पूर्व मध्य रेल
EAST CENTRAL RAILWAY

कार्यालय
महाप्रबंधक (का.)
हाजीपुर

PCPO's Cir. Sl. No.109/2024

No.ECR-HQ0PERS (RULE)/2/2024 Com.No.260300)

1. CAO (Con.)/उत्तर एवं दक्षिण/पटना।
2. सभी PHOD/CHOD/पूमरे/हाजीपुर।
3. DRM/पूमरे/दानापुर, डीडीयू, धनबाद, सोनपुर एवं समस्तीपुर।
4. मुख्य कार्मिक अधिकारी/प्रशासन/पूमरे/हाजीपुर।
5. मुख्यालय के सभी कार्मिक अधिकारी।
6. CWM/पीडी/डीडीयू, यांत्रिक कारखाना/समस्तीपुर एवं हरनौत।
7. Sr.DPO/पूमरे/दानापुर, डीडीयू, धनबाद, सोनपुर एवं समस्तीपुर।
8. उप महाप्रबंधक/विधि/पटना।
9. प्राचार्य/क्षेत्रीय रेल प्रशिक्षण संस्थान/मुजफ्फपुर एवं भूली।
10. सभी मुकार्याधी/कार्याधी/पूमरे/हाजीपुर।

विषयः- Healthcare Services – Instructions reg.

संदर्भः-Railway Board's letter No.-2024/I & Trans Cell/Healthcare Service/P, Dated-27.08.2024.

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विषयांकित से संबंधित संदर्भित पत्र की छायाप्रति सूचना एवं अग्रेत्तर आवश्यक कार्रवाई हेतु प्रेषित की जा रही है।

A copy of above referred letter on the subject matter is being forwarded herewith for information and needful onward action please.

DA: As above.

Signed by
Manoj Kumar Choudhary
Date: 18-10-2024 17:59:43
(एम.के.चौधरी)
सकाधि/ई.एस.एम.
कृतें महाप्रबंधक (का.)/पूमरे/हाजीपुर

प्रतिलिपि/– निम्नलिखित को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषितः–

1. महासचिव/ईसीआरकेयू/पूमरे/हाजीपुर।
2. महासचिव/एस.सी.एवं एस.टी.एशोसिएशन/पूमरे/हाजीपुर।
3. सकाधि(एम.पी.पी.)/पूमरे/हाजीपुर–कृपया इसे वेबसाइट पर अपलोड कराने की व्यवस्था करें।
4. महासचिव/ओ.बी.सी.एशोसिएशन/पूमरे/हाजीपुर।

भारत सरकार GOVERNMENT OF INDIA

रेल मंत्रालय MINISTRY OF RAILWAYS

रेलवे बोर्ड RAILWAY BOARD

महाप्रबंधक (प्रशा॰
पूर्व॰...
04 SEP 2024

All PHODs
All DRMs

No.2024/I & Trans. Cell / Healthcare Services /P New Delhi, Date: 27.08.2024

रेलवे बोर्ड का पत्र प्राप्ति सं॰ 11

The General Manager
PCMDs, PCPOs
All PHODs
All Indian Railways

DG, CTIs
DG, RDSO

Subject: Healthcare Services - Instructions reg.

With the objectives of enhancing patient satisfaction and accessibility of IR Health Services, the following has been decided:

I. OPD (Out-Patient Department)

i. **Registration**: OPD Registration would start from 30 minutes before OPD timing. QR Code based instant OPD Registration is available. All OPD Clinics to have QR Code displayed outside. Those requiring assistance in registration to utilize OPD registration counter which will function during OPD Hours. Facility of online OPD registration through HMIS app is also available.

ii. **General OPD** in all Railway Hospitals: 0830 hours to 1500 hours on Monday to Friday and 0830 hours to 1300 hours on Saturday. Casualty / Emergency Ward of every Railway Hospitals will provide required service to any beneficiary requiring medical assistance 24 x 7.

iii. **100% attention**: No patient physically present in OPD for the day, shall be left unattended.

iv. **HMIS based Tele-consultation** Tele-consultations reduce avoidable footfalls at Railway Hospitals / Health Units for routine follow-up, showing reports and other consultations. Tele-consultation services are mandatory.

   a. Teleconsultation Hours: 1500 hours to 1600 hours Monday to Friday and 1300 hours to 1400 hours on Saturday.

