, where applicable |
|---------|-------------------|------------------------------------|--------------------|--|
| 1 | PB-1 | Rs.4900-16200 | 1700 | Level-1 |
| 2 | PB-1 | Rs.4900-16200 | 1800 | Level-2 |
| 3 | PB-2 | Rs.5400-25200 | 1900 | Level-3 |
| 4 | PB-2 | Rs.5400-25200 | 2100 | Level-4 |
| 5 | PB-2 | Rs.5400-25200 | 2300 | Level-5 |
| 6 | PB-2 | Rs.5400-25200 | 2600 | Level-6 |
| 7 | PB-2 | Rs.5400-25200 (Minimum pay 6400) | 2600 | Level-6 with higher initial at Rs.23400 |
| 8 | PB-2 | Rs.5400-25200 (Minimum pay 6570) | 2680 | Level-6A |
| 9 | PB-2 | Rs.5400-25200 | 2900 | Level-7 |
| 10 | PB-3 | Rs.7100-37600 | 3200 | Level-8 |
| 11 | PB-3 | Rs.7100-37600 | 3600 | Level-9 |
| 12 | PB-3 | Rs.7100-37600 (Minimum pay 7680) | 3600 | Level-9 with higher initial at Rs.29800 |
| 13 | PB-3 | Rs.7100-37600 (Minimum pay 7910) | 3600 | Level-9 with higher initial at Rs.29800 |
| 14 | PB-3 | Rs.7100-37600 (Minimum pay 8470) | 3650 | Level-9A |
| 15 | PB-3 | Rs.7100-37600 | 3900 | Level-10 |
| 16 | PB-3 | Rs.7100-37600 (Minimum pay 8650) | 3950 | Level-10A |
| 17 | PB-3 | Rs.7100-37600 (Minimum pay 8930) | 3950 | Level-10A with higher initial at Rs.34000 |
| 18 | PB-3 | Rs.7100-37600 (Minimum pay 9210) | 3960 | Level-10B |
| 19 | PB-3 | Rs.7100-37600 (Minimum pay 11720) | 4220 | Level-10C |
| 20 | PB-3 | Rs.7100-37600 | 4100 | Level-11 |
| 21 | PB-3 | Rs.7100-37600 (Minimum pay 8930) | 4100 | Level-11 with higher initial at Rs.34400 |
| 22 | PB-4 | Rs.9000-40500 | 4400 | Level-12 |
| 23 | PB-4 | Rs.9000-40500(Minimum pay 10230) | 4580 | Level-12A |
| 24 | PB-4 | Rs.9000-40500(Minimum pay 10560) | 4400 | Level-12 with higher initial at Rs.39100 |
| 25 | PB-4 | Rs.9000-40500(Minimum pay 12000) | 4780 | Level-12B |
| 26 | PB-4 | Rs.9000-40500 | 4600 | Level-13 |

Schedule – III (Continued)

