Government of Rajasthan

STATE INSURANCE AND PROVIDENT FUND DEPARTMENT
(GENERAL INSURANCE FUND)
'D' BLOCK, VITTA BHAWAN, JANPATH, JAIPUR

Phone : 0141-2740252, 2740219
E-Mail: lp.add.medi.sipf@rajasthan.gov.in
fax : 0141-2740292

Schedule

Rajasthan State Accredited Journalist Medical Facility Scheme 2016-17

DIRECTOR INFORMATION & PUBLIC RELATION DEPARTMENT RAJASTHAN, JAIPUR

Policy Number : GIF/81/Journalist/Mediclaim/2016-17/24

Name of Insured: Accredited Journalist, Spouse and two dependent
Children up to age of 21 years.

Coverage Details:
1. Critical Illness Rs. 5,00,000 (Five Lac) (On Hospital basis)
2. Mediclaim coverage Rs. 5 Lac (Five Lac) (On Hospital basis)
3. Benefit of Pre and Post hospitalization upto 30 days and 45 days respectively.
4. All Pre-existing diseases shall be covered.
5. Maternity cover
   1. Rs. 20 Thousand for female spouse
   2. Rs. 50 Thousand for Accredited Female Journalist

Premium : Rs. 20,000/- (Twenty Thousand ) per annum per accredited journalist including S.T.

<table>
<thead>
<tr>
<th>S.N.</th>
<th>NO OF JOURNALIST</th>
<th>GRN NUMBER / DATE</th>
<th>AMOUNT</th>
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Total Premium Received (Fifteen Lacs Forty Thousand Only)

Contribution

The premium will be paid in proportion as 90% of annual premium will be deposited by state government through journalist welfare fund and remaining 10% will be deposited by individual policy holders.

Beneficiary:
(a) Head - Accredited Journalist
(b) Spouse
(c) Any two dependent children upto age of 21
(d) The parents shall be regarded as wholly dependent upon the Accredited Journalist, if-
   (A) they normally reside with the Accredited Journalist at the place of his duty, and
   (B) their total monthly income from all sources does not exceed Rs.2000/- per month.

Claim Intimation:
The Director, State Insurance & Provident Fund, Department (GIF), Jaipur
TPA authorized by the Director.

Cashless facility:
Cashless facilities will be provided by TPA in approved private Hospitals only for the critical illness.

Service Provider:
Hospitals
All Govt. Hospitals (CHCS, District Hospital, Medical College in the State) & approved Private and Public Hospitals within and outside the State. Waiver of any terms, provision, condition an endorsement of this policy shall be valid unless made in writing and signed by an authorised of this GIF.

S.R. ADDITIONAL DIRECTOR
State Insurance & P.F. Department
GENERAL INSURANCE FUND
Jaipur

DIRECTOR
State Insurance & P.F. Department
Jaipur
Rajasthan State Accredited Journalist Medical Facility Scheme 2016-17

DIRECTOR INFORMATION & PUBLIC RELATION DEPARTMENT RAJASTHAN, JAIPUR

Policy Number: GIF/81/Journalist/Mediclaim/2016-17/25
Name of Insured: Accredited Journalist, Spouse and two dependent Children up to age of 21 years.

Coverage Details:
1. Critical Illness Rs.10,00,000 (Ten Lacs) (On Floater basis)
2. Mediclaim coverage Rs. 10 Lac (Ten Lacs) (On Floater basis)
3. Benefit of Pre and Post hospitalization upto 30 days and 45 days respectively.
4. All PRE existing diseases shall be covered.
5. Maternity cover
   1. Rs. 20 Thousand for female spouse
   2. Rs. 50 Thousand for Accredited Female Journalist

Premium: Rs. 40,000/- (Fifty Thousand) per annum per accredited journalist including S.T.

<table>
<thead>
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<th>S.N.</th>
<th>NO OF JOURNALIST</th>
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<th>AMOUNT</th>
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Total Premium Received (Seventy Lac Twenty Thousand Only)

Contribution: The premium will be paid in proportion as 90% of annual premium will be deposited by state government through journalist welfare fund and remaining 10% will be deposited by individual policy holders.

Beneficiary:
(a) Head - Accredited Journalist
(b) Spouse
(c) Any two dependent children upto age of 21
(d) The parents shall be regarded as wholly dependent upon the Accredited Journalist, if-
   (A) they normally reside with the Accredited Journalist at the place of his duty, and
   (B) their total monthly income from all sources does not exceed Rs.2000/- per month.

Claim Intimation: The Director, State Insurance & Provident Fund, Department (GIF), Jaipur TPA authorized by the Director.

Cashless facility: Cashless facilities will be provided by TPA in approved private Hospitals only for the critical illness.

Service Provider: All Govt. Hospitals (CHCS, District Hospital, Medical College) in the State & approved Private and Public Hospitals within and outside the State. Waiver of any terms, provision, condition an endorsement of this policy shall be valid unless made in writing and signed by an authorized of this GIF.

SR. ADDITIONAL DIRECTOR
State Insurance & P.F. Department
GENERAL INSURANCE FUND
Jaipur

DIRECTOR
State Insurance & P.F. Department
Jaipur
Rajasthan State Accredited Journalist Medical Facility Scheme 2016-17

DIRECTOR INFORMATION & PUBLIC RELATION DEPARTMENT RAJASTHAN, JAIPUR

Policy Number: GIF/81/Journalist/Mediclaim/2016-17/23

Name of Insured: Accredited Journalist, Spouse and two dependent Children up to age of 21 years.