   b. All Medical Officers have been provided with a Laptop and CUG connection. Hardware for HMIS has also been provided at all OPD Clinics.

   c. Guidelines governing tele-consultations as issued by Health Directorate, Railway Board to be adhered to.

v. **Scalability**: Hospital in-charges shall allocate time slots for all railway doctors irrespective of grade to attend OPD, provide tele-consultation or meet rush hour scalability.

vi. **Specialist OPD**: Timing of each **specialist clinic** and tele consultation days for each specialist to be well-displayed in RH and through link in HMIS App.

vii. **Modification / adjustment of OPD timings:** OPD timings may be adjusted as per local needs and Evening / Specialist OPD may be started wherever required, with the approval of the DRM / AGM on the recommendation of CMS / MD.

27/8/24

22/08/2024

II. **Medicines (Pharmacy / Formulary)**

i. **Pharmacy Timings** – OPD Pharmacy Counter timings for dispensing medicines will be: 0830 hours to 1600 hours on Monday to Friday and 0830 hours to 1400 hours on Saturday or till the medicine has been dispensed to the last person who has been prescribed medicines.

ii. **Availability of Local Purchase (LP) Medicines:** LP Medicines shall be provided to patients preferably within 8 hours to 24 hours of the prescription having been generated, unless otherwise prescribed by the Railway Doctor. In urgent cases the emergency ward would receive the local purchase medicine supply and dispense to the patients.

iii. **Prescription Medicine for 3 months duration** shall be dispensed to the patient with chronic diseases requiring regular treatment. **Prescription Medicines for 6 months duration** may be dispensed on specific request through consultation including tele-consultation.

iv. **Authorised Local Chemist (ALC)**: Every RH / HU shall have a **list of ALCs for local purchase** medicines. Cash imprest purchases shall be as per instructions and procedure framed by Zonal Railways. Guidelines on LP of medicines vide Railway Board (Health Directorate) letter No. 2017/H/4/1/Local Purchase (E-3236402) dated 31.07.2023 shall be adhered to.

III. **Vide Para 3 (viii) re-engagement of retired Pharmacists and / or hiring through GeM** has been permitted vide RBE 59/2024 of 28.06.2024. Zonal Railway shall ensure that same is effectively utilized

IV. 24X7 **Medical Emergency Assistance** at every Railway Hospital shall be displayed in HMIS App.

V. **Data Entry Operators for HMIS may be hired on need basis**, as per extant Delegation of Powers (ref. MSOP 2018 Part A item 37.E) by CMS/ MDs and PCMD/CH (where applicable) with concurrence of associate finance and the approval of DRM/PCMD.

This issue with the approval of the Railway Board (DG/RHS, DG/HR and CRB & CEO).

Kindly acknowledge receipt and ensure compliance.

Encl: As above

(Dr. Arunangshu Sarkar)
ED/H(G)
e-mail: edh@rb.railnet.gov.in

(Pranav Kumar Mallick)
ED/Transformation
e-mail: pranav.mallick@nic.in

Copy: As per list attached

No.2024/I & Trans. Cell / Healthcare Services /P

New Delhi, Date: 27 .08.2024

Copy for information to:

1. The Executive Director, Indian Railways Centre for Advanced Maintenance Technology, Gwalior.

2. The Registrar, Railway Claims Tribunal, Delhi.
3. The Chief Commissioner of Railway Safety, Lucknow.
4. The Secretary, Railway Rates Tribunal, Chennai.
5. The Chairman. Railway Recruitment Board, Ahmedabad. Ajmer, Allahabad, Bangalore, Bhopal, Bhubaneshwar, Chandigarh, Chennai, Gorakhpur. Guwahati, Jammu & Srinagar, Kolkata, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad and Trivendrum.
6. The Genl. Secy., AIRF, Room No. 253, & NFIR Room No. 256-E, Rail Bhavan
7. The Secy. Genl., IRPOF, Room No. 476-K. FROA, Room No. 256-A & AIRPFA, Room No. 256-D Rail Bhavan

(Pranav Kumar Mallick) 27/08/2024
ED/Transformation
e-mail: pranav.mallick@nic.in

No.2024/I & Trans. Cell / Health – Administration /P

New Delhi, Date: 27.08.2024

Copy for information to:

1. Advisor/MR, EDPG/MR, OSD/MR, OSD/Coord/MR, Additional PS/MR PS/MoSR(D), EDPG/MoSR(D), EDPG/MoSR(J), Addl.PS/MoSR(J)
2. PSOs/Sr.PPSs/PPSs to CRB & CEO, M/O&BD, MF, M/TRS, M/Infra
3. All DGs, Secretary/RB, All AMs, PEDs, All EDs, Railway Board.
4. IG/P&TS, Railway Board.
5. RBCC, Room No. 476 for uploading on the website.

