

Government of India
Department of Atomic Energy
(IR & W Section)

Anushakti Bhavan,
C.S.M. Marg,
Mumbai - 400 001.

No.7/21/99/CHSS/IR&W/111

January 28, 2003

OFFICE MEMORANDUM

Sub : Introduction of Contributory Health Service Scheme (CHSS)
facilities at Nuclear Fuel Complex, Hyderabad.

A proposal for extension of Contributory Health Service Scheme (CHSS) coverage to the employees of DAE Units located at Hyderabad/Secunderabad (except Atomic Minerals Directorate for Exploration & Research and Electronics Corporation of India Limited) has been under consideration of this Department for some time. The President is now pleased to approve extension of the CHS Scheme of this Department in operation in Mumbai as notified vide DAE Memorandum No.7/55/94/CHSS/IR&W/37 dated January 22, 1998 as amended from time to time mutatis-mutandis to the officers and staff, their family members and dependents in the DAE establishments at Hyderabad-Secunderabad with effect from 1.4.2003.

2. The Scheme will cover the following Units/Organisations located at Hyderabad-Secunderabad :-

- (i) Nuclear Fuel Complex
- (ii) Directorate of Purchase & Stores
- (iii) Heavy Water Board
- (iv) Bhabha Atomic Research Centre (Centre for Compositional Characterisation of Materials)
- (v) JONAKI Laboratory of BRIT
- (vi) Nuclear Power Corporation of India Limited
- (vii) Tata Institute of Fundamental Research-Ballon Facility
- (viii) Atomic Energy Education Society
- (ix) Employees retired from above Units as also from other Units of the Department elsewhere and settled down in Hyderabad/Secunderabad.
- (x) Any other Units/Institutions/Organisations to be specifically notified by the DAE.

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3. The delivery of medicare to the beneficiaries would be made through the Health Centre existing in the NFC Housing Colony, Authorised Medical Attendants and hospitals recognised for the purpose as indicated below -

- (a) Primary medical care to the beneficiaries residing in the DAE housing colony would be made available at colony health centre
- (b) Primary and secondary medical care for all the beneficiaries residing in areas other than DAE housing colony would be made available through Authorised Medical Attendants and recognised hospitals.
- (c) Primary medical care for those who are staying outside the urban agglomeration where accessibility to recognised hospitals is difficult will be made through AMAs.
- (d) Tertiary care will be delivered through the recognised super speciality hospitals.

4. Accordingly the number of Authorised Medical Attendants, zonal hospitals, super-speciality hospitals recognised will be regulated as under :-

- (a) The total number of Authorised Medical Attendants would be 60 on commencement of the Scheme to be reduced to 30 in a phased manner by 31.12.2004 including 5 Dental Surgeons as specialist consultants to provide most of the dental treatment at their clinics as outpatients.
- (b) The number of zonal hospitals to be recognised would be 14 (fourteen).
- (c) The number of super-specialty hospitals would be 6 (six) including the one for serious dental cases i.e. AP Dental Super Speciality Hospital.
- (d) The number of specialist consultants would be 5 (five). This would include the required number of Dental Surgeons to provide most of the dental treatment at their clinics as outpatients, with the proviso that the expenditure incurred using dental surgeons will be reviewed after a year to confirm that there has been a reduction in the same.

- (e) The beneficiaries should obtain treatment from one designated Authorised Medical Attendant and designated zonal hospital based on their location depending upon the nature of ailment and for speciality available in such hospitals.

5. Formal negotiations in the prescribed manner would be conducted with each hospital to be recognised to obtain appropriate discount/rates, taking into account factors such as billing amount, discounts being offered to other Govt. or corporate customers etc. The tariff to be paid to the recognised hospitals shall not exceed the relevant CGHS rates.

6. The Scheme will be administered by the Chief Executive, Nuclear Fuel Complex in consultation with Head, Medical Division, BARC, wherever necessary.

7. A review of the operation of the Scheme shall be undertaken at the end of one year and a report submitted to DAE for making any modifications to the Scheme as may be required with a view to further improving the same and to make it more effective.

8. This issues with the concurrence of the Member for Finance, Atomic Energy Commission.

Sd/-x-x-x-

(M. Venugopalan)
Staff Relations Officer

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January 28, 2003.

Copy to : Deputy Director of Audit (SD),
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Sd/-x-x-x-
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