केन्द्रीय उत्पाद शुल्क, सीमा शुल्क एवं सेवा कर आयुक्त का कार्यालय
OFFICE OF THE COMMISSIONER OF CENTRAL EXCISE, CUSTOMS & SERVICE TAX
केन्द्रीय राजस्व भवन, आई.एस.प्रेस रोड, कोचिन -682018
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C.No.II/7/2/2014 - Estt. (PF) Dated 18.06.2015

**ESTABLISHMENT CIRCULAR NO. 05/2015**

Attention is invited to the following letter received from Ministry of Finance:-

| Sl. No. | Letter No. and date | Subject |
|---|---|---|
| 1. | F.No.C-50/98/2014-Ad.II (Pt.) dated 29.05.2015 | Simplification and rationalization of process for examination of various administrative issues – standard check lists for reimbursement of medical claims, notice for VRS, request for study leave, grant of advance increment to sports persons, sanction for air travel by non-entitled category, request for counting of past service and out-sourcing of housekeeping services. |

Copy of the mentioned letter may be downloaded from the website of Cochin commissionerate - www.cenexcisekochi.gov.in for information.

18/06/15
**[RANI C R]**
**ASSISTANT COMMISSIONER [P&V]**

To

1. All Divisions under Cochin commissionerate
2. Notice Board, Hqrs Cochin
3. The Superintendent (EDP) for uploading.

Copy to:

1. The Joint Commissioner (CCO), Hqrs Cochin for information.

I.C.No 736/15

08 JUN 2015

**F.No. C-50/98/2014-Ad.II (Pt.)**
Government of India
Ministry of Finance
Department of Revenue
(Central Board of Excise & Customs)
******

North Block, New Delhi
Dated the 29th May, 2015

To

All Chief Commissioners/Directors General, CBEC

**Sub: Simplification and rationalization of process for examination of various administrative issues.**

Sir/Madam,

I am directed to say that there is no uniformity in the procedure adopted and the documents sent by the different Controlling authorities, even in respect of common items like applications for seeking voluntary retirement, reimbursement of medical claims, request for grant of study leave, sanction of air travel in respect of non-entitled persons etc. The controlling authorities often forward the request without first examining the same at their end and without complete set of documents essentially required for examination of such requests/proposal in the Board.

2. With a view to simplify and rationalize the process of examination of such cases, **standard check lists** have been prepared (Standard Check Lists for reimbursement of Medical claims, notice for Voluntary retirement, request for Study leave, grant of advance increment to Sports persons, sanction for air travel by non-entitled category, request for counting of past service and out-sourcing of housekeeping services are attached). Henceforth, all proposals for which standard check list exist must be submitted in the prescribed format alongwith only the requisite documents mentioned therein and no extra/additional document be sent.

3. It may please be ensured that all the requisite documents are sent in one go and no extra/additional documents should be attached therewith. In case any proposal is received which is not as per the Standard Check List or without any document mentioned therein, the proposal will automatically stand withdrawn in original and no action will be taken on the same in the Board.

4. It has also been noticed that despite instructions issued vide D.O. letter No. C-50/98-2014-Ad.II dated 07th October, 2014 (copy attached for ready reference), the Board is still receiving a large number of representations directly from officers, without routing the same through proper channel. **Advance copies** are also being received and it is seen that these advance copies are endorsed to various other authorities. Often, therefore, the administration is flooded with 4-7 copies of the same representation received through different routes.

5. It is, therefore, once again reiterated to advise suitably all officers to address representations/applications only to the relevant authority who is competent to take a decision of the matter and send the same through proper channel. The controlling authorities are also advised to invariably send their recommendations on the representations/applications being forwarded by them for consideration of the Board.

6. As regards the court matters, it is requested that while forwarding the notice for O.A./WP/SLP, the relevant documents i.e. copies of Petitions (O.A./WPs/SLPs), Self contained brief, Synopsis, Chronology of events, Department's stand in similar cases in the past, if any, legal opinion of the Govt. Counsel, Brief para-wise comments/draft affidavit, Annexure/Copies of all orders/documents mentioned therein must also be sent alongwith, in order to facilitate timely action in the matter in the Board.