(Pranav Kumar Mallick) 27/08/2024
ED/Transformation
e-mail: pranav.mallick@nic.in

भारत सरकार
रेल मंत्रालय (रेलवे बोर्ड)
Government of India
Ministry of Railways
(Railway Board)

2017/H/4/1/Local Purchase (E-3236402) Dated: 31.07.2023

The General Managers, All Indian Railways/PUs, NF(C), CORE
DG/RDSO/Lucknow, NAIR/Vadodara
PCAO, PLW/Patiala, COFMOW
CAO, WPO/Patna, RWP/ Bela
CMDs/ MDs of Indian Railway PSUs/ Autonomous Bodies / Societies

Sub: Local Purchase of Medicines, Surgical Items and consumables etc

Ref: Railway Board letter No 2017/H/4/1/Local Purchase dated- 31-10-2018

Local Purchase of Medicines, surgical items and consumables etc. is an important requirement in providing adequate and timely health care services by Railway hospitals. Various Railways have been following different systems for Local Purchase bringing in non-uniformity in systems across Railways. In this background, to streamline the system, need was felt to adopt a uniform system across Railways. Vide Board's letter at reference above, guidelines were issued on the matter. The matter has further been examined in consultation with Health and Finance directorate of Board and in supersession of Railway Board letter under reference, the following guidelines are issued: -

2.0 The guidelines cover following aspects: -

i) Local Purchase of medicines, surgical items and consumables etc by entering into Rate Contracts with vendors i.e. firms / distributors / chemist shops on the basis of discounts offered by vendors.

ii) Process of receipt, accountal, payment and other related issues for such purchases.

3.0 Process for entering into Rate contract for local purchase.

a. Separate rate contract shall be entered for each group i.e. Medicines, Surgical items and Consumables.

b. Rate contract shall be for a period of two years. Under exceptional circumstances, to maintain the continuity of supply, period of rate contract can be extended for a period maximum upto03 months at a time with the approval of hospital in charge i.e.MD (for Central hospitals *and attached Health*

31/07/23

Units) / CMS (for Divisional Hospitals *and attached Health Units/ CMO* (PUs) and concurrence of Associate Finance. Total extension shall not be more than 6 months.

c. Mode of tendering shall be single stage single packet system with OPEN tender.

d. Eligibility criteria and other terms and conditions including required documents etc should be clearly and unambiguously detailed in the tender so that prospective tenderers can clearly understand the scope of supply and terms and conditions and acceptability of the offer can be considered by competent authority based on the tender documents of Railway and bids submitted by the vendors.

e. While publishing the tender, the approximate value of the items purchased and broad information of items purchased in Local purchase in previous two years as well as likely to be purchased against the proposed rate contract needs to be included in the tender for the purpose of information to bidders, for fair competition and maintaining transparency in the tender.

f. To ensure continuity of supply, process for entering into rate contract should be initiated sufficiently in advance to expiry of existing rate contract. Time of start of rate contract (e.g. one month from the date of rate contract) and period of rate contract with provision of extension should be stated in the tender.

g. Tender may be called individual hospital-wise as decided by hospital in-charge i.e.MD (for Central hospitals) / CMS *(for Divisional Hospitals)/ CMO* (for PUs)or for a group of Hospital *with* Health Units, */ or Health Units by the MD or Divisional in-charges as per their jurisdiction.*

h. Tendering shall be through e-tender on IREPS. Guidelines on website/ print media advertisement for tendering process shall be followed:

i. For evaluation of the bids received there shall be tender evaluation committee consisting of :

i. Three officers of Sr scale level (One each from Medical, Stores and Finance/Accounts department) for tenders with estimated value upto Rs 50 lakhs. The convener of Tender committee shall be from Medical department and Accepting Authority shall be minimum JA grade level (from Medical Department).

