

UNDERTAKING

Option to avail OPD facility in place of Fixed Medical Allowance or vice –versa
Ref:-(RBE 137/2022) Dt-27.10.2022

[To be submitted in DUPLICATE by pensioner to his /her Pension Disbursing Authority [PDA] one copy to the retained by PDA and other copy to be furnished to Pension Sanctioning Authority by PDA]

1. I..... a retired employee/family pensioner whose.....
[Specify relation of Family pensioner with deceased Railway employee] was an employee of
.....[Office address] declare that I am residing at.....[residential
Address indicated in PPO], which is beyond 2.5 Kms from the nearest Railway Hospital/Health Unit.....
..... [Name of the Hospital/Health Unit as contained in Annexure III to Railway Board’s Letter
No. PVC/98/1/7/1/1 dated 21.04.99].

2. Accordingly ,I hereby opt to

(a) Claim Fixed Medical Allowance from this date as per the prescribed rates and also undertake that after making necessary changes in my UMID card, I will not avail of OPD facilities [except in cases of chronic diseases as mentioned in Board’s letter No.2006/H/DC/JCM dated 12.10.2006] at Railway hospitals /health units henceforth. I also understand that grant of Medical Allowance is subject to the terms and conditions specified in Board’s letter No.PC-V/98/1/7/1/1 dated 21.04.99 and 01.03.2004 and latest being letter No.PC-V/2006/A/Med/1 dated 15.09.2009.

(b) To discontinue my monthly Fixed Medical Allowance which I was receiving till date and would like to avail treatment as Out-Door Patient to all eligible beneficiaries in the nearest Railway Hospital/Health Unit after making necessary changes in my UMID card .

[Please strike one option either (a) or (b)]

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

Place:

Date:

Signature:.....

Name in full:.....

Last Designation held:.....

PPO No:.....

Mobile No.:.....