Coverage Details:
1. Critical Illness Rs. 2,00,000 (Two Lac) (On Floater basis)
2. Mediclaim coverage Rs. 2 Lac (Two Lac) (On Floater basis)
3. Benefit of Pre and Post hospitalization upto 30 days and 35 days respectively.
4. All Pre existing diseases shall be covered.
5. Maternity cover
   1. Rs. 20 Thousand for female spouse
   2. Rs. 50 Thousand for Accredited Female Journalist

Premium: Rs. 8,000/- (Eight Thousand) per annum per accredited journalist including S.T.

<table>
<thead>
<tr>
<th>S.N.</th>
<th>NO OF JOURNALIST</th>
<th>GIN NUMBER / DATE</th>
<th>AMOUNT</th>
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<td>08,68,000</td>
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<td>2</td>
<td>46</td>
<td>001346/63/37/11-10-2016</td>
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Total Premium Received (Eleven Lac Seventy Six Thousand Only)

Contribution
The premium will be paid in proportion as 90% of annual premium will be deposited by state government through journalist welfare fund and remaining 10% will be deposited by individual policy holders.

Beneficiary:
(a) Head - Accredited Journalist
(b) Spouse
(c) Any two dependent children up to age of 21
(d) The parents shall be regarded as wholly dependent upon the Accredited Journalist, if:
   (A) they normally reside with the Accredited Journalist at the place of his duty, and
   (B) their total monthly income from all sources does not exceed Rs.2000/- per month.

Claim Intimation: The Director, State Insurance & Provident Fund, Department (GIF), Jaipur
TPA authorized by the Director.

Cashless facility: Cashless facilities will be provided by TPA in approved private Hospitals only for the critical illness.

Service Provider: All Govt. Hospitals (CHCS, District Hospital, Medical College) in the State & approved Private and Public Hospitals within and outside the State. Waiver of any terms, provision, condition an endorsements of this policy shall be valid unless made in writing and signed by an authorised of this GIF:

Director
State Insurance & Provident Fund
Jaipur

SR. ADDITIONAL DIRECTOR
State Insurance & P.F. Department
GENERAL INSURANCE FUND
Jaipur
COVERAGE [ILLUSTRATIVE]

1. The policy holder Joseph\must be entitled to indoor treatment in all Government hospitals, Government Approved private hospitals outside the State of Rajasthan, Government approved private hospitals within the State of Rajasthan.

2. The policy holder Joseph\must be entitled to reimbursement of cost of medicines, tests/investigations (carried out in Government hospital and/or in a private institution on the recommendation of the treating doctor), cost of implants implanted into the body of the patient and any payment made to the Government hospital/Approved Medicare Relief Society for all types of diseases/treatments taken as indoor patient in a Government hospital.

3. For the indoor treatment taken in a approved private hospital within the State and approved hospitals outside the State (Rajasthan), the policy holder Joseph\must be entitled to reimbursement of following expenses -
   a) Room, Boarding, Expenses charged by the Hospital/Inn/or any house.
   b) Nursing Expenses.
   c) Surgeon, Anesthetist, Medical Practitioners, Consultants and Speciality breads.
   d) Anesthesia, Blood, Oxygen, Operation Theatre charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Diet, Installation, Chemotherapy, Radiotherapy, cost of Pacemaker, Artificial limbs and cost of organs and similar expenses.

4. In case of death of insured during policy period the name of family members to be continued till expiry of the policy.

5. Entitlement category for boarding/accommodation in the Hospital:

<table>
<thead>
<tr>
<th>Category</th>
<th>Pay Scale</th>
<th>Entitlement in Town</th>
<th>Entitlement in Hospital</th>
<th>Minimum ceiling of Boarding/Accommodation Charges as per CNGS Package Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Rs. 2500/- &amp; above</td>
<td>Deluxe</td>
<td>Approved Private Hospital</td>
<td>Rs. 3000/- per day</td>
</tr>
<tr>
<td>B</td>
<td>Rs. 1400/- and above but less than Rs. 2500/-</td>
<td>Cottage</td>
<td>Semi Private Ward</td>
<td>Rs. 2000/- per day</td>
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<tr>
<td>C</td>
<td>Below Rs. 1400/-</td>
<td>General Ward</td>
<td>General Ward</td>
<td>Rs. 1000/- per day</td>
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</table>

* Pay scale means basic pay (including grade pay) fixed commutation.

Note: Actual boarding / accommodation charges of hospital rate shall be applicable but these charges can not be more than CNGS packages rates, indicated as above.

6. If insured takes treatment in higher category other than his entitlement, the reimbursement of cost of treatment will be limited to his category in the hospital.

EXCLUSION

The GI shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of:

1. Injury/illness directly or indirectly caused by or arising from an attributable to immoral, act of Foreign enemy, War like operations, whether war be declared or not.

2. Circumstance unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or course, or any surgical treatment of any description, plastic surgery, other than as may be necessitated due to an accident or as part of any illness.

3. Cost of Spectacles and contact lenses, hearing aids.

4. Dental treatment or surgery of any kind unless requiring hospitalization due to an incident.

5. Convalescence, general illness, run-down condition or not curable, congenital, external disease or defects or anomalies, Scurvy, Veneer disease, intermitte or intermittent fever, pneumonia, tuberculosis, consumption, asthma, cancer.