ii. Three officers of JA grade level(One each from Medical, Stores and Finance/Accounts department) for tenders with estimated value above Rs 50 lakhs and upto Rs 10 crores. The convener of Tender committee shall be from Medical department and Accepting Authority shall be minimum SAG level (from Medical Department). In case no SAG level officer is posted/available and SAG/DACP is looking after the work of SAG, *SAG/ DACP* shall be accepting authority.

iii. Three officers of SAG level (One each from Medical, Stores and Finance/Accounts department) for tenders with estimated value above Rs 10 crores. In case no SAG level medical officer is posted/available and SAG/DACP is looking after the work of SAG, *SAG/ DACP* may be TC member. The convener of Tender committee shall be from Medical department and Accepting Authority shall be HAG level (from Medical Department).

iv. Nomination of members by the respective department in-charges / PHOD's as the case may be.

j. Comparative charts of the financial bids for each of the categories (Medicines, surgical items and Consumables), in terms of discounts offered by vendors (vendor offering maximum discount

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being L-1), shall be prepared and vetted by accounts. Vetting is not required if tender is e-tender on IREPS and tabulation is system generated. In that case system as followed for e-tenders shall be followed.

k. Reasonability of the discounts offered by vendors shall be assessed while deciding the tender.

l. To avoid failure of supply in hospital, as per the need, Rate contract may be entered with more than one vendor for local purchase as per need. Decision in this regard shall be taken by hospital inchargei.e.MD (for Central hospitals) / CMS *(for Divisional Hospitals)/CMO* (for PUs). Such intention of the purchaser shall be disclosed inadvance in the tender.

m. Quantity to be ordered against rate contracts shall be graded in relation to discounts offered by vendors i.e. L1 will get the maximum supply orders. In case of two vendors distribution of orders (value wise) should be in the ratio of 70:30 on monthly basis. Suitable methodology may be adopted. In case of three vendors distribution of orders (value wise) should be in the ratio of 60:25:15 on monthly basis. Suitable mechanism may be worked out to implement this. While deciding the tender, the distribution should be followed as far as possible. These provisions must be transparently disclosed in the tender.

n. Vendors offering maximum discount on MRP shall be considered for rate contract, individually for each category- medicines, surgical items and consumables. If rate contract is to be entered with more than one vendor, discount offered by L1 should be counter-offered to other selected suitable higher bidders i.e. L2, L3 (as applicable) for acceptance. The bidders accepting the counter offers shall be finalized for placement of rate contract as per the predefined distribution. *(The ratio will remain same to give the advantage to the one whose offer was L1)*

o. The tender committee shall evaluate the bids received for eligibility, techno-commercial suitability and financial suitability of the bids and give its recommendations to the Tender Accepting Authority for its consideration through convener of the committee. Rate contracts shall be placed as per the acceptance of the Accepting Authority.

p. EMD / Security deposit, based on the annual estimated value of the Rate contract, should be taken from vendors as per the extant instructions.

4.0 Techno-commercial details:

Complete techno-commercial requirements/details from Railway side and information required from vendors should be provided in the tender. Important requirements are listed below-

a. **Service levels**
   i. Services should be available 24x7 or 12x7 or 24x6 etc. (as per the requirement).
   ii. Supply/delivery of the items shall be done as per the local requirements.

For example –

a. Items shall be supplied on the same day preferably before the closure of OPD, if the indent has been placed at least 4 hours before closure of OPD timings.

b. In cases of life saving emergencies, vendor should be able to supply the item on a short notice preferably within one/two hour of being intimated on phone / Whatsapp / message or fax etc as decided.

c. Different time limits can be set for different medicines, surgical items or consumables as per local requirements.

iii. Timely supply against the supply order along with full quantity and quality/brand etc as asked shall be the essence of the contract.

b. Facilities

i. Location related to the supply points/hospital(may only be included if considered essential as per the local conditions, else delivery requirements should cover this aspect)

ii. Should follow statutory laws as laid down by central/state government authority for running the facility.

iii. Requirement of proper storage, maintenance of stocks, cold chain etc (if required, specific requirement to be defined clearly in the tender)

c. Legal/statutory requirements –

i. Valid drug license for storage and supply of drugs as stipulated by the local authority of the concerned state government. Also, valid license/legal/local formalities for establishment as well as manpower.

ii. It should have the valid documents as laid down by Local, State and Central Government agencies or other government bodies from time to time.

iii. GST registration details

iv. Any other statutory / legal requirements.