| Sl. No. | Existing Pay Band | Pay Band Scale | Existing Grade Pay | Level in Pay Matrix with indication of higher initials, where applicable |
|---------|-------------------|------------------------------------|--------------------|--|
| 27 | PB-4 | Rs.9000-40500(Minimum pay 10280) | 4600 | Level-13 with higher initial at Rs.39300 |
| 28 | PB-4 | Rs.9000-40500(Minimum pay 10980) | 4600 | Level-13 with higher initial at Rs.40500 |
| 29 | PB-4 | Rs.9000-40500(Minimum pay 11350) | 4600 | Level-13 with higher initial at Rs.41700 |
| 30 | PB-4 | Rs.9000-40500 | 4700 | Level-14 |
| 31 | PB-4 | Rs.9000-40500(Minimum pay 10610) | 4700 | Level-14 |
| 32 | PB-4 | Rs.9000-40500(Minimum pay 11350) | 4700 | Level-14 with higher initial at Rs.42300 |
| 33 | PB-4 | Rs.9000-40500(Minimum pay 11720) | 4700 | Level-14 with higher initial at Rs.42300 |
| 34 | PB-4 | Rs.9000-40500(Minimum pay 12140) | 4700 | Level-14 with higher initial at Rs.43600 |
| 35 | PB-4 | Rs.9000-40500 | 4800 | Level-15 |
| 36 | PB-4 | Rs.9000-40500(Minimum pay 11580) | 4800 | Level-15 |
| 37 | PB-4 | Rs.9000-40500(Minimum pay 14510) | 5040 | Level-15A |
| 38 | PB-4A | Rs.15600-42000 | 5400 | Level-16 |
| 39 | PB-4 | Rs.9000-40500(Minimum pay 16930) | 5640 | Level-16A |
| 40 | PB-4 | Rs.9000-40500(Minimum pay 16930) | 5400 | Level-16 with higher initial at Rs.57800 |
| 41 | PB-4A | Rs.15600-42000 | 6600 | Level-17 |
| 42 | PB-4A | Rs.15600-42000 | 7000 | Level-18 |
| 43 | PB-4B | Rs.28000-52000 | 7600 | Level-19 |
| 44 | PB-4B | Rs.28000-52000 (Minimum pay 30610) | 7600 | Level 19 with higher initial at Rs.100900 |
| 45 | PB-4B | Rs.28000-52000 | 7740 | Level 19A |
| 46 | PB-4B | Rs.28000-52000 | 8000 | Level-20 |
| 47 | PB-5 | Rs.37400-60000 | 8700 | Level-21 |
| 48 | PB-5 | Rs.37400-60000 | 8900 | Level-22 |
| 49 | PB-5 | Rs.37400-60000 | 9500 | Level-23 |
| 50 | PB-5 | Rs.37400-60000 | 10000 | Level-24 |

Schedule- IV

Form of option

(see rules 5 and 6)

*1. I, ----- hereby elect the revised pay structure with effect from 1st January,2016.

*2. I, ----- hereby elect to continue on the existing scale of pay of my substantive/officiating post mentioned below until :

- (a) the date of my next increment
- (b) the date of my subsequent increment raising my pay to Rs. ----- in the existing scale.
- (c) the date of my promotion/upgradation to the post of -----.

Existing Pay Band and Grade Pay -----.

Signature -----

Name -----

Designation -----

Office in which employed -----

Department -----

- To be scored out, if not applicable.

UNDERTAKING

I hereby undertake that in the event of my pay having been fixed in a manner contrary to the provisions contained in these rules , as detected subsequently , any excess payment so made shall be refunded by me to the Government either by adjustment against future payments due to me or otherwise.

Signature -----

Name -----

Designation -----

Date :

Place :

Schedule- V**[see rule 7(1)]**

Form for fixation of initial pay in the revised pay structure under the West Bengal Services (Revision of Pay and Allowances Rules), 2019.

1. Name of the Department and Office :
2. Name and designation of Government employee :
3. Status (Substantive/Officiating) :
4. Existing Pay Band and Grade Pay
 - (a) in substantive post :
 - (b) in officiating/ temporary post :
5. Basic Pay in the existing pay structure
 - as on January 1, 2016 :
 - (Band Pay + Grade Pay)
6. Amount arrived at by multiplying basic
 - pay as at sl. no. 5 above by 2.57 :
 - Rounded off to nearest rupee :
7. Applicable Level in the Pay Matrix
 - corresponding to the Pay Band and
 - Grade Pay :
8. Applicable Cell in the Level either
 - equal to or next higher of the amount
 - at Sl. no. 6 above :
9. Revised Basic Pay (as per sl. no.8) :
10. Date of effect :
11. Date of next increment :

Signature of Head of Office / Department with Designation

By order of the Governor,

Sd/- H. K. Dwivedi

Additional Chief Secretary to the Government of West Bengal

**Government of West Bengal
Finance Department
Audit Branch**

NOTIFICATION

No. 5564-F dated 25th September, 2019-In exercise of the power conferred by the clause (b) of article 318 of the Constitution of India, the Governor is pleased hereby to make the following regulations:-

Regulations

With effect from the 1st January, 2016, the Pay and Allowances of the members of the staff of the Public Service Commission, West Bengal, shall be governed by the provisions of the West Bengal Services (Revision of Pay and Allowance) Rules, 2019, published under the Finance Department notification No.5562-F, dated the 25th September, 2019 and Finance Department Memorandum No.5563-F, dated the 25th September, 2019, which is explanatory to the said rules and allied matters *mutatis mutandis*.