6. All expenses arising out of any condition directly or indirectly caused to be associated with Human T-Cell Lymphotropic Virus Type III (HTLV-I/III) or Lymphohistiocytosis Associated Years (LAV) or the Mers Coronavirus or Various Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

7. Charges incurred at Hospital or Nursing Home primarily for diagnostic X-rays or Laboratory examinations or other diagnostic studies not consistent with the diagnosis or treatment of positive existence of presence of any ailment, illness or injury, for which confinement is required at a Hospital/Nursing Home.

8. Expenses on vitamins and tonics not forming part of treatment for injury or disease as certified by the attending physician.

9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon /Nuclides.

10. Nataunopathy Treatment.

11. Pre-existing disease of Employees and his/her dependents are arises per section 1.5 shall be covered under this scheme.

12. In such situations in which there are no urgency of hospitalization and treatment can be given at home.

CONDITIONS

1. Every notice or communication to be given or made under this Policy, shall be given or made at the address of the TAPA Office.

2. If any notice or communication is given or made in such a manner as to prevent the satisfaction of the GI under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim with the prescribed time limit.

3. "All supporting documents relating to the claim must be filed with TAPA GI within a period of 90 days from the date of discharge from the hospital in case of post-hospitalization, treatment (limited to 65 days), all claim documents should be submitted within 90 days after completion of such treatment.

4. The Insured Person shall obtain and submit the TAPA GI with all canceled bills, receipts, and other documents upon which a claim is based, and shall also give such additional information and assurance as the TAPA GI requires in dealing with the claim.

5. No action or proceeding shall be maintained against the TAPA GI for the recovery of any amount due to the Insured or to any person claiming under the Insured Person or by any other person on his behalf.

6. If at the time when any claim arises under the Policy, there is in existence any other insurance other than Cancer Insurance Policy in collaboration with the GI or any other insurance other than Cancer Insurance Policy in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the GI shall not be liable to pay or contribute more than its ratable proportion of any loss, liability, compensation, costs or expenses.

7. The Benefits under this Policy shall be in excess of the Benefits available under Cancer Insurance Policy.

8. The Policy and may be renewed annually at mutual consent. The GI shall not however be bound to give notice that it is due for renewal and the GI may at any time cause this Policy by sending the Insured 30 days notice by registered letter at the insured's last known address in which the Event of the GI may be renewed annually at the request of the Insured at any time. No material change in the Policy in the insured's name is made for the insured's non-payment of premium of GI shall immediately be mailed to the insured at the insured's last known address in which the Event of the GI may be renewed annually at the request of the Insured at any time. The GI shall not be liable to pay or contribute more than its ratable proportion of any loss, liability, compensation, costs or expenses.

9. The TAPA GI may at any time, after notice to the insured, vary the Terms and conditions of the Policy or will affect the sale of the Premium or Insurance. The GI shall have the right to vary the Terms and conditions of the Policy at any time. Notice to the insured at the insured's last known address in which the Event of the GI may be renewed annually at the request of the Insured at any time. The GI shall not be liable to pay or contribute more than its ratable proportion of any loss, liability, compensation, costs or expenses.
GROUP MEDICLAIM INSURANCE POLICY
(Rajasthan State Accredited Journalist, Jaipur)

WHEREAS the insured designed in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated has applied to GENERAL INSURANCE FUND (herein-after called the GIF) for the insurance hereinafter set forth in respect of Employees/ Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed herein the GIF undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness (herein after called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease(s) or injury/injuries shall be required. Any such insured person upon the advice of a duly qualified Physician/Medical Specialist/Medical Practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in Rajasthan as herein defined (hereinafter called HOSPITAL) as inpatient, the GIF will pay through TPA/GIF to the Hospital/Nursing Home or the Insured Person the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1. In the event of any claims becoming admissible under this scheme, the GIF shall make payment(s) through TPA to the Hospital/Nursing Home or the insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

   (A) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per entitlement of the employee mentioned in the Schedule.

   (B) Surgeon, Anaesthetist, Medical Practitioner, Consultants and Specialists Fees.

   (C) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs implanted in the body & Cost of organs and similar expenses.

(N.B.: GIF’s Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per family as mentioned in the schedule)

2. DEFINITIONS:

2.1 HOSPITAL means any registered institution in or outside the state Rajasthan established for indoor care and treatment of diseases and injuries and which are:-

   (a) All the Government hospitals in the State of Rajasthan

   (b) The Hospitals outside the state of Rajasthan which have been approved by the Govt. of Rajasthan (Appendix – I)

   (c) Private Hospitals with in Rajasthan duly approved by Govt. of Rajasthan under the Rajasthan Civil Services Medical Attendance Rules 2013 and also given the acceptance to work with GIF on CGHS Package Rates (Appendix – II) Those private hospitals which are added in approved list from time to time by the Government of Rajasthan and give acceptance to work with GIF on CGHS Package Rates, shall also be automatically empanelled under the scheme.