d. Financial capability:

i. Average Annual Turnover of the vendor for the last three completed financial years prior to date of opening of tender should be equal to or more than (≥) three times the average annual value of retail local purchase procurement made by that Railway hospital in the last three completed financial years or three times the estimated annual value of purchase, whichever is higher.

ii. Vendor should show profits in at least two out of the three last three financial years. Balance sheet/Profit – loss account certified by CA should be called for this purpose.

iii. Details of registration with any Government/Private/corporate Hospitals and past experience of supply to Government/Private/corporate Hospitals for establishing the performance/Capacity of the vendor. Documents related to registration and contract copies along with satisfactory working in these organisations should be called.

e. Others

i. Termination of Rate Contract – Railway reserves the right to terminate the rate contract any time without assigning any reason to vendor. However competent authority (of the level of Tender Accepting Authority) shall give speaking orders with reasons to be recorded for such actions.

ii. The purchaser shall have the right to ask the vendor to show the purchase bill for the medicine/other items to ensure genuineness of the items being supplied.

iii. Railway reserves the right to send the drugs etc supplied in L.P. to be tested by Govt and other approved testing laboratories and,if required, to inform Drug Controller for suitable action.

iv. The offer of given discount on MRP will be valid for the entire period of validity of rate contract including the extended period if any.

v. Vendor shall indemnify the Railway administration for any loss or liabilities arising due to defective/sub-standard supplies by the vendor.

vi. Packaging and Delivery requirements: Standard packaging norms based upon the Medicines, Surgical Items and consumables requirements shall be followed as per extant practice. Delivery shall be made by the supplier in accordance with the Local requirements.

5.0 Operation of Rate Contract

a. Supply Order against the rate contracts should be placed on the vendor(s) as per the criteria and periodicity fixed by the hospital in charge i.e.MD (for Central hospitals/*Attached Health Units*) / CMS *(for Divisional Hospitals/Attached Health Units)/CMO* (PUs) based on the requirement and fulfilling the criteria in the tender document/contract. Supply order shall be issued exercising Local purchase powers provided under Medical SOP for Medical department.

b. Procedure for placing the supply order, i.e. whether through physical handover to the representative of vendor during visit to hospital/ health unit or through FAX or email / digitally signed order or any other means should be pre-decided and mentioned in the tender.

c. Wherever HMIS is fully implemented, live data of stock of all drugs including alternatives will be visible to all doctors and pharmacists. Wherever HMIS is not available, Store pharmacist will circulate the updated list of available items in stock periodically (periodicity to be fixed by hospital in charge i.e.MD (for Central hospitals) / CMS (for Divisional Hospitals)/CMO (PUs) for the information of all doctors working in the hospital.

d. Treating doctor will issue the LP slip to LP pharmacist who will compile all such prescriptions as per stock position, duly certifying that all the items indented are out of stock in store, and put up to the medical officer looking after store for necessary scrutiny. Then it will be put up to hospital in charge i.e. MD (for Central hospitals) / CMS (for Divisional Hospitals)/CMO (for PUs) for final approval. MD (for Central hospitals) / CMS (for Divisional Hospitals) /CMO (for PUs) can nominate a IRHS officer for this purpose.

It will be done through HMIS as per laid down procedure, wherever HMIS is implemented.

e. After final approval, LP pharmacist will place the supply order on the vendor(s) as per the criteria and periodicity policy already decided.

f. Timeline for supply should be strictly followed.

g. If a vendor fails to supply as per the supply order placed as per contract conditions of rate contract, that particular item shall be procured from the next vendor due for the next supply order as per the criteria and periodicity policy already decided for placement of supply orders and the failure will be recorded in performance register against the defaulting vendor. If this arrangement fails and there is extreme urgency, hospital in charge i.e. MD (for Central hospitals) / CMS(for Divisional Hospitals) /*CMO*(PUs) can permit purchase from the open market.

h. Poor performance of the defaulting vendor shall be recorded. Any extra expenditure incurred in arranging the required items due to default of the vendor in supply shall be recovered from the defaulting vendor.

i. Efforts should be maintained to limit the local purchase. The items frequently procured through local purchase should be converted as stock item and their regular availability should be ensured by including these regularly in AMI/Supplementary indent / Special indent, procured by Stores department.

