

To,

The Director General
Armed Forces Medical Services
Ministry of Defence
New Delhi-110001

Subject: Provision of Medical Facilities to GREF Personnel posted at Hard Hard areas (HHA), High Altitude areas (HAA) and Hostile Areas (HA).

Sir,

In continuation of Government of India Ministry of Defence letter No.20214/DGAFMS/DG-3A/1804/D(Medical) dated 18th Oct, 2011, regarding provision of medical facilities to GREF Personnel posted at 'Remote' and 'Difficult' locations, I am directed to convey the approval of the President of India for providing medical care facilities from Armed Forces Medical Services(AFMS) to General Reserve Engineer Force (GREF) personnel (self only) who are posted in Hard Hard Areas (HHA), High Altitude Areas(HAA) and Hostile Areas (HA), as classified by BRO, for a period of five years.

2. All GREF Personnel posted to units in Hard Hard Areas (HHA), High Altitude Areas (HAA) and Hostile Areas(HA) needing medical care will report to their Authorised Medical Attendant of the BRO in the first instance. They may be referred by the Authorized Medical Attendant (AMA) to the nearest AFMS unit (Border static/ hospitals/ MI Rooms) subject to the following conditions:-

- (a) The facilities will be for 'Self' only.
- (b) No civil hospital exists in the given station/ locality.
- (c) Even in stations, where a civil hospital exists, they may be admitted to the local Armed Forces Hospitals in case accommodation is not available in the civil hospital, subject to the following conditions:-
 - (i) They will produce a certificate from the civil hospital that accommodation is not available and that admission cannot be delayed without danger to his health until accommodation becomes available.
- (d) When admitted to Armed Forces Hospitals under the provision of 2(a) & (b) above; they will be entitled to receive treatment to the extent facilities are available from the AFMS unit sources at the station.
- (e) The entire expenditure on admission, investigation, treatment and transfer of cases as required will be borne by the BRO through book debit system.

3. **Life Saving Emergency Situation:** In the event of life threatening emergency, patients, who are on DI/SI List, when the service of general surgeon and general physician are not available in the local service hospital, the patient may be evacuated to a service hospital, next in the chain of evacuation. In case the treating physician/ surgeon is of the opinion that the services of any other specialist is required for saving the life, and, such facility is not available from the local civil medical hospital, as certified by the OC hospital, where the patient is undergoing treatment, the patient may be transferred to the Zonal/Command Hospital in the chain of evacuation. As soon as the emergency condition is stabilized, the patient will be discharged from the service hospital, in the care of local medical/adm-ref of BRO with an advice to have further treatment done at the civil medical institution, where such facilities are available as per CS (MA) Rules.

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AKumar
20/5/2015

4. Hospital Stoppages:

- (a) The hospital stoppages will be charged at the rates in force in accordance with the rules as per para 298 of RMSAF 2010 (Rev). The hospital stoppages shall cover charges for the bed/accommodation, diet, linen, consultation, and treatment including drugs and routine laboratory investigation.
- (b) (i) All cost for investigations carried out like MRI scan, bone scan, MRI etc, in a service hospital/civil institutes, shall be recovered as per the rates laid down by the CGHS for their beneficiaries.
- (ii) Any drugs/ consumables purchased locally will be charged on cost to cost basis (The BRO shall ensure the availability of funds for arranging such investigation/ purchase of drugs and consumables from local market/ civil institutes)
- (c) Hospital stoppages and other bills will be sent to the unit of the patient for settling the same through book transactions, under intimation to all concerned.


5. Transfer of Patient: In case of emergency conditions, when the transfer to another service hospital is recommended, the patient will be transferred by the service's transport/ by rail. If air evacuation is requisitioned by the treating medical officer the cost of the same will be charged to BRO. All expenditure incurred by the Armed Forces Medical Units for transport, which is not covered by the hospital stoppages rated will be borne by the BRO. The relevant warrants vouchers will be effected "Debitable to BRO Project".


6. Medical Boards: The specialists of the Armed Forces Medical Service will give their opinion with regard to the disability and recommend medical category as per the rules of the GREF in forces. The GREF shall arrange all, sick leave review/recategorisation boards of these patients.

7. The above provision will be valid for a period of five years with effect from the date of issue of the letter or further revision, whichever is earlier.

8. All the letters issued issued by the Ministry of Defence on the subject in the past stand superseded.

9. This issues with concurrence of Ministry of Defence (Finance) vide their Dy. No. 219/AG/PD dated 18.5.2015.


20/5/2015


20/5/2015
(Arvind Kumar)

Under Secretary to the Government of India
Ph.23019546

Copy to:

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The Adjutant general, AG Coord and AGO/Ord, The QMG, Q-13 and ST-11, DGAFMS MoD(GS-I), AFA (AG), AFA(QA), AFA(AF), DGMS(Army), (Navy) and (Air Force) DGBR, Naraina Vihar, New Delhi