   (d) If a private hospital, which is approved for treatment of State Government employees under Rajasthan Civil Services Medical Attendance Rules 2013, has not given acceptance to GIF Office to provide it’s services on CGHS packages/ rates and an insured has taken treatment in such hospital, then he/she shall be paid on CGHS package, difference amount shall be borne by him/herself (i.e. insured).
2.2 'Surgical Operation' means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

2.3 Expenses on Hospitalisation for minimum period of 24 hours are only admissible. However, this time limit is not applied to specific treatments, i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery in case of accidents, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy taken in the approved Hospital/Nursing Home and the Insured is discharged on the same day, in such cases the treatment will be considered to be taken under hospitalisation benefit. This condition will also not apply in case of stay in hospital of less than 24 hours provided Explanation to the treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals and due to technological advancement hospitalisation is required for less than 24 hours only. It would be certified by concerning Doctor under whom treatment is given and vetted by TPA.

2.4 CGHS packages shall be applicable in Rajashtan, as laid down by CGHS for Jaipur City and in other States it shall be applicable (exclusive of policy clause 9.1 and 9.2) as laid down by CGHS for various places in India. The bed charges shall be paid according to the category of the employee. The diseases for which no package rate is mentioned in CGHS package rate then it will be paid according to AIIMS package rates. If there is no CGHS and AIIMS package rate then actual payment shall be paid.

3. ANYONE ILLNESS :
Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of discharge from the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

3.1 PRE-HOSPITALISATION :
Relevant medical expenses incurred during period up to 30 days prior to hospitalisation on disease/illness/injury sustained will be considered as part of claim.

3.2 POST HOSPITALISATION :
Relevant medical expenses incurred during period up to 45 days after hospitalisation on disease/illness/injury sustained will be considered as part of claim.

3.3 MEDICAL PRACTITIONER means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of respective State. The term Medical Practitioner would include Physician, Specialist and Surgeon.

3.4 QUALIFIED NURSE means a person who holds a certificate of a recognized Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

3.5 MATERNITY EXPENSES BENEFIT means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy. Childbirth including normal Caesarean Section.

3.6 TPA means a Third Party Administrator who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the GIC, for the provision of health services.

3.7 CASHLESS FACILITY – Cashless facility would be extended to the Insured in the private networking Hospitals for the critical ailments (Means:- i. Coronary Artery Surgery ii. Cancer iii. Renal Failure i.e. failure of both the kidneys iv. Stroke v. Multiple Sclerosis vi. Meningitis vii. Major Organ transplants like Heart, Kidney, Liver, Lung, Pancreas or Bone marrow transplantation). However, the TPA would decide the merit of the case and it will not be claimed as a matter of right by the insured. The denial of cashless facility does not mean the denial of treatment from concerned hospital & reimbursement thereof.

3.8 CLAIM INTIMATION TO TPA - It is required by the employees that the claims arising in private hospitals should be intimated by cashless request form/ claims intimation form, available in the hospital, to the TPA positively. If the claim intimation does not reach the TPA the same day when the patient is admitted to the hospital, then the employee shall not be entitled for re-imbursement.

3.9.1 Claim Intimation to TPA in case of Government Hospitals – It is not required by the employees that the claim(s) arising in Govt. Hospitals should be intimated in writing to the concerned TPA/GIF, on the same day patient is admitted in the hospital.

3.10 DEPENDENT FAMILY – The 'family' of the employee shall include the employee, his/her spouse, not more than two dependent children upto 21 years of age and dependent parents. The parents shall be regarded as wholly dependent upon the Insured, if-(a) they normally reside with the Insured at the place of Insured's duty, and (b) their total monthly income from all sources does not exceed Rs.2000/- per month.
3.11 **FAMILY DETAIL** — Every newly recruited employee shall have to provide details of the family & photographs for preparing the database & for issuing identity cards in the prescribed form (Appendix 3) immediately after joining the service otherwise his salary bill of the designated month will not be passed by the Treasury Officer. 

Explanation — Details of the family means : Name, Designation, DDO, Date of joining, Government Service, Names of Family members, Age, Pay/ Pay Scale/Stipend. 

4. **SCHEDULE** : The Schedule enclosed will be deemed to be a part of the policy. 

5. **EXCLUSIONS** : 

The GIF shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of:

5.1 Diagnostics/ Investigations unless followed by indoor treatment of 24 Hours.

5.2 Injury/disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

5.3 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

5.4 Cost of Spectacles and contact lenses, hearing aids

5.5 Dental treatment or surgery of any kind unless requiring hospitalisation due to an incident.

5.6 Convalescence, general debility; run-down condition or rest cure, congenital external disease or defects or abnormalities, Sterility, Venereal disease, intentional self injury and use of intoxication drugs/alcohol/poisonous substances/Addictions.

5.7 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus Type III (H.IV-B, III) or Lymphadenopathy Associated Virus (L.AV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

5.8 Charges incurred at Hospital or Nursing Home primarily for diagnosis, X-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.

5.9 Expenses on vitamins, proteins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.

5.10 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.

5.11 Naturopathy Treatment.

5.12 Pre existing disease of employee and his/her dependents will be covered under this scheme.

5.13 In such situations in which there are no urgency of hospitalisation and treatment can be given at home and which is not pertain to section 2.3.

6. **CONDITIONS** :

6.1 Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TIA/GIF office.

6.2 The premium payable under this Policy shall be paid in advance. No receipt or Premium shall be valid except on the official form of the GIF signed by a duly authorized official of the GIF. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the GIF to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the GIF.