- (2) The West Bengal Public Service Commission (Conditions of Service and Miscellaneous Provisions) Regulations, 1953, as subsequently amended, shall be deemed to have been further amended to the extent indicated above.

By order of the Governor

Sd/- H. K. Dwivedi

Additional Chief Secretary to the
Government of West Bengal

Government of West Bengal
Home & Hill Affairs Department
Police Branch

NOTIFICATION

No.2991-PL/PB/3A-1/19, dated 25th September, 2019. – In exercise of the power conferred by section 2A, read with section 46 of the Police Act, 1861 (5 of 1861), section 4 of Bengal Police Act, 1869 (Ben. Act VII of 1869), and the proviso to article 309 of the Constitution of India and in supersession of all rules previously made on the subject, the Governor is pleased hereby to make the following rules to regulate the pay of the Inspectors, Sub-Inspectors, Assistant Sub-Inspectors, Constables and other officers of the West Bengal Police Force :-

Rules

With effect from the 1st January, 2016, the Pay and Allowances of the Inspectors, Assistant Sub-Inspectors, Sub-Inspectors, Constables and other officers of the West Bengal Police Force shall be governed by the West Bengal Services (Revision of Pay and Allowance) Rules, 2019 as promulgated with the Finance Department notification No.5562-F, dated the, 25th September, 2019 and the Finance Department Memorandum No.5563-F, dated, the 25th September, 2019, which is explanatory to the said rules and allied matters, *mutatis mutandis*.

By order of the Governor,

Sd/- P. Raha

O.S.D & Ex-Officio Joint Secretary
to the Government of West Bengal

Government of West Bengal
Home & Hill Affairs Department
Police Branch

NOTIFICATION

No.2992-PL/PB/3A-1/19, dated the 25th September, 2019. – In exercise of the power conferred by section 2A, read with section 46 of the Police Act, 1861 (5 of 1861), section 4 of Bengal Police Act, 1869 (Ben. Act VII of 1869), section 8 of the Calcutta Police Act, 1866 (Ben. Act IV of 1866), section 2 of the Calcutta Suburban Police Act, 1866 (Ben. Act II of 1866) and the proviso to article 309 of the Constitution of India and in supersession of all rules previously made on the subject, the Governor is pleased hereby to make the following rules to regulate the pay of the Inspectors, Sergeants, Assistant Sub-Inspectors, Sub-Inspectors and other officers of the Kolkata Police Force :-

Rules

With effect from the 1st January, 2016, the Pay and Allowances of the Inspectors, Sergeants, Assistant Sub-Inspectors, Sub-Inspectors and other officers of the Kolkata Police Force shall be governed by the West Bengal Services (Revision of Pay and Allowance) Rules, 2019 as promulgated with the Finance Department notification No.5562-F, dated the 25th September, 2019 and the Finance Department Memorandum No. 5563-F, dated the, 25th September, 2019, which is explanatory to the said rules and allied matters, *mutatis mutandis*.

By order of the Governor,

Sd/- P. Raha

O.S.D & Ex-Officio Joint Secretary
to the Government of West Bengal

Government of West Bengal
Home & Hill Affairs Department
Police Branch

Notification

No.2993-PL/PB/3A-1/19, dated the 25th September, 2019. – In exercise of the power conferred by section 2A, read with section 46 of the Police Act, 1861 (5 of 1861), section 4 of Bengal Police Act, 1869 (Ben. Act VII of 1869), and the proviso to article 309 of the Constitution of India and in supersession of all rules previously made on the subject, the Governor is pleased hereby to make the following rules to regulate the pay of the Subedar Majors, Subedars and other members of the Eastern Frontier Rifles Battalion :-

Rules

With effect from the 1st January, 2016, the Pay and Allowances of the Subedar Majors, Subedars and other members of the Eastern Frontier Rifles Battalion shall be governed by the West Bengal Services (Revision of Pay and Allowance) Rules, 2019 as promulgated with the Finance Department notification No.5562-F, dated, the 25th September, 2009 and the Finance Department Memorandum No.5563-F, dated, the 25th September, 2019, which is explanatory to the said rules and allied matters, *mutatis mutandis*.