6.0 Process of Receipt, Accountal, Payment, Issue and other related issues for items under local purchase.

a. Medicines and other items should be supplied by the same quality/ brand etc as mentioned in the supply order. No alternate or substitute will be accepted. However, in case there is no option, the indenting officer will obtain permission from hospital in charge i.e. MD (for Central hospitals) / CMS (forDivisional Hospitals)/*CMO*(PUs) for accepting any alternative medicine or item in consultation with the treating doctor.

b. Wherever possible, Receipt register will be maintained by the store pharmacist on UDM and all items received should be entered into UDM Software. Details of each receipt shall be entered in this receipt register and sign of the vendor or its authorized representative while making deliveries shall be taken (with date and time along with his personal identity details) on the receipt register. Store pharmacist concerned taking the deliveries shall also sign the register against each delivery. Acknowledgement of the receipt of the items shall be given to vendor after entry in the register and signature of store pharmacist concerned and vendor or his authorized representative.

c. Entries in the register shall be maintained neatly and properly and would be final and shall not be put to question in any dispute (including before any arbitrator/ court). This should be made part of the tender document.

Wherever UDM is integrated with HMIS, all items are to be taken from UDM directly to HMIS store module.

d. Receipt register shall also keep record of the value of supplies with discounts as per the contract and total value of the supplies received from a vendor.

Receipt register shall also be maintained in UDM, wherever UDM is integrated with HMIS.

e. Performance register will be maintained by the store pharmacist concerned and shall be countersigned by a medical officer (doctor in-charge of store at that unit). It will have record of all – Failures in supply, delay in supplies, failure related to right quantity/quality/brand as asked for etc.

f. Bill should be verified by Pharmacist in charge of local purchase and by the doctor looking after the medical stores before same is submitted to the bill passing authority i.e. - hospital in charge i.e. MD (for Central hospitals) / CMS (for Divisional Hospitals)/CMO (PUs) OR nominated SAG/ JAG IRHS Officer, not below the rank of DMO. In case no SAG level medical officer is posted/available and SAG/DACP is looking after the work of SAG, SAG/ DACP may be nominated for bill passing. For timely payment to vendors, schedule for processing of bills should be decided in consultation with finance.

g. Payment should be online directly to the vendor's bank account and all care shall be taken to ensure that bills are cleared within a reasonable period of time to be decided in consultation with Associate Finance.

h. System of ordering, receipt, accountal and payment of Local Purchase items should be digitized through integration of UDM with HMIS within 3 months.

i. Fund for Local purchase is not to exceed 15% of the budget allocated to that unit. If it is proposed to exceed, approval of PCMD is to be taken.

(Chandan Kumar)
Director Railway Stores (IC)
Railway Board

31/7/23
(Dr. Praval Pant)
Director(IH)
Railway Board

No. 2017/H/4/1/Local Purchase (E-3236402) Dated: 31.07.2023

1. PFAs, All Indian Railways & Production Units
2. The ADAI (Railways), New Delhi
3. The Directors of Audit, All Indian Railways

31/7/23
For Member Finance
Railway Board

LIST FOR DISTRIBUTION

Directors of all CTIs,
PCMMs, PCEs, PCMEs, PCEEs, PCSTEs, All Indian Railways & PUs, COFMOW, CORE, WPO/Patna and RWP/Bela
Sr. Prof. (Material Management), NAIR, Vadodara, ED (Stores), RDSO,
Chief Commissioner, Railway Safety, Lucknow
Zonal Railway Training Institute, Sukadia Circle, Udaipur

Copy to:
The Genl. Secy., AIRF, Room No. 248, & NFIR Room No. 256-C, Rail Bhavan
The Secy. Gen., RPOF, Room No. 268., FROA, Room No. 256-D & AIRPOA, Room No. 256-D Rail Bhavan

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MR, MOSR(D), MOSR(J)
CRB&CEO, M(TRS), M(Infra), M(O8&BD), M(F), Secretary/RB, DG (RHS), DG (RPF), DG(HR), DG(Safety)
Advisor/MR, EDPG/MR, OSD/MR, OSD/Coord/MR and Addl PS/MR
All AMs, PEDs & Executive Directors of Railway Board

31/7/23

भारत सरकार Government of India
रेल मंत्रालय Ministry of Railways
रेलवे बोर्ड (Railway Board)

No. E(NG)II/2005/RC-4/SC/2 Pt.I

New Delhi, dated 28.06.2024

The General Manager (P)
All Zonal Railways/PUs & RDSO,
(As per Standard mail list)

Sub: Engagement of retired para-medical staff (in Group "C") and hiring of para- medical staff (in Group "C") on contract basis.