6.3 **In case of grave emergency viz. life threatening (Means:- Coronary, Artery Surgery, Cancer, Renal Failure i.e. failure of both the Kidneys, Stroke, Multiple Sclerosis, Meningitis, Major Organ Transplants like Kidney, Lung, Pancreas or Bone Marrow, Accidents, Delivery, Tubal Pregnancy & Related Complication, Swine Flu, Dengue Fever, Burst Appendicitis, Pancreatitis) in which Employee has taken treatment as indoor patient in a non empanelled private hospital, at the time of claim submission the emergent nature of hospitalization has to be established by an affidavit (Appendix-6) of the employee supported by a certificate of the treating doctor. Claim shall be paid as per CGHS Package Rates upto the limit of sum assured.

6.4 Insured shall show their identity to the empanelled hospitals and fill up a prescribed form at the time of admission to take treatment at CGHS rates/packages. Forms are available at reception counters of all empanelled hospitals (Appendix-5). If an insured person(s) does not show his/her identity and takes treatment without filling prescribed form then it is possible that hospital may charge their actual rates. In such cases, GIF shall reimburse only on CGHS rates/packages, difference amount shall be borne by the insured.

6.5 All supporting documents relating to the claim must be filed with TIA/GIF within 90 days from the date of discharge from the hospital. In case of post-hospitalisation treatment (limited to 45 days), all claim documents should be submitted within 90 days after completion of such treatment.

Page: 1 of 8
6.6 The Insured Person shall obtain and furnish the TPAGIF with all original bills, receipts verifications and other documents upon which a claim is based and shall also give such additional information and assistance as the TPAGIF may require in dealing with the claim.

6.7 Any medical practitioner or an officer authorised by the TPAGIF shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring hospitalisation when and so often as the same may reasonably be required on behalf of the TPAGIF.

6.8 The GEF shall not be liable to make any payment(s) under this policy in respect of any claim(s) if such claim be found in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

6.9 If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the GEF shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.

6.10 If and when the Employee has submitted his/her family details to the concerned TPAGIF and identity cards have been issued to the insurer, then only he/she shall be entitled for cashless facility.

6.11 The Policy may be renewed by mutual consent. The GEF shall not however be bound to give notice that it is due for renewal and the GEF may at any time cancel this Policy by sending the insured 30 days notice by registered letter at the insured’s last known address and in such event the GEF shall refund to the insured a pro-rata premium for unexpired Period of Insurance. The GEF shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the GEF shall allow refund of premium at GEF’s short period rate only (Table given here below) provided no claim has occurred up to the date of cancellation.

<table>
<thead>
<tr>
<th>Period on Risk</th>
<th>Rate of Premium to be Charged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto one month</td>
<td>1/4th of the annual rate</td>
</tr>
<tr>
<td>Upto three months</td>
<td>1/3 of the annual rate</td>
</tr>
<tr>
<td>Upto six months</td>
<td>2/3rd of the annual rate</td>
</tr>
<tr>
<td>Exceeding six months</td>
<td>Full annual rate</td>
</tr>
</tbody>
</table>

6.12 In case if any dispute or difference arises as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein provided, if the GEF has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

6.13 If the TPA, as per terms and conditions of the policy or the GEF shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/GEF in writing that he does not accept such disclaimer and intends to recover his claim form the TPA/GEF then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6.14 All medical/surgical treatments under this policy shall have to be taken in approved hospitals in and outside the state of Rajasthan and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA/GEF to the Hospital/Nursing Home or the Insured Person as the case may be. The list of approved hospitals is available at (Appendix 2).

6.15 In case of death of insured during policy period then the names of family members to be continued till expiry of the policy.
### Entitlement category for boarding/accommodation in the Hospital:

<table>
<thead>
<tr>
<th>Category</th>
<th>Pay Scale*</th>
<th>Entitlement in Govt. Hospital</th>
<th>Entitlement in Approved Private Hospital</th>
<th>Maximum ceiling of Boarding/Accommodation Charges as per CGHS Package Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Rs. 25000/- &amp; above</td>
<td>Deluxe</td>
<td>Private Ward</td>
<td>Rs. 9000/- per day</td>
</tr>
<tr>
<td>B</td>
<td>Rs. 14000/- and about but less than Rs. 25000/-</td>
<td>Cottage</td>
<td>Semi Private Ward</td>
<td>Rs. 2000/- per day</td>
</tr>
<tr>
<td>C</td>
<td>Below Rs. 14000/-</td>
<td>General Ward</td>
<td>General Ward</td>
<td>Rs. 1000/- per day</td>
</tr>
</tbody>
</table>

* Pay scale means basic pay (including grade pay) / fixed remuneration

Note: Actual boarding / accommodation charges of hospital rate shall be applicable but these charges can not be more than CGHS packages rates, indicated as above.

If insured takes treatment in higher category other than his entitlement, the reimbursement of cost of treatment will be made according to his category as prevalent in the hospital.

6.17 Pre-existing disease of employee and his/her dependents (as per section 3.10) will be covered under this scheme.

6.18 Medical examination of the Journalist or any member of his family shall not be a condition for issue of Mediclaim Policy.

6.19 A female employee can get the Mediclaim coverage either for her parents or Parents in law in case they are dependent on her and their monthly income is less than Rs. 2000/- and they are residing with her generally.

6.20 The policy has been issued to Information and Public Relations Department, Jaipur. It is required from D.D.O. of Journalist that they would brought into notice of all the newly recruited employees regarding terms & conditions of the policy. It is also expected that every newly recruited employee must have gone through the terms & conditions of the policy.