7. This issues with the approval of Member (P&V).

Yours faithfully,

(S.R. Sharma)
Director (Ad.II)

Encl. As above

सत्यमेव जयते
Joy Kumari Chander
Special Secretary & Member

भारत सरकार
GOVERNMENT OF INDIA
वित्त मंत्रालय / राजस्व विभाग
MINISTRY OF FINANCE/DEPARTMENT OF REVENUE
केन्द्रीय उत्पाद एवं सीमा शुल्क बोर्ड
CENTRAL BOARD OF EXCISE & CUSTOMS
नार्थ ब्लाक, नई दिल्ली - ११० ००१
NORTH BLOCK, NEW DELHI - 110 001
Tel. No +91-11-23092568 Fax No +91-11-23092308

D.O. No.C-50/98-2014-Ad.II

7 October, 2014

Dear Chief Commissioner/Director General,

The Board has been receiving a large number of representations directly from officers, without routing the same through proper channel. Advance copies are also being received and it is seen that often these advance copies are also endorsed to various other authorities. Often, therefore, the administration is flooded with 4-7 copies of the same representation received through different routes. This is generating unnecessary work all around starting with entry into the FTS (File Tracking System) as well as handling of many copies by the Sections. You would appreciate that precious man hours of officers and staff are lost in handling extra copies of the same representation. Such time could be utilized far more productively.

2. You may, therefore, advise all officers under your charge to address representations only to the relevant authority who is competent to dispose of the same, and send the same through proper channel. It may be brought to the notice of the officers that no action will be initiated merely on receipt of an advance copy of the representation.

3. While forwarding the representations to the Board, Chief Commissioners/Director Generals will ensure that facts of the case are verified and that copies of relevant documents duly self-certified/attested are enclosed to facilitate timely process and an early decision on the representation. Chief Commissioners/Director Generals are also advised to send their recommendations on the representations being forwarded by them.

With best wishes,

Yours sincerely,

(JOY KUMARI CHANDER)

All Chief Commissioners/Director Generals of Customs and Central Excise.

## CHECK LIST FOR REIMBURSEMNT OF MEDICAL CLAIM

1. Name of the officer & Designation :

2. Present Post held :

3. Total amount of Claim :

4. Whether treatment was taken at CGHS approved hospital :

5. Sanction Order No. & Date granting permission to take treatment at non-empanelled/CGHS approved hospital :

6. Has the Claim been scrutinized as per the CGHS approved rate and entitlement. Attach a comparative statement indicating amount claimed against each item, entitlement as per approved CGHS rates, justification for claiming higher rates, and recommendations of the Commissionerate, if any :

7. Are the following document attached
   (i) Doctor's Prescription (in original)
   (ii) Hospital's Bill (in original) duly verified the treating surgeon
   (iii) Medicine's Bill, if any claimed separately (in original)
   (iv) Duly completed prescribed claim form i.e. Medical 2004 Form (copy attached) (in original)
   (v) Discharge certificate (in original)
   (vi) Photocopy of CGHS beneficiary card
   (vii) Certificate for emergency treatment, if any (in original)
   (viii) Photocopy of the relevant CS (MA) Rules

8. Recommendation of the Controlling Authority, if any:

(Addl. Commissioner (P&V))

# CENTRAL GOVERNMENT HEALTH SCHEME
# MEDICAL 2004 FORM FOR REIMBUREMENT OF MEDICAL CLAIMS OF CGHS BENEFICIARIES.

***

Computer No.

(To be filled by the claimant)

1. CGHS Token No. and Place of issue :
2. Validity of CGHS Token Card : from.....to.....
   & entitlement : Pvt. / Semi Pvt. / General
3. Full name of the card holder (Block Letters) :
4. Full address :

5. Telephone no. (O).....(R).....
6. E-mail address if, any:
7. Name of the Bank .....Branch.....SB A/C.
5. Name of the patient & relationship with the card holder :
6. Status tick (√ ) (Govt. Servant/Pensioner/Serving employee or pensioner of autonomous body / Member of Parliament/Ex-M.P./Ex-Governor/Former Judge of Supreme Court/Former Judge of High Court/Freedom Fighter/Legal Heir/others)
7. Basic Pay/ Basic Pension
8. Name of the Hospital with Address:
   (a) OPD treatment and investigations.

   (b) Indoor Treatment.

9. Date of admission.....Date of discharge.....(In case of Indoor Treatment only)
10. Total amount Claimed
    (a) OPD Treatment.
    (b) Indoor Treatment.

11. Details of Permission :
12. Details of Medical advance if, any:

## DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependant on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date: Signature of CGHS card holder

Essentiality Certificate-cum-statement of expenditure certified by treating specialist (to be submitted In duplicate).

**********

Strike out whichever is not applicable

1. Name of the patient and relationship with Card Holder :

2. Details of Expenditure :

(A) **OPD Treatment** **Diagnosis**

(I) Name of tile Hospital :
(II) Total No. of vouchers :
(III) Amount claimed :

(Indicate serial number of individual vouchers With name and address of the shops with date against each sub heading in a separate annexure whenever required).

| | Amount Claimed | Amount Admissible (for official use.) |
|---|---|---|
| (a) Medicine | ---------- | ---------- |
| (b) Consultation fees (specify number of consultations. | ---------- | ---------- |
| (c) Laboratory Charges (Break-up In a sepe-rate annexure,) | ---------- | ---------- |
| (d) Disposable Surgi Sundries. | ---------- | ---------- |
| (c) Special devices like hearing aid/ artificial appliances etc. (Specify). | ---------- | ---------- |
| (f) Miscellaneous (Specify) | ---------- | ---------- |
| Total. | ---------- | ---------- |

(P.T.O.)

