

**WESTERN RAILWAY**

No. E/Sett/789/FMA

DRM's Office

Mumbai Central  
Mumbai 400008  
Date: -27/07/2022

To,  
**All Concerned,**

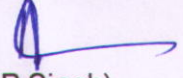
Sub: Fixed Medical allowance to Railway Pensioners/Family Pensioners-clarification regarding.  
Ref: GM (E) CCG/SPO (B&A) CCG letter No.E1054/WREU/FMA/Option dtd 16/02/2022.

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A copy of GM (E) CCG Notification. No.E1054/WREU/FMA/Option dtd. 16/02/2022 along with undertaking format is enclosed herewith for your information, guidance and necessary action.

Please ensure that the instructions contained in above enclosed letters are strictly followed.

Encl: - As above (02 pages)



(J.P Singh)  
APO (BILLS)  
For DRM (E) MMCT

C/- Divl. Secys. – WRMS/BCT & WREU/GTR

C/- Zonal Secys. – All India SC-ST Assn./ BCT & All India OBC Assn./GTR

"इस आर्डर की कॉपी internet पर, 203.153.40.19 address पर अथवा Ekarmik BCT मोबाइल application के memo/Notification tab के अंतर्गत देखी व डाउनलोड की जा सकती है। भविष्य में कार्मिक विभाग द्वारा पब्लिश की जाने वाली सभी सूचनाओं के लिए उपरोक्त appपोर्टल देखे."



## WESTERN RAILWAY



HEAD QUARTER OFFICE,  
CHURCHGATE,  
MUMBAI - 400 020.

No. E1054/WREU/FMA/Option

Date: 16/02/2022

To,  
All concerned,

Sub: Fixed Medical Allowance to Railway Pensioners/Family Pensioners - clarification regarding  
Ref: This office letter of even no. dated 15.3.2018

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The WREU, vide Outset item number 9 of the PNM meeting held with GM on 21-22 December 2021, raised the issue that Mumbai and Ahmedabad Divisions are insisting on 'proof of change of residence' from the pensioners who want to switchover from OPD services to FMA.

In this connection, this is to advise that when a pensioner wants to switchover from OPD services to FMA, only 'proof of address' should be asked for and not the 'proof of change of residence'. It needs to be appreciated that a pensioner may be already staying beyond 2.5 kms of the Railway Hospital or Railway Dispensary and availing railway OPD services. If such a pensioner switches over to FMA, he need not change his residence. He just needs to provide 'proof of address' to show that his residence is beyond 2.5 kms from the hospital or dispensary. It is also reiterated that as per extant rules, switch over is permitted only once in lifetime of the pensioner.

This has the approval of CPO(IR).

Digitally signed  
by SMRUTI  
JACOB  
Date:  
2022.02.16  
16:25:45 +05'30'

**SMRUTI  
JACOB**  
**(Smruti Jacob)**  
**SPO(B&A)CCG**  
**For General Manager(E)**



Board's letter No. PC-V/2016/A/Med/1 (FMA) dated 28.7.2017 [RBE No.75/2017]**REVISED UNDERTAKING FORM**

(To be submitted in DUPLICATE by pensioners / family pensioners to the concerned Pension Disbursing Authority (PDA) / Pension Sanctioning Authority (PSA), whichever is applicable. PDA should retain one copy of the Undertaking and furnish the other to the PSA for necessary action)

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I \_\_\_\_\_, a retired employee / family pensioner whose \_\_\_\_\_ (specify relation of Family pensioner with deceased Railway employee) was an employee of (Office address) \_\_\_\_\_ declare that I am residing at (residential address indicated in PPO) \_\_\_\_\_ which is beyond 2.5 Kms from the nearest Railway Hospital / health unit \_\_\_\_\_ (name of the Hospital / Health Unit as contained in Annexure III to Railway Board's letter No. PC-V/98/I/7/1/1 dated 21.4.99).

2. Accordingly, I hereby opt to claim fixed medical allowance of **Rs.1000/-** per month as per prescribed rate. Necessary endorsement may please be made in my PPO in this regard. Simultaneously, I undertake that I will not avail of OPD facilities (except in cases of chronic diseases as mentioned in Board's letter No.2006/H/DC/JCM dated 12.10.2006) at Railway hospitals / health units from the day I claim Medical Allowance. I also understand that grant of Medical Allowance is subject to the terms and conditions specified in Board's letters No.PC-V/98/I/7/1/1 dated 21.4.99 and 1.3.2004 and latest being letter No.PC-V/2006/A/Med/1 dated 15.09.2009.

3. I also declare that I have not availed of any treatment as Out Door Patient (except in cases of chronic diseases as mentioned in Para-2 above) for the period from \_\_\_\_\_ (indicate here the date of retirement or the date of availing OPD facility on the last occasion or 1.12.1997, whichever is later) to this day \_\_\_\_\_ (indicate here the date on which this declaration is signed). I may accordingly be paid arrear of Medical Allowance @ Rs.1000/- per month for the period mentioned above as per prescribed rate. **FMA Rs.1000/- from 01.07.2017**

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

Signature \_\_\_\_\_

Name in full \_\_\_\_\_

PPO No \_\_\_\_\_

Issued by \_\_\_\_\_

SB A/C No \_\_\_\_\_

Post office/Bank \_\_\_\_\_

Branch \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_