6.21 This Policy is available at website: [www.sipf.rajasthan.gov.in](http://www.sipf.rajasthan.gov.in)

7 **HIGH CLAIMS RATIO LOADING (MALUS)**

The total premium payable at the time of renewal of the Group Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Mediclaim Insurance Policy for the preceding three completed years excluding the year immediately preceding the date of renewal, where the Group Mediclaim Policy has not been in force for the three completed years, such shorter periods of completed years, excluding the year immediately preceding the date of renewal will be taken in to account.

#### Incurred Claim ratio under the group policy

<table>
<thead>
<tr>
<th>Loading Rate</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 70% and 100%</td>
<td>25%</td>
</tr>
<tr>
<td>Between 101% and 125%</td>
<td>55%</td>
</tr>
<tr>
<td>Between 126% and 150%</td>
<td>90%</td>
</tr>
<tr>
<td>Between 151% and 175%</td>
<td>120%</td>
</tr>
<tr>
<td>Between 176% and 200</td>
<td>150%</td>
</tr>
<tr>
<td>Over 200%</td>
<td>Cover to be reviewed</td>
</tr>
</tbody>
</table>

Note:

1 High Claim loading (Malus) will be applicable to the Premium at renewal of the Policy depending on the incurred claims Ratio for the entire Group Insured.

2 Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

9 **MATERNITY EXPENSES BENEFIT EXTENSION**: (Wherever applicable)

9.1 The maximum benefit allowable under this clause will be up to Rs. 50,000/- per family per year restricted to two living children. This amount is including sum-assured of Rs. 3,00,000/- per family per annum.

9.2 The Maternity benefits under this policy are categorized into three:

- **I** Maximum limit under normal delivery : Rs. 10000/-
- **II** Maximum limit under caesarean delivery : Rs. 20000/-
- **III** Maximum limit under delivery related complications (Including child care) : Rs. 50000/-
9.3 Special conditions applicable to Maternity expenses Benefit Extension:
   I. These Benefits are admissible only if the expenses are incurred in Hospital/Nursing
      Home as in-patients in empanelled Hospital.
   II. A waiting period of 9 months is not applicable for payment of any claim relating to normal
        delivery or caesarean section or abdominal operation for extra uterine pregnancy. The
        waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by
        accident or other medical emergency.
   III. Claim in respect of delivery for only first two children and/or operations associated
        therewith will be considered in respect of any one Insured Person covered under the policy
        or any renewal thereof. Those Insured Persons who are already having two or more living
        children will not be eligible for this benefit.
   IV. Expenses incurred in connection with voluntary medical termination of pregnancy during
        the first 12 weeks from the date of conception are not covered.
   V. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home
      and treatment is taken there.
   VI. New born child’s expenses will also be treated as Maternity Expenses.