By order of the Governor,

Sd/- P. Raha

O.S.D & Ex-Officio Joint Secretary
to the Government of West Bengal

Government of West Bengal
Disaster Management and Civil Defence Department

Notification

No.1389-CD (E-227466), dated the 25th September, 2019. – In exercise of the power conferred by section 16 of the West Bengal National Volunteer Force Act, 1949 (West Bengal Act I of 1949), read with the proviso to article 309 of the Constitution of India, the Governor is pleased hereby to make the following rules to regulate the pay and allowances of Officers, and others staff of the West Bengal National Volunteer Force:-

Rules

With effect from the 1st January, 2016, the Pay and Allowances of the Officers, and other staff of the West Bengal National Volunteer Force shall be governed by the West Bengal Services (Revision of Pay and Allowance) Rules, 2019 as promulgated with Finance Department Notification No.5562-F, dated the 25th September, 2019 and the Finance Department Memorandum No.5563-F, dated the 25th September, 2019, which is explanatory to the said rules and allied matters, *mutatis mutandis*.

By order of the Governor,

Sd/- D. Nariala, IAS

Principal Secretary to the
Government of West Bengal

**Government of West Bengal
Finance Department
Audit Branch**

No. 5563-F

Dated, Howrah the 25th September, 2019

Memorandum

Subject : Clarificatory Memorandum on the West Bengal Services (Revision of Pay and Allowance) Rules, 2019 and on allied matters dealt with by the Sixth Pay Commission.

In Finance Department Resolution No. 8071–F(P) dated the 27th November, 2015 the Government constituted a Pay Commission-

- (1) to examine the present structure of pay and conditions of service to the following category of employees after taking into account the prevailing pay structure under the Central Government, Public Sector Undertakings, other State Governments etc., and to furnish recommendations for changes which may be desirable and feasible
 - (a) employees under the rule making control of the Government of West Bengal except the members of the All India Services, the West Bengal Judicial Service and members of services to whom the UGC scales of pay, AICTE scales of pay and ICAR scales of pay are applicable
 - (b) teaching and non-teaching employees of Government sponsored or aided educational institutions, Training Institutions of Primary Teachers, Libraries & Polytechnics and Junior Technical Schools;
 - (c) non-teaching employees of non-Government Colleges (Sponsored and Aided);
 - (d) employees of Municipalities, Municipal Corporations, Notified Area authorities, Panchayat Bodies;
 - (e) the employees of different Constitutional and Statutory Bodies,
- (2) to examine the existing promotion policies and related issues and suggest suitable changes, which may be desirable and feasible, after taking into account the norms of promotions, efficiencies/productivity, wherever relevant and also having special regard to the priority for improving people-orientation, social accountability and efficiency of the administration.
- (3) to examine the special allowance and other allowances, concessions including Travelling Allowance and other benefits which are available to the employees in addition to the pay and suggest changes which may be desirable and feasible.
- (4) to examine the issues relating to retirement benefits, and
- (5) to make recommendations on each of the above having regard, inter-alia to the economic condition of the country, financial responsibility of the Govt. of India and the pattern of

allocation of revenues to the State, and the resources of the State Government and the demands thereon on account of the commitment of the State Government to the developmental activities,

The Commission submitted its report on the 13th September, 2019. After due consideration of the recommendations of the Commission, the Governor has been pleased to make the decisions set out in the following paragraphs in respect of the employees under category 1(a) above :-

2. Pay Matrix – The Government has accepted the recommendation of the Commission to dispense with the present system of pay bands and grade pay and a new Pay Matrix as recommended by the Commission has been accepted without any modification. In addition, the Government has prescribed another table for Pay Matrix to cover the cases for those Government employees whose pay structures were not identical with the pay structures covered by the Commission in its recommendations.

The new Pay Matrix is set out in

(a) Schedule I and Schedule II to the West Bengal Services (Revision of Pay and Allowance) Rules, 2019 published with the Finance Department Notification No. 5562-F dated the 25th September, 2019.

(b) Rules relating to Subordinate Executive Staff of the Police Force, published with Notification Nos. 2991-PL, and 2992-PL, and 2993-PL, dated the 25th September, 2019.

(c) Rules relating to the officers and staff of the West Bengal National Volunteer Force, published with the Notification No. 1389-CD(E-227466), dated the 25th September, 2019.