(B) Indoor Treatment : Diagnosis_____
(To be marked N.A. wherever necessary)

(Details of Hospital Bill and other vouchers pertaining to the period of indoor treatment)

(a) Name of the Hospital with address:

(b) Period of Bill : From_____To_____

(c) Amount Claimed
(indicate serial No. of individual vouchers with name and address of shops with date against each sub heading in a separate annexure wherever required)

| | | Amount claimed | Amount admissible (for office use) |
|---|---|---|---|
| (i) | Room Rent ICU / ICCU / Ward From_____to_____ | _____ | _____ |
| (ii) | Charges for: | | |
| (a) | O.T | _____ | _____ |
| (b) | O.T. Consumables | _____ | _____ |
| (c) | Anastasias | _____ | _____ |
| (d) | Procedure | _____ | _____ |
| (iii) | Medicines | _____ | _____ |
| (iv) | Implants like pacemaker Joint replacement Coronary stent etc, (details) | _____ | _____ |
| (v) | Artificial devices (details) | _____ | _____ |
| (vi) | Lab Charges (Break-up given in Annexure) | _____ | _____ |
| (vii) | Spl. Nurse/Aya if any | _____ | _____ |
| (viii) | Miscellaneous | _____ | _____ |
| | Total | _____ | _____ |

Signature of Claimant
Name in Block Letters
Address & Telephone No. if any.

1. Certified that the relevant bills/Vouchers have been verified by me and the expenditure shown above is correct and the treatment services provided are essential and minimum that required for the recovery the of Patient.
2. Certified that the services of special Nurse/Aya were required from_____to_____ that were absolutely essential for the recovery of the Patient.
3. Specific procedure / Operation performed was_____

Signature of the Treating Specialist
with official seal.

Countersigned by Medical Superintendent of the Hospital
With seal (for Indoor treatment only).

## CHECK LIST FOR CONSIDERING CASES OF COUNTING OF PAST SERVICE

| Sl.No. | Details | Remarks |
|---|---|---|
| 1 | Name of the employee | |
| 2 | Date of joining in present Department | |
| 3 | Post | |
| 4 | Grade/Cadre | |
| 5 | Details of past service | |
| | (i) Name of Organisation | |
| | (ii) Whether Central Govt./State Govt./ Autonomous body | |
| | (iii) Whether applied for higher post with prior permission/intimation | YES/NO |
| | (iv) Whether concerned Department relieved the official after accepting technical resignation from the post | YES/NO |
| | (v) Whether the service is Permanent/ Temporary | YES/NO |
| | (vi) Whether the service rendered was continuous and without break | YES/NO |
| | (vii) Whether the service records are available in the service book | YES/NO |

## PROFORMA – I, FOR OUTSOURCING OF HOUSEKEEPING SERVICES

Name of Commissionerate:
Period of contact (date/month/year):
Value of Contact:
Number of bids received:
Number of acceptable bidder:
Name of Service Provider (both exiting and proposed):

| S.No. | Particulars of information | Reply of the Commissionerate |
|---|---|---|
| | **Part-I** | |
| i. | Gist of proposal. | |
| ii. | Sanctioned and working strength in the grades of Farash/Sweeper. | |
| iii. | Reasons for going for outsourcing. | |
| iv. | Why the existing strength is considered inadequate. | |
| v. | And existing strength of casual worker/daily wager or any employee(s) hired for the purpose. | |
| vi. | Shortfall in the grades of Farash/Sweeper. | |
| vii. | Details of cleaning tasks to be performed. | |
| viii. | Whether adequate funds available under Office Expenses to cover the cost of contract. | |
| | **Part-II** | |
| ix. | Nomenclature of building in respect of which housekeeping is proposed- Hq./Divisional Office/Guest House and total number of floor, rooms, toilets etc. involved. | |
| x. | Duration of proposed contract and date from which it is proposed to be made effective. | |
| xi. | Area of building Sq. ft. (to be given for each individual building) required to be cleaned. | |
| xii. | The number of personnel required with respect to the building/area proposed to be covered and norms adopted for working out no. of personnel. | |
| xiii. | Whether different contracts are proposed to be entered, separate details may be furnished. | |
| | **Part-III** | |
| xiv. | Date of invitation to open tender (including tender notice on tender.gov.in & cbec.nic.in.) | |
| xv. | Whether GFR 2005/2007 followed as per procedure laid down competent authority i.e. CVC, DGS&D). | |
| xvi. | Whether the process of tendering was initiated 45 days in advance of the requirement. | |
| xvii. | Date of Advertisement in Newspaper (copy attached) | |
| xviii. | Whether Advertisement also put on Website/Notice Board. | |
| xix. | Comparative statement in respect of all the respondents (copy attached) | |
| xx. | Whether L-1 is recommended. If not reasons for? | |
| xxi. | Whether the contract is being awarded the same contractor who is already engaged. If so, the existing rate of contract and reasons for enhancement in the charges quoted. | |
| xxii. | Total Expenditure of proposal | |
| xxiii. | How the Commissionerate managing the work before 2004? | |
| xxiv | Recommendation of Tender Committee (copy attached) | |
| xxv. | Minutes of Tender Committee. | |
| xxvi | Recommendation/approval of Cadre Controlling Authority i.e. Chief Commissioner (photocopy of the relevant note is attched) | |