10 PAYMENT OF CLAIM
10.1 The insured shall submit the claim form through DDO to the TPA in the prescribed performa
     (Appendix 4).
10.2 For Re-imbursement photo will be pasted by the concerned employee (if he doesn’t possess the
     identity card) which will be duly verified by the treating doctor/ DDO so as to confirm the identity
     of the Patient.
10.3 Cashless facility will not be provided if the identity cards have not been obtained by the policy
     holder.
10.4 Payment of claim shall be made through TPA/GIF to the Hospital or to the Insured Person as the
     case may be normally within 30 days from the date of receipt of completed claim proposals by the
     TPA.
<table>
<thead>
<tr>
<th>S No.</th>
<th>Name of Hospital</th>
<th>Order Number</th>
<th>Order Date</th>
<th>Valid UpTo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Agarwal Hospital, Tonk</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>20-02-2015</td>
<td>19-02-2020</td>
</tr>
<tr>
<td>2</td>
<td>Anurag Nursing Home, Bundi</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-05-2014</td>
<td>08-05-2017</td>
</tr>
<tr>
<td>3</td>
<td>Apex Hospital Pvt Ltd, Malviya Nagar, Jaipur</td>
<td>D.62(Rules)2013 Pt-III</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>4</td>
<td>Barala Hospital and Research Centre, Chomu, Jaipur</td>
<td>D.62(Rules)2016</td>
<td>13-06-2016</td>
<td>12-06-2021</td>
</tr>
<tr>
<td>5</td>
<td>Bhandari Hospital and Research Centre, Jaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>6</td>
<td>Bharat Vikas Parishad Hospital &amp; Research Centre, Kota</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>10-02-2015</td>
<td>09-02-2020</td>
</tr>
<tr>
<td>7</td>
<td>Bindal Hospital, Sikar</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>30-07-2015</td>
<td>29-07-2020</td>
</tr>
<tr>
<td>8</td>
<td>Dhanvantari Hospital and Research Centre, Jaipur</td>
<td>D.62(Rules)2016</td>
<td>13-06-2016</td>
<td>12-06-2021</td>
</tr>
<tr>
<td>9</td>
<td>Dhulka Hospital, Jhunjhnu</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>20-02-2015</td>
<td>19-02-2020</td>
</tr>
<tr>
<td>10</td>
<td>Dr. Choudhary Hospital and Medical Research Centre Pvt. Ltd., Udaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>20-02-2015</td>
<td>19-02-2020</td>
</tr>
<tr>
<td>11</td>
<td>GBH American Hospital, Udaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>12</td>
<td>Geetanjali Medical College and Hospital, Udaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>13</td>
<td>Goyal Hospital &amp; Research Centre, Jodhpur</td>
<td>D.62(Rules)2013 Pt-I</td>
<td>11-03-2015</td>
<td>10-03-2020</td>
</tr>
<tr>
<td>15</td>
<td>Imperial Hospital and Research Centre, Jaipur</td>
<td>D.62(Rules)2013 Pt-III</td>
<td>09-05-2014</td>
<td>08-05-2017</td>
</tr>
<tr>
<td>16</td>
<td>Jaipur Hospital, Jaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>17</td>
<td>Jaiswal Hospital &amp; Neuro Institute, Kota</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>18</td>
<td>Kalpana Nursing Home Pvt. Ltd., Udaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>19</td>
<td>Kota Heart Institute, Kota</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>20</td>
<td>Krishna Hospital, Bihlawa</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>13-06-2016</td>
<td>12-06-2021</td>
</tr>
<tr>
<td>21</td>
<td>M.N. Hospital and Research Centre, Bikaner</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-05-2014</td>
<td>08-05-2017</td>
</tr>
<tr>
<td>22</td>
<td>Madhur Hospital, Dausa</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>20-02-2015</td>
<td>19-02-2020</td>
</tr>
<tr>
<td>23</td>
<td>Mahatma Gandhi Medical College &amp; Hospital, Jaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>24</td>
<td>Marudhar Hospital Jaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>13-06-2016</td>
<td>12-06-2021</td>
</tr>
<tr>
<td>25</td>
<td>Medipulse Hospital, Jodhpur</td>
<td>D.62(Rules)2016</td>
<td>13-06-2016</td>
<td>12-06-2021</td>
</tr>
<tr>
<td>26</td>
<td>Narayana Multispeciality Hospital, Jaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>27-01-2016</td>
<td>26-01-2021</td>
</tr>
<tr>
<td>27</td>
<td>National Institute of Medical Sciences &amp; Research Centre (NIMS), Delhi Highway, Jaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>28</td>
<td>Porwal Hospital, Bihlawa</td>
<td>D.62(Rules)2013 Pt-I</td>
<td>30-07-2015</td>
<td>20-07-2020</td>
</tr>
<tr>
<td>29</td>
<td>Ramsnehi Hospital and Research Centre, Bihlawa</td>
<td>D.62(Rules)2013 Pt-I</td>
<td>10-02-2015</td>
<td>09-02-2020</td>
</tr>
<tr>
<td>30</td>
<td>Ranthambore Sevika Hospital, Sawai Madhopur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>20-02-2015</td>
<td>19-02-2020</td>
</tr>
<tr>
<td>31</td>
<td>S.B. Mittal Memorial Heart and Critical Care Hospital, Sikar</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>20-02-2015</td>
<td>19-02-2020</td>
</tr>
<tr>
<td>32</td>
<td>S.R. Kaila Memorial Gastro &amp; General Hospital, Jaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>20-02-2015</td>
<td>19-02-2020</td>
</tr>
<tr>
<td>33</td>
<td>Sania Hospital, Alwar</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>20-02-2015</td>
<td>19-02-2020</td>
</tr>
<tr>
<td>34</td>
<td>Sanjeevani Vyas Hospital Anusandhan Kendra, Jhalawar</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>17-12-2013</td>
<td>16-12-2016</td>
</tr>
<tr>
<td>35</td>
<td>Soni Hospital, Jaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>07-08-2014</td>
<td>06-08-2019</td>
</tr>
<tr>
<td>36</td>
<td>Sudha Hospital &amp; Medical Research Centre, Kota</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>37</td>
<td>Tagore Hospital &amp; Research Institute, Jaipur</td>
<td>D.62(Rules)2013 Pt-II</td>
<td>09-09-2014</td>
<td>09-09-2019</td>
</tr>
<tr>
<td>38</td>
<td>Solanki Hospital, Alwar</td>
<td>D.62(Rules)2016 Pt-II</td>
<td>21-09-2016</td>
<td>20-09-2021</td>
</tr>
</tbody>
</table>
List of Hospitals approved by the State Government for treatment outside Rajasthan

1. All India Institute of Medical Sciences, New Delhi.
2. Apollo Hospital, Madras.
3. Bombay Hospital, Bombay.
4. Cancer Institute, Adayar, Madras.
5. Christian Medical College & Hospital, Vellore.
6. Delhi Heart & Lung Institute, New Delhi.
7. Escort Heart Institute, New Delhi.
8. G.B. Pant Hospital, Delhi.
10. Irwin Hospital, New Delhi.
11. J.J. Hospital, Bombay.
12. Jaslok Hospital, Bombay.
13. K.E.M. Hospital, Bombay.
14. Lady Hardinge Medical College Hospital, New Delhi (for women and children).
15. N.M. Wadia Institute of Cardiology, Pune.
16. Post Graduate Institute, Chandigarh.
17. Rajiv Gandhi Cancer Institute & Research Center, Delhi.
18. Tata Memorial Hospital, Bombay.
19. The Gujarat Research & Medical Institute (Rajasthan Hospital), Ahmedabad.
MULTI SPECIALITY HOSPITAL FOR TREATMENT

1. Fortis Escorts Hospital, Jaipur
2. Kothari Medical & Research Centre, Bikaner
3. Shree Siddhi Hospital, Bhilwara
4. Arihant Hospital & Research Sundhara, Bhilwara
5. Guru Kripa Hospital, Sikar
6. Sh. K.M. Memorial Jain Heart & General Hospital, Sikar
7. Rungta Hospital, Jaipur
8. Aravali Hospital, Udaipur
9. Eternal Heart Care Centre and Research Institute, Jaipur