(d) Regulations relating to the officers and staff of the Public Service Commission, West Bengal, published with the Finance Department Notification No.5564-F, dated the 25th September, 2019.

These rules and regulations have been published in the extraordinary issue of Kolkata Gazette dated the 25th September, 2019.

The revised pay shall be effective from the 1st January, 2016.

3. Fixation of pay in the revised pay structure.–The principle of fixation of pay in the revised pay structure, as recommended by the Commission, has been accepted. The principle of fixation of initial pay in the revised pay structure has been laid down in Rule 7 of the West Bengal Services (Revision of Pay and Allowance) Rules, 2019.

(A) To arrive at the pay of a Government employee in the revised pay structure the following principles are to be followed:-

- (i) The pay of a Government employee who continued in the service after 31.12.2015, may be determined subject to his option notionally as on the 1st day of January, 2016 by multiplying his existing basic pay by a factor 2.57 and rounding off the resultant figure to the nearest rupee.
- (ii) The figure so arrived at will have to be located in the applicable level in the Pay Matrix and if such an identical figure corresponds to any Cell in the applicable level in the pay matrix, the same shall be the pay, and if no such cell is available in the applicable level, the pay shall be fixed at the immediate next higher Cell in that applicable Level of the Pay Matrix.

(B) For the purpose of fixation of pay in the revised pay structure of Government employees who are in receipt of Non Practicing Allowance (NPA) , the following method is to be followed :-

The existing basic pay shall be multiplied by a factor of 2.57 and the figure so arrived at shall be added to by an amount equivalent to Dearness Allowance on the pre-revised Non-Practicing Allowance admissible as on 1st day of January, 2016. The figure so arrived at will be located in the applicable Level in the Pay Matrix and if such an identical figure correspondence to any Cell in the applicable Level is available, the same shall be the pay. If, no such Cell is available in the applicable Level, the pay shall be fixed at the immediate next higher Cell in that applicable Level in the Pay Matrix.

4. Option for drawal of pay in the revised pay structure –

- (i) The rules relating to exercising option for drawal of pay in the revised pay structure have been laid down in rule 5 read with rule 6 of the West Bengal Services (Revision of Pay and Allowance) Rules, 2019. The said rules prescribe the manner in which option is to be exercised and also the authority who should be appraised of such option.
- (ii) The Form in which the option should be exercised has been set out in Schedule IV to the West Bengal Services (Revision of Pay and Allowance) Rules, 2019.

- (iii) It should be noted that it is not sufficient for a Government employee to exercise the option within the specified time limit but also to ensure that it reaches the prescribed authority within the time limit.

5. **Fixation of pay in the revised pay structure for fresh recruits on or after 01.01.2016 –**

Rule 8 of the West Bengal Services (Revision of Pay and Allowance) Rules, 2019 prescribe the manner in which the pay of direct recruits appointed on or after the 1st day of January, 2016 is to be regulated.

6. **Increments in Pay Matrix-** After fixation of pay in the appropriate Level in the Pay Matrix, the subsequent increment in the Level shall be at the immediate next higher Cell vertically arranged in that Level as prescribed in rule 9 of the West Bengal Services (Revision of Pay and Allowance) Rules, 2019.

7. **Fixation of pay on promotion on or after the 1st day of January, 2016 –** For fixation of pay on promotion on or after the 1st day of January, 2016, the provisions of rule 11 should be followed.

8. **Drawal of pay in the revised pay structure –** A Government employee will be entitled to draw pay in the revised pay structure with effect from 1st January, 2020 after initial fixation of pay in the revised pay structure as indicated in rule 7 of the West Bengal Services (Revision of Pay and Allowance) Rules, 2019 as per his option which he may exercise under the provisions of these rules.

Pay shall be fixed by the Head of Office concerned, who shall prepare the initial pay fixation statement in duplicate in the form set out in Schedule V to the Bengal Services (Revision of Pay and Allowance) Rules, 2019.

If any amount is drawn by a Government employee in excess of what is admissible to him as a result of erroneous fixation of pay in the revised scale, he shall refund the amount so drawn forthwith.