NAC please indicate page number/Annexure No. etc. in r/o enclosures.

## CHECK LIST FOR NOTICE OF VRS

1. Name of the officer & Designation :

2. Present Post held :

3. Date of Birth :

4. Date of entry into service :

5. Date of superannuation :

6. Qualifying service rendered (as on _____) :

7. Details of dues pending, if any :

8. Vigilance status as per the records of the Commissionerate :

9. Integrity of the officer :

10. CCS (Pension) Rule under which notice is given :

11. Grounds for seeking Voluntary Retirement :

12. Date of notice of VRS :

13. Date in which notice period will be over:

14. Whether any relaxation to CCS (Pension): Rules has been sought for

15. Recommendation of the Chief Commissioner/DG:

(Addl. Commissioner (P&V))

## CHECK LIST FOR GRANT OF STUDY LEAVE

1. Name of the officer & Designation :

2. Present Post held :

3. Date of Birth :

4. Date of entry into service :

5. Date of superannuation :

6. Qualifying service rendered (as on _____) :

7. Period of Study leave applied for (From _____ to _____) :

8. Details of the course for which study leave is required and its duration :

9. Whether the course is recognised for grant of study leave (Attach a copy of the relevant instructions) :

10. Period of Study leave availed so far and admissible period for which study leave can be granted :

11. Additional liability or expenditure to be borne by the Department in respect of the proposed course or any other financial implication involved :

12. Recommendation of the Chief Commissioner/DG, if any: (Attach copy of the application)

(Addl. Commissioner (P&V))

# CHECK LIST FOR GRANT OF ADVANCE INCREMENT TO SPORTSPERSON FOR OUTSTANDING PRFORMANCE IN NATIONAL/INTERNATIONAL EVENTS

| | | Yes/No |
|---|---|---|
| 1. | Whether the proposal is covered under relevant instructions of DOP&T i.e.- | |
| | (i) DOP&T's O.M. No. 6/1/85-Estt (Pay-I) dated 16.07.1985 and 07.11.1988. | |
| | (ii) DOP&T's O.M. No. 14034/01/2013-Estt.(D) dated 03.10.2013. | |
| | (iii) DOP&T's O.M. No. 6/1/2013-Estt (Pay-I) dated 19.09.2013 | |
| 2. | Whether the event is recognised by the Government for grant of advance increment(s) | |
| 3. | Whether copy of certificate has been attached | |
| 4. | In case the officer has stood 2nd or 3rd, whether a certificate indicating the number of participants has been enclosed. | |
| 5. | Since the number of Advance increment is limited, whether the number of previous increment granted has been indicated. | |
| 6. | Whether the proposal involves any relaxation of Rules. | |
| 7. | Whether the proposal has the recommendation/ approval of the Chief Commissioner. | |

## CHECK LIST FOR SANCTION OF AIR TRAVEL TO NON-ENTITLED OFFICERS

| Sl.No. | Particulars | Remarks |
|---|---|---|
| 1 | Designation and Name of Official | |
| 2 | PIP and Grade Pay | |
| 3 | Purpose of air travel/tour | |
| 4 | Whether prior permission of CC obtained | |
| 5 | Whether journey by Air India or through private air lines | |
| 6 | Whether certificate regarding non-availability in Air India was obtained in case journey is performed by Private Airlines | |
| 7 | Whether the tickets were purchased from Air India booking counter or through Govt. approved agencies or through private agencies | |
| 8 | Whether the following supporting documents are providing:<br>(a) Copy of TA claim<br>(b) Copy of Air Tickets<br>(c) Copy of Boarding Passes<br>(d) Copy of permission granted by CC<br>(e) Copy of the representation/request of the individual | |
| 9 | The specific point of rule on which relaxation/clarification is required. | |
| 10 | Recommendation of the Controlling authority | |