OPHTHALMOLOGY SPECIALITY HOSPITAL

10. Dr. Khunger's Eye Care and Research Centre Pvt. Ltd., Ajmer
11. Anita Eye Hospital and Ratalin Center, Kota

ORTHOPEDICS SPECIALITY HOSPITAL

12. Kota Trauma Hospital, Kota
### Family Detail for Mediclaim Policy Database

<table>
<thead>
<tr>
<th>क्र. नं.</th>
<th>नाम</th>
<th>पत्रधारा से समय</th>
<th>पत्रधारा</th>
<th>जन्म तिथि</th>
<th>हेल्थ नम्बर</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>भरित करें:</th>
</tr>
</thead>
<tbody>
<tr>
<td>पत्रधारा सदस्यों में 21 वर्ष की उम्र तक के 2 बच्चों का ही स्वास्थ्य निर्माण करें।</td>
</tr>
<tr>
<td>पत्रधारा निर्माता की राजस्थान राज्य सरकार के वार्षिक निर्माण तथा सामान्य लागू होने वाले नियमों का पालन करें।</td>
</tr>
</tbody>
</table>

### तिथि/लेखन

<table>
<thead>
<tr>
<th>तिथि/लेखन</th>
</tr>
</thead>
<tbody>
<tr>
<td>31/12/2023</td>
</tr>
</tbody>
</table>

### विशेष नोट

हालांकि, इस प्रकार के प्रमाण भर्ती के लिए उपलब्ध होते हैं, लेकिन इसलिए निर्माण के लिए अनुचित नियमों को पालन करना हो सकता है।
प्रोषणा

मैं ऐसा दर्शाता हूँ कि उपमुख्य विषयक रूपी विषय रही रहता है और जो रीति रूपा पर सहिष्णुता गया किया गया है यह पूर्णता नुक्स पर आवश्यक है। मैं आपस्त्रोषणा करता हूँ कि उपमुख्य विषयक उक्ति के संकेत में कोई भी बात किसी अन्य सहिष्णुता योजना या वीणा की अन्तर्गत प्रगति नहीं किया गया है।

20 से आदि की रीति पर जिम्मेवारी में डायग्रामकित

दासकता के हरसम्बार
माफ़ पर नाम व पता

प्रत्यक्ष सप्तक/महादेवल लाइटिंग के हरसम्बार

कमांडक—

साक्षात

प्रमाणित बियः जतात है कि उपकृत्तक-हरसम्बार निष्पक्ष रही है।

प्रमाणित बियः जतात है कि श्री/मिश्री/चौकी/सुधी फसल में इनका व्यवस्थापन रहा है एवं इनका विपन्नविन नाम सम्पूर्ण।

दासकता सम्बन्धि प्रतिस्पर्धी गण मदय
Appendix 5

(उपन्त सुदर्ना अधिष्ठितकृत पत्रकार द्वारा मारी जायेगी)
(सुचना या पत्रकारी निश्चित विभाग द्वारा संचालित मेडिकल सेवासेवा के अन्तर्गत अस्पताल द्वारा सी.आई.एच.ए.सी. दरों पर उपचार किया जाता है)

1. रोगी का नाम
   (Name of Patient)

2. वैमिता पत्रकार का नाम
   (Insured Journalist)

3. रोगी का पत्रकार से साबंध
   (Relation of patient with insured)

4. अस्थियज्ञ में भारी होने का दिनांक
   (Date of Admission in Hospital)

5. पत्रकार की पत्रकारिता में नियुक्तित तिथि
   (Date of appointment in Journalist)

6. पत्रकार का विभाग
   (Department of Employees)

7. पत्रकार का बेंगलराम
   (Pay scale of Employees)

8. पत्रकार सं
   (Journalist No.)

9. वैमिता विभाग द्वारा जारी आई.सी. नं
   (D No. issued by SI & PF dept.)

10. पत्रकार का टेली./मोबाइल नं
    (Tel./Mobile No. of Employees)

11. पत्रकार का ई-मैर एड्रेस
    (E-mail address of Employees)

12. पत्रकार का स्थायी पता
    (Permanent address of the Employees)

हस्ताक्षर कर्नाचारी मदा विभाग का नाम
आपातकालीन परिस्थितियां में गैर अनुमोदित चिकित्सालय में ईलाज करवाये जाने पर

शर्म पत्र

मे __________________________ पुत्र/पुत्री/पति/पत्नी __________________________

भिननी __________________________ सामय पूर्वक

भूमिका करता/करती हूँ कि-

1. नीचे का नाम __________________________ का एक दर्दर स्थिति में रिहाया

2. नीचे का नाम __________________________ के लिए चिकित्सा प्रदान करें

2. नीचे का नाम __________________________ के लिए चिकित्सा प्रदान करें

उपरोक्त शर्म पत्र में उल्लेखित की गई समस्या जानकारी सही एवं सही है और कोई भी तथ्य छुपाया नहीं

(बाहरी तलाश के हलकारे)

- नाम __________________________

- पद __________________________

- निम्न __________________________

ईलाज करने वाले चिकित्सक

आहतपत्र एवं बिहार जिलाधिकारी

(नाम, पद एवं तीली)

(नाम, पद एवं तीली)