9. **Non-Practising Allowance –**

- (1) In case of the officers of the West Bengal Medical Education Service, West Bengal Dental Education Service Non- Practising Allowance (NPA) will be @ 24% of the revised basic pay subject to the maximum of Rs.24,000 and subject to the condition that the Basic pay plus NPA so computed, shall not exceed Rs. 2,01,000/-
- (2) In case of officers of the West Bengal Health Service, West Bengal Public Health & Administrative Service, West Bengal Dental

Service, West Bengal E.S.I. Medical Service, Additional Medical Officers (Formerly Community Health Service Officers) and Veterinary Doctors, NPA will be @ 20% of revised basic pay subject to the maximum of Rs.20,000 and subject to the condition that the Basic pay plus NPA so computed shall not exceed Rs. 2,01,000/-.

(3) In respect of the officers of the West Bengal Ayurvedic Health Service and West Bengal Homeopathic Health Service and also their corresponding Educational Services NPA will be @ 20% of the revised basic pay subject to the maximum of Rs.20,000 and subject to the condition that the revised Basic pay plus NPA shall not exceed Rs. 2,01,000/-

(4) The rates of NPA in all the above three cases on the revised pay structure shall be effective from 01.01.2020.

10. **House Rent Allowance** – With effect from the 1st January, 2020, the house rent allowance admissible to a Government employee shall be 12% of his revised basic pay, subject to a maximum of Rs. 12,000/- per month. The ceiling of house rent allowance drawn by husband and wife together shall also be raised to Rs. 12,000/- per month.

The term basic pay in the revised pay structure means the pay drawn in the prescribed pay level in the Pay Matrix and does not include Non Practicing Allowance or any other type of pay.

The existing terms and conditions of drawl of house rent allowance by Government employees living in their own house or in a rented house shall continue to apply.

Subject to continuance of the existing terms and conditions regulating drawl of house rent allowance by Government employees provided with accommodation owned / hired by the Government and recovery of license fee from them, the following conditions shall be there , as existing now , in respect of such category of employees:-

- (i) When a Government accommodation being in a habitable condition in all respect with appropriate supply of water, power and toilet arrangements for individual families and such a Government accommodation is earmarked for holder

of a particular post, the holder will not be entitled to house rent allowance for living elsewhere.

- (ii) Group D employees, when they occupy an accommodation provided by the Government (i.e., the accommodations are earmarked) and according to their entitlement, will be exempted from payment of licence fee.
- (iii) Group D employees, who are required to occupy below standard or below entitlement accommodations, but when such accommodations are not earmarked for them, will also, be exempted from payment of licence fee.

11. **Medical Allowance –**

- (1) The existing rate of Medical Allowance will be revised to Rs. 500/- per month in respect of Government employees and Government pensioners with effect from 1st January, 2020.
- (2) The present limit towards reimbursement of the cost of medicine on each occasion of indoor treatment shall be Rs.3500 with effect from 1st January, 2020.
- (3) Those who will opt for the West Bengal Health Scheme, 2008, will not be entitled to the benefits stated at (1) above.

12. **Risk/Hazard Allowance:** Risk/Hazard Allowance will be admissible @ Rs.300 per month with effect from 01.01.2020.

13. **Hill Compensatory Allowance:** Hill Compensatory Allowance will be admissible @ 12% of revised basic pay subject to maximum of Rs.2000 per month with effect from 01.01.2020.

14. **Winter Allowance:** Rs. 3,000/- per annum will be admissible as Winter Allowance w.e.f. 01.01.2020.

15. **Hill Compensatory Relief:** Hill Compensatory Relief will be admissible @ 12% of basic revised pension subject to maximum of Rs.1000 per month with effect from 01.01.2020.

16. **Winter Relief :** Rs.1500 per annum will be admissible as Winter Relief w.e.f. 01.01.2020.