Ref: Board's letter No. E(NG)II/2005/RC-4/SC/2 Pt. I dated 21.06.2023 and 19.12.2023.

In continuation of this office letter of even number cited under reference on the above subject, it has now been decided to extend the scheme of engagement of retired para-medical staff and hiring of para-medical staff on contract basis (in Group "C") within the sanctioned strength against clear vacancies for a further period of one year beyond 30.06.2024 i.e. **upto 30.06.2025** subject to clear availability of fund. Hiring of contractual staff shall be governed by existing terms and conditions.

2. Engagement of such paramedical staff on contract basis may be admissible subject to further condition that all the remaining candidates if any, on the regular RRB panel as well as the standby panel against CEN 02/2019 sent to the Railways have been appointed and thereafter vacancies still exist.

3. For such engagement of para-medical staff on contract basis (in Group "C") the eligibility conditions should be properly framed by the Zonal Railways/PUs to ensure quality. Further following procedure may be adopted: -

a. Retired employees through selection with a well laid down objective criteria for evaluation may be re-engaged in the following categories of paramedics requiring specialized skills to the extent of vacancies existing in each category. In the event of unavailability of retired staff, vacant posts be manned through engagement of candidates from open market mandatorily through GeM portal.

i. Nurses
ii. Audiologist and Speech Therapist
iii. OT Technicians
iv. Cardiac technicians like ECG technicians, Perfusionists, Cathlab technicians
v. Prosthesis technicians
vi. Dialysis technicians
vii. Laboratory technicians
viii. Pharmacists
ix. Physiotherapists
x. Radiographers
xi. Dental technicians
xii. Medical technicians
xiii. Respiratory technicians
xiv. Optometrists
xv. Clinical Psychologists
xvi. Health Inspectors
xvii. Dietician

b. However, in the following other categories of staff employed in Hospitals where less specialised skills are required, hiring should mandatorily be done through GeM:

Contd../-

i. House Keeping Assistants
ii. Hospital Assistants.

4. Remunerations and allowances of para-medical staff hired on contract basis from open market shall be as per Board's letter No.2017/Trans/01/Policy /Pt-1 dated 12.04.2018.

5. As regards remunerations, allowances and leave of re-engaged retired paramedical staff, these will be as per OM No.FNo.3-25/2020-E-IIIA dated 09.12.2020 of Department of Expenditure, Ministry of Finance, Government of India which are as under:-

i. A fixed monthly amount shall be admissible as remuneration during the contract period, arrived at by deducting the basic pension from the pay drawn at the time of retirement. The amount of remuneration so fixed shall remain unchanged for the term of the contract.
ii. No increment, Dearness Allowance and HRA shall be allowed during the term of the contract.
iii. An appropriate and fixed amount as Transport Allowance for the purpose of commuting between the residence and the place of work shall be allowed not exceeding the rate applicable to the appointee at the time of retirement. The amount so fixed shall remain unchanged during the term of appointment. However, they may be allowed TA/DA on official tour, if any, as per their entitlement at the time of retirement.
iv. Paid leave of absence may be allowed at the rate of 1.5 days for each completed month of service.

6. This issues with the concurrence of Associate Finance of Ministry of Railways (Railway Board).

(U. K. Tiwari)
Director, Estt.(N)
Railway Board
Tele No.011-23047206,
Email : umesh.tiwari11@gov.in

No. E(NG)II/2005/RC-4/SC/2 Pt.I **New Delhi, dated 28.06.2024**

Copy to:
i. The Principal Financial Advisor, All Indian Railways/PUs.
ii. The Principal Director of Audit, All Indian Railways/PUs.
iii. The Dy. Comptroller and Auditor General of India (Rlys) Room No. 224, Rail Bhawan, New Delhi.

For Member Finance/Railway Board

Copy to:
i. The General Secretary, NFIR, Room No. 256-C, Rail Bhawan, New Delhi.
ii. The General Secretary, AIRF, Room No. 248, Rail Bhawan, New Delhi.

For Principal Executive Director(IR) /Railway Board

Copy to:
(i) PSO/Sr.PPS/PPSs/PSs/PA to: CRB & CEO, M/Finance, M/Infra, M/T&RS,M/O&BD, DG/HR, AM/Staff.
(ii) F(E) Spl. Branch of Railway Board.