17. **Sundarban Allowance:** This will be admissible at the revised rates of Rs.40,70,100 and 140 with effect from 01.01.20 in place of Rs. 30,50,70 and 100 for different pay slabs as given below :

| Pay Level | Amount of Sundarban Allowance admissible per month |
|----------------|--|
| Level 1 & 2 | Rs. 40 |
| Level 3 to 7 | Rs. 70 |
| Level 8 to 11 | Rs. 100 |
| Above Level 11 | Rs. 140 |

18. **Washing/Kit Maintenance Allowance :** Washing/Kit Maintenance Allowance will be admissible @ Rs.70 per month with effect from 01.01.2020 .
19. **Extra Duty Allowance :** Extra Duty Allowance will be admissible @ Rs.300 per month with effect from 01.01.2020 .
20. **Tiffin Allowance for overtime work by Mechanical staff in the Pool Car Establishment:** This will be admissible @ Rs.30 per hour subject to maximum of Rs.180 per working day and also subject to the following conditions with effect from 01.01.2020.
- (i) No allowance shall be payable for work beyond 6 hours on any day and 46 hours in a month
 - (ii) Duties on Sundays and holidays shall not be taken into account.
21. **Tiffin Allowance to Secretariat Group D Employee:** For orderlies attached to the Officers in the rank of Joint Secretary and above in the Secretariat Department who are required to stay in office beyond 6:30 p.m and also other peons and orderlies as are/will be approved under existing orders, the tiffin allowance shall be admissible @ Rs.30 per day with effect from 01.01.2020.
22. **Conveyance Allowance for physically challenged employees:** This will be admissible @ 5% of Revised Basic Pay subject to maximum of Rs.800 p.m with effect from 01.01.2020.
23. **Additional Remuneration for Protocol Duties :** This will be admissible @Rs.700 per month with effect from 01.01.2020.

24. **Cash Allowance for Senior Accounts Clerk /Cashier:** This will be abolished w.e.f. 01.01.2020.
25. **Other Allowances :** All other allowances shall continue with the existing amount as drawn as on the date of issue of this memorandum for the revised pay till such time the allowances are revised. Employees joining service after issue of this memorandum shall also draw the existing amount.
26. **Payment of arrears :** No arrears of pay to which a Government employee may be entitled in respect of the period from the 1st day of January, 2016 to the 31st day of December, 2019, shall be paid to the Government employee.

Sd/- H. K. Dwivedi
Additional Chief Secretary to the
Government of West Bengal

No.5562/1(500)-F(P2)

Kolkata, 25th September, 2019.

Copy with each of the copy of Memorandum No. 5563-F dt. 25.09.2019, 5564-F dt. 25.09.2019, 2991-PL/PB/3A-1/19, dt. 25.09.2019, 2992- PL/PB/3A-1/19, dt. 25.09.2019, 2993- PL/PB/3A-1/19, dt. 25.09.2019 and 1389-CD(E-227466) dated 25.09.2019 forwarded for information and necessary action to:

1. The Principal Accountant General (A&E), West Bengal, Treasury Buildings, 2, Govt. Place(West), Kolkata-700001.
2. The Principal Accountant General (Audit), West Bengal, Treasury Buildings, 2, Govt. Place(West), Kolkata-700001.
3. The Accountant General (Receipt, Work and Local Bodies Audit) West Bengal, 3rd MSO Building, CGO Complex, DF Block, 5th Floor, Sector-I, Salt Lake, Kolkata-700064.
4. The Additional Chief Secretary to the Governor of West Bengal.
5. The Additional Chief Secretary to the Hon'ble Chief Minister, West Bengal.
6. The Additional Chief Secretary/Principal Secretary/Secretary
..... Department.
7. The Special Secretary/Additional Secretary(s)/Commissioner/Joint Secretary/Deputy Secretary, Finance Department.
8. The Financial Advisor, Department.
9. The Commissioner,Division,
.....
10. The Director,
.....
11. The Director of Treasuries & Accounts, West Bengal, 8, Lyons Range, Mitra Building, 2nd & 3rd floor, Kolkata- 700 001.
12. The District Magistrate/District Judge/Superintendent of Police
.....
13. The Sub-Division Officer,
.....
14. The Block Development Officer,
.....
15. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2, Phears Lance, Kolkata- 700 012.
16. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-1, Hyde Lane, Jawahar Building, Kolkata-700012.
17. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, Suhanna, DF- 9, Sector- I, 5th & 6th floor, Salt Lake, Kolkata- 700 064.
18. The Treasury Officer,
.....
19. The Group/..... Branch, Finance Department.
20. Shri Sumit Mitra, Network Administrator, Finance (Budget) Department.
- He is requested to upload copy of this Order in the website of Finance Department.
21. Office Copy.


Deputy Secretary to the
Government of